

SUBSTANCE SPILL/RELEASE ALERT FORM

JUN 18 1991 <sup>closed</sup>  
09-16-045924

Spill No./Notification Date and Military Time <b>9106102053</b> 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 <b>910610 1900</b> YY MM DD TIME Country: <b>Douglas</b>
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REPORTING INFORMATION

Reported by: <b>NORMAN BARTIIA</b> (name) Address _____	Person/Firm Responsible: <b>MURPHY OIL CO.</b> Address <b>STINSON AV.</b>
City <b>SUPERIOR</b> State <b>WI</b> Zip <b>54880</b> Telephone <b>715-398-3533</b>	City <b>SUPERIOR</b> State <b>WI</b> Zip <b>54880</b> Telephone <b>715-398-3533</b>
Spill Contact Person/Firm: <b>NORMAN BARTIIA</b> Address <b>STINSON AV</b> (if different from above) Telephone _____ City <b>SUPERIOR</b> State <b>WI</b> Zip <b>54880</b>	

SUBSTANCE INFORMATION

Name of Substance/Quantity Involved: **#1 DIESEL OIL (2-BARRELS)**

EHS Chemical     CERCLA Chemical     Unknown

CAS #	Placard #	Quantity	Solid	Powder	Liquid	Vapor	Gas	Radio-Active	Unknown	Color	Odor
		<b>2 BARRELS</b>	<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.):  
**STINSON AV - REFINERY**  
**SUPERIOR WIS.**

Source of Spill <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 _____	Spill Destination <input checked="" 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 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	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 \_\_\_\_\_
- Law Enforcement \_\_\_\_\_
- DNR STEVE LAUEIE
- 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)	<u>715-392-2988</u>	<u>STEVE LAUEIE</u>
<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 type="checkbox"/> National Response Center (NRC)	_____	_____

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

BROKEN NIPPLE ON THE OIL LINE -  
SPILL IN CONTAINED AREA -

DEG DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input type="checkbox"/> DNR (days)	<u>(608) 266-2141</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.

Richard L. Pederson  
 Signature of DEG Duty Officer

\_\_\_\_\_  
 Signature of Preparer

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INCIDENT DESCRIPTION

Report taken by D MOORE on June 10, 1991 at 21:49.  
Incident Type: FIXED  
Incident Cause: UNKNOWN Affected Medium: LAND  
Affected Area: SOIL  
The incident was discovered on 10-JUN-91 at 19:00 local time.

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SOURCE/CAUSE OF INCIDENT

TRANSFER LINE NIPPLE LEAKING DUE TO UNKNOWN CAUSE

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INCIDENT LOCATION

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

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RELEASED MATERIAL(S)

CHRIS Code: OTW OIL, FUEL: NO. 1  
Qty Released: 2.00 BBL Qty in Water: .00 NON

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DAMAGE

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

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REMEDIAL ACTIONS

MATERIAL IS CONTAINED AND SORBENTS USED.

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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.

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SUSPECTED RESPONSIBLE PARTY

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

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NOTIFICATIONS BY CALLER

EPA: STATE: CG:Y OTHER: DESC: MSD DULUTH

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NOTIFICATIONS BY NRC

Agency: COTP DULUTH Date: 10-JUN-91 Time: 21:56

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ADDITIONAL INFORMATION