

Spill ID Number  
920622-03  
Y Y M M D D 0-99

04-38-443830

MIX OF

2 STANTON ST.

Date of Incident <u>6-22-92</u>	Day of Week <u>MON</u>	Time of Incident <u>14:30</u>	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Reported By (Name) <u>TOM REHRING</u>	Telephone Number <u>(715) 735-9033</u>
Date Reported <u>6-23-92</u>	Day of Week <u>TUE</u>	Time Reported <u>14:00</u>	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting <u>SPECIALTY CHEM.</u>	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved <u>BUTANOL &amp; O-XYLENE</u>		Quantity <u>5</u>	Units <u>GAL</u>	Person or Firm Responsible <u>SPECIALTY CHEM.</u>	
Substance Involved		Quantity	Units	Contact Name <u>LEONARD MOORE</u>	Telephone Number <u>(715) 735-9033</u>

Physical Characteristics  
 Solid  Liquid  Semisolid  Gas  
 Color \_\_\_\_\_ Odor \_\_\_\_\_

Address - Street or Route  
2 STANTON ST.

City, State, Zip Code  
MARINETTE, WI 54143

Cause of Incident  
BROKEN TRANSFER HOSE

Exact Location Description (intersection, mileage, etc.)  
OUTDOOR TRANSFER LOADING DOCK

County Location  
MARINETTE

Section, Town, Range  
N.W., S.W., S, T 30 N, R 24 E

DNR Dist  
LMD MAR

DNR Area  
MAR

Groundwaters Affected  
 Yes  No  Potential

Surface Waters Affected  
 Yes  No  Potential

Name of Surface Water \_\_\_\_\_

Action Taken By Spiller  
 No Action Taken  No Notification  Investigate  
 Containment; Type \_\_\_\_\_  
 Cleanup; Method SCOOPED UP AFFECTED SOIL  
 Amount Recovered \_\_\_\_\_  
 Monitor \_\_\_\_\_  
 Contractor Hired; Name \_\_\_\_\_  
 Other Action \_\_\_\_\_

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 \_\_\_\_\_

Action Taken By DNR  
 No Action Taken  Investigation  Supervise/Conduct Cleanup  
PHONE CALL INQUIRY

Spiller Required To Take Action; Type \_\_\_\_\_

Contractor Hired By DNR; Name \_\_\_\_\_

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

29.29 Enforcement \_\_\_\_\_

Other Agencies on Scene

Local NONE

State \_\_\_\_\_

Federal \_\_\_\_\_

Spilled Substance Destination  
 Air  
 Soil  
 Groundwater  
 Surface Water  
 Storm Sewer  
 Sanitary Sewer  
 Contained/Recovered  
 Other \_\_\_\_\_

Person Filing This Report (print name)  
MATT HOSTAK

Signature  
Matt Hostak

Date Signed  
6-23-92

Closed 6/23/92

RA 1/26/18

Additional Comments:  
MY DISCUSSION WITH THEM REVEALED THAT RELEASE WAS SMALL VOLUME & FULLY SCOOPED UP. THE CONTAMINATED SOIL IS TO BE PICKED UP & DISPOSED OF BY A LICENSED TRANSPORTER AND DISPOSAL FACILITY. NO INJURIES REPORTED, MUCH OF THE RELEASE REPORTEDLY EVAPORATED.

DATE: June 22, 1992

DEPARTMENT OF NATURAL RESOURCES

Bureau of Law Enforcement  
101 S. Webster, Box 7921  
Madison WI 53707  
608-266-2141

TELEFAX TRANSMITTAL FORM

TO: LMD\MARINETTE AREA - STAN NOGALSKI

FROM: KAREN MACHKOVICH - LE/5

NO. OF PAGES: (Including this page) 3

Our Telefax Number: (608) 266-3696(automatic)

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If there are any problems receiving this transmittal, please call

KAREN at (608) 266-2142.

FAX NUMBER: <sup>715</sup> ~~414~~/732-4450

c:\jma\faxform2



**SUBSTANCE SPILL/RELEASE ALERT FORM**

<b>Spill No./Notification Date and Military Time</b> <u>920622 1455</u> 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 (808) 266-3232 FAX (808) 266-1589	<b>Date and Military Time of Incident</b> <u>920622 1430</u> YY MM DD TIME County: <u>Marinette</u>
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**REPORTING INFORMATION**

Reported by: <u>Leonard Moore</u> (name) <u>Specialty Chem Products Corp</u> Address: <u>2 Stratton St</u> City: <u>Marinette</u> State: <u>WI</u> Zip: <u>54143</u> Telephone: <u>715-735-9033</u>	Person/Firm Responsible: <u>same</u> Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____
Spill Contact Person/Firm: _____ Address: _____ (If different from above) Telephone: _____ City: _____ State: _____ Zip: _____	

**SUBSTANCE INFORMATION**

Name of Substance/Quantity Involved: 3 gal. butanol and 2 gal ortho-xylene

EHS Chemical   
  CERCLA Chemical   
  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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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.):  
Beside Bldg 38, above address.

<b>Source of Spill</b> <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 _____	<b>Soil Destination</b> <input checked="" type="checkbox"/> Soil <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input checked="" type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other _____ <input type="checkbox"/> Surface Water <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential Name: _____ <input type="checkbox"/> Ground Water <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential Distance to nearest drinking water well: _____ feet
<b>Weather Conditions</b> Wind Speed and Direction: <u>dry, no wind</u> <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): \_\_\_\_\_

<table style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>No</th> <th>Unknown</th> <th>Yes</th> <th>Number</th> </tr> <tr> <td>Injuries</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Fatalities</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Facility Evacuated</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Public Evacuated</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Shelter facility:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hospital</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>School</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other/type</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		No	Unknown	Yes	Number	Injuries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fatalities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility Evacuated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Evacuated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shelter facility:					Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other/type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shelter Location and Name: _____ _____ _____
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Other/type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										

RESPONSE INFORMATION

Local Responder on Scene (Give name of response agencies)

- Fire \_\_\_\_\_
- Law Enforcement \_\_\_\_\_
- DNR \_\_\_\_\_
- 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	1-800-424-9300	_____
<input type="checkbox"/> National Response Center (NRC)	_____	_____

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

While loading truck, hose sprayed liquid out. Most evaporated. Scooped up soil & will incinerate.

DEG DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input checked="" type="checkbox"/> DNR (days)	(608) 266-2141	fax'd - 6-2292
<input type="checkbox"/> DNR (Duty Officer pager)	_____	_____
<input type="checkbox"/> DOT/State Patrol	(608) 246-3228	_____
<input type="checkbox"/> DHSS	(608) 266-2830	_____
<input type="checkbox"/> DILHR	_____	_____
<input type="checkbox"/> DATCP	_____	_____
<input type="checkbox"/> NRC	1-800-424-8802	_____
<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
DHSS	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.

Signature of DEG Duty Officer

*Nancy Anderson*

Signature of Preparer