

04-3844384

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

04-3844384

Date of Incident 7/13/93	Day of Week Tues	Time of Incident 8:30	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
Date Reported 7/13/93	Day of Week Tues	Time Reported 9:00	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
Substance Involved Chlorine	Quantity 10 min. / 4 lbs	Units Max	
Substance Involved	Quantity	Units	

Reported By (Name) Dr. Leonard Moore	Telephone Number (715) 735-9033
Agency or Firm Reporting Specialty Chemical	Reported thru Div. Emergen. Gov't. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Person or Firm Responsible Specialty Chemical Products Corp.	
Contact Name Leonard Moore	Telephone Number (715) 735-9033

Physical Characteristics

Solid Liquid Semisolid Gas

Color _____ Odor _____

Address - Street or Route
P.O. Box 258 Two Stanton St.

City, State, Zip Code
Marinette, WI, 54143

Cause of Incident
Leaking valve in plant

Exact Location Description (intersection, mileage, etc.)
Bldg. 52 doors open where leimited

County Location
Marinette

Action Taken By Spiller

No Action Taken No Notification Investigate

Containment; Type **Turned off source tank and fixed leaking valve.**

Cleanup; Method _____

Amount Recovered _____

Monitor _____

Contractor Hired; Name _____

Other Action _____

DNR Dist **LMD Mar**

DNR Area **Mar**

Groundwaters Affected Yes No Potential

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 _____

Surface Waters Affected Yes No Potential

Name of Surface Water _____

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

District Person Notified
Randall Stark

Telephone Number
(715) 732-0101

Date Investigated _____ Day of Week _____ Time Investigated _____

Person Investigating
G. Sevener

Telephone Number
(715) 732-0101

Action Taken By DNR

No Action Taken Investigation Supervise/Conduct Cleanup

(By telephone)

Spiller Required To Take Action; Type _____

Contractor Hired By DNR; Name _____

Amount Recovered **None**

29.29 Enforcement

Spilled Substance Destination

Air ***They did a mass balance to determine amt. of emission.**

Soil

Groundwater

Surface Water

Storm Sewer

Sanitary Sewer

Contained/Recovered

Other _____



Other Agencies on Scene _____

Local _____

State **Closed 7/14/93**

Federal **VA 1/26/18**

Person Filing This Report (print name)
Gregory A. Sevener

Signature
Gregory A. Sevener

Date Signed
7/14/93

Additional Comments:
Dr. Moore said slight NW wind blowing. Dr. Moore said chlorine was dispersed by the time it reached their lab. He said usually chlorine leak has occurred within process plant where tied into scrubber. Can't recall when leak occurred in tank bldg.

SUBSTANCE SPILL/RELEASE ALERT FORM

Spill No./Notification Date and Military Time 9307 13 2210 YY MM DD TIME	Information should be reported to: Department of Military Affairs Wisconsin Division of Emergency Government 4802 Sheboygan Ave., Room 99A, P.O.Box 7865 Madison, Wisconsin 53707-7865 (608) 266-3232 FAX (608) 266-1569	Date and Military Time of Incident 9307 13 2030 YY MM DD TIME County: <u>Maunette</u>
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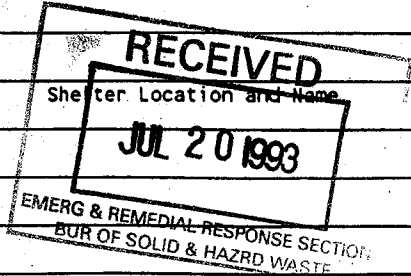
REPORTING INFORMATION			
Reported by: (name) <u>Dr Leonard Moore</u> Address _____ City _____ State _____ Zip _____ Telephone _____	Person/Firm Responsible: <u>Specialty Chem</u> Address <u>2 Stanton St.</u> City <u>Maunette</u> State <u>WI</u> Zip <u>54143</u> Telephone _____		
Spill Contact Person/Firm: <u>Dr Leonard Moore</u> (if different from above) Telephone <u>715 735 9035</u> City _____ State _____ Zip _____			

SUBSTANCE INFORMATION											
Name of Substance/Quantity Involved: <u>Chlorine - est 10#</u>											
<input type="checkbox"/> EHS Chemical <input type="checkbox"/> CERCLA Chemical <input type="checkbox"/> Unknown											
CAS #	Placard #	Quantity	Solid	Powder	Liquid	Vapor	Gas	Radio-Active	Unknown	Color	Odor
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SITE INFORMATION	
Exact Location of Spill/Release (include Street Address, County, City, Village, Town, Highway, Intersection, Mileage, etc.): <u>2 Stanton St,</u>	
Source of Spill	Spill Destination
<input type="checkbox"/> Transportation <input checked="" type="checkbox"/> Manufacture <input type="checkbox"/> Agriculture <input type="checkbox"/> Public Property <input type="checkbox"/> Construction <input type="checkbox"/> Business <input type="checkbox"/> Private Property <input type="checkbox"/> Other _____	<input type="checkbox"/> Soil <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other <input type="checkbox"/> Surface Water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential Name: _____ <input type="checkbox"/> Ground Water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential Distance to nearest drinking water well: _____ feet
Weather Conditions	
Wind Speed and Direction _____ <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Other: _____	

PUBLIC HEALTH INFORMATION				
Recommended safety precautions (known acute/chronic health risks):				

	No	Unknown	Yes	Number
Injuries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]
Fatalities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]
Facility Evacuated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]
Public Evacuated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]
Shelter facility:				
Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]
School	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]
Other/Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]



RESPONSE INFORMATION

Local Responder on Scene (Give name of response agencies)

- Fire _____
- Law Enforcement _____
- DNR contacted _____
- County EG _____
- EMS _____
- Other: _____

Incident Commander
 Name _____
 Title _____
 Dept. _____
 Telephone _____

No further follow-up or state assistance required

List of contacts made by responsible party/firm or individual reporting incident:

Agency	Telephone Number	Contact Name
<input type="checkbox"/> Dist. Dept. of Natural Resources (DNR)	_____	_____
<input type="checkbox"/> Loc. Emer. Planning Committee (LEPC)	_____	_____
<input type="checkbox"/> Local Public Health	_____	_____
<input type="checkbox"/> CHEMTREC	<u>1-800-424-9300</u>	_____
<input checked="" type="checkbox"/> National Response Center (NRC)	_____	_____

Narrative: Cause of incident/Actions being taken/Other information:

Valve leaked. Leaked about 10 minutes when notified, shut down. Valve will be replaced.

DEG DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input checked="" type="checkbox"/> DNR (days)	<u>(608) 266-2141</u>	<u>Waf Janda</u>
<input type="checkbox"/> DNR (Duty Officer pager)	_____	_____
<input type="checkbox"/> DOT/State Patrol	<u>(608) 246-3228</u>	_____
<input type="checkbox"/> DH&SS	<u>(608) 266-2830</u>	_____
<input type="checkbox"/> DILHR	_____	_____
<input type="checkbox"/> DATCP	_____	_____
<input type="checkbox"/> NRC	<u>1-800-424-8802</u>	_____
<input type="checkbox"/> Area Director	_____	_____
<input type="checkbox"/> DEG, Dir. Bureau of Field Services and Disaster Resources	_____	_____

INCIDENT FOLLOW-UP (to include date and time)

AGENCY DEFINITIONS

DEG	Div. of Emerg Government	NRC	Nat'l Response Center (Federal Reporting
CHEMTREC	Chemical Transportation Emerg. Center		Environmental Protection Agency US Coast Guard)
DNR	Department of Natural Resources	DILHR	Dept. of Industry, Labor and Human Relations
DOT/State Patrol	Dept. of Transportation	DATCP	Dept. of Agriculture, Trade and Consumer Protection
DH&SS	Dept. of Health & Social Services		

Reminder: If the release is of an EHS or CERCLA chemical at or above the reportable quantity, the responsible party must also submit a follow-up written report per Fed. Statutes, as soon as practicable, to the State Emergency Response Board, Box 7865, Madison, WI 53707-7865, the Local Emergency Planning Committee and the NRC.

Karen Peterson
 Signature of DEG Duty Officer

 Signature of Preparer