

01-06-045904
closed

Spill No./Notification Date and Military Time <u>91 06 06 1900</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	Date and Military Time of Incident <u>91 06 06 1900</u> YY MM DD TIME County: <u>Douglas</u>
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REPORTING INFORMATION			
Reported by: <u>Norm Bartgella</u> (name) Address: <u>(Murphy Oil)</u> City _____ State _____ Zip _____	Person/Firm Responsible: <u>Murphy Oil</u> Address: <u>Stinson Ave</u> City: <u>Superior</u> State: <u>WI</u> Zip _____ Telephone: <u>715-398-3533</u>		

Spill Contact Person/Firm: _____ (if different from above) Telephone _____	Address _____ City _____ State _____ Zip _____
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SUBSTANCE INFORMATION	
Name of Substance/Quantity Involved: <u>15 gal chlorinated oil slurry</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 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.): <u>Murphy Oil facility (above address)</u>

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 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"/>	_____

JUN 12 1991

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:

Pipe broke; Co. crew cleaning up; spill totally contained; no sewer or waterway affected

DEG DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input type="checkbox"/> DNR (days)	(608) 266-2141	_____
<input type="checkbox"/> DNR (Duty Officer pager)	_____	_____
<input type="checkbox"/> DOT/State Patrol	(608) 246-3228	_____
<input type="checkbox"/> DH&SS	(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
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

Signature of Preparer

INCIDENT DESCRIPTION

Report taken by S MACHOVINA on June 06, 1991 at 21:16.
Incident Type: FIXED
Incident Cause: EQUIPMENT FAILURE Affected Medium: LAND
Affected Area: CLAY CONTAINMENT AREA
The incident was discovered on 06-JUN-91 at 19:00 local time.

SOURCE/CAUSE OF INCIDENT

RELIEF VALVE LIFTED ON TRANSFER LINE

INCIDENT LOCATION

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

RELEASED MATERIAL(S)

CHRIS Code: OSX OIL, FUEL: NO. 6
Qty Released: 15.00 GAL Qty in Water: .00 NON

DAMAGE

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

REMEDIAL ACTIONS

CONTAINED WITHIN CLAY DIKE AREA. COMPANY PERSONNEL PERFORMING CLEANUP.

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:Y CG:Y OTHER: DESC: WI EMER GVT, DULMS

NOTIFICATIONS BY NRC

Agency: U.S. EPA V Date: 06-JUN-91 Time: 21:30

ADDITIONAL INFORMATION

NO ANSWER AT DNR, OR GAME WARDENS OFFICE