

24-Hour Emergency Hotline Number: 1-800-943-0003

pdf

Date & Military Time Of Incident: May 14 12:10 PM		Date & Military Time Reported: May 15 10:16 AM		Spill File # 04-16-483142	
Person Reporting: Dale Chaplin		Representing: Williams Pipeline		Phone # ( ) Fax # ( )	
Responsible Party (RP) / Spiller: Williams Pipeline		RP Decision Based On:		Phone # (651) 633-1555 Fax # ( ) 715-392-2438	
RP Address: 2728 Patton Rd		City St Paul		State MN	
RP Contact Name & Title: Austin McClain		Zip Code 55113-1138		Phone # (651) Fax # ( ) 635-4268	
Substance Involved: gasoline - 85 octane		Amount & Units Released: 5 gal		Amount & Units Recovered: 5 gal	
<input type="checkbox"/> Solid <input type="checkbox"/> Semisolid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas		Color:		Odor:	
Exact Location Of Incident: (including street name, bldg. #, mileage, etc.) 2301 Winter Street - Station #5240				Facility Name / Property Owner: Williams Pipeline Superior Station	
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township		County Douglas		Latitude/Longitude	
DNR Region: NOR		1/4 1/4 Sec T49N R14E		<input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Weather Conditions:					
Cause Of Incident: Sump drain line failure					
Spilled Substance Impact To: (check X all that apply)		Spill Cause/Site:		Action Taken By Spiller:	
<input type="checkbox"/> Air <input type="checkbox"/> Potential		<input type="checkbox"/> Ag Coop/Food Factory		<input checked="" type="checkbox"/> Cleanup Method:	
<input type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Potential		<input type="checkbox"/> Airport Facility <input type="checkbox"/> Railroad Facility		<input type="checkbox"/> Absorbent	
<input type="checkbox"/> Contained/Recovered		<input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine		<input checked="" type="checkbox"/> Excavation 1 drum soil	
<input type="checkbox"/> Groundwater <input type="checkbox"/> Potential		<input type="checkbox"/> Gas/Service Station/Garage/Auto Dealer/Repair Shop		<input type="checkbox"/> Containment	
<input type="checkbox"/> Private Well <input type="checkbox"/> Potential		<input type="checkbox"/> Hydraulic Line Break		<input type="checkbox"/> Contractor Hired	
<input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Potential		<input type="checkbox"/> Industrial Facility <input type="checkbox"/> Paper Mill <input type="checkbox"/> Chemical Co.		Name:	
<input checked="" type="checkbox"/> Soil <input type="checkbox"/> Potential		<input checked="" type="checkbox"/> Pipeline/Terminal/Tank Farm/Oil Jobber/Wholesaler		<input type="checkbox"/> Monitor	
<input type="checkbox"/> Storm Sewer <input type="checkbox"/> Potential		<input type="checkbox"/> Private Property (home/farm)		<input type="checkbox"/> No Action Needed	
<input type="checkbox"/> Surface Water <input type="checkbox"/> Potential		<input type="checkbox"/> Public Property (city, state, church, school, etc.)		<input type="checkbox"/> No Action Taken	
Name:		<input type="checkbox"/> Transportation Accident, Fuel Tank Spill		<input type="checkbox"/> Waste Destination:	
<input type="checkbox"/> Other:		<input type="checkbox"/> Transportation Accident, Load Spill		<input type="checkbox"/> Other:	
<input type="checkbox"/> Utility Co. Power Generating/Transfer Facility		<input type="checkbox"/> Other:			
Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes how many?		Has An Evacuation Occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No Potential? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are There Any Resource Damages? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential What Kind?					
Other Agencies Notified: (check first column, if notified; check both columns, if on the scene)				Incident Commander:	
<input type="checkbox"/> Fire Department		<input type="checkbox"/> Local DNR		<input type="checkbox"/> EPA	
<input type="checkbox"/> Local Law Enforcement		<input type="checkbox"/> Div. Emerg. Mgt.		<input type="checkbox"/> Nat'l Resp Ctr 800-442-8802	
<input type="checkbox"/> LEPC or Local Emer. Mgt.		<input type="checkbox"/> Coast Guard		<input type="checkbox"/> Chemtrec 800-424-9300	
<input type="checkbox"/> Level A/Level B Team		<input type="checkbox"/> DHFS 608-258-0099		<input type="checkbox"/> Other:	
Prepared By: Norman Dunbar		Phone # 715-365-8963		Date: 7/18/03	
Person Notified: Norm Dunbar		Phone # 715-365-8963		Date: 5/15/03	
Investigated By:		Sign:		Date:	
Spill Coordinator Signoff: Norman Dunbar		Date: 7/18/03		Transferred To: ERP <input type="checkbox"/> DATCP <input type="checkbox"/> Date: Case #	
				Incident Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: 7/18/03 NFA Letter Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Spill Packet Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No To:	

State of Wisconsin Substance Release Report (Cont'd)  
Form 4401-91 Rev 12-01

<b>Date and Military Time Of Incident:</b>	<b>Responsible Party:</b>
<b>Additional Comments :</b>	
<b>Case Activity Report:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>CAR#:</b> (Please, attach copy of all CAR and other documentation)	
<b>Enforcement Action:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain Below)	



July 15, 2003

Norm Dunbar  
Spills Coordinator, Northern Region  
Wisconsin Department of Natural Resources  
107 Sutliff Avenue  
Rhineland, WI 54501

2728 Patton Road  
St. Paul, Minnesota 55113-1138  
651/633-1555  
651/633-5464 fax

RE: WPL Superior, Wisconsin Station --5 Gallon Gasoline Spill -- May 14, 2003

---

Dear Mr. Dunbar:

On behalf of Williams Pipe Line Company, LLC (WPL), I am writing to follow-up on the spill that occurred at the WPL Superior, WI Station, on May 14, 2003. The Spill consisted of 0.119 bbl (approximately 5 gallons) of gasoline from the sump drain line. The sump was repaired, and the impacted soil was cleaned-up immediately.

The purpose of this letter is to follow-up a telephone discussion we had on June 3, 2003. During our telephone conversation, you requested WPL to provide shipping documentation for the soil that was excavated during the cleanup; and subsequent to receiving the documentation you would close the spill case. WPL has shipped the waste for disposal, and I have attached a copy of the disposal manifest for your review and records.

Because the spill has been cleaned up and the waste soil has been disposed, WPL is requesting a determination of "no further action required" from WDNR.

If you have comments, require information from, or require additional actions of WPL please call me at (651) 635-4268. Please forward all correspondence to my attention at the address indicated above, or by email to: [austin.mcclain@WEGLP.com](mailto:austin.mcclain@WEGLP.com).

**WILLIAMS PIPE LINE COMPANY, LLC**

A handwritten signature in black ink, appearing to read "Austin McClain". The signature is fluid and cursive, with a prominent loop at the end.

Austin McClain  
Environmental Specialist

cc      Distribution -- WPL



# STATE OF WISCONSIN

Chapter 291, Wis. Stats.  
Form 4400-66P

Rev. 1-99

**ALL COPIES MUST BE LEGIBLE,  
PLEASE TYPE**

State of Wisconsin  
Department of Natural Resources  
Bureau of Waste Management  
Box 8094  
Madison, WI 53708  
ORDER # 253919

FOR DNR USE ONLY

Form designed for use on elite (12-pitch) typewriter.

Form Approved. OMB No. 2050-0039.

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. *****CESCG*****		Manifest Document No. 11111		2. Page 1 of		Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address WILLIAMS PIPELINE CO LLC 2301 WINTER STREET SUPERIOR, WI 54080				Site Location If Different		A. State Manifest Document Number WI K329899					
4. Generator's Phone (219) 348-9154				EMERGENCY CONTACT: BOX 15		B. State Generator's ID					
5. Transporter 1 Company Name UNIVAR USA INC.		6. US EPA ID Number 1110980615736		C. State Transporter's ID		D. Transporter's Phone 651-774-7400					
7. Transporter 2 Company Name SAVANNAH TRANSPORT, INC.		8. US EPA ID Number 90000336801		E. State Transporter's ID		F. Transporter's Phone 877-595-0100					
9. Designated Facility Name and Site Address POLLUTION CONTROL INDUSTRIES 1343 KENNEDY AVENUE EAST CHICAGO, IN 46312		10. US EPA ID Number ND000646943		G. State Facility's ID		H. Facility's Phone 219-397-3951					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. RQ, HAZARDOUS WASTE SOLID, N.O.S. (BENZENE) UN3077, PG II, (PG 13), (SEA 0319), (ERG 171) b. c. d.				12. Containers No. Type		13. Total Quantity		14. Unit w/vol		15. Waste No.	
				001		00750		P		D 0 1 8	
J. Additional Descriptions for Materials Listed Above 1. a. UN3050/318ND SOIL CONTAMINATED WITH GASOLINE						K. Handling Codes for Wastes Listed Above 501					
16. SPECIAL HANDLING INSTRUCTIONS AND ADDITIONAL INFORMATION WEAR APPROPRIATE PROTECTIVE GEAR WHEN HANDLING. EMERGENCY CONTACT: CHEMTREC: 1-800-424-9300. CALLER MUST IDENTIFY UNIVAR USA AS SHIPPER. PLACARDS PROVIDED BY CARRIER/SHIPPER YES/NO DRIVER SIGNATURE											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment;  OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name & Position Title DALE CHRISTIAN				Signature <i>[Signature]</i>				Date Month Day Year 11 11 99			
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name & Position Title DAN NEWLAND				Signature <i>[Signature]</i>				Date Month Day Year 06/19/2003			
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials											
Printed/Typed Name & Position Title ROBERT SMITH				Signature <i>[Signature]</i>				Date Month Day Year 06/24/2003			
19. Discrepancy Indication Space											
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											
Printed/Typed Name & Position Title LISA DIOSADMEIER				Signature <i>[Signature]</i>				Date Month Day Year 06/24/2003			

A Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

Copy Distribution:

- 1 - Generator send to Wis. DNR
- 2 - Generator retain
- 3 - Facility send to Wis. DNR

- 4 - Facility retain
- 5 - Facility send to Generator
- 6 - Transporter retain

Emergency 24 Hour Assistance  
and Spill Reporting

COPY 5 -

Copies 1 & 3 mail to Wis. DNR at above address.

Telephone Number: (800) 943-0003 FACILITY SEND TO GENERATOR

## STATE OF WISCONSIN

Chapter 291, Wis. Stats.

Form 4400-66P

Rev. 1-99

ALL COPIES MUST BE LEGIBLE,  
PLEASE TYPE

State of Wisconsin

Department of Natural Resources

Bureau of Waste Management

Box 8094

Madison, WI 53708

ORDER # 253919

FOR DNR USE ONLY

Form Approved. OMB No. 2050-0039.

Form designed for use on elite (12-pitch) typewriter.

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. ***CE30G***		Manifest Document No. 11695	2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address WILLIAMS PIPELINE CO LLC 2301 WINTER STREET SUPERIOR, WI 54880				Site Location If Different		A. State Manifest Document Number WI K329899		
4. Generator's Phone (218) 348-9154				EMERGENCY CONTACT: BOB LE		B. State Generator's ID		
5. Transporter 1 Company Name UNIVAR USA INC.		6. US EPA ID Number 1ND980615736		C. State Transporter's ID		D. Transporter's Phone 651-774-9400		
7. Transporter 2 Company Name SAVANNAH TRANSPORT, INC.		8. US EPA ID Number K30000336891		E. State Transporter's ID		F. Transporter's Phone 877-595-0100		
9. Designated Facility Name and Site Address POLLUTION CONTROL INDUSTRIES 4343 KENNEDY AVENUE EAST CHICAGO, IN 46312		10. US EPA ID Number 1ND0000646943		G. State Facility's ID		H. Facility's Phone 219-397-3951		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No.	Type	13. Total Quantity	14. Unit wt/vol	1. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S. (BENZENE)				991	DEM	007.52	P	010118
b. 9, 10, 3077, PG II, (RQ-10), (EPA D018), (ERG 171)								
c.								
d.								
Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above				
11a. 03050318ND SOIL CONTAMINATED WITH GASOLINE								
5. Special Handling Instructions and Additional Information WEAR APPROPRIATE PROTECTIVE GEAR WHEN HANDLING. EMERGENCY CONTACT: CHEMTREC: 1-800-424-9300. CALLER MUST IDENTIFY UNIVAR USA AS SHIPPER. PLACARDS PROVIDED BY CARRIER/SHIPPER YES/NO DRIVER SIGNATURE								
GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment;								
OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.								
Typed Name & Position Title DALE CHAPIN (TECH.)				Signature <i>[Signature]</i>		Date Month Day Year 04/19/2003		
TRANSPORTER 1 Acknowledgement of Receipt of Materials								
Typed Name & Position Title AL NEWLAND / DRIVER				Signature <i>[Signature]</i>		Date Month Day Year 06/19/2003		
TRANSPORTER 2 Acknowledgement of Receipt of Materials								
Typed Name & Position Title				Signature		Date Month Day Year		
Discrepancy Indication Space								
FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.								
Typed Name & Position Title				Signature		Date Month Day Year		
n 8700-22 (Rev. 9-88) Previous editions are obsolete.								
Agency 24 Hour Assistance			Copy Distribution:			4 - Facility retain		
Hill Reporting			1 - Generator send to Wis. DNR			5 - Facility send to Generator		
Phone Number: (800) 943-0003			2 - Generator retain			6 - Transporter retain		
COPY 2 -			3 - Facility send to Wis. DNR					
GENERATOR RETAIN			Copies 1 & 3 mail to Wis. DNR at above address.					

## Release/Spill Report Form

Final Report

Call 3E Company at 1-888-677-2370 to report all releases (suspected or confirmed)

Date Release Reported: Wednesday, May 14, 2003

Date Release Occured: Wednesday, May 14, 2003

Time Zone: Central

Release Discovered By: DALE CHAPIN

Time: 12:10:00 PM CST

Release Verified/Time: Yes @ 12:10:00 PM

Release Stop Time: 12:11:00 PM CST

Release Reported By: DALE CHAPIN

Time: 10:16:00 AM PST

Business Unit: WEG

Business Unit Type: WPL

Area: WEG Minneapolis Area

District: Minneapolis/Huso

BreakoutTank: No

Inside Facility Boundary: Yes

Facility Asset: Yes

Facility Name: Superior Station

Facility Type: Metering Station

Pipeline Asset: No

Pipeline Name: N/A

Pipe Type: N/A

Note: Check "Pipeline Asset" if release is from a pipeline outside a facility boundary.

Area Supervisor: LINDA NICHOLS

Asset Group: Refined Products

Address of Release: 2301 WINTER STREET

City of Release: SUPERIOR

AND

County: Douglas

State: WI

Zip Code: 54880

Nearest City &amp; State: SUPERIOR,

Section:

Township: 49N

Range: 14W

Milepost:

Tract #:

Engineering Stationing Number(if Applicable): 5240 (STATION NUMBER)

DOT Jurisdiction: No

Note: Determine if the release is from a DOT Jurisdictional asset whether inside or outside a facility.

Offshore:

Latitude:

Longitude:

Release Reportable? Yes

Waterway Affected? No

Waterway Name: NONE

## Agency(s) Contacted:

Agency	Date	Number	Time(PST)	Name	Title	City	State	Comments
SERC	5/14/03	NONE	10:28 AM	CHAD ROSS	STATE DUTY OFFICER	MADISON	WI	CONSERVATION WARDEN MAY CONTACT MR. CHAPIN FOR FURTHER REVIEW.
LEPC	5/14/03	NONE GIVEN	10:45 AM	KEITH KASTER	DOUGLAS COUNTY ENVIRONMENTAL MANAGEMENT	SUPERIOR	WI	NO REPORT NUMBER. ALL BASES ARE COVERED WITH SERC NOTIFICATION.

Written Report  
Requested? No

Report is Due Within 0 Days.

Written Report  
Requested? Unknown

Report is Due Within 0 Days.

Please forward electronic copies of all SARA and 7000-1/7000-2 reports for this incident to Susie Wiggins.

Record ID: WILE52-051403-A

Original Report Date: 5/14/03 10:16:00 AM PST

Last Revised: 5/21/03

Page 1 of 3

07/17/03

07:30

2612 633 5464

WPL NRO

002/003

Product Released: SUB B GRADE GASOLINE  
Released To: Soil  
Define Other: NONE

Est. BBL Released: 0.119  
Estimated Amount Recovered Wet: 0  
Estimated Amount Recovered Soil: 0.0714  
Estimated Total Amount Recovered: 0.0714  
Estimated Amount Not Recovered: 0.0476

Multiple Products (If any):

Note: For a release to be contained inside of a "dike" it must be a permanent dike designed specifically to contain releases.

Owner of Well Site or Leasehold where Release/Spill Occurred: WILLIAMS

Cause (pre-investigation) Check all that apply: Natural Forces: No  
Excavation Damage: No Intentional Blowdown: No  
Corrosion - Internal: No Incorrect Operation Operator: No  
Corrosion - External: No Incorrect Operation Contractor: No  
Maintenance: No Non-Maintenance: Yes

Material or Weld Failure: No  
Equipment: Yes  
Third Party Damage: No  
Other: No

Origin of Release: SUMP DRAIN LINE FAILURE

Incident Summary: LOCATION WAS EXPERIENCING PROBLEMS IN DRAINING THE GRAVITOMETER, TECHNICIAN PRESSURED SUMP DRAIN LINE AND SUMP DRAIN LINE FAILED. THE SUMP DRAIN LINE WAS EXCAVATED IN THE AREA OF THE FAILURE AND TECHNICIAN FOUND THREADED PIPING THAT HAD NOT BEEN TERMINATED CORRECTLY CAUSING THE RELEASE UNDER PRESSURE. What mitigation measures have been taken? PADDING How was impacted soil disposed of? NOT SURE. MOST LIKELY TAKEN TO A DISPOSAL SITE.

Did the weather effect the release in any way?: No

If yes, explain: NONE

Temperature: 60 F

Relative Humidity: 0

Precipitation: 0

Cloud Cover: Partly Cloudy

Wind Speed (mph): 5-10

Wind Direction: West

Injury? No

Fire? No

Death? No

Explosion? No

Unconsciousness? No

3 or More Hospitalized? No

Significant News Coverage? No

Loss/Damage Estimate: Zero to less than \$5,000

Environmental Contact for Release: Austin McClain (651) 635-4268

Safety Contact for this Release: Shannon Scanlon

Form Completed by: MH

Completion Date: 5/14/03

Form was e-mailed to Williams on: 5/14/03

Please forward electronic copies of all SARA and 7000-1/7000-2 reports for this incident to Susie Wiggin.

Record ID: WILE52-051403-A

Original Report Date: 5/14/03 10:16:00 AM PST

Last Revised: 5/21/03

Page 2 of 3

07/17/03

07:31

612 633 5464

WPL NRO

003/003