

04-38-042960

State Div. Emergency Gov't. (608) 266-3232  
U.S. Nat'l. Response Center (800) 424-8802  
Chemtrec/Pesticides/Chlorine (800) 424-9300

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

04-38-042960

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Date of Incident 7/27/88	Day of Week Wed.	Time of Incident 8:30	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) Dr. Leonard Moore	Telephone Number ( 715 ) 735-9033
Date Reported " "	Day of Week " "	Time Reported 9:40	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting SpecialtyChem Products Corp.	Reported thru Div. Emergen. Gov't. <input type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved sulfuric acid approx.		Quantity 50-100 gal.	Units	Person or Firm Responsible " "	
Substance Involved		Quantity	Units	Contact Name Dr. Moore	Telephone Number above )

Physical Characteristics

Solid  Liquid  Semisolid  Gas

Color \_\_\_\_\_ Odor \_\_\_\_\_

Address - Street or Route  
2 Stanton St., Marinette, WI 54143

City, State, Zip Code

Cause of Incident  
pipe broke on roof of bldg.

Exact Location Description (intersection, mileage, etc.)

Action Taken By Spiller

No Action Taken  Notification  Investigate

Containment; Type \_\_\_\_\_

Cleanup; Method \_\_\_\_\_

Amount Recovered \_\_\_\_\_

Monitor \_\_\_\_\_

Contractor Hired; Name \_\_\_\_\_

Other Action \_\_\_\_\_

County Location  
Marinette

Groundwaters Affected  
 Yes  No  Potential

Surface Waters Affected  
 Yes  No  Potential

Name of Surface Water

Date District Notified  
7/27/88

Day of Week  
Wed.

Time District Notified  
9:55

A.M.  
 P.M.

District Person Notified  
transferred to Adele - Marinette

Telephone Number  
( 715 ) 732-0101

Date Investigated

Day of Week

Time Investigated  
 A.M.  
 P.M.

Person Investigating

Telephone Number  
( )

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 \_\_\_\_\_

Spill Location

Industrial Facility/Paper Mill/Chem. Co.

Gas/Service Station/Garage, Auto Dealer, Repair Shop

Ag Coop/Facility/Cheese Factory/Creamery

Other Small Business (bank, grocery, insurance co., etc.)

Public Property (city, county, state, church, school, etc.)

Utility Co., Power Generating/Transfer Facility

Private Property (home/farm)

Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler

Transportation Accident, Fuel Supply Tank Spill

Transportation Accident, Load Spill

Construction, Excavation, Wrecking, Quarry, Mine

Other \_\_\_\_\_

Spilled Substance Destination

Air

Soil

Groundwater

Surface Water

Storm Sewer

Sanitary Sewer

Contained/Recovered

Other \_\_\_\_\_

Closed 7/27/88

TA 1/26/18

Person Filing This Report (print name)  
Ruth Williamson

Signature *Ruth Williamson* Date Signed 7-27-88

Additional Comments:

Emer. Medical Serv. transported ~~2~~ 2 people to hospital also 2 w/minor inj. taken to hospital as precautionary.

1k Chemical was sprayed onto them thus they recieved treatment.

Pump was shut off to stop the spray. Material was contained in a tank.

880727-01 880727-01

Report Number  
**810727-01**  
YYMMDD-009

Date of Incident <b>7-27-88</b>	Day of Week <b>WED</b>	Time of Incident <b>8:30</b>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) <b>DR. LEONARD MOSKE</b>	Telephone Number <b>1715 1735-9033</b>
Date Reported <b>7-27-88</b>	Day of Week <b>WED</b>	Time Reported <b>10:00</b>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting <b>SPECIALTYCHEM</b>	Reported thru Div. Emergen. Gov't. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Substance Involved <b>SULFURIC ACID</b>	Quantity <b>50-100</b>	Units <b>GALLONS</b>	Person or Firm Responsible <b>SPECIALTYCHEM</b>	Contact Name <b>DR. MOSKE</b>	Telephone Number <b>1715 1735-9033</b>

Physical Characteristics

Solid  Liquid  Semisolid  Gas

Color **CLEAR** Odor \_\_\_\_\_

Address - Street or Route  
**TWO STANTON ST**

City, State, Zip Code  
**MARINETTE, WI 54143**

Cause of Incident  
**PIPE RUPTURE**

Action Taken By Spiller

Exact Location Description (intersection, mileage, etc.)  
**SPECIALTYCHEM 502 BUILDING**

County Location  
**MARINETTE NE. SW 05. T30 N. R24 E**

Groundwaters Affected

Yes  No  Potential

Surface Waters Affected

Yes  No  Potential

Date District Notified  
**7-27-88**

Day of Week  
**WED**

Time District Notified  
**10:15**

A.M.  P.M.

District Person Notified  
**BRUCE OMAN**

Telephone Number  
**1715 1732-0101**

Date Investigated  
**7-27-88**

Day of Week  
**WED**

Time Investigated  
**10:45**

A.M.  P.M.

Person Investigating  
**BRUCE OMAN**

Telephone Number  
**1715 1732-0101**

Action Taken by DNR

No Action Taken  Investigation  Supervisor 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 \_\_\_\_\_

Spill Location

Industrial Facility/Paper Mill/Chem. Co.

Gas/Service Station/Garage, Auto Dealer, Repair Shop

Ag Coop/Facility/Cheese Factory/Creamery

Other Small Business (bank, grocery, insurance co., etc.)

Public Property (city, county, state, church, school, etc.)

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Private Property (home/farm)

Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler

Transportation Accident, Fuel Supply Tank Spill

Transportation Accident, Load Spill

Construction, Excavation, Wrecking, Quarry, Mine

Other \_\_\_\_\_

Spilled Substance Destination

Air

Soil

Groundwater

Surface Water

Storm Sewer

Contained/Recovered

Other **INDUSTRIAL TRMT SYSTEM**

Person Filing This Report (print name)  
**BRUCE OMAN**

Signature  
*Bruce Oman*

Date Signed  
**7-27-88**

Additional Comments:

**SPILL EASILY CONTAINED AND DIRECTED TO PLANT TRMT SYSTEM. A COUPLE OF WORKERS HAD ACID SPILLED ON THEM, THEY WERE TAKEN TO HOSPITAL AS PRECAUTION.**

Additional Comments:

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