

Spill ID Number
04-16-043327
Y Y M M D D 0-99 *open*

Date of Incident <u>12-19-88</u>	Day of Week <u>Monday</u>	Time of Incident <u>12:30</u>	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Reported By (Name) <u>Ralph Holmes</u>	Telephone Number <u>(715) 398-3533</u>
Date Reported <u>12-19-88</u>	Day of Week <u>Monday</u>	Time Reported <u>4:25</u>	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting <u>Murphy Oil</u>	Reported thru Div. Emergen. Gov't. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Substance Involved <u>#2 Fuel Oil</u>		Quantity <u>2-300</u>	Units <u>gallons</u>	Person or Firm Responsible <u>Murphy Oil</u>	
Substance Involved		Quantity	Units	Contact Name <u>Ralph Holmes</u>	Telephone Number <u>(715) 398-3533</u>
Physical Characteristics				Address - Street or Route <u>Box 2066 Stinson Ave.</u>	
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid		Color _____		City, State, Zip Code <u>Superior, Wisconsin 54880</u>	
<input type="checkbox"/> Semisolid <input type="checkbox"/> Gas		Odor _____		Action Taken By Spiller	
Cause of Incident <u>Frozen automatic gauge</u>				<input type="checkbox"/> No Action Taken <input type="checkbox"/> No Notification <input type="checkbox"/> Investigate	
Exact Location Description (intersection, mileage, etc.) <u>Tank # 32</u>				<input checked="" type="checkbox"/> Containment; Type <u>Diked area</u>	
County Location <u>Douglas</u>		<u>NE, 36, T49N, R14W</u>		<input checked="" type="checkbox"/> Cleanup; Method <u>retrieve + refine</u>	
DNR Dist <u>NW Brule</u>	DNR Area	Groundwaters Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential		<input type="checkbox"/> Amount Recovered _____	
Surface Waters Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential		Name of Surface Water _____			
Date District Notified <u>12-21-88</u>	Day of Week <u>Wed.</u>	Time District Notified <u>9:00</u>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Spill Location	
District Person Notified <u>Gary LeRoy</u>		Telephone Number <u>(715) 635-4059</u>			
Date Investigated	Day of Week	Time Investigated	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> Industrial Facility/Paper Mill/Chem. Co.	
Person Investigating		Telephone Number _____			
Action Taken By DNR					
<input checked="" type="checkbox"/> No Action Taken		<input type="checkbox"/> Investigation		<input type="checkbox"/> Supervise/Conduct Cleanup	
<input type="checkbox"/> Spiller Required To Take Action; Type _____					
<input type="checkbox"/> Contractor Hired By DNR; Name _____					
<input type="checkbox"/> Amount Recovered _____					
<input type="checkbox"/> 29.29 Enforcement					
Other Agencies on Scene					
Local _____					
State _____					
Federal _____					
Person Filing This Report (print name) <u>Nancy Atzen</u>				Date Signed <u>12-19-88</u>	
Signature <u>Nancy Atzen</u>				Date Signed <u>12-19-88</u>	

Additional Comments:
Will introduce recovered product and contaminated snow into oil/water separator. Oil will be re-refined and water discharged to pond #6. No plans to remove clay soils at this time.

RECEIVED

DEC 22 1988

NORTHWEST DISTRICT
HEADQUARTERS