

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

Date & Military Time Of Incident: 12182003 1300		Date & Military Time Reported: 12182003 1456		Spill File # NOR12182003_01 <i>04-16-529957</i>	
Person Reporting: COREY MEAD			Representing: MURPHY OIL		Phone # (715-)398-8453 Fax # ()
Responsible Party (RP) / Spiller: MURPHY OIL			RP Decision Based On:		Phone # () Fax # ()
RP Address: 2400 SIMPSON AVE				City SUPERIOR	State WI
RP Contact Name & Title: MEAD - ENVIRONMENTAL ENG				Phone # () Fax # ()	
Substance Involved: OILY WASTE WATER		Amount & Units Released: 15 GALLONS		Amount & Units Recovered: ALL BUT ONE GAL EST	
<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.) NORTH SIDE OF WASTE WATER TREATMENT AT MURPHY OIL, ADDRESS ABOVE				Facility Name / Property Owner:	
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township SUPERIOR		County DOUGLAS		Latitude/Longitude	
DNR Region: NOR		nw1/4 nw1/4 Sec 36 T49N R14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W		Weather Conditions:	
Cause Of Incident: SYSTEM PROCESS IMBALANCE OVER FLOWED					
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"/> Concrete/Asphalt <input type="checkbox"/> Potential <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Groundwater <input type="checkbox"/> Potential <input type="checkbox"/> Private Well <input type="checkbox"/> Potential <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Potential <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Potential <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Surface Water <input type="checkbox"/> Potential Name: <input type="checkbox"/> Other: FROZEN		<input type="checkbox"/> Ag Coop/Food Factory <input type="checkbox"/> Airport Facility <input type="checkbox"/> Railroad Facility <input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine <input type="checkbox"/> Gas/Service Station/Garage/Auto Dealer/Repair Shop <input type="checkbox"/> Hydraulic Line Break <input type="checkbox"/> Industrial Facility <input type="checkbox"/> Paper Mill <input type="checkbox"/> Chemical Co. <input checked="" type="checkbox"/> Pipeline/Terminal/Tank Farm/Oil Jobber/Wholesaler <input type="checkbox"/> Private Property (home/farm) <input type="checkbox"/> Public Property (city, state, church, school, etc.) <input type="checkbox"/> Transportation Accident, Fuel Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input type="checkbox"/> Utility Co. Power Generating/Transfer Facility <input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Cleanup Method: <input type="checkbox"/> Absorbent <input checked="" type="checkbox"/> Excavation <i>Slyd - Timberline Trail</i> <input type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired Name: SELF <input type="checkbox"/> Monitor <input type="checkbox"/> No Action Needed <input type="checkbox"/> No Action Taken <input checked="" type="checkbox"/> Waste Destination: <i>WAR- liquid</i> <input type="checkbox"/> Other: <i>fuel blending</i>	
Injuries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes how many?		Has An Evacuation Occurred? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 Law Enforcement <input checked="" type="checkbox"/> LEPC or Local Emer. Mgt. <input type="checkbox"/> Level A/Level B Team		<input type="checkbox"/> Local DNR <input type="checkbox"/> Div. Emerg. Mgt. <input checked="" type="checkbox"/> Coast Guard <input type="checkbox"/> DHFS 608-258-0099		<input type="checkbox"/> EPA <input checked="" type="checkbox"/> Nat'l Resp Ctr 800-442-8802 <input type="checkbox"/> Chemtrec 800-424-9300 <input checked="" type="checkbox"/> Other: NORM DUNBAR	
Prepared By: ANN BAUER		Phone # 608-266-5214		Date:	
Person Notified: MESSAGE TO JOHN KRULL		Phone #		Date:	
Investigated By:				Incident Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Spill Coordinator Signoff: <i>Norman Dunbar</i>		Date: <i>7/21/04</i>		Transferred To: ERP <input type="checkbox"/> DATCP <input type="checkbox"/> Date: Case #	
				NFA Letter Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No Spill Packet Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No To:	