

04-38-048578

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
930616-02
Y Y M M D D 0-99

04-38-048578

Date of Incident 06-16-93	Day of Week weds	Time of Incident 1:00	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) Leonard Moore	Telephone Number (715) 735-9033
Date Reported 06-16-93	Day of Week weds	Time Reported 1:00 p.m.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting Spec. Chem	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved Xylene	Quantity 150	Units gals		Person or Firm Responsible Specialty Chem Products Corp	
Substance Involved	Quantity	Units		Contact Name Leonard Moore	Telephone Number (715) 735-9033

Physical Characteristics

Solid Liquid Semisolid Gas

Color no Odor aromatic

Cause of Incident
operator error overflow vessec

Exact Location Description (intersection, mileage, etc.)

County Location
MARINETTE

1/4, 1/2, 3/4, Section, Town, Range
NE, SW, 05, T 30 N, R 24 E

DNR Dist CMO DNR Area MAN

Groundwaters Affected
 Yes No Potential

Surface Waters Affected
 Yes No Potential

Name of Surface Water

Date District Notified

Day of Week

Time District Notified
 A.M.
 P.M.

District Person Notified

Telephone Number

Date Investigated
6-16-93

Day of Week
weds

Time Investigated
1:20 A.M.
 P.M.

Person Investigating
J. Daye

Telephone Number
(715) 732-0101

Action Taken By DNR

No Action Taken Investigation Supervise/Conduct Cleanup

Spiller Required To Take Action; Type send manifest of shipping of contaminated soil to DNR

Contractor Hired By DNR; Name

Amount Recovered

29.29 Enforcement

Other Agencies on Scene

Local Closed 6/16/93

State

Federal TX 11/26/18

Additional Comments:
Flowed off concrete pad onto soil. stored in drums until picked up by E.N.S.C.O. Moore instructed to send copy of manifest showing shipment of drums of contaminated soil to DNR and. Daye (stank) moore said within 3 days will be shipped.
ENSCO incertator Co. EL DORADO, ARKANSAS

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 excavation of soil

Amount Recovered contaminated soil

Monitor

Contractor Hired; Name employees of S.C.C.

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

Other incinerate.



Person Filing This Report (print name)
Steven Daye

Signature
Steven Daye

Date Signed
6-16-93



SPC

SPECIALTY CHEM™ PRODUCTS CORPORATION

MEMBER, CHEMDESIGN® GROUP

TWO STANTON STREET, MARINETTE, WI 54143

(715) 735-9033

FAX NO. (715) 735-5304

QUALITY: THE FIRST TIME, EVERY TIME

September 16, 1993

Warden Stephen Daye
Wisconsin Department of Natural Resources
P. O. Box 16
Marinette, WI 54143

Dear Warden Daye:

You had requested a report on the spill of xylene which had been reported on June 16, 1993.

Incident: On June 16, 1993 at 0100, a tote, which holds 500 gallons, was being filled with o-xylene on the south side of building 62. The tote was sitting on a spill containment box which could hold about 50 gallons, and this box was on a concrete pad approximately 10 by 15 feet.

The operator on duty left to go into building 62 "to check the still". When he returned the tote was overflowing. He immediately stopped the o-xylene flow, but it had overflowed the spill containment box and the concrete pad. We estimate that 150 gallons of o-xylene overflowed the containment box.

Mitigation and Clean-up: The supervisor on duty called several operators to help. The spill was diked with "Oil Dry" to contain it to the area it was in at that time.

The liquid which was still on top of the soil was pumped into the hazardous waste tank. Then the soil where the spill had occurred was dug up. During the removal of the soil, Christopher Behrend checked with our OVA analyzer to check for the extent of the contamination. The soil was removed until the analyses of the remaining soil indicated that the level of o-xylene was below 20 ppm.

Disposal: The recovered liquid was shipped with the other hazardous waste liquids in the hazardous waste tank.

Letter
Warden Stephen Daye
Wisconsin DNR
September 16, 1993
Page 2


The contaminated soil was placed in 55 gallon metal drums, labeled as "Hazardous Waste" and arrangements were made to have them incinerated at ENSCO in El Dorado, Arkansas. Fifty four drums were shipped on August 20, 1993 and the remaining 3 on September 1, 1993

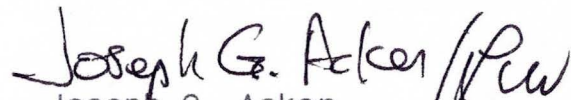
Prevention of Future Incidents: Several actions were taken to prevent the occurrence of future incidents of this type.

The concrete pad was extended to an area of about 30 by 15 feet and it was diked to contain spills at least as large as the one which occurred here.

The employees who fill vessels have been instructed that their prime responsibility is to stay with the vessel being filled. The employee who had left a vessel that he was filling was disciplined by days off without pay.

Sincerely,


Leonard O. Moore, Ph.D.
V.P., Environmental Affairs


Joseph G. Acker
President, General Manager

LOM:lm

cc: R. Brooks, R. Eby, R. Brinkley.
J. Walsh, W. Schubert.

6-18-93

To: Randy Stark - Warden Supervisor Marinette
From: Steven Payne - Cons Warden Marinette

Subj: Followup of spill at Speciality Chem - 6-16-93

Per your request, I contacted a Joe Ackert of Speciality Chem to find out results of their investigation into the spill at Speciality Chem (11:18am)

Akert stated that the operation had filled a tote vessel that was already full, causing overflow onto concrete pad & into surrounding soil.

Speciality Chem intends to take disciplinary action against employee with the minimum of a written reprimand in the employee's file to time off for "inattention to duty". At the time of this conversation no definite action has been decided yet.

Speciality Chem intends to look at the physical surroundings for some other means of preventing contamination to the environment as a result of human error. Should be done in the next two weeks.

It was agreed upon by Akert and myself that Speciality Chem will submit written documentation to me within 2 weeks the following information

- what steps have been/will be taken as a result of the disciplinary action against the employee
- changes in Company procedures or policies
- changes to physical setting, surroundings of spill site

This information will be in addition to copy of manifest for the disposal of drums of contaminated soil from this spill that will be sent to Emsco in Arkansas within 30 days.

SUBSTANCE SPILL/RELEASE ALERT FORM

Spill No./Notification Date and Military Time 93 06 16 0100 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 93 06 16 0100 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</u> Address <u>2 Stanton St.</u> City <u>Marinette</u> State <u>WI</u> Zip <u>54443</u> Telephone _____		

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>150 gals. O-xylene - flammable</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 _____	<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 _____
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"/> 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

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

<table style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>No</th> <th>Unknown</th> <th>Yes</th> <th>Number</th> </tr> <tr> <td>Injuries</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>[]</td> </tr> <tr> <td>Fatalities</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>[]</td> </tr> <tr> <td>Facility Evacuated</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>[]</td> </tr> <tr> <td>Public Evacuated</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>[]</td> </tr> <tr> <td>Shelter facility:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hospital</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>[]</td> </tr> <tr> <td>School</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>[]</td> </tr> <tr> <td>Other/Type</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>[]</td> </tr> </table>		No	Unknown	Yes	Number	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"/>	[]	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td align="center" colspan="2"> RECEIVED Shelter _____ Date _____ <div style="border: 2px solid black; padding: 5px; display: inline-block; margin: 10px 0;"> JUN 23 1993 </div> EMERG & REMEDIAL RESPONSE SECTION BUR OF SOLID & HAZRD WASTE </td> </tr> </table>	RECEIVED Shelter _____ Date _____ <div style="border: 2px solid black; padding: 5px; display: inline-block; margin: 10px 0;"> JUN 23 1993 </div> EMERG & REMEDIAL RESPONSE SECTION BUR OF SOLID & HAZRD WASTE	
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RESPONSE INFORMATION

Local Responder on Scene (Give name of response agencies)

- Fire _____
- Law Enforcement _____
- DNR 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	<u>1-800-424-9300</u>	_____
<input type="checkbox"/> National Response Center (NRC)	_____	_____

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

operator transferring material to a tote, left unattended momentarily, it overflowed into soil. in process of cleanup

DEG DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input type="checkbox"/> DNR (days)	<u>(608) 266-2141</u>	_____
<input type="checkbox"/> DNR (Duty Officer pager)	_____	<u>630 Pat. Hartman</u>
<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 Environmental Protection Agency US Coast Guard)
CHEMTREC	Chemical Transportation Emerg. Center	DILHR	Dept. of Industry, Labor and Human Relations
DNR	Department of Natural Resources	DATCP	Dept. of Agriculture, Trade and Consumer Protection
DOT/State Patrol	Dept. of Transportation		
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