

04-38-047792

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
92103002
Y Y M M D D 0-99

04-38-047792

Date of Incident <u>10-30-92</u>	Day of Week <u>FRI</u>	Time of Incident <u>3:00</u>	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Reported By (Name) <u>LEONARD MOORE</u>	Telephone Number <u>(715) 735-9033</u>
Date Reported <u>10-30-92</u>	Day of Week <u>FRI</u>	Time Reported <u>4:15</u>	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting <u>SPECIALTY CHEM PRODUCTS</u>	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved <u>CHLORO-METHANE</u>		Quantity <u>8</u>	Units <u>LBS</u>	Person or Firm Responsible <u>SPECIALTY CHEM PRODUCTS</u>	
Substance Involved		Quantity	Units	Contact Name <u>LEONARD MOORE</u>	Telephone Number <u>(715) 735-9033</u>

Physical Characteristics
 Solid Liquid Semisolid Gas
 Color _____ Odor _____

Address - Street or Route
2 STANTON ST
 City, State, Zip Code
MARINETTE, WI 54143

Cause of Incident
GASKET FAILURE ON PUMP

Exact Location Description (intersection, mileage, etc.)
ON SITE AT ADDRESS LISTED

County Location
38 MARINETTE
 1/4, 1/4, 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 _____

Date District Notified
11-02-92 Day of Week MON Time District Notified 8:54
 A.M. P.M.

District Person Notified
R. STARK Telephone Number (715) 732-0101

Date Investigated
11-03-92 Day of Week TUES Time Investigated 3:00
 A.M. P.M.

Person Investigating
KYLE DRAKE Telephone Number (715) 732-0161

Action Taken By Spiller
 No Action Taken No Notification Investigate
 Containment; Type NONE
 Cleanup; Method _____
 Amount Recovered _____
 Monitor _____
 Contractor Hired; Name _____
 Other Action _____

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 _____

Other Agencies on Scene
 Local NONE Closed 11/3/92
 State _____
 Federal _____ 1/26/18

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)
KYLE J. DRAKE

Signature Kyle J Drake Date Signed 11-03-92

Additional Comments:
GASEOUS DISCHARGE INTO AIR - UNABLE TO CAPTURE. REPLACED PUMP WITH A DIFFERENT ONE - NEW PUMP ORDERED. THIS SPILL RELATED TO DISCHARGE ON 10-28 BUT NOT 11-02-92. PHOTOS TAKEN. COPY OF CH. 144.76(4) GIVEN TO DR. MOORE

CENTRAL OFFICE COORDINATOR 92103002

SUBSTANCE SPILL/RELEASE ALERT FORM

Spill No./Notification Date and Military Time <u>92 10 30 1615</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 30 1500</u> YY MM DD TIME County: <u>MARINETTE</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>MARINETTE</u> State: <u>WI</u> Zip: <u>54143</u> Telephone: <u>715/735-9033</u>
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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>8# of Chloro-Methane gas</u> <input type="checkbox"/> EHS Chemical <input type="checkbox"/> CERCLA Chemical <input type="checkbox"/> Unknown
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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.):
On site at the address above

Source of Spill

Transportation **Manufacture** Agriculture
 Public Property Construction Business
 Private Property Other _____

Spill Destination

Soil **Air** Water
 Storm Sewer Sanitary Sewer Contained/Recovered Other
 Surface Water Yes **No** Potential
 Name: _____
 Ground Water Yes **No** Potential
 Distance to nearest drinking water well: _____ feet

Weather Conditions

Wind Speed and Direction _____
 Rain Sleet Snow Fog
 Other: _____

PUBLIC HEALTH INFORMATION

Recommended safety precautions (known acute/chronic health risks): _____

	No	Unknown	Yes	Number	Shelter Location and Name
Injuries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	_____
Fatalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	_____
Facility Evacuated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	_____
Public Evacuated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	_____
Shelter facility:					
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	_____
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	_____
Other/Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	_____

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"/> CHEMTEC	1-800-424-9300	_____
<input type="checkbox"/> National Response Center (NRC)	_____	_____

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

Faulty gasket on a pump gave out.

DEG DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input checked="" type="checkbox"/> DNR (days)	(608) 266-2141	<i>faded 10-30</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
CHEMTEC	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]

 Signature of DEG Duty Officer

 Signature of Preparer