

Spill ID Number

93050503
Y Y M M D D 0-99

04-38-048391
168840

Date of Incident 5.6.93	Day of Week WED	Time of Incident 11	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Reported By (Name) LEONARD MOORE	Telephone Number (715) 735-9033
Date Reported 5.6.93	Day of Week THURS	Time Reported 1130	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved TOLUENE	Quantity 500	Units GAL	Person or Firm Responsible SPECIALTY CHEM		
Substance Involved	Quantity	Units	Contact Name LEONARD MOORE	Telephone Number (715) 735-9033	

Physical Characteristics

Solid Liquid Semisolid Gas

Color COLORLESS Odor _____

Cause of Incident
LEAKING SEAL ON PUMP & OPEN VALVE

Exact Location Description (intersection, mileage, etc.)

County Location _____ 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 5.6.93 Day of Week THURS. Time District Notified 1140 A.M. P.M.

District Person Notified DAN HELF Telephone Number ()

Date Investigated 5-6-93 Day of Week THUR Time Investigated 1:15 A.M. P.M.

Person Investigating BRUCE OMAN 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 NONE

State _____

Federal NONE

Additional Comments: SEE ATTACHED CONTACT FORM

LAURIE FIKE RECEIVED INITIAL NOTIFICATION

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 PUMP FREE PRODUCT; REMOVE SOIL

Amount Recovered 7400 GALLONS @ 13:15 5-6-93

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 PARTIALLY @ THIS POINT 13:15 5-6-93

Other _____



Person Filing This Report (print name)
BRUCE S. OMAN

Signature [Signature] Date Signed 5-6-93

ATTN. _____	<input type="checkbox"/> PRETREATMENT WW/2	Date <u>050693</u> M M D D Y Y
<input type="checkbox"/> ENV. ENF. EE/5	<input type="checkbox"/> MUNIC. WASTEWATER SECTION WW/2	Time (24-Hour Clock) <u>13:15</u>
<input type="checkbox"/> PRIV. WATER SECTION WS/2	<input checked="" type="checkbox"/> IND. WASTEWATER SECTION WW/2	Contact Method <input checked="" type="checkbox"/> In Person <input type="checkbox"/> Telephone
<input type="checkbox"/> PUBL. WATER SECTION WS/2	<input type="checkbox"/> _____ DISTRICT	

Facility Name <u>SPECIALTYCHEM</u>	Location (Address or 1/4-1/4) <u>MARINETTE</u>	County <u>MARINETTE</u>
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Facility I.D. Or Wis. Unique Well Number <u>438008340</u>	WPDES Permit Number _____	District No. <u>4</u>	DNR Person Making Contact <u>OMAN</u>
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Facility Representative Contacted <u>DR LEONARD MOORE / GORDON KANDON</u>	Title or Position of Representative <u>DIR TECH / DIRECTOR FINE CHEMICALS</u>
Activity Codes <u>SP</u>	Representative's Telephone Number (including area code) <u>715-735-9033</u>

500 GALLONS OF TOLUENE SPILLED FROM CONCRETE CONTAINMENT AREA ONTO GROUND VIA AN OPEN VALVE IN DRAIN PIPE AT FLOOR OF CONTAINMENT AREA. VALVE SINCE REMOVED AND PIPE CAPPED. SPILL FIRST NOTICED 9AM TODAY. VALVE SHUT OFF. CONTENTS OF CONTAINMENT AREA PUMPED TO "BURN" TANK, ^{USOURCE OF SPILL} LEAKY PUMP SEAL REPAIRED; NOW PUMPING WATER/TOLUENE MIXTURE FROM DITCH AREA WHERE SPILL COLLECTED BACK INTO CONTAINMENT AREA. IT WILL THEN BE PUMPED TO ^{SPCS} WASTEWATER TREATMENT SYSTEM. INTEND TO PUMP OUT DITCH OVERNIGHT THEN REMOVE CONTAMINATED SOIL FOR INCUBATION IN ARKANSAS. THE EXTENT OF CONTAMINATED ^{SOIL} REMOVAL WILL BE DETERMINED BY USE OF SOLVENT DETECTOR ^(OAP?). TOLD MOORE THAT IT WAS LIKELY THAT ^{WARDEN} WOULD STOP BY TO CHECK PROGRESS OF CLEAN-UP.

CHECKED SHORELINE; THERE WAS NO ~~WATER~~ EVIDENCE THAT SPILL MADE IT TO MENOMINEE RIVER.

SUBSTANCE SPILL/RELEASE ALERT FORM

Spill No./Notification Date and Military Time <u>930506 1121</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 05 05</u> ^{PM} YY MM DD TIME County: <u>Marinette</u>
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REPORTING INFORMATION			
Reported by: <u>Dr Leonard Moore</u> (name) Address _____ City _____ State _____ Zip _____ Telephone <u>715 735 9033</u>	Person/Firm Responsible: <u>Specialtychem Products Corp</u> Address <u>2 Stanton St.</u> City <u>Marinette</u> State <u>WI</u> Zip <u>54143</u> Telephone _____		
Spill Contact Person/Firm: _____ Address _____ (if different from above) Telephone _____ City _____ State _____ Zip _____			

SUBSTANCE INFORMATION											
Name of Substance/Quantity Involved: <u>toluene - 500 gals. (flammable liquid)</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>2 Stanton St, Marinette</u>

Source of Spill	Spill Destination
<input type="checkbox"/> Transportation <input checked="" type="checkbox"/> <u>Manufacture</u> <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 checked="" type="checkbox"/> Soil <input 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 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): _____ _____					
	No	Unknown	Yes	Number	Shelter Location and Name
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"/>	[]	_____

RESPONSE INFORMATION

Local Responder on Scene (Give name of response agencies)

- Fire _____
- Law Enforcement _____
- DNR will call local
- 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:

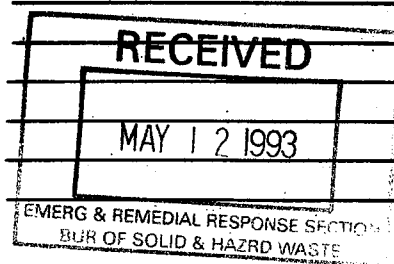
Agency	Telephone Number	Contact Name
<input type="checkbox"/> Dist. Dept. of Natural Resources (DNR)	_____	_____
<input type="checkbox"/> Loc. Emer. Planning Committee (LEPC)	_____	_____
<input type="checkbox"/> Local Public Health	_____	_____
<input type="checkbox"/> CHEMTREC	1-800-424-9300	_____
<input type="checkbox"/> National Response Center (NRC)	_____	_____

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

pump seal leaked, valve on pipe by site left open, spilled on soil. Doing pumping and will remove contaminated soil. Pump seal will be fixed.

DEG DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input checked="" type="checkbox"/> DNR (days)	(608) 266-2141	<u>James Stb</u>
<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

Karen Peterson
 Signature of Preparer