

04-38-048102

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
93020401
Y Y M M D D 0-99

04-38-048102

Date of Incident 02-4-93	Day of Week THURS.	Time of Incident 11:15	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) GEORGE ROGERS	Telephone Number (715) 735-7411
Date Reported 02-05-93	Day of Week FRI.	Time Reported 9:00	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting ANSUL CHEMICAL	Reported thru Div. Emergen. Gov't. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Substance Involved HALON #1301		Quantity 684	Units LBS.	Person or Firm Responsible ANSUL CHEMICAL	
Substance Involved /		Quantity	Units	Contact Name GEORGE ROGERS	Telephone Number (715) 735-7411
Physical Characteristics <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Semisolid <input checked="" type="checkbox"/> Gas				Address - Street or Route 1 STANTON ST.	
Cause of Incident PRESSURE RELIEF VALVE RUPTURED ON TANK				City, State, Zip Code MARINETTE, WI 54143	
Exact Location Description (intersection, mileage, etc.) ANSUL CHEMICAL CO. BUILDING 29#1 STANTON				Action Taken By Spiller <input type="checkbox"/> No Action <input type="checkbox"/> No Notification <input type="checkbox"/> Investigate <input checked="" type="checkbox"/> Taken <input type="checkbox"/> Containment; Type TRIED BUT FAILED	
County Location MARINETTE		1/4, 1/4, Section, Town, Range NE, SW, 05, T30 N, R24E			
DNR Dist LMD	DNR Area MAR	Groundwaters Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential			
Surface Waters Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential		Name of Surface Water			
Date District Notified /	Day of Week	Time District Notified <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.			
District Person Notified /		Telephone Number ()			
Date Investigated 2-5-93	Day of Week FRI.	Time Investigated 2:00	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Spill Location <input checked="" type="checkbox"/> Industrial Facility/Paper Mill/Chem. Co. HAZARDOUS WASTE MANAGEMENT <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 type="checkbox"/> Other	
Person Investigating MICHAELS. KITT #175		Telephone Number (715) 732-0101			
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					
Other Agencies on Scene N/A					
Local _____ State _____ Federal _____					
Person Filing This Report (print name) MICHAEL S. KITT #175					
Signature Michael S. Kitt				Date Signed 2-5-93	

Additional Comments:
SMALLER HALON TANKS WERE BEING FILLED BY LARGER BULK TANK WITH BLEEDER HOSES. SOMETIME DURING THE PROCESS A PRESSURE RELIEF VALVE ON THE END OF THE TANK RUPTURED - THIS RELEASING HALON TO THE AIR. EMPLOYEES TRIED TO HOOK UP A PATCH KIT BUT IT WOULD NOT FIT.

(608) 266-3232
(800) 424-8802
(800) 424-9300

Spill ID Number

Y Y M M D D 0-99

Date of Incident 2-4-93	Day of Week Thur	Time of Incident 11:30	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) George Rogers	Telephone Number (715) 735-7411
Date Reported 2-5-93	Day of Week Fri	Time Reported 0750	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting Ansul	Reported thru Div. Emergen. Gov't. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Substance Involved Halon	Quantity 684	Units pounds	Person or Firm Responsible ABOVE	Contact Name ABOVE	Telephone Number ABOVE

Physical Characteristics

Solid Liquid Gas Semisolid

Color _____ Odor _____

Cause of Incident
Safety valve popped

Exact Location Description (intersection, mileage, etc.)
1 STANTON ST.

County Location
S.E

1/4, 1/4, Section, Town, Range
NW, 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
N/A

Date District Notified
N/A

Day of Week
N/A

Time District Notified A.M. P.M.

District Person Notified
N/A

Telephone Number
() ()

Date Investigated
02-05-93

Day of Week
FRI

Time Investigated
8:00

A.M. P.M.

Person Investigating
Stan Nolewski

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 _____

29.29 Enforcement

Other Agencies on Scene

Local **Marinette Fire Dept.**

State _____

Federal _____

Address - Street or Route
1 STANTON ST.

City, State, Zip Code
MARINETTE, WIS 54143

Action Taken By Spiller

No Action Taken No Notification Investigate

Containment; Type _____

Cleanup; Method _____

Amount Recovered _____

Monitor _____

Contractor Hired; Name _____

Other Action **VENTED BY FIRE DEPT.**

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 **BUREAU OF SOLID - HAZARDOUS WASTE MANAGEMENT**

Other _____

Person Filing This Report (print name)
STEVEN DAVE

Signature **Steven Dave** Date Signed **2-8-93**

Additional Comments:
1 ton cylinder of Halon had safety valve pop. unable to stop release, moved cylinder outside to vent.

RECEIVED

FEB 11 1993

BSTANCE SPILL/RELEASE ALERT FC

Spill No./Notification Date and Military Time <u>93 02 05 0909</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>93 02 04 1130</u> YY MM DD TIME County: <u>MARINETTE</u>
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REPORTING INFORMATION

Reported by: <u>GEORGE ROGERS</u> (name) Address <u>1 STANTON ST.</u> City <u>MARINETTE</u> State <u>WIS.</u> Zip <u>54143</u> Telephone <u>715-735-7411</u>	Person/Firm Responsible: <u>ANSUL FIRE PROTECTION</u> Address <u>1 STANTON STREET</u> City <u>MARINETTE</u> State <u>WISC.</u> Zip <u>54143</u> Telephone <u>715-735-7411</u>
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Spill Contact
 Person/Firm: _____ Address _____
 (if different from above)
 Telephone _____ City _____ State _____ Zip _____

SUBSTANCE INFORMATION

Name of Substance/
 Quantity Involved: 680 POUNDS OF HALON 1301 GAS
 EHS Chemical CERCLA Chemical 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.):
INDOORS AT 1 STANTON ST., MARINETTE, WI - DRUM WAS REMOVED FROM BUILDING TO OUTSIDE WHEN RELEASE WAS OBSERVED

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 type="checkbox"/> No <input type="checkbox"/> Potential Name: _____ <input type="checkbox"/> Ground Water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential Distance to nearest drinking water well: _____ feet
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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"/>	<u>NONE</u>
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 MAR WETTE
- 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 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:

HEAD VALVE ON LARGE TANK LEAKED, IT WAS MOVED OUTSIDE WHERE REPAIR WAS MADE. FIRE DEPT. ASSISTED IN CAPPING REPAIR. ENVIRONMENTAL MBR. ROGERS WAS NOT PRESENT YESTERDAY BUT HAS MADE CONTACT WITH LOCAL DNR WARDEN DAY THIS MORNING (2-5-93)

DEG DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input type="checkbox"/> DNR (days)	<u>(608) 266-2141</u>	<u>FAX - 2-5-93 (0930)</u>
<input type="checkbox"/> DNR (Duty Officer pager)	_____	_____
<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 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.

Henry W. Nielsen

Signature of DEG Duty Officer

Signature of Preparer