

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

<b>Date &amp; Military Time Of Incident:</b> 11/05/03 0:500		<b>Date &amp; Military Time Reported:</b> 11/05/03 10:30		<b>Spill File #</b> nor11052003_01 <i>04-16-516577</i>	
<b>Person Reporting:</b> Liz Lundmark			<b>Representing:</b> Murphy Oil		<b>Phone # (715)398-8434</b> <b>Fax # ( )</b>
<b>Responsible Party (RP) / Spiller:</b> Murphy Oil			<b>RP Decision Based On:</b>		<b>Phone # (same)</b> <b>Fax # ( )</b>
<b>RP Address:</b> 2400 Stinson Avenue				<b>City</b> Superior	<b>State</b> WI
<b>RP Contact Name &amp; Title:</b> Liz Environmental Manager				<b>Zip Code</b> 54880	
<b>Substance Involved:</b> #6 fuel oil				<b>Amount &amp; Units Released:</b> 10 Gallons	
<b>Amount &amp; Units Recovered:</b> working on it cold & they will pick up					
<input type="checkbox"/> Solid		<input checked="" type="checkbox"/> Semisolid		<input type="checkbox"/> Liquid	
<input type="checkbox"/> Gas		<b>Color:</b>		<b>Odor:</b>	
<b>Exact Location Of Incident:</b> (including street name, bldg. #, mileage, etc.) 2400 Stinson Avenue Superior, WI 54880 <i>North of tank 86 - on dyke area</i>				<b>Facility Name / Property Owner:</b> Murphy Oil	
<input checked="" type="checkbox"/> City		<input type="checkbox"/> Village		<input type="checkbox"/> Township	
Superior		<b>County</b> Douglas		<b>Latitude/Longitude</b>	
<b>DNR Region:</b> NOR		<i>NW 1/4 NW 1/4 Sec 36 T 49N R 14</i>		<input type="checkbox"/> E <input checked="" type="checkbox"/> W	
<b>Weather Conditions:</b> Cloudy Cold					
<b>Cause Of Incident:</b> Thermal Expansion of oil opened up gasket and flange. Liz said it is cold enough where they can roll it up and pick it up off of the ground					
<b>Spilled Substance Impact To:</b> (check X all that apply)		<b>Spill Cause/Site:</b>		<b>Action Taken By Spiller:</b>	
<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 checked="" 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 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: Oil Refinery		<input checked="" type="checkbox"/> Cleanup Method: <input type="checkbox"/> Absorbent <input checked="" type="checkbox"/> Excavation <i>1-3 yds</i> <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 checked="" type="checkbox"/> Waste Destination: <i>SKB</i> <input type="checkbox"/> Other:	
<b>Injuries?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes how many?		<b>Has An Evacuation Occurred?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Potential?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Are There Any Resource Damages?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential <b>What Kind?</b>					
<b>Other Agencies Notified:</b> (check first column, if notified; check both columns, if on the scene)				<b>Incident Commander:</b>	
<input type="checkbox"/> Fire Department <input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> LEPC or Local Emer. Mgt. <input type="checkbox"/> Level A/Level B Team		<input type="checkbox"/> Local DNR <input checked="" type="checkbox"/> Div. Emerg. Mgt. <input 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	
Name:				Liz	
Phone # ( )				Phone # ( )	
<b>Prepared By:</b> Merry Nelson		<b>Phone #</b> 608-264-8536		<b>Date:</b> 11/05/2003	
<b>Rpt'd To DATCP?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Person Notified:</b> John Krull - via vm		<b>Phone #</b> cell & office	
<b>Date:</b> 11/05/2003		<b>Date:</b> 11/05/2003		<b>Time:</b> 10:45	
<b>Investigated By:</b>		<b>Sign:</b>		<b>Date:</b>	
<b>Incident Closed?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Date:</b> <i>7/21/04</i>			
<b>Spill Coordinator Signoff:</b>		<b>Date:</b>		<b>Transferred To:</b> ERP <input type="checkbox"/>	
<i>Norman Dunbar</i>		<i>7/21/04</i>		DATCP <input type="checkbox"/> <b>Date:</b>	
				Case #	
				<b>NFA Letter Sent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
				<b>Spill Packet Sent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
				<b>To:</b>	
<input type="checkbox"/> See Additional Comments On Reverse Please, print page 2 of 2					

State of Wisconsin Substance Release Report (Cont'd)  
Form 4401-91 Rev 12-01

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

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

**Enforcement Action:**  Yes  No (Explain Below)

