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

EMERGENCY INCIDENT FIELD REPORT

CASE NO. 93-54 ASSIGNED TO: 922

DATE: 1-7-93 TIME: 14:00 TOWN OF DISCHARGE: Bridgeport

FROM: 921 BY: Antonio Iadanza PHONE: 579-1902

REPRESENTING: Kasper Group Inc.

STREET ADDRESS: 968 Fairfield Ave

CITY: Bridgeport, CT

LOCATION OF DISCHARGE: Bridgeport Jai Alai property
Kossuth St.
Bridgeport, CT

DISCHARGE TYPE: ☑ PETRO ☐ CHEMICAL ☐ GAS EMISSION ☐ OTHER

DISCHARGE SUBSTANCE: # 6 oil TOTAL QUANTITY: unk

DATE OF DISCHARGE: ongoing TIME OF DISCHARGE: ongoing

CONTAINMENT MEASURES: the removal of 2 concrete vault tanks by the Kasper Group for Bpt. Jai Alai

WATER BODY: ground water TOTAL IN WATER: und

TOTAL RECOVERED: und. RECOVERED FROM WATER: und

DISCHARGER: Bridgeport Jai Alai RECOVERED FROM WATER: und.

DISCHARGER ACCEPTED LEGAL RESPONSIBILITY: yes

PROPERTY OWNER: Bridgeport Jai Alai
Kossuth St.
Bridgeport, CT Phone Number:

POLLUTER:
same as above
Phone Number:

VEHICLE IDENTIFICATION: TRACTOR TYPE: N.A. REG. #

OPERATOR: LICENSE #

OWNER: PHONE NO.

VEHICLE IDENTIFICATION: TRAILER TYPE: N.A. REG. #

OPERATOR: TRAILER #

OWNER: PHONE NO.

CONTRACTOR INFORMATION: NAME: Kasper Group / National Oil

EQUIPMENT:

☐ BOOM	☑ VAC TRUCK	☐ HOSE
☐ BOAT	☐ P/F MATS	☐ VACTOR
☐ SPECIAL	☑ BAND TOOLS	☐ SKIMMER
☑ MANPOWER		

☐ REQUESTED: ☐ ARRIVED: INSPECTOR: 922

OVER

SAMPLES:

QUANTITY: _____ QUANTITY: _____

LOCATION: _____ LOCATION: _____

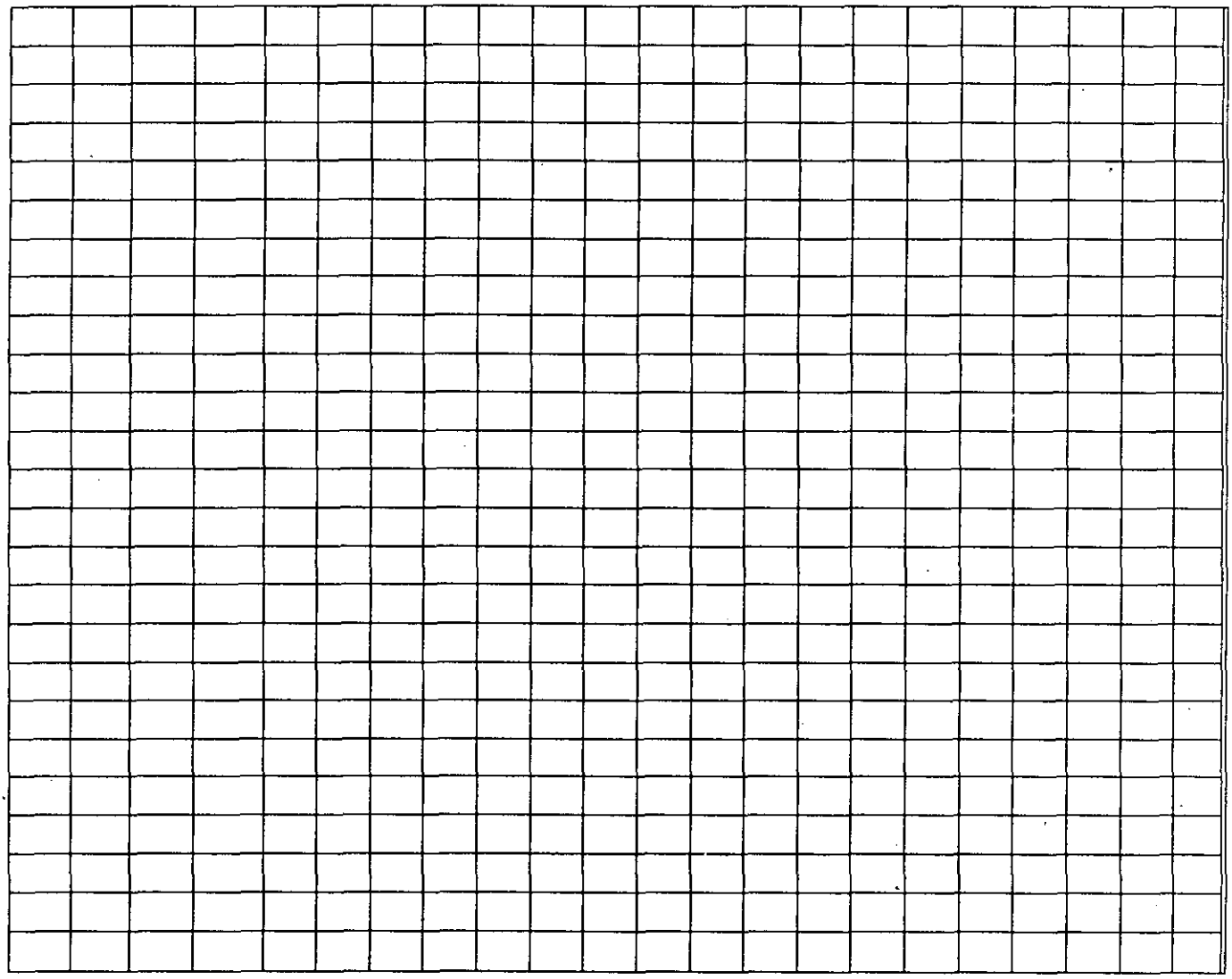
CONTACTS:

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

ADDITIONAL INFORMATION:

During the course of a phase II assesment by the Kasper group for Bpt, Kai Alai, two underground concrete vaulted #6 oil tanks were discovered. The tanks were uncovered and revealed to be containing a total of 5K gallons of #6 oil (Tank # 1 - 3,000 - Tank #2 - 2,000). National Oil was hired to pump and clean out the tanks. The Kasper Group was then advised to remove the vaults and stock-pile any and all contamination - pending analysis.



Common Identifier: _____

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

CASE NO. 93-54 ASSIGNED TO: 922 JA

DATE: 1/17/1993 TIME: (Military) 14:00 TOWN: BRIDGEPORT

REPORTED BY TONY IADAROLA TELEPHONE: Business ( ) 579 1902 Home ( ) -

Representing: KASPER ASSOCIATES

Street 968 Fairfield Ave Town Bpt State CT Zip Code

INCIDENT LOCATION: 255 (#) KOSSUTH ST (Street) BRIDGEPORT (Town) (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: #6 OIL + others

QUANTITY: UNK 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 (Release) 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: BPT - JAI-ALAI - Abandoned USTs - pumped out - Contam. soil - some oil in groundwater
KASPER ASSOC. doing phase 2 study of site

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: ongoing (approximate gallons) TOTAL RECOVERED FROM WATER: ongoing

QUANTITY RECOVERED: ongoing POLLUTER NAME: Bpt. Jai Alai

Kossuth St Bridgeport (Polluter Mailing Address) (Phone)

POLLUTER ACCEPTS FINANCIAL RESPONSIBILITY? ☑ Yes ☐ No ☐ unknown ☐ polluter unknown

CLEAN-UP ACTIONS BEING TAKEN: ongoing recirculation

AGENCIES NOTIFIED: ☐ EPA-LEXINGTON ☐ U.S. COAST GUARD (Captain of the Port Lis) ☑ 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: 01 (Month) / 17 (Date) / 1993 (Year) TIME OF NOTIFICATION: 14:00 (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	8 ☐ Dissipated	15 ☐ Pumped Out	22 ☑ Soil Removal
2 ☐ None required	9 ☐ Evaporated	16 ☐ Neutralized	23 ☐ UST Enforcement
3 ☐ Unknown	10 ☐ Sanded	17 ☐ Recovery System	24 ☐ Other: _____
4 ☐ Removed	11 ☐ Foamed	18 ☐ Repaired Line	
5 ☑ Contained/Remove	12 ☐ Referred	19 ☐ Repaired Tank	
6 ☐ Contracted	13 ☐ Cleaned	20 ☐ Dispersed	
7 ☐ Test Wells	14 ☐ Washed Down	21 ☑ Removed Tank	

☑ **CLEAN-UP CONTRACTOR(S)** Ground Water **DID DEP HIRE CLEAN-UP CONTRACTOR(S):** ☐ Yes ☑ No **DATE:** 1-7-93

Requested: _____ **Arrived:** _____:_____ (Military Time)

RECEIVED BY: N. TORRES 935 **INSPECTOR ASSIGNED:** 922 J. ACETO

DATE ASSIGNED: | 1 | Month | - | 17 | Date | - | 93 | Year | **TIME ASSIGNED:** 13:15 (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
	☐		☐	☐	☐	☐	☐	☐	☐	☐
	☐		☐	☐	☐	☐	☐	☐	☐	☐
	☐		☐	☐	☐	☐	☐	☐	☐	☐
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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 initated? ☐ Yes ☑ No 8. Incident Code ☐

PROPERTY OWNER: ☐ State ☐ Municipal ☑ Corporation ☐ Private ☐ Federal ☐ Unknown

POLLUTER: ☐ Truck ☐ Trailer ☐ Owner _____ ☐ Operator _____

VEHICLE IDENTIFICATION: MAKE _____ **MODEL** _____ **REGISTRATION** _____ **OWNER OF VEHICLE** _____

ADDITIONAL INFORMATION: _____

☐ ☑

HAS THIS REPORT BEEN UPDATED WITH THE INSPECTOR'S REPORT? No Yes **Date:** 1-7-93