

State of Wisconsin Substance Release Notification Form 0A-16-202285

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

Form 4400-91 Rev. 11-95

Date and Mil. Time of Incident	3-28-96	2315	Date and Mil. Time Reported	3-28-96	2315
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Person Reporting	David Stokes	Telephone # ( 715 )	398-3533
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Representing Agency, Firm, or Citizen	Murphy Oil
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Responsible Party	Murphy Oil
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Contact Name	Randy Kooiman	Telephone # ( 715 )	398-3533
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Address	Stinson Avenue	City, State, Zip Code	Superior, WI 54880
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Substance Involved	Normal Butane	Amount & Units Released	4-5 barrels	Amt. Recovered	none	Is this a 304 (11004 42 USC) spill?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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<input type="checkbox"/> Solid	<input type="checkbox"/> Semisolid	<input type="checkbox"/> Liquid	<input checked="" type="checkbox"/> Gas	Color	clear	Odor	
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Exact Location (inc. address, facility name, mileage, bldg. #, etc.)	Murphy Oil - Stinson Avenue - north of crude unit
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City	Superior	County	Douglas	Lat/long	
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DNR Region	NW	<u>1/4</u> <u>1/4</u> sec <u>T</u> <u>NR</u> (E/W)	Weather Cond.	
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Cause of Incident	Pipeline break
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<b>Spilled Substance Impact To:</b> Check (✓) all that apply <input checked="" 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 type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Potential <input type="checkbox"/> Private Well <input type="checkbox"/> Potential <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other: _____	<b>Spill Source:</b> <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 type="checkbox"/> Gas/Service Station/Garage/Auto Dealer, Repair Shop <input checked="" 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 checked="" type="checkbox"/> Other <u>refinery</u>	<b>Action Taken By Spiller</b> <input type="checkbox"/> No Action Taken <input type="checkbox"/> No Action Needed <input checked="" type="checkbox"/> Monitor <input type="checkbox"/> Cleanup Method: _____ <input type="checkbox"/> Waste Destination: _____ <input type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired Name: _____ <input type="checkbox"/> Other: _____
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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
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Are there any resource damages?  Yes  No What kinds? \_\_\_\_\_

<b>Other Agencies Notified (✓ first column if notified); Check (✓) both columns if on scene</b> <input type="checkbox"/> Fire Department/Hazmat <input checked="" 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 _____	<b>Incident Commander, if known:</b> _____ Phone: _____
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Prepared By:(Print) Daniel Rosenthal (Sign) <i>Daniel Rosenthal</i> Date: 3/29/96	Rpt'd to DATCP? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Person Notified:	Region Notified:	Time:	Date:
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Invstgtd By:(Print) _____ (Sign) _____ Date: _____	Site Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Spill Coordinator Signoff: _____ Date: _____	Transferred to ERP? <input type="checkbox"/> No <input type="checkbox"/> Yes; Case # _____	NFA Letter Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Spill Packet Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No
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