

Common Identifier
CASE NO. 92-6771

CONNECTICUT DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT, OIL AND CHEMICAL SPILL RESPONSE DIVISION
EMERGENCY INCIDENT REPORT FORM

ASSIGNED TO: 921/922

DATE: 11-1-92 TIME: (Military) 13:00

TOWN: BRIDGEMONT

REPORTED BY: TOM PREGIANN TELEPHONE: Business () 566-5847 Home ()

Representing: SOLID WASTE

Street _____ Town _____ State _____ Zip Code _____

INCIDENT LOCATION: # 329 Street CENTRAL AVE Town BRIDGEMONT Pole No. _____

TYPE OF INCIDENT: _____ LONGITUDE READING: _____ LATITUDE READING: _____ G.I.S. _____

Petroleum Chemical Dielect Gaseous Hazardous Waste Sewage related Biomedical Algae Other _____

DISCHARGE SUBSTANCE: VARIOUS DRUMS + FULL TANKS ON PROPERTY

QUANTITY: 2300 gallon(s) cubic yards cubic feet lb(s) concentration drum(s)

If this is a chemical release does this incident constitute a SARA 304 Release? Yes No If yes, then you must obtain the following additional information:

SARA 304 Release - Extremely Hazardous Substance CERCLA Hazardous Substance Federal exceeding R.Q. Cross property line Protective actions have been taken
R.Q. #'s: Total lb(s) lb(s)

SARA Title III: Describe Protective actions and provide medical information:

DATE OF SPILL: | Month | | Date | | Year | | unknown on-going N/A TIME OF SPILL: _____ (Military Time)

HAS THE RELEASE BEEN TERMINATED? Yes No on-going unknown HAS THE RELEASE BEEN CONTAINED? Yes No no decision

Misc. Info: DRUMS WERE SCATTERED AROUND PROPERTY THEY DID NOT SEEM TO BE LEAKING BUT THERE WAS A SLIPPERY FLOOR OF SPILLED AREA

WATER BODY: _____ River L.I.S. Tributary Catch Basin/Storm drain Pond
MEDIA: air surface water ground water ground surface inside building other _____

TOTAL IN WATER: NONE TOTAL RECOVERED FROM WATER: N/A

QUANTITY RECOVERED: _____ POLLUTER NAME: RUSSELL CAROZZIELLO
329 CENTRAL AVE UNIL
Polluter Mailing Address Phone

POLLUTER ACCEPTS FINANCIAL RESPONSIBILITY? Yes No unknown polluter unknown

CLEAN-UP ACTIONS BEING TAKEN: NOTS TO REMOVE DRUMS

AGENCIES NOTIFIED: EPA-LEXINGTON U.S. COAST GUARD LOCAL FIRE MARSHAL LOCAL FIRE LOCAL POLICE Other _____
 AQUACULTURE STATE D.O.H.S. DEP/EQ/WATER DEP/EQ/AIR DEP/EQ/WASTE WEED/HW WEED/SW PMD UST SRCD DEP/AIR
 DEP/EC P&F F&W OPS OTHER _____ State Agencies: _____

DATE OF NOTIFICATION: | Month | | Date | | Year | | TIME OF NOTIFICATION: 13:00 (Military Time)

DISCHARGE CLASS:
1 Unknown 4 Industrial 7 Private 10 Utility
2 Marine Terminal 5 Transportation 8 Vessel 11 Natural
3 Inland Terminal 6 Governmental 9 Commercial 12 Other _____

CAUSE OF INCIDENT:
1 Unknown 7 Cargo Tank Failure 13 Fire 19 Sinking 25 Road Oiling/Repair
2 Hose Failure 8 Fuel Tank Failure 14 Power Failure 20 Seepage 26 Motor Vehicle accident
3 Transfer Line Failure 9 Hull Fracture 15 Pump Failure 21 Pumping Bilge 27 Trans./Capacitor
4 Inground Tank Failure 10 Overfill 16 Pumping 22 Open Hatch 28 Natural
5 Above Ground Tank Failure 11 Container Failure 17 Dumping 23 Vandalism 29 Leaking UST Report
6 Saddle Tank Failure 12 Valve Failure 18 Illegal Discharge 24 Blow Back 30 Other: _____

CORRECTIVE ACTIONS TAKEN:

- 1 None
- 2 None required
- 3 Unknown
- 4 Removed
- 5 Contained/Remove
- 6 Contracted
- 7 Test Wells
- 8 Dissipated
- 9 Evaporated
- 10 Sanded
- 11 Foamed
- 12 Referred
- 13 Cleaned
- 14 Washed Down
- 15 Pumped Out
- 16 Neutralized
- 17 Recovery System
- 18 Repaired Line
- 19 Repaired Tank
- 20 Dispersed
- 21 Removed Tank
- 22 Soil Removal
- 23 UST Enforcement
- 24 Other: _____

CLEAN-UP CONTRACTOR(S): _____ DID DEP HIRE CLEAN-UP CONTRACTOR(S) Yes No DATE: 11-29-93
 Requested: 1400 HRS Arrived: 15:00 (Military Time)

RECEIVED BY: 921 INSPECTOR ASSIGNED: 922
 DATE ASSIGNED: | 11 | 29 | 93 | TIME ASSIGNED: 13:00
Month Date Year (Military Time)

ESTIMATED TIME OF ARRIVAL: _____ STATUS: Open Closed Monitored

LEAKING UNDERGROUND STORAGE TANK REPORT SECTION (for administrative use only)

Tank Sizes	Leak	Type of Product	Emergency	Overfill	Removal	Tank	Piping	Remediation	Complete	Referral
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SUPPLEMENTAL INFORMATION

- 1. If this is a chemical release and was not reported by 911 emergency response system, does this release require a Notification be sent per Public Act 90-276? Yes No
- 2. Status of notification sent 3. Is this an 1136 case? Yes No 4. 1136 Case No. _____ 5. Is this a Federal 311K case? Yes No 6. PIN _____
- 7. Has the Cost Recovery Expenditure Summary been initiated? Yes No 8. Incident Code

PROPERTY OWNER: State Municipal Corporation Private Federal Unknown
RUSSELL F. CAPOZZELLO
SUGGATS LA TROWEL ST CENTRAL AV JEFFERSON ST
B.P.T.

POLLUTER: Truck Trailer Owner _____ Operator _____
 VEHICLE IDENTIFICATION: MAKE _____ MODEL _____ REGISTRATION _____ OWNER OF VEHICLE _____

ADDITIONAL INFORMATION: _____
NOTES TO DEVELOPER WASTE STREAM BASED ON ~~THE~~ ANALYTICAL TESTS

HAS THIS REPORT BEEN UPDATED WITH THE INSPECTOR'S REPORT? No Yes Date: 11-29-93