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PLEASE PRINT

St. of Wisconsin Substance Release Notificat Form 04-16-208457

24-Hour Emergency Hotline Number: 1-800-943-0003 Form 4400-91 Rev. 11-95

Date and Mil. Time of Incident: 04-09-95 0200 Date and Mil. Time Reported: 04-09-95 0910

Person Reporting: Ralph Lockman/Gary Allen Telephone #: 715 398-3533

Representing Agency, Firm, or Citizen: Murphy Oil USA

Responsible Party: Murphy Oil USA

Contact Name: Ralph Lockman/Gary Allen Telephone #: 715 398-3533

Address: East Second Street City, State, Zip Code
Superior WI 54880

Substance Involved: Gas Amount & Units Released: < 10 gallons Amt. Recovered: Is this a 304 (11004 42 USC) spill?
 Yes No

Solid Semisolid Liquid Gas Color: Odor:

Exact Location (inc. address, facility name, mileage, bldg. #, etc.)
Lake Superior Spur Super unleaded

City: Superior County: Douglas Lat/long:

DNR Region: NWD Weather Cond.:

Cause of Incident
Broken line. B & D pump repair pumped sump back into tank, used pads.

Spilled Substance Impact To: Check (✓) all that apply <input type="checkbox"/> Air <input type="checkbox"/> Potential <input type="checkbox"/> Soil <input type="checkbox"/> Potential <input type="checkbox"/> Groundwater <input type="checkbox"/> Potential <input type="checkbox"/> Surface Water <input type="checkbox"/> Potential Name: <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Potential <input checked="" type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Potential <input type="checkbox"/> Private Well <input type="checkbox"/> Potential <input checked="" type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other:	Spill Source: <input type="checkbox"/> Transportation Accident, Fuel Supply Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input type="checkbox"/> Industrial Facility <input type="checkbox"/> Paper Mill <input type="checkbox"/> Chemical Co. <input type="checkbox"/> Ag Coop/Facility/Food Factory/Facility <input checked="" type="checkbox"/> Gas/Service Station/Garage/Auto Dealer, Repair Shop <input type="checkbox"/> Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler <input type="checkbox"/> Public Property (city, state, church, school, etc.) <input type="checkbox"/> Utility Co., Power Generating/Transfer Facility <input type="checkbox"/> Private Property (home/farm) <input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine <input type="checkbox"/> Airport Facility <input type="checkbox"/> Railroad Facility <input type="checkbox"/> Other	Action Taken By Spiller <input type="checkbox"/> No Action Taken <input type="checkbox"/> No Action Needed <input type="checkbox"/> Monitor <input checked="" type="checkbox"/> Cleanup Method: <u>Placed back in tank.</u> <input type="checkbox"/> Waste Destination: <input type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired Name: <input type="checkbox"/> Other:
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Injuries? Yes Has an evacuation occurred? Yes No Potential?

Are there any resource damages? Yes No Potential What kinds?

Other Agencies Notified: Check (✓) first column if notified; Check (✓) both columns if on scene <input type="checkbox"/> Fire Department/Hazmat <input type="checkbox"/> Local DNR <input type="checkbox"/> EPA <input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> Div. Emer. Gov. <input type="checkbox"/> Nat'l Resp. Ctr. 800-442-8802 <input type="checkbox"/> LEPC or Local Emer. Gov. <input type="checkbox"/> DATCP 608-224-4500 <input type="checkbox"/> Chemtrec 800-424-9300 <input type="checkbox"/> Regional Response Team <input type="checkbox"/> DHSS 608-266-2830 <input type="checkbox"/> Other	Incident Commander, if known: Phone:
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Prepared By:(Print) Steve LaValley (Sign) *Steve LaValley* Date: 3-5-96 Rpt'd to DATCP? Yes No

Person Notified: *Steve LaValley* Region Notified: Time: 0915 Date:

Invstgtd By:(Print) (Sign) Date: Site Closed? Yes No

Spill Coordinator Signoff: *James A. Rank* Date: 5/21/96 Transferred to ERP? No Yes; Case # NFA Letter Sent? Yes No
Spill Packet Sent? Yes No

State of Wisconsin Substance Release Report (Cont.)

Form 4400-91 Rev. 11-95

Date and Military Time of Incident: 04-09-95 0200	Responsible Party: Murphy Oil USA
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Additional Comments:

Line to super unleaded broke releasing gas to a containment sump, small amount of gas was released while recovering product out of the sump and making repairs.

The pumps were shut off and sumps pumped back into tank and barrels. Any product out side the sump was padded up and will be disposed of using JD as contractor. This site should be closed.