

State of Wisconsin Substance Release Notification Form
Department of Natural Resources Form 4400-91 (Rev. 12-04, e-form)
24-Hour Emergency Hotline Number: 1-800-943-0003

Date & Military Time of Incident: 03/30/2006 1030hrs		Date & Military Time Reported: 03/30/2006 1050hrs		Spill File # nor03302006_01 BRRTS # 04-16-548144	
Person Reporting: DAN ROGERS VIA NRC FAX		Representing: NORTHERN MINNESOTA SERVICE		Phone # 218-750-7428 Fax #	
Responsible Party (RP) / Spiller: NORTHERN MINNESOTA SERVICES		RP Decision Based On: PROTOCOL		Phone # Fax #	
RP Address: 2515 LIBERTY PLACE				City State Zip Code EVELETH MN 55734-	
RP Contact Name & Title: DAN ROGERS				Phone # 218-750-7428 Fax #	
Substance Involved: LUBRICATING OIL		Amount & Units Released: 5 GALLONS		Amount & Units Recovered:	
<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.) FRAZIER SHIPYARD				Facility Name / Property Owner: FRAZIER SHIPYARD	
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township SUPERIOR		County DOUGLAS		Latitude/Longitude deg. ' '' , deg. ' ''	
DNR Region: NOR		1/4 1/4 Sec 10 T49 N R14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W		Weather Conditions:	
Cause of Incident: WHILE TRANSFERRING LUBE OIL TO A VESSEL FROM A TANKER TRUCK THE HOSE CONNECTED TO A TRUCK BROKE AND RELEASED OIL ONTO THE GROUND. FLOOR DRY AND ABSORBENT PADS WERE USED FOR CLEAN UP AND THE RELEASE HAS BEEN SECURED.					
Spilled Substance Impact To: (check X all that apply)		Spill Cause and/or 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:		<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 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 checked="" 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 checked="" type="checkbox"/> Absorbent <input type="checkbox"/> Excavation <input type="checkbox"/> <input type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired Name: <input type="checkbox"/> Monitor <input type="checkbox"/> No Action Needed <input type="checkbox"/> No Action Taken <input type="checkbox"/> Waste Destination: <input type="checkbox"/> Other:	
Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes how many?		Has An Evacuation Occurred? <input type="checkbox"/> Yes <input 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 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 DNR <input type="checkbox"/> EPA <input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> Div. Emerg. Mgt. <input type="checkbox"/> Nat'l Resp Ctr 800-442-8802 <input type="checkbox"/> LEPC or Local Emer. Mgt. <input checked="" type="checkbox"/> Coast Guard <input type="checkbox"/> Chemtrec 800-424-9300 <input type="checkbox"/> Level A/Level B Team <input type="checkbox"/> DHFS 608-258-0099 <input type="checkbox"/> Other:				Phone #	
Prepared By: RONDA CONNER		Phone # 608-267-0844		Date: 03/30/2006	
Person Notified: JOHN KRULL		Phone # 715-392-7992		Date: 03/30/2006 Time: 1118	
Investigated By:		Sign:		Date:	
Spill Coordinator Signoff: <i>Norman Smith</i>				Date: 3/30/06	
				NFA Letter Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date:	
				Incident Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: 3/30/06	
<input checked="" type="checkbox"/> See Additional Comments On Reverse (Please, print page 2 of 2)					

Date and Military Time Of Incident: hrs	Responsible Party:
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Additional Comments :

3:15 3/20/14 Called Dan - spill onto soil - absorbed immediately.
350 wt. oil - very heavy.

Case Activity Report: Yes No CAR#: (Please, attach copy of all CAR and other documentation)

Enforcement Action: Yes No (Explain Below)