

Spill ID Number  
04-16-047024  
Y Y M M D D 0-99

Date of Incident 4-21-92	Day of Week Tues.	Time of Incident 10:00	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) Bruce Krenz	Telephone Number (715) 398-3533
Date Reported 4-21-92	Day of Week Tues.	Time Reported 11:32	<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 Crude Oil - approx. <sup>126</sup> gal.		Quantity 3	Units barrels	Person or Firm Responsible Murphy Oil	
Substance Involved		Quantity	Units	Contact Name Bruce Krenz	Telephone Number (715) 398-3533
Physical Characteristics <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Semisolid <input type="checkbox"/> Gas Color <u>black</u> Odor <u>oil</u>				Address - Street or Route <u>P.O. Box 2066</u> City, State, Zip Code <u>Superior, WI 54880</u>	
Cause of Incident <u>Corroded Pipe</u>				Action Taken By Spiller <input type="checkbox"/> No Action Taken <input type="checkbox"/> No Notification <input type="checkbox"/> Investigate <input checked="" type="checkbox"/> Containment; Type <u>in dyked area</u> <input checked="" type="checkbox"/> Cleanup; Method <u>suctioned up with pump</u> <input type="checkbox"/> Amount Recovered _____ <input type="checkbox"/> Monitor _____ <input type="checkbox"/> Contractor Hired; Name _____ <input type="checkbox"/> Other Action _____	
Exact Location Description (intersection, mileage, etc.) <u>inside dyke of tank 42</u>				Spill Location <input 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 checked="" 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 checked="" type="checkbox"/> Other <u>oil refinery</u>	
County Location <u>Douglas</u>	¼¼, ¼, Section, Town, Range _____, _____, _____, T _____ N, R _____			Groundwaters Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential	
DNR Dist <u>NWD</u>	DNR Area <u>Brule</u>	Surface Waters Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential			
Date District Notified 4-21-92	Day of Week Tues.	Time District Notified 11:43	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Name of Surface Water	
District Person Notified <u>Marcia Johnson</u>		Telephone Number (715) 635-4051			
Date Investigated 4-21-92	Day of Week Tues.	Time Investigated 1:30	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Person Investigating <u>Steve LaValley</u>	
Action Taken By DNR <input type="checkbox"/> No Action Taken <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Supervise/Conduct Cleanup <input type="checkbox"/> Spiller Required To Take Action; Type _____ <input type="checkbox"/> Contractor Hired By DNR; Name _____ <input type="checkbox"/> Amount Recovered _____ <input type="checkbox"/> 29.29 Enforcement		Telephone Number (715) 392-7831			
Other Agencies on Scene Local <u>none</u> State <u>WDNR</u> Federal <u>none</u>					
Person Filing This Report (print name) <u>Steve LaValley</u>				Date Signed <u>4-21-92</u>	
Signature <u>Steve LaValley</u>					

Additional Comments:

I was told that crude oil was floating on rain water, and that both oil and water were pumped into a slop oil tank for reprocessing. I told Bill G. that I needed a report documenting clean up of the spill site.

L.W.

Spill No./Notification Date and Military Time <u>92 4 21 11:40</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 4 21 1000</u> YY MM DD TIME County: <u>Douglas</u>
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REPORTING INFORMATION			
Reported by: <u>Bruce Krenz</u> (name)	Person/Firm Responsible: <u>Murphy Oil</u>		
Address: <u>24th Ave E + 26 St</u>	Address: <u>Same</u>		
P.O. Box <u>266</u> City: <u>Superior</u> State: <u>WI</u> Zip: <u>54880</u>	City: _____ State: _____ Zip: _____		
Telephone: <u>(715) 398-3533</u>	Telephone: _____		

Spill Contact Person/Firm: _____ Address: _____
(if different from above) Telephone: _____ City: _____ State: _____ Zip: _____

SUBSTANCE INFORMATION											
Name of Substance/Quantity Involved: <u>CRUDE OIL 26 gallons</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>inside tank located inside of refinery</u> <u>Superior</u>

<b>Source of Spill</b> <input type="checkbox"/> Transportation <input checked="" type="checkbox"/> Manufacture <input type="checkbox"/> Agriculture <input type="checkbox"/> Public Property <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Business <input type="checkbox"/> Private Property <input type="checkbox"/> Other _____	<b>Spill Destination</b> <input type="checkbox"/> Soil <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other _____
<b>Weather Conditions</b>	
Wind Speed and Direction: _____	<input type="checkbox"/> Surface Water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential Name: <u>contained in a dike</u>
<input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Other: _____	<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): _____

<table border="1"> <tr> <th></th> <th>No</th> <th>Unknown</th> <th>Yes</th> <th>Number</th> </tr> <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> </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"/>	Shelter Location and Name _____ APR 21 1992 _____
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**RESPONSE INFORMATION**

Local Responder on Scene (Give name of response agencies)

- Fire \_\_\_\_\_
- Law Enforcement \_\_\_\_\_
- DNR Game Warden
- County EQ yes
- 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	<u>1-800-424-9300</u>	_____
<input type="checkbox"/> National Response Center (NRC)	_____	_____

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

Corroded line, being cleaned up

**DEG DUTY OFFICER CONTACTS**

Agency	Telephone Number	Contact Name
<input type="checkbox"/> DNR (days)	<u>(608) 266-2141</u>	_____
<input checked="" type="checkbox"/> DNR (Duty Officer pager)	<u>FAX</u>	_____
<input type="checkbox"/> DOT/State Patrol	<u>(608) 246-3228</u>	_____
<input type="checkbox"/> DH&SS	<u>(608) 266-2830</u>	_____
<input type="checkbox"/> DILHR	_____	_____
<input type="checkbox"/> DATCP	_____	_____
<input type="checkbox"/> NRC	<u>1-800-424-8802</u>	_____
<input type="checkbox"/> Area Director	_____	_____
<input type="checkbox"/> DEG, Dir. Bureau of Field Services and Disaster Resources	_____	_____

**INCIDENT FOLLOW-UP (to In)**

I called Lee Wiesner - Brule  
 He knew about it. rw.  
 4/21/92 @ 1:45 p.m.

**AGENCY DEFINITIONS**

DEG	Div. of Emerg Government	NRC	Nat'l Response Center (Federal Reporting Environmental Protection Agency US Coast Guard)
CHEMTREC	Chemical Transportation Emerg. Center	DILHR	Dept. of Industry, Labor and Human Relations
DNR	Department of Natural Resources	DATCP	Dept. of Agriculture, Trade and Consumer Protection
DOT/State Patrol	Dept. of Transportation		
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.

*Deanne*



SUPERIOR REFINERY  
SUPERIOR, WISCONSIN 54880

September 2, 1992

Mr. Steven LaValley  
Area Hazardous/Solid Waste Specialist  
Wisconsin Department of Natural Resources  
1705 Tower Avenue  
Superior, WI 54880

RE: Status Report - April 1992 Crude Oil Release (Tank #42)

Dear Mr. LaValley:

This letter will serve as a status report for the clean-up activities related to the release of approximately 150 gallons of crude oil at the Murphy Oil facility on April 30, 1992. As stated in my letter to you dated April 30, 1992, the release was from a corroded section of two inch piping located within the diked area of tank #42. Immediately following discovery of the release, a surface water drain valve in the dike was closed to prevent any oil from escaping, at that time, no crude had left the dike area. Crude oil accumulated on the surface of rain water which had collected in the diked area.

The oil on the surface of the rain water was collected using skimmer pumps and absorbent pads. The rain water was subsequently drained from the diked area and directed to the waste water treatment system. We believe the majority of the released crude oil was recovered during this phase of the clean-up process.

Following draining of the rain water from the diked area, it was visibly apparent which areas had been impacted by the crude oil. Due to the presence of above ground piping and the inability of the wet clay to support excavation equipment, all visibly impacted soils within the diked area were removed by hand using shovels and wheelbarrows. This very time consuming and costly method of soil removal was started on July 29 and ended August 19. During this time period approximately 35 cubic yards of impacted soil related to the April 19, 1992 crude oil release was removed. The soil is stockpiled on-site and has been covered with plastic.

Murphy Oil collected a representative sample from the soil stockpile on August 20 and submitted it to Enviroscan in



Mr. Steve LaValley  
September 2, 1992  
Page Two

Rothschild for analyses of metals, volatiles, and semi-volatiles using the TCLP test, total recoverable petroleum hydrocarbons using Wisconsin DNR modified EPA Method 9073 and benzene using EPA Method 8020. Following receipt of sample results and assuming the soils are not hazardous, Murphy will prepare the necessary documentation to obtain approval from the Department of Natural Resources to either dispose of the impacted soil in a landfill or treat the soils by roasting in an asphalt plant. We anticipate submitting a request for approval to the DNR by the end of September.

If you have any questions, please call me at 715-398-8217.

Sincerely,



William P. Gustafson  
Environmental Operations Superintendent

cc: Ron Anderson  
Jim Kowitz  
Jim Gesick  
John Hallett  
Gary Leroy, DNR

/ma  
bg.031