

Common Identifier: _____

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

ASSIGNED TO: 921/922

CASE NO. 92-6771

DATE: | 11 | - | 29 | - | 92 | TIME: (Military) 13:00

TOWN: BRIDGEPORT

REPORTED BY: JOHN PREGNAN TELEPHONE: Business () - 516 5847 Home () - _____

Representing: SOLID WASTE

Street _____ Town _____ State _____ Zip Code _____

INCIDENT LOCATION: # 329 Street CENTRAL AVE Town BRIDGEPORT 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 + FUEL TANKS ON PROPERTY

QUANTITY: 1300 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: | _____ | - | _____ | - | _____ | 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 SLOPPY FLOOR OF GARAGE 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: RUSSIEL CAPOZZIELLO

Polluter Mailing Address: 329 CENTRAL AVE Phone: UNIK

POLLUTER ACCEPTS FINANCIAL RESPONSIBILITY? Yes No unknown polluter unknown

CLEAN-UP ACTIONS BEING TAKEN: NOVS 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 WEED/HW WEED/SW PMD UST SRCO DEP/AIR DEP/EC P&F F&W OPS OTHER _____ State Agencies: _____

DATE OF NOTIFICATION: | 11 | - | 29 | - | 92 | 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"/>
	<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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	<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"/>

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. CAPOZZIELLO
SUGGETTS LA TROWLE ST CENTRAL AV JEFFERSON ST
BPT.

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

ADDITIONAL INFORMATION: _____
NOPS TO DEVELOPE WASTE STREAM BASED ON ~~THE~~ ANALYTICAL TESTS

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



**Connecticut Department of Environmental Protection
Bureau of Waste Management
Oil and Chemical Spill Response Division**

EMERGENCY INCIDENT FIELD REPORT

CASE NO. _____ ASSIGNED TO: 921,924
 DATE: 29 Nov 92 TIME: 1430 TOWN OF DISCHARGE: BRIDGEPORT
 FROM: 901 BY: _____ PHONE: _____
 REPRESENTING: _____
 STREET ADDRESS: _____
 CITY: _____
 LOCATION OF DISCHARGE: MT. TRASHMORE - CENTRAL AVE BRIDGEPORT 329

DISCHARGE TYPE: PETRO CHEMICAL GAS EMISSION OTHER _____
 DISCHARGE SUBSTANCE: Oils - UNKNOWN TOTAL QUANTITY: LESS 50 gallons assorted CONTAINERS
 DATE OF DISCHARGE: HISTORIC TIME OF DISCHARGE: HISTORIC
 CONTAINMENT MEASURES: _____

Pump + remove liquids for disposal
analytical

WATER BODY: NONE TOTAL IN WATER: NONE
 TOTAL RECOVERED: 50 gallons - approx. RECOVERED FROM WATER: NONE
 DISCHARGER: Giino Capazello RECOVERED FROM WATER: NONE
 DISCHARGER ACCEPTED LEGAL RESPONSIBILITY: _____
 PROPERTY OWNER: Giino Capazello
329 CENTRAL AVE
BRIDGEPORT, CT. Phone Number: _____

POLLUTER: SAME
 Phone Number: _____

VEHICLE IDENTIFICATION: TRACTOR TYPE: NA REG. # NA
 OPERATOR: _____ LICENSE # _____
 OWNER: _____ PHONE NO. _____
 VEHICLE IDENTIFICATION: TRAILER TYPE: _____ REG. # _____
 OPERATOR: _____ TRAILER # _____
 OWNER: _____ PHONE NO. _____

CONTRACTOR INFORMATION: NAME: HITCHCOCK ENVIRONMENTAL

EQUIPMENT:
 BOOM VAC TRUCK HOSE
 BOAT P/F MATS VACTOR
 SPECIAL BAND TOOLS SKIMMER
 MANPOWER
 REQUESTED: _____ ARRIVED: _____ INSPECTOR: YORKE - GOTHBERG

