

APR 20 1989

04-38-043561

State Div. Emergency Gov't.
U.S. Nat'l. Response Center
Chemtrec/Pesticides/Chlorine

(608) 266-3232
(800) 424-8802
(800) 424-9300

Spill ID Number
890409-01
Y Y M M D D 0-99

04-88-043561

Date of Incident 4-9-89	Day of Week Sun	Time of Incident 2:30	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Reported By (Name) Jody Armstrong	Telephone Number (608) 266-2141
Date Reported 4-11-89	Day of Week Tue	Time Reported 1:53	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Substance Involved Hydrochloric Acid	Quantity 400	Units lbs.	Person or Firm Responsible Specialty Chemical Products
Substance Involved	Quantity	Units	Contact Name Leonard Moore
			Telephone Number (715) 735-9033

Physical Characteristics

Solid Liquid Semisolid Gas

Color _____ Odor _____

Address - Street or Route
2 Stanton St.
City, State, Zip Code
Marmette, WI 54143

Cause of Incident
Ruptured Drum

Exact Location Description (intersection, mileage, etc.)
Stanton St. Drum Storage Area

County Location
City of Marmette

1/4, 1/4, Section, Town, Range
SW, SW, 05, T34 N, R23E

DNR Dist
LMD

DNR Area
MAR

Groundwaters Affected
 Yes No Potential

Surface Waters Affected
 Yes No Potential

Name of Surface Water _____

Date District Notified _____ Day of Week _____ Time District Notified _____

A.M. P.M.

District Person Notified _____ Telephone Number _____

Date Investigated
4-12-89

Day of Week
Wed.

Time Investigated
2:00

A.M. P.M.

Person Investigating
David A. Hausman

Telephone Number
(715) 732-0101

Action Taken By DNR

No Action Taken Investigation Supervise/Conduct Cleanup

Spiller Required To Take Action; Type _____

Contractor Hired By DNR; Name _____

Amount Recovered _____

29.29 Enforcement _____

Other Agencies on Scene _____

Local _____ State _____ Federal _____

Spilled Substance Destination

Air Soil Groundwater Surface Water Storm Sewer Sanitary Sewer Contained/Recovered Other _____

Person Filing This Report (print name)
David A. Hausman

Signature
David A. Hausman

Date Signed
4-12-89

Additional Comments:

Closed 4/12/89

TA 1/26/18

JK 4-19-89

Spill ID Number

Y Y M M D D 0-99

Date of Incident 4-9-89	Day of Week Sunday	Time of Incident 2:30	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Reported By (Name) Joanne Demuth	Telephone Number () 266-1894
Date Reported 4-11-89	Day of Week Tuesday	Time Reported 12:50	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting	Reported thru Div. Emergen. Gov't. <input type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved Hydrochloric Acid		Quantity 400	Units lbs.	Person or Firm Responsible Specialty Chemical Products Corp.	
Substance Involved		Quantity	Units	Contact Name Lenord Moore	Telephone Number (715) 735-9033

Physical Characteristics <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Semisolid <input type="checkbox"/> Gas	Color _____ Odor _____	Address - Street or Route 2 Stanton Street - Box 258
Cause of Incident Drum ruptured		City, State, Zip Code Marinette WI 54143

Exact Location Description (intersection, mileage, etc.) 2 Stanton Street in drum storage area	Action Taken By Spiller <input type="checkbox"/> No Action Taken <input type="checkbox"/> No Notification <input type="checkbox"/> Investigate <input type="checkbox"/> Containment; Type _____ <input type="checkbox"/> Cleanup; Method _____ <input type="checkbox"/> Amount Recovered _____ <input type="checkbox"/> Monitor _____ <input type="checkbox"/> Contractor Hired; Name _____ <input type="checkbox"/> Other Action _____
County Location Marinette	Groundwaters Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential
Surface Waters Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential	Name of Surface Water

Date District Notified 4-11-89	Day of Week Tuesday	Time District Notified 2:00	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Spill Location <input type="checkbox"/> Industrial Facility/Paper Mill/Chem. Co. <input type="checkbox"/> Gas/Service Station/Garage, Auto Dealer, Repair Shop <input type="checkbox"/> Ag Coop/Facility/Cheese Factory/Creamery <input type="checkbox"/> Other Small Business (bank, grocery, insurance co., etc.) <input type="checkbox"/> Public Property (city, county, state, church, school, etc.) <input type="checkbox"/> Utility Co., Power Generating/Transfer Facility <input type="checkbox"/> Private Property (home/farm) <input type="checkbox"/> Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler <input type="checkbox"/> Transportation Accident, Fuel Supply Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine <input type="checkbox"/> Other _____
District Person Notified Connie Schramm	Telephone Number (414) 497-4042			
Date Investigated	Day of Week	Time Investigated	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
Person Investigating	Telephone Number ()			

Action Taken By DNR <input 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	Spilled Substance Destination <input type="checkbox"/> Air <input type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other _____
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Other Agencies on Scene	Person Filing This Report (print name) Jodi Armstrong
Local _____	Signature <i>Jodi Armstrong</i>
State _____	Date Signed 4-11-89
Federal _____	

Additional Comments:
Substance has been neutralized with lime stone and sodium bicarbonate and is being put into drums to go to a landfill.

TOXIC AND HAZARDOUS INCIDENT ALERT FORM

APR 19 1989

Report Prepared by

John DeMuth

1) Date of Incident 4/08/89	2) Time of Incident approx 2:30 pm	3) Reported by Leonard Moore	4) Telephone No. 715-735-9033
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5) Date Reported 4/11/89	6) Time Reported 1250	7) Person or Firm Responsible Specialty Chem Products Corp
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8) Substance Involved hydrochloric acid	9) Quantity (unit) 400 lbs	10) Contact Name same	11) Telephone No. same
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12) Substance Involved 1 BBL	13) Quantity (unit)	14) Address 2 Stanton St, Box 258
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15) Physical Characteristics <input type="checkbox"/> Solid <input type="checkbox"/> Semisolid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	16) City, State, Zip Code Marquette 54143
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17) Weather Conditions Wind Speed _____ Direction _____ Precipitation <input type="checkbox"/> Yes <input type="checkbox"/> No Temperature _____ Direction of Spill Movement _____

18) Exact Location (Highways, Intersections, Mileage, Etc.) 2 Stanton St, drum storage area of yard	19) County Marquette
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20) Cause of Incident ruptured drum	21) Transportation Related Transportation Highway Facility Related <input checked="" type="checkbox"/>
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22) If Nuclear Facility - Type of Alert

Unusual Event Alert Site Emergency General Emergency

23) Surface Water Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential	24) Ground Water Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential	Agency	Person Contacted	Telephone No.
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25) Distance to - Nearest Water _____ Nearest Well _____ Surface Water Name _____	26) Distance From - Population _____ Medical Care Fac. _____ Correctional Fac. _____ Senior Citizen Center _____	NR Center /Chemtrec		800-424-8802
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27) Local Units on Scene <input type="checkbox"/> EG <input type="checkbox"/> Fire <input type="checkbox"/> Enforcement <input type="checkbox"/> EMS <input type="checkbox"/> Other <input type="checkbox"/> Engineering	none	DNR	Jodie Armstrong	Days 2141 Pager No. 608-275-9049
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28) Actions Taken on Scene material neutralized with limestone + sodium bicarbonate, put in drum to be taken to landfill	DOT/State Patrol	
	H&SS	24 hr. Number 608-266-2830
	NRC	312-932-2500
	OSC	
	DILHR	
	MFGR	