

Spill ID Number  
~~9-5-0-9-1-1-0-1~~ 04-16-051198  
Y Y M M D D 0-99 *closed*

Date of Incident 9-11-95	Day of Week Mon.	Time of Incident 11:30	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) Bruce Jardine	Telephone Number (715) 398-3533
Date Reported 9-11-95	Day of Week Mon.	Time Reported 1:15	<input type="checkbox"/> A.M. <input checked="" 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 #6 fuel oil		Quantity 75-100	Units Gal.	Person or Firm Responsible Murphy Oil	
Substance Involved		Quantity	Units	Contact Name Bruce Jardine	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 _____ Odor _____				Address - Street or Route Stinson Avenue	
Cause of Incident Gasket blew on #6 fuel oil pump				City, State, Zip Code Superior WI 54880	
Exact Location Description (intersection, mileage, etc.) Stinson Avenue				Action Taken By Spiller <input type="checkbox"/> No Action Taken <input type="checkbox"/> No Notification <input type="checkbox"/> Investigate <input type="checkbox"/> Containment; Type _____ <input checked="" type="checkbox"/> Cleanup; Method <u>pumping up</u> <input type="checkbox"/> Amount Recovered _____ <input type="checkbox"/> Monitor _____ <input type="checkbox"/> Contractor Hired; Name _____ <input type="checkbox"/> Other Action _____	
County Location Douglas	¼¼, ¼, Section, Town, Range <u>City of Superior</u> N, R _____			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 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>	
DNR Dist NWD	DNR Area Brule	Groundwaters Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential		Name of Surface Water	
Surface Waters Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential		Date District Notified N.A.			
Date District Notified N.A.	Day of Week	Time District Notified <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		District Person Notified N.A.	
Date Investigated 9-11-95	Day of Week Mon.	Time Investigated 1:15 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		Telephone Number (715) 392-7992	
Person Investigating John Krull		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>remove contamination</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 _____					
State _____					
Federal _____					
Additional Comments: No further action required				Person Filing This Report (print name) John A. Krull	
				Signature <i>John A. Krull</i>	
				Date Signed 9-18-95	

September 14, 1995

Steve LaValley  
Area Hazardous/Solid Waste Specialist  
Department of Natural Resources  
1705 Tower Avenue  
Superior, WI 54880

RE: #6 Fuel Oil Release

Dear Mr. LaValley:

On behalf of Murphy Oil USA, Inc. I am providing written confirmation of the notification given on September 11, 1995, regarding the release of #6 fuel oil.

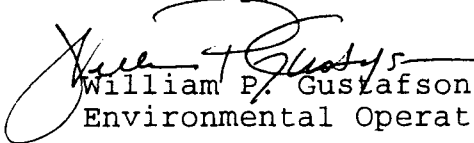
On September 11, 1995, at 10:00 a.m., Murphy Oil experienced a release of approximately two barrels of #6 fuel oil. The release occurred as the result of a failed pipe gasket on the suction line of a #6 fuel oil transfer pump.

The leak was discovered by a unit pumper making his normal tank gauging rounds. Upon discovery of the leak, the transfer system was shut down and isolated by closing block valves at both ends of the pipe.

The release occurred inside the clay lined dike area of tank 52. Clean-up operations began at once using refinery maintenance personnel. The released #6 fuel oil fell onto the clay area and set up quickly. The small impacted area was easily discernable and the material was readily collected. This area will be cleaned to the extent practicable.

If you have any questions or wish to discuss this matter further, please call me at (715)398-8217.

Sincerely,

  
William P. Gustafson  
Environmental Operations Superintendent

bg.086

cc: Jim Gesick  
Jim Britt  
Rick Lewandowski