

Spill ID Number
04-16-046256
Y Y M M D D 0-99

Date of Incident 9-8-91	Day of Week Sun.	Time of Incident 6:00	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Reported By (Name) Tom Johnstone	Telephone Number (715) 398-3533
Date Reported 9-9-91	Day of Week Mon.	Time Reported 11:40	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting Murphy Oil	Reported thru Div. Emergen. Gov't. <input type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved crude oil		Quantity 125	Units gal.	Person or Firm Responsible Tom Johnstone // Murphy Oil	
Substance Involved		Quantity	Units	Contact Name Tom Johnstone	Telephone Number (715) 398-3533

Physical Characteristics

Solid Liquid Color brown

Semisolid Gas Odor oil

Address - Street or Route
P.O. Box 2066

City, State, Zip Code
Superior, WI 54880

Cause of Incident
loading/spill/ line broke

Exact Location Description (intersection, mileage, etc.)
crude unit at Murphy Oil

Action Taken By Spiller

No Action Taken No Notification Investigate

Containment; Type _____

Cleanup; Method _____

Amount Recovered _____

Monitor _____

Contractor Hired; Name _____

Other Action oil mixed in soil - put to the side

County Location Douglas 1/4, 1/4, Section, Town, Range
_____, _____, _____, T _____ N, R _____

DNR Dist NWD DNR Area Brule Groundwaters Affected
 Yes No Potential

Surface Waters Affected
 Yes No Potential

Name of Surface Water _____

Date District Notified
9-10-91

Day of Week
Tues.

Time District Notified
10:20 A.M. P.M.

District Person Notified
Marcia Johnson

Telephone Number
(715) 635-4051

Date Investigated
9-11-91

Day of Week
Wed.

Time Investigated
 A.M. P.M.

Person Investigating
Joe Davidowski

Telephone Number
(715) 392-7988

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

Other Agencies on Scene

Local _____

State DNR

Federal _____

Additional Comments:
Brule office was notified of spill 9-9-91 and contacted district. Superior office made follow-up call to district 9-10-91.

Spill Location & covered

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 oil refinery

Spilled Substance Destination

Air

Soil

Groundwater

Surface Water

Storm Sewer

Sanitary Sewer

Contained/Recovered

Other will be disposed of ?

Person Filing This Report (print name)
Joe Davidowski

Signature Joe Davidowski Date Signed 9-13-91

SUBSTANCE SPILL/RELEASE ALERT FORM

Spill No./Notification Date and Military Time <u>91 09 08 1945</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 09 08 1800</u> YY MM DD TIME County: <u>Douglas</u>
---	--	--

REPORTING INFORMATION

Reported by: <u>Tom Johnstone</u> (name) Address _____ City <u>Superior</u> State <u>WI</u> Zip <u>54880</u> Telephone: <u>715-398-3533</u>	Person/Firm Responsible: <u>Mercury Oil.</u> Address <u>24th Ave. E. + Stenson Ave</u> City <u>Superior</u> State <u>WI</u> Zip <u>54880</u> Telephone _____
Spill Contact Person/Firm: <u>Jim Kowaty (tomorrow)</u> Address _____ (if different from above) Telephone <u>715-398-3533</u> City <u>Superior</u> State _____ Zip _____	

SUBSTANCE INFORMATION

Name of Substance/
Quantity Involved: crude oil / 3 barrels or 125 gals.

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, Inter-section, Mileage, etc.):
in crude unit at plant at above address

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 checked="" 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 checked="" 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
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: _____	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

PUBLIC HEALTH INFORMATION

Recommended safety precautions (known acute/chronic health risks):
None

SEP 12 1991

<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>No</th> <th>Unknown</th> <th>Yes</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>Injuries</td> <td><input 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 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 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 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 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 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 type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		No	Unknown	Yes	Number	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"/>	Date: <u>9-9-91</u> Time Reported: <u>11:15 p.m.</u> Reported to: <u>Bonnie Senske</u> Telephone Number: <u>715-372-4866</u>
	No	Unknown	Yes	Number																																										
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 _____
- 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 checked="" type="checkbox"/> National Response Center (NRC)	Coast Guard	_____

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

line broke - leak entirely within plant
- are attempting to locate leak - have shut
down line
picked up & put into stop system
and back into crude - basically all

DEQ DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input type="checkbox"/> DNR (days)	(608) 266-2141	<i>found 9-9-91</i>
<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"/> DEQ, 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.

Quai Kleiboe
Signature of DEQ Duty Officer

Quai Kleiboe
Signature of Reporter