

Spill ID Number
09-16-049384
Y Y M M D D 0-99

Date of Incident 3-18-94	Day of Week Friday	Time of Incident 10:00	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) Tim Ries	Telephone Number (715) 392-2221
Date Reported 3-18-94	Day of Week Friday	Time Reported 3:00	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting Kopper II	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved Creosote	Quantity 1	Units Gallon	Person or Firm Responsible Kopper Ind.		
Substance Involved	Quantity	Units	Contact Name Tim Ries	Telephone Number (715) 392-2221	

Physical Characteristics

Solid Liquid Semisolid Gas

Color **Brown** Odor _____

Address - Street or Route
P.O. Box 397

City, State, Zip Code
Superior, WI 54880

Cause of Incident
Plugged Pipe

Exact Location Description (intersection, mileage, etc.)
Loading line on treatment building

County Location **Douglas** $\frac{1}{4}$, $\frac{1}{4}$, Section, Town, Range
_____, _____, _____, T _____ N, R _____

DNR Dist **NWD** DNR Area **Brule** 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 **3-18-94** Day of Week **Friday** Time Investigated **3:00**
 A.M. P.M.

Person Investigating **Steve LaValley** Telephone Number **(715) 392-7831**

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 _____

State _____

Federal _____

Action Taken By Spiller

No Action Taken Notification Investigate

Containment; Type _____

Cleanup; Method **Remove soil and barrel**

Amount Recovered _____

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

Other _____

Person Filing This Report (print name)
Steve LaValley

Signature *Steve LaValley* Date Signed **3-21-94**

Additional Comments:

~~Transfer line ruptured resulting in spill of less than a gallon. Koppers personnel~~
stopped leak and removed and containerized soil. Tim notified DNR, Emergency Government
and National Response Center.

LW