

04-16-045864

910528-07

NR

\*\*\* FOIA INCIDENT REPORT 73718 \*\*\*  
FOIA#: NRC.0616

INCIDENT DESCRIPTION

Report taken by B DECKER on May 29, 1991 at 19:53.  
Incident Type: FIXED  
Incident Cause: EQUIPMENT FAILURE Affected Medium: LAND  
Affected Area: CLAY GROUND  
The incident was discovered on 29-MAY-91 at 18:30 local time.

SOURCE/CAUSE OF INCIDENT

UNLOADING OIL FROM DELIVERY TRUCK / HOSE COUPLING LEAKED

INCIDENT LOCATION

STINSON AVE  
SUPERIOR, WI County: DOUGLAS

RELEASED MATERIAL(S)

CHRIS Code: OIL OIL: CRUDE  
Qty Released: 8.00 GAL Qty in Water: .00 NON

DAMAGE

Injuries: 0 Fatalities: 0 Evacuations: 0 Damages: 0

REMEDIAL ACTIONS

SORBENT PADS APPLIED

REPORTING PARTY

Organization: MURPHY OIL USA  
Address: 24TH AVE EAST  
PO BOX 2066  
SUPERIOR, WI 54880  
Type of Organization: PRIVATE ENTERPRISE  
MURPHY OIL USA called for the responsible party.

*where at  
Murphy?*

SUSPECTED RESPONSIBLE PARTY

Organization: MURPHY OIL USA  
Address: 24TH AVE EAST  
PO BOX 2066  
SUPERIOR, WI 54880  
Type of Organization: PRIVATE ENTERPRISE

NOTIFICATIONS BY CALLER

EPA: STATE:Y CG:Y OTHER:Y DESC:

NOTIFICATIONS BY NRC

Agency: U.S. EPA V Date: 29-MAY-91 Time: 20:38

ADDITIONAL INFORMATION

GAME WARDEN, CTY EMERG, ENVIRONMENTAL ENGINEER FOR STATE  
CG, STATE EMERGENCY GOVT

\*\*\* END FOIA INCIDENT REPORT 73718 \*\*\*

INCIDENT DESCRIPTION

Report taken by J SIEFRING on May 28, 1991 at 16:30.  
Incident Type: FIXED  
Incident Cause: EQUIPMENT FAILURE Affected Medium: LAND  
Affected Area: SOIL  
The incident was discovered on 28-MAY-91 at 15:00 local time.

SOURCE/CAUSE OF INCIDENT

TRANSFER LINE / BREAK CAUSE UNKNOWN

INCIDENT LOCATION

24TH AVE EAST County: DOUGLAS  
PO BOX 2066  
SUPERIOR, WI 54880

RELEASED MATERIAL(S)

CHRIS Code: OIL OIL: CRUDE  
Qty Released: 5.00 GAL Qty in Water: .00 NON

DAMAGE

Injuries: 0 Fatalities: 0 Evacuations: 0 Damages: 0

REMEDIAL ACTIONS

ARE EXCAVATING SOIL. LINE HAS BEEN SECURED

REPORTING PARTY

Organization: MURPHY OIL USA  
Address: 24TH AVE EAST  
PO BOX 2066  
SUPERIOR, WI 54880  
Type of Organization: PRIVATE ENTERPRISE  
MURPHY OIL USA called for the responsible party.

SUSPECTED RESPONSIBLE PARTY

Organization: MURPHY OIL USA  
Address: 24TH AVE EAST  
PO BOX 2066  
SUPERIOR, WI 54880  
Type of Organization: PRIVATE ENTERPRISE

NOTIFICATIONS BY CALLER

EPA: STATE: CG:Y OTHER: DESC: DULMS

NOTIFICATIONS BY NRC

Agency: COTP DULUTH Date: 28-MAY-91 Time: 16:35

ADDITIONAL INFORMATION

**SUBSTANCE SPILL/RELEASE ALERT FORM**

04-16-045869  
910528-07 closed

<b>Spill No./Notification Date and Military Time</b> <u>91 0528 1521</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 (608) 266-3232 FAX (608) 266-1569	<b>Date and Military Time of Incident</b> <u>91 0528 1500</u> YY MM DD TIME  County: _____
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**REPORTING INFORMATION**

<b>Reported by:</b> <u>Tom Johnson</u> (name) <b>Address:</b> <u>Same as Murphy Oil</u> City _____ State _____ Zip _____  <b>Telephone:</b> _____	<b>Person/Firm Responsible:</b> <u>Murphy Oil</u> <b>Address:</b> <u>Stinson Ave</u> City <u>Superior</u> State <u>WI</u> Zip <u>54880</u>  <b>Telephone:</b> <u>715-398-3533</u>
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**Spill Contact Person/Firm:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
 (If different from above)  
**Telephone:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**SUBSTANCE INFORMATION**

**Name of Substance/Quantity Involved:** Crude Oil - small amount  
 ENS 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.):**  
Within Crude unit itself

<b>Source of Spill</b> <input type="checkbox"/> Transportation <input 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>Spill Destination</b> <input type="checkbox"/> Soil <input 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 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 _____ <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	Shelter Location and Name
Injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fatalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Facility Evacuated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Public Evacuated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shelter facility:					
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other/Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**RESPONSE INFORMATION**

Local Responder on Scene (Give name of response agencies)

Fire \_\_\_\_\_

Incident Commander

Law Enforcement \_\_\_\_\_

Name \_\_\_\_\_

DNR Lee Weisner - Frank

Title \_\_\_\_\_

County EG Burl Douglas Co.

Dept. \_\_\_\_\_

EMS \_\_\_\_\_

Telephone \_\_\_\_\_

Other: Coast Guard Petty Off. Hudgen  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

Dist. Dept. of Natural Resources (DNR)

Loc. Emer. Planning Committee (LEPC) Contacted by T. Johnson

Local Public Health \_\_\_\_\_

CHEMTREC \_\_\_\_\_

1-800-424-9300

National Response Center (NRC)

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

Blowing out line  
Current plot will be aug up

**DEG DUTY OFFICER CONTACTS**

Agency

Telephone Number

Contact Name

DNR (days)

(608) 266-2141 1535

Spencer

DNR (Duty Officer pager)

DOT/State Patrol

(608) 246-3228

5-28-91 343

DH&SS

(608) 266-2830

Kim Jo Dade

DILHR

DATCP

NRC

1-800-424-8802

Area Director

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.

Signature of DEG Duty Officer

Dorothy A. Eylon

Signature of Preparer