

04-38-47781

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
921028-02
Y Y M M D D 0-99

186610-88-04-38-047781

Date of Incident <u>10/28/92</u>	Day of Week <u>Wed</u>	Time of Incident <u>11:00</u>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) <u>Dr. Len Moore</u>	Telephone Number <u>(715) 735-9033</u>
Date Reported <u>10/28/92</u>	Day of Week <u>Wed</u>	Time Reported <u>11:30</u>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting <u>Specialty Chem</u>	Reported thru Div. Emergen. Gov't. <input type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved <u>Methyl Chloride</u>		Quantity <u>80</u>	Units <u>lbs.</u>	Person or Firm Responsible <u>Specialty Chem</u>	
Substance Involved		Quantity	Units	Contact Name <u>Len Moore</u>	Telephone Number <u>(715) 735-9033</u>

Physical Characteristics

Solid Liquid Color _____

Semisolid Gas Odor _____

Cause of Incident
Leaking pump

Exact Location Description (intersection, mileage, etc.)

County Location Marinette ¼¼, ¼, Section, Town, Range
_____, _____, _____, T _____ N, R _____

DNR Dist LMD DNR Area MAR Groundwaters Affected
 Yes No Potential

Surface Waters Affected
 Yes No Potential

Name of Surface Water
NONE

Date District Notified
10/28/92 Wed

Time District Notified
 A.M.
 P.M.

District Person Notified
Randall J. Stark

Telephone Number
()

Date Investigated
10/28/92 Wed

Time Investigated
11:35 A.M.
 P.M.

Person Investigating
Randall J. Stark

Telephone Number
(715) 732-0101

Action Taken By DNR

No Action Taken Investigation Supervise/Conduct Cleanup

Spiller Required To Take Action; Type _____

Contractor Hired By DNR; Name _____

Amount Recovered NONE

29.29 Enforcement

Other Agencies on Scene

Local NONE

State Closed 10/28/92

Federal VA 1/26/18

Additional Comments:
Released to air - unable to capture.
Concentrations at release undetectable

Address - Street or Route
2 Stanton St.

City, State, Zip Code
Marinette, WI 54143

Action Taken By Spiller

No Action Taken No Notification Investigate

Containment; Type _____

Cleanup; Method NONE

Amount Recovered 0

Monitor _____

Contractor Hired; Name _____

Other Action _____

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 _____

Spilled Substance Destination

Air

Soil

Groundwater

Surface Water

Storm Sewer

Sanitary Sewer

Contained/Recovered

Other _____

Person Filing This Report (print name)
Randall J. Stark

Signature
Randall J. Stark

Date Signed
10/28/92

RECEIVED
OCT 30 1992
BUREAU OF SOLID -
HAZARDOUS WASTE MANAGEMENT

921028-02

RJS

SUBSTANCE SPILL/RELEASE ALERT FORM

Spill No./Notification Date and Military Time <u>92 10 28 1130</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 10 28 1030</u> YY MM DD TIME County: <u>MARRINETTE</u>
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REPORTING INFORMATION			
Reported by: <u>Leonard Moore</u> (name) Address: <u>SAME AS</u> → City _____ State _____ Zip _____ Telephone _____	Person/Firm Responsible: <u>SPECIALTY-CHEM PRODUCTS</u> Address: <u>2 STANTON ST</u> City <u>MARRINETTE</u> State <u>WI</u> Zip <u>54143</u> Telephone <u>715/735-9033</u>		

Spill Contact Person/Firm: _____ (if different from above) Telephone _____	Address: _____ City _____ State _____ Zip _____
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SUBSTANCE INFORMATION											
Name of Substance/Quantity Involved: <u>CHLORO - METHANE 80# GAS</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>On the site at the address above</u>

Source of Spill		Spill Destination	
<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 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 type="checkbox"/> Soil <input checked="" 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): _____ _____

<table style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>No</th> <th>Unknown</th> <th>Yes</th> <th>Number</th> </tr> <tr> <td>Injuries</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>[]</td> </tr> <tr> <td>Fatalities</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>[]</td> </tr> <tr> <td>Facility Evacuated</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>[]</td> </tr> <tr> <td>Public Evacuated</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>[]</td> </tr> <tr> <td>Shelter facility:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hospital</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>[]</td> </tr> <tr> <td>School</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>[]</td> </tr> <tr> <td>Other/Type</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>[]</td> </tr> </table>		No	Unknown	Yes	Number	Injuries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	Fatalities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	Facility Evacuated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	Public Evacuated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	Shelter facility:					Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	School	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	Other/Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	Shelter Location and Name _____ _____ _____
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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 checked="" type="checkbox"/> Dist. Dept. of Natural Resources (DNR)	715/732-0101	RANDY STARK
<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:

A pump leaked

DEG DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input checked="" type="checkbox"/> DNR (days)	(608) 266-2141	<i>faded (10/28)</i>
<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.

Signature of DEG Duty Officer

Signature of Preparer