

04-38-046983

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
92040705
Y Y M M D D 0-99

04-38-046983

Date of Incident 4-7-92	Day of Week TUE	Time of Incident 9	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Reported By (Name) LEONARD MORE	Telephone Number (715) 735-9033
Date Reported 4-8-92	Day of Week WED	Time Reported 4	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting SPECIALTYCHEM	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved SULFURIC ACID	Quantity 15	Units GALLONS	Person or Firm Responsible SPECIALTYCHEM		
Substance Involved	Quantity	Units	Contact Name LEN MOORE	Telephone Number (715) 735-9033	

Physical Characteristics

Solid Liquid Semisolid Gas

Color _____ Odor _____

Address - Street or Route
TWO STANTON STREET

City, State, Zip Code
MARINETTE WI 54143

Cause of Incident
BLOWN GASKET

Exact Location Description (intersection, mileage, etc.)
END OF STANTON ST ! MARINETTE

County Location
MARINETTE NE SW 05, T 30 N, R 24 E

DNR Dist **LMD** DNR Area **MAR** Groundwaters Affected Yes No Potential

Surface Waters Affected Yes No Potential Name of Surface Water _____

Action Taken By Spiller

No Action No Notification Investigate

Taken Containment; Type _____

Cleanup; Method **NEUTRALIZED AND REMOVED SOIL**

Amount Recovered **15 GALLONS**

Monitor _____

Contractor Hired; Name _____

Other Action _____

Date District Notified
4-8-92 Day of Week **WED** Time District Notified **4** A.M. P.M.

District Person Notified
BRUCE OMAN Telephone Number **(715) 732-0101**

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

Person Investigating _____ Telephone Number ()

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 _____

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

Other _____

Other Agencies on Scene _____

Local _____ State _____ Federal _____

Person Filing This Report (print name)
BRUCE OMAN

Signature **Bruce Oman** Date Signed **4-8-92**

Additional Comments:
GASKET FAILED ON SULFURIC ACID LINE, 15 GALLONS LEAKED, NEUTRALIZED WITH SODA ASH, EXPOSED SOIL REMOVED AND CONTAINED FOR PROPER DISPOSAL. SPILL DURATION: 5 MINUTES

Closed 4/8/92 RA 4/26/18

RECEIVED
APR 15 1992
DUREAU OF SOLID WASTE MANAGEMENT

SUBSTANCE SPILL/RELEASE ALERT FORM

Spill No./Notification Date and Military Time <u>92 04 08 1625</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 04 07 2100</u> YY MM DD TIME County: <u>Marinette</u>
---	---	--

REPORTING INFORMATION

Reported by: <u>Dr. Leonard Moore</u> (name) Address: <u>2 Stanton St.</u> City: <u>Marinette</u> State: <u>WI</u> Zip: <u>54143</u> Telephone: <u>715-735-9033</u>	Person/Firm Responsible: <u>Specialtychem Products Corp.</u> Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____
Spill Contact Person/Firm: <u>Dr Leonard Moore</u> Address: _____ (if different from above) Telephone: _____ City: _____ State: _____ Zip: _____	

SUBSTANCE INFORMATION

Name of Substance/Quantity Involved: <u>Sulfuric Acid, 15 gallons</u> <div style="text-align: center;"> <input type="checkbox"/> EHS Chemical <input type="checkbox"/> CERCLA Chemical <input type="checkbox"/> Unknown </div>											
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.):
2 Stanton St, Marinette

Source of Spill

Spill Destination

<input type="checkbox"/> Transportation <input type="checkbox"/> Manufacture <input type="checkbox"/> Agriculture <input type="checkbox"/> Public Property <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Business <input type="checkbox"/> Private Property <input type="checkbox"/> Other _____ 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: _____	<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 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
--	---

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 *in Marinette, Bruce Oman* _____
- 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:

Gasket in a transfer line blew out. Acid neutralized with soda ash and placed neutralized material into drums.

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.

Harry Reed

Signature of DEG Duty Officer

Signature of Preparer