

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
90122701
Y Y M M D D 0-99

04-38-045340

Date of Incident <u>12/27/90</u>	Day of Week <u>Thurs</u>	Time of Incident <u>8:50</u>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) <u>Lenord Moore</u>	Telephone Number <u>(715) 735-9033</u>
Date Reported <u>12/27/90</u>	Day of Week <u>Thurs</u>	Time Reported <u>8:57</u>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting <u>Products Chem. Corp</u>	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved <u>Orthoxylene</u>		Quantity <u>15 gals</u>	Units	Person or Firm Responsible <u>Products Chemical Corp.</u>	
Substance Involved		Quantity	Units	Contact Name <u>Lenord 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
Hose connection malfunction

Action Taken By Spiller

Exact Location Description (intersection, mileage, etc.)
2 Stanton St City of Marinette

No Action Taken Notification Investigate

Cleanup; Method Absorbant pads - shoveled up

County Location
Marinette

Spill Location

Groundwaters Affected
 Yes No Potential

Amount Recovered _____

Surface Waters Affected
 Yes No Potential

Other Action _____

Name of Surface Water
Menominee River

Industrial Facility/Paper Mill/Chem. Co.

Date District Notified
12/27/90

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

Day of Week
Thurs

Ag Coop/Facility/Cheese Factory/Creamery

Time District Notified
9:00

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

A.M.
 P.M.

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

District Person Notified
Thomas Hansen

Utility Co., Power Generating/Transfer Facility

Telephone Number
(414) 448-5132

Private Property (home/farm)

Date Investigated
12/27/90

Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler

Day of Week
Thurs

Transportation Accident, Fuel Supply Tank Spill

Time Investigated
9:00

Transportation Accident, Load Spill

A.M.
 P.M.

Construction, Excavation, Wrecking, Quarry, Mine

Person Investigating
Thomas Hansen

Other _____

Telephone Number
(414) 448-5132

Spilled Substance Destination

Action Taken By DNR

Air

No Action Taken Investigation Supervise/Conduct Cleanup

Soil

Spiller Required To Take Action; Type _____

Groundwater

Contractor Hired By DNR; Name _____

Surface Water

Amount Recovered ALL

Storm Sewer

29.29 Enforcement _____

Sanitary Sewer

Other Agencies on Scene _____

Contained/Recovered

Local _____

Other _____

State _____

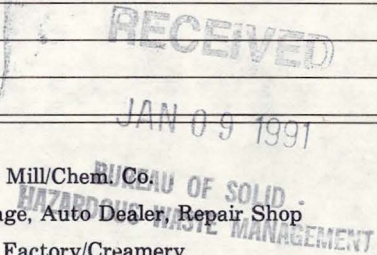
Person Filing This Report (print name)
Randall J. Stark

Federal _____

Signature
Randall J. Stark

Date Signed
1/2/91

Additional Comments:
FIELD INVESTIGATION: 1-8-91. Absorbent powder, wood flour used to absorb spill. frozen ground and snow, top layer of soil scrapped up and put into (1) 55 gallon drum to be shipped to Chemical waste products firm in Chicago for incineration.



Closed 1/2/91

VA 1/26/18

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
90122701
Y Y M M D D 0-99

Kim McCutcheon - SW/H

Date of Incident <u>12/27/90</u>	Day of Week <u>THURS</u>	Time of Incident <u>8:50</u>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) <u>Lenord Moore</u>	Telephone Number <u>(715) 735-9033</u>
Date Reported <u>12/27/90</u>	Day of Week <u>THURS</u>	Time Reported <u>8:57</u>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting <u>Specialty Product Chem</u>	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Jan</i>
Substance Involved <u>Orthro - Xylene</u>		Quantity <u>15</u>	Units <u>GALS</u>	Person or Firm Responsible <u>Same</u>	
Substance Involved		Quantity	Units	Contact Name <u>Same</u>	Telephone Number <u>(715) 735-9033</u>

Physical Characteristics

Solid Liquid Semisolid Gas

Color less Odor Sweet

Address - Street or Route
2 Station Street

City, State, Zip Code
Marinette, WI 54143

Cause of Incident
Failure of hose connection outside Bldg

Exact Location Description (intersection, mileage, etc.)
2 Station Street at the end of street

County Location
Marinette

Groundwaters Affected
 Yes No Potential 50 yds from

Action Taken By Spiller

No Action Taken No Notification Investigate

Containment; Type _____

Cleanup; Method _____

Amount Recovered _____

Monitor _____

Contractor Hired; Name _____

Other Action _____

Surface Waters Affected
 Yes No Potential

Name of Surface Water
Menominee Riv

Spill Location
No one to take the call - Hansen will call back.

Date District Notified
12/27/90

Day of Week
THUR

Time District Notified
9:30

A.M. P.M.

District Person Notified
Tom Hansen

Telephone Number
(715) 492-7440

Date Investigated

Day of Week

Time Investigated

A.M. P.M.

Person Investigating

Telephone Number
()

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

Spiller Required To Take Action; Type _____

Contractor Hired By DNR; Name _____

Amount Recovered _____

29.29 Enforcement

Spilled Substance Destination

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

Other Agencies on Scene

Local None

State _____

Federal _____

Person Filing This Report (print name)
Louise Roelke

Signature
Louise Roelke

Date Signed
12/27/90

Additional Comments:
They put absorbent on it and shoveled it off the ice.

901227

Report Prepared by

Jan Dufford

1) Date of Incident <i>12-27-90</i>	2) Time of Incident <i>8:50 am</i>	3) Reported by <i>Leonard Moore</i>	4) Telephone No. <i>(715) 735-9033</i>
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5) Date Reported <i>12-27-90</i>	6) Time Reported <i>8:57 am.</i>	7) Person or Firm Responsible <i>Specialty Chem Products Corp</i>	
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8) Substance Involved <i>ortho (solvent) xylene</i>	9) Quantity (unit) <i>gals 15 gals</i>	10) Contact Name <i>L. Moore</i>	11) Telephone No. <i>same</i>
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12) Substance Involved	13) Quantity (unit)	14) Address <i>2 Stanton St.</i>	
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15) Physical Characteristics	16) City, State, Zip Code <i>Marinette, WI 54143</i>		
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<input type="checkbox"/> Solid	Odor <i>sweet</i>	17) Weather Conditions	
<input type="checkbox"/> Semisolid		Wind Speed <i>5 or less</i>	Direction <i>SW</i>
<input checked="" type="checkbox"/> Liquid	Color <i>less</i>	Precipitation Yes <input checked="" type="checkbox"/> No	Temperature <i>-5°</i>
<input type="checkbox"/> Gas		Direction of Spill Movement _____	

18) Exact Location (Highways, Intersections, Mileage, Etc.) <i>2 Stanton St - end street</i>	19) County <i>Marinette</i>
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20) Cause of Incident <i>failure of hose connection outside building, within plant site - did not leave site</i>	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 water Nearest Water <i>50 yds.</i> Nearest Well _____ Surface Water Name <i>MEMONINEE RIVER</i>	26) Distance From <i>town</i> Population _____ Medical Care Fac. _____ Correctional Fac. _____ Senior Citizen Center _____	NR Center / Chemtrec		800-424-3802
		Agri		
		DEG/Area Director		

27) Local Units on Scene <i>NONE</i>	DNR <i>9:03 am</i>	Person Contacted <i>Louise</i>	Days 266-2141
<input type="checkbox"/> EG <input type="checkbox"/> Fire <input type="checkbox"/> Enforcement	DNR		Pager No. 608-275-9049
<input type="checkbox"/> EMS <input type="checkbox"/> Other <input type="checkbox"/> Engineering			

28) Actions Taken on Scene <i>put on absorbent & shoveled up off of ice (assumes there is no need for a written report)</i>	DOT/State Patrol	
	H&SS	24 hr. Number 608-266-2830
	NRC	312-932-2500
	PSC	
	DILHR	
	MFGR	