

State Div. Emergency Gov't.
U.S. Nat'l. Response Center
Chemtrec/Pesticides/Chlorine

(608) 266-3232
(800) 424-8802
(800) 424-9300

Spill ID Number

04-16-208451
Y Y M M D D 0-99

Date of Incident 8-15-91	Day of Week Thurs	Time of Incident 8:15	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) Bruce Krenz	Telephone Number (715) 398-3533
Date Reported 8-15-91	Day of Week Thurs	Time Reported 9:45	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting Murphy Oil	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved gasoline additive	Quantity 5	Units gal	Person or Firm Responsible Murphy Oil		
Substance Involved	Quantity	Units	Contact Name Bruce Krenz	Telephone Number (715) 398-3533	

Physical Characteristics

Solid Liquid Semisolid Gas

Color _____ Odor gas

Address - Street or Route
P.O. Box 2066

City, State, Zip Code
Superior WI 54880

Cause of Incident
valve opened

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

County Location
Douglas

¼, ¼, Section, Town, Range
_____, _____, _____, T _____ N, R _____

Action Taken By Spiller

No Action Taken No Notification Investigate

Containment; Type _____

Cleanup; Method dry absorbant

Amount Recovered _____

Monitor _____

Contractor Hired; Name _____

Other Action _____

DNR Dist NWD DNR Area Brule Groundwaters Affected Yes No Potential

Surface Waters Affected Yes No Potential Name of Surface Water _____

Spill Location

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 _____

Date District Notified _____ Day of Week _____ Time District Notified _____
 A.M. P.M.

District Person Notified _____ Telephone Number ()

Date Investigated _____ Day of Week _____ Time Investigated _____
 A.M. P.M.

Person Investigating _____ Telephone Number ()

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

Spilled Substance Destination

Air Soil Groundwater Surface Water Storm Sewer Sanitary Sewer

Contained/Recovered will ship to be incinerated

Other _____

Other Agencies on Scene

Local _____

State _____

Federal _____

Person Filing This Report (print name)
Jean Kioski

Signature Jean Kioski Date Signed 8-14-91

Additional Comments:
Dave Kafura - Steve said to send you a copy of this even though a formal report is not being filed since this is under 25 gall.