

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  
92012601  
Y Y M M D D 0-99

04-38-046747

Date of Incident <u>1-26-92</u>	Day of Week <u>SUN.</u>	Time of Incident <u>6:00</u>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) <u>LEONARD MOORE</u>	Telephone Number <u>(715) 735-9035</u>
Date Reported <u>1-26-92</u>	Day of Week <u>SUN.</u>	Time Reported <u>9:00</u>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting <u>D.N.R.</u>	Reported thru Div. Emergen. Gov't. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Substance Involved <u>BUTYL ALCOHOL</u>	Quantity <u>600</u>	Units <u>GAL.</u>	Person or Firm Responsible <u>SPECIALTY CHEM. INC.</u>		
Substance Involved	Quantity	Units	Contact Name <u>DR. LEONARD MOORE</u>	Telephone Number <u>(715) 735-9035</u>	
Physical Characteristics			Address - Street or Route <u>2 STANTON ST.</u>		
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Semisolid <input type="checkbox"/> Gas			City, State, Zip Code <u>MARINETTE, WI 54143</u>		
Color <u>CLEAR</u>			Action Taken By Spiller		
Odor _____			<input type="checkbox"/> No Action Taken <input type="checkbox"/> No Notification <input type="checkbox"/> Investigate		
Cause of Incident <u>OPERATOR ERROR - PUMP OVERFLOW</u>			<input checked="" type="checkbox"/> Containment; Type <u>DYKE &amp; PUMPED INTO TREATMENT PLANT</u>		
Exact Location Description (intersection, mileage, etc.) <u>STANTON ST. CITY OF MARINETTE</u>			<input checked="" type="checkbox"/> Cleanup; Method <u>SOIL SCRAPPED &amp; DISPOSED OF.</u>		
County Location <u>MARINETTE</u>	¼¼, ¼, Section, Town, Range <u>NE, NW, 05, T30N, R24E</u>				
DNR Dist. <u>L.M.D. MAR.</u>	DNR Area	Groundwaters Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential			
Surface Waters Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential		Name of Surface Water			
Date District Notified <u>1-27-92</u>	Day of Week <u>MON.</u>	Time District Notified <u>1:00</u>	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		
District Person Notified <u>KRIESE</u>		Telephone Number <u>(414)</u>			
Date Investigated <u>1-28-92</u>	Day of Week <u>MON.</u>	Time Investigated <u>2:30</u>	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		
Person Investigating <u>MICHAEL S. KITT</u>		Telephone Number <u>(715) 732-0101</u>			
Action Taken By DNR					
<input type="checkbox"/> No Action Taken <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Supervise/Conduct Cleanup					
<input checked="" type="checkbox"/> Spiller Required To Take Action; Type <u>CLEANUP &amp; DISPOSAL</u>					
<input type="checkbox"/> Contractor Hired By DNR; Name _____					
<input type="checkbox"/> Amount Recovered _____					
<input type="checkbox"/> 29.29 Enforcement					
Other Agencies on Scene					
Local <u>FIRE DEPT.</u>					
State _____					
Federal _____					
Spill Location					
<input checked="" type="checkbox"/> Industrial Facility/Paper Mill/Chem. Co.					
<input type="checkbox"/> Gas/Service Station/Garage, Auto Dealer, Repair Shop					
<input type="checkbox"/> Ag Coop/Facility/Cheese Factory/Creamery					
<input type="checkbox"/> Other Small Business (bank, grocery, insurance co., etc.)					
<input type="checkbox"/> Public Property (city, county, state, church, school, etc.)					
<input type="checkbox"/> Utility Co., Power Generating/Transfer Facility					
<input type="checkbox"/> Private Property (home/farm)					
<input type="checkbox"/> Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler					
<input type="checkbox"/> Transportation Accident, Fuel Supply Tank Spill					
<input type="checkbox"/> Transportation Accident, Load Spill					
<input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine					
<input type="checkbox"/> Other _____					
Spilled Substance Destination					
<input type="checkbox"/> Air					
<input type="checkbox"/> Soil					
<input checked="" type="checkbox"/> Groundwater					
<input checked="" type="checkbox"/> Surface Water					
<input checked="" type="checkbox"/> Storm Sewer					
<input type="checkbox"/> Sanitary Sewer					
<input checked="" type="checkbox"/> Contained/Recovered					
<input type="checkbox"/> Other _____					
Person Filing This Report (print name) <u>MICHAEL S. KITT</u>					
Signature <u>Michael S. Kitt</u>				Date Signed <u>1-27-92</u>	

Additional Comments:  
SPILL CAUSED BY OPERATOR ERROR. OPERATOR WAS PUMPING BUTYNOL FROM CONTAINER INTO MIXING RECEPTICAL & LEFT THE AREA WHILE PUMP WAS RUNNING - CAUSING OVERFLOW OUT OF BUILDING AND ONTO GROUND BELOW.

04-38-046747

SUBSTANCE SPILL/RELEASE ALERT FORM

920126-01

04-38-046747

Spill No./Notification Date and Military Time <u>92 01 26 1310</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>92 01 26 0600</u> YY MM DD TIME
		County: <u>MARINETTE</u>

REPORTING INFORMATION

Reported by: <u>DR. LEONARD MOORE</u> (name) Address _____ City _____ State _____ Zip _____ Telephone: <u>715-735-9035</u>	Person/Firm Responsible: <u>SPECIALTY CHEM. PRODUCTS CORP.</u> Address <u>2 STANTON ST.</u> City <u>MARINETTE</u> State <u>WI.</u> Zip <u>54143</u> Telephone <u>715-735-9035</u>
Spill Contact Person/Firm: <u>715-735-9035</u> (if different from above) Telephone _____	Address _____ City _____ State _____ Zip _____

SUBSTANCE INFORMATION

Name of Substance/  
Quantity Involved: BUTENOL - 200 GALLONS

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, Intersection, Mileage, etc.):  
2 STANTON ST. MARINETTE, WISC.

<b>Source of Spill</b> <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 checked="" 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 checked="" 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 <u>N.W. 5 MPH 15°</u> <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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fatalities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Facility Evacuated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Public Evacuated	<input checked="" 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 type="checkbox"/> National Response Center (NRC)	_____	_____

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

*OPERATOR ERROR - TANK WAS BEING FILLED AND ALLOWED TO OVERFLOW - INATTENTION — DIKED AND USED OIL DRY - SOME MATERIAL PUMPED INTO TANK TO BE TREATED - MORE OIL DRY - FRONT END LOADER TO SCRAPE UP AFFECTED ICY AREA THIS AFTERNOON*

**DEG DUTY OFFICER CONTACTS**

Agency	Telephone Number	Contact Name
<input type="checkbox"/> DNR (days)	_(608) 266-2141_	_____
<input type="checkbox"/> DNR (Duty Officer pager)	608-276-7089	DAVE WOODBURY
<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.

*Henry W. Nissen*

Signature of DEG Duty Officer

Signature of Preparer