

24-Hour Emergency Hotline Number: 1-800-943-0003

02-110-223154

Admin. Use

Date & Military Time Of Incident: 01/07/2002 1100		Date & Military Time Reported: 01/07/2002 1115		Spill File # nor01072002 01 <b>04-110-390655</b>	
Person Reporting: Liz Lundmark		Representing: Murphy Oil		Phone # (715)398-8434 Fax # ( )	
Responsible Party (RP) / Spiller: Murphy Oil		RP Decision Based On:		Phone # (715)398-3533 Fax # ( )	
RP Address: 2407 Stinson Ave		City SUPERIOR		State WI	
RP Contact Name & Title:		Phone # ( ) Fax # ( )			
Substance Involved: Gasoline Fumes		Amount & Units Released: <i>Murphy est. 3360-7056 gas &amp; water gallons</i>		Amount & Units Recovered: ?	
<input type="checkbox"/> Solid <input type="checkbox"/> Semisolid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas		Color:		Odor:	
Exact Location Of Incident: (including street name, bldg. #, mileage, etc.) 2407 Stinson Ave - Tank 70				Facility Name / Property Owner:	
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township Superior		County Douglas		Latitude/Longitude	
DNR Region: NOR		NW 1/4 NW 1/4 Sec 36 T49N R14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W		Weather Conditions: Westerly Winds, Clear Skys	
Cause Of Incident: Collapse of tank and resulting large fire. -					
<b>Spilled Substance Impact To:</b> (check X all that apply) <input type="checkbox"/> Air <input checked="" type="checkbox"/> Potential <input type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Potential <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Groundwater <input type="checkbox"/> Potential <input type="checkbox"/> Private Well <input type="checkbox"/> Potential <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Soil <input type="checkbox"/> Potential <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Surface Water <input type="checkbox"/> Potential Name:  <input type="checkbox"/> Other:		<b>Spill Cause/Site:</b> <input type="checkbox"/> Ag Coop/Food Factory <input type="checkbox"/> Airport Facility <input type="checkbox"/> Railroad Facility <input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine <input type="checkbox"/> Gas/Service Station/Garage/Auto Dealer/Repair Shop <input type="checkbox"/> Hydraulic Line Break <input checked="" type="checkbox"/> Industrial Facility <input type="checkbox"/> Paper Mill <input type="checkbox"/> Chemical Co. <input checked="" type="checkbox"/> Pipeline/Terminal/Tank Farm/Oil Jobber/Wholesaler <input type="checkbox"/> Private Property (home/farm) <input type="checkbox"/> Public Property (city, state, church, school, etc.) <input type="checkbox"/> Transportation Accident, Fuel Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input type="checkbox"/> Utility Co. Power Generating/Transfer Facility <input type="checkbox"/> Other:		<b>Action Taken By Spiller:</b> <input type="checkbox"/> Cleanup Method: <input type="checkbox"/> Absorbent <input type="checkbox"/> Excavation <input type="checkbox"/> <input checked="" type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired Name:  <input type="checkbox"/> Monitor <input type="checkbox"/> No Action Needed <input type="checkbox"/> No Action Taken <input type="checkbox"/> Waste Destination: <input type="checkbox"/> Other:	
Injuries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes how many?		Has An Evacuation Occurred? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Potential? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are There Any Resource Damages? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Potential    What Kind?					
<b>Other Agencies Notified:</b> (check first column, if notified; check both columns, if on the scene) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Fire Department <input checked="" type="checkbox"/> <input type="checkbox"/> Local DNR <input type="checkbox"/> <input type="checkbox"/> EPA <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Local Law Enforcement <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Div. Emerg. Mgt. <input type="checkbox"/> <input type="checkbox"/> Nat'l Resp Ctr 800-442-8802 <input checked="" type="checkbox"/> <input type="checkbox"/> LEPC or Local Emer. Mgt. <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Coast Guard <input type="checkbox"/> <input type="checkbox"/> Chemtrec 800-424-9300 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Level A/Level B Team <input type="checkbox"/> <input type="checkbox"/> DHFS 608-258-0099 <input type="checkbox"/> <input type="checkbox"/> Other:				<b>Incident Commander:</b>  Phone # ( )	
Prepared By: Brian Rusk		Phone # 608 267-7450		Date: 01-07-02	
Person Notified: Left Message for John Krull		Phone # 715 392-7992		Date: 01-07-02	
Investigated By: <i>Bob Gotblad</i>		Sign:		Date:	
Spill Coordinator Signoff:		Date:		Incident Closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: NFA Letter Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Spill Packet Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No To:	
		Transferred To: ERP <input checked="" type="checkbox"/>		DATCP <input type="checkbox"/> Date: Case #	

RECEIVED  
DEPT OF NATURAL RESOURCES  
DEC 26 2002  
Regional Service Center  
Northern Region

See Additional Comments On Reverse  
Please, print page 2 of 2

State of Wisconsin Substance Release Report (Cont'd)  
Form 4401-91 Rev 12-01

Date and Military Time Of Incident:

Responsible Party:

Additional Comments :

Waste water from tank <sup>70</sup> fire was ponded in tank basin 70 and allowed to flow into basin of tank 71, Waste water then slowly added to onsite treatment system.

Case Activity Report:  Yes  No CAR#:

(Please, attach copy of all CAR and other documentation)

Enforcement Action:  Yes  No (Explain Below)