

Spill ID Number

04-16-048363
Y Y M M D D 0-99

Date of Incident 04-27-93	Day of Week Tuesday	Time of Incident 12:30	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Reported By (Name) Bill Gustafson	Telephone Number (715) 398-3533
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Date Reported 04-27-93	Day of Week Tuesday	Time Reported 2:00	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting Murphy Oil	Reported thru Div. Emergen. Gov't. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Substance Involved #2 fuel oil	Quantity 100	Units gallons	Person or Firm Responsible Murphy Oil
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Substance Involved	Quantity	Units	Contact Name Bill Gustafson	Telephone Number (715) 398-3533
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Physical Characteristics

Solid Liquid Semisolid Gas

Color amber Odor _____

Address - Street or Route
Stinson Avenue, PO Box 2066

City, State, Zip Code
Superior WI 54880

Cause of Incident
loose flange

Action Taken By Spiller

Exact Location Description (intersection, mileage, etc.)
tank #42 berm

No Action Taken Notification Investigate

Containment; Type #2 fuel in berm area

County Location
Douglas

Groundwaters Affected
 Yes No Potential

Cleanup; Method vacuum up and scoop up sediment

Amount Recovered _____

Surface Waters Affected
 Yes No Potential

Name of Surface Water _____

Monitor _____

Contractor Hired; Name _____

Other Action _____

Date District Notified
4-27-93

Day of Week
Tuesday

Time District Notified
2:10

A.M.
 P.M.

Spill Location

District Person Notified
receptionist for Marcia

Telephone Number
()

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 refinery

Date Investigated

Day of Week

Time Investigated

A.M.
 P.M.

Person Investigating

Telephone Number
()

Action Taken By DNR

Spilled Substance Destination

No Action Taken Investigation Supervise/Conduct Cleanup

Spiller Required To Take Action; Type _____

Air

Soil

Groundwater

Surface Water

Storm Sewer

Sanitary Sewer

Contained/Recovered

Other _____

Contractor Hired By DNR; Name _____

Amount Recovered _____

29.29 Enforcement

Other Agencies on Scene

Local _____

State _____

Federal _____

Person Filing This Report (print name)
Steve LaValley

Signature Steve LaValley Date Signed 4-29-93

Additional Comments:
A flange on the pipe loosened releasing about 100 gallons of #2 fuel oil to tank #42 berms.

Most oil was contained, but some was released to soil in the berms. Soil will be removed

and fuel oil was vacuumed up

**APPLICATION TO TREAT OR DISPOSE OF PETROLEUM CONTAMINATED SOIL
ASPHALT PLANT OR OTHER TYPE OF THERMAL TREATMENT UNIT**

Form 4400-149

This form is required by the Department of Natural Resources for leaking underground storage tank sites to ensure that petroleum contaminated soil is treated or disposed of in compliance with NR 500-540, NR 158, and NR 419, Wis. Adm. Code. Failure to comply with applicable statutes and administrative rules may lead to violations of subchapters III and IV of ch. 144 Wis. Stats. and may result in forfeitures of not less than \$10 or more than \$25,000 for each violation, pursuant to ss. 144.426(1), 144.74 (1), and 144.99, Wis. Stats., or fines of not less than \$100 or more than \$150,000 or imprisonment for not more than 10 years, or both, pursuant to s. 144.74 (2), Wis. Stats. Each day of a continuing violation constitutes a separate violation. Department approval of this form is required prior to site remediation, except for soils to be buried in landfills.

DIRECTIONS: 1) Complete parts I and II. 2) Submit the application to the DNR project manager for approval. 3) Have the treatment facility complete part III of the approved form after the soil has been treated. 4) Return the ORIGINAL form to the DNR project manager. 5) Keep a copy for your files.

ALL SITES MUST COMPLETE PART I

Part I. Source of Soil

Site/Facility Name MURPHY OIL USA, INC Site LD. # (for DNR use only) sp? #430
 Site Address 2400 STINSON AVE Contact Name BILL GUSTAFSON
 City, State, Zip Code SUPERIOR, WI, 54880 1/4, 1/4, Section, Township, and Range NW 1/4, NW 1/4, SECT. 36, T49N, R14W

The information on this form is accurate to the best of my knowledge.
 Signature of Soil Generator _____ Telephone Number (include area code) _____

Consulting Firm	Contact	Telephone Number
<u>None</u>		

Estimated Volume Contaminated Soil TANK #42 Soil Type (USCS)
25 Tons (cubic yards) (circle one) sand (SP, SW)
 silty/clayey sands (SM, SC)
 silt (ML, MH, OL)
 clay (CL, CH, OH)
 gravel (GC, GM, GP, GW)
 peat (PT)

Type of Petroleum Contamination (Circle):
 Gasoline Diesel Fuel #2 Fuel Oil
 Other _____ Distance to Nearest Residence/Business _____

Contaminant concentration:
 One screened sample for each 15 yds³ and one laboratory analysis for each 300 yds³ of contaminated soil when the field instrument registers contamination OR one laboratory analysis for each 100 yds³ when the field instrument does not register contamination on soil shown to be contaminated during the site investigation/excavation or stockpiling. PLEASE ATTACH A TABLE LISTING RESULTS OF BOTH FIELD SCREENING AND LAB ANALYSES, AND INCLUDE SUPPORTING LAB REPORTS, IN ADDITION TO THE TPH AND BENZENE INFORMATION REQUESTED BELOW. NOTE: DILRR requires a minimum of 3 laboratory samples on excavated soil for PECFA claims.

Total Benzene in soil to be remediated (attach calculations) No DETECT lbs
 Total Petroleum Hydrocarbons (TPH) in soil to be remediated (attach calculations) _____ lbs
 Total TPH as DRO .4 lbs 403.9 lbs

ATTACH EMISSIONS CALCULATIONS

(a/1,000,000) x (2,800 lbs/yd³) x b = benzene emission in lbs., where a = benzene concentration of soil sample in ppm or mg/kg dry weight basis, and b = amount of contaminated soil in yds³. NOTE: This calculation can also be used to estimate TPH emissions by substituting TPH concentration (ppm or mg/kg) for "a". It may also be used to calculate VOCs.

Part II: Proposed Treatment Facility

Name of Plant LAKEHEAD BLACKTOP & MATERIALS OF SUPERIOR Plant number and Model HEATHERINGTON & BERNER #7000 BATCH PLANT

Contact MR. JOSEPH KIMMPS DNR Facility LD. No. 81603764

Address 5800 Albany Ave Superior WI Distance to Nearest Residence/Business 5,000 ft
(or location of portable plant)

LEAVE BLANK - DEPARTMENT OF NATURAL RESOURCES USE ONLY

Application Concurrence:

Air Management Phyllis Holmbeck Date 1/24/94

Project Manager _____ Date _____

Comments:

THIS SECTION TO BE COMPLETED BY THE ASPHALT/THERMAL UNIT PROCESSING THE CONTAMINATED SOIL AFTER PROCESSING IS COMPLETED

Part III

WDNR Air Pollution Control Permit Number _____ Actual Volume of Soil Treated (tons/cubic yards) 63 yds

Date of transport to plant November 11, 1994 Date of treatment 11-22 to 11-25-94

Transporter Name J. KIMMPS Trucking, Inc. Transporter License Number 1241211

Circle One: Roasted and Incorporated Roasted Only

Total Benzene emissions in pounds for this batch (apply 50% destruction factor if no after burner is used) N/A

Benzene emissions to date for this plant (including this batch) for this calendar year 5,595.4 lbs

Signature of Treatment plant representative Richard E. Pottmann Telephone Number at Plant 715-392-1969

POST BURN SAMPLE RESULTS: COMPLETE ONLY FOR SOILS NOT INCORPORATED!

(One representative sample for each 100 cubic yards-not composites)

Sample Number _____

TPH _____

DNR APPROVAL IS REQUIRED BEFORE USING AS COMMON FILL.

Date of backfilling or use as common fill _____ Location of fill site 1/4 1/4 S T R

