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Let's protect our earth

# State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
John J. Trela, Ph.D., Director
Twin Rivers Professional Bldg.
East Windsor, N.J. 08520
(609) 426-0700

AUG 16 1989

Middlesex County Health Department
Hazardous Materials Unit
280 Hobart Street, Room 518
Perth Amboy, NJ 08861
Attention: Rich Kozub

Subject: ARTHUR KILL - CHEVRON USA
1200 STATE ST., PERTH AMBOY

Dear Mr. Kozub:

The Central Bureau of Field Operations (CBFO) has received Incident Notification Report TD # 89-08-12-0325 pertaining to a suspected discharge of a hazardous substance in your jurisdiction.

[X] The subject incident has been referred to your office for review and appropriate action.

Please provide this office with a copy of the results of your investigation.

Should your office require additional information or guidance or should your investigation reveal additional information that would warrant our further involvement, please contact the CBFO.

[ ] The subject incident has been assigned to CBFO staff member _____ for review and appropriate action.

If you have not received a copy of the Incident Report, please contact the Bureau of Emergency Response at (609) 426-0799 or this office.

Thank you for your cooperation in this matter.

Sincerely,

Vincent S. Krisak
Bureau Chief

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Form DEP-061 C
9/88

Logged 8/14

HD referral

PAGE 1 OF ____

# NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
## DUTY OFFICER NOTIFICATION REPORT

12/16

CASE NO. 89 - 08 - 12 - 0535
(Yr.) (Mo) (Day) (Time)

DATE 08 - 12 - 89 (Mo) (Day) (Yr) REC'D BY ____ TIME 0535

**INCIDENT REPORT BY:**
Name R. Colak Phone 201 738 2567
Street ____
City ____ State ____
Affiliation/Title Chevron USA

**INCIDENT LOCATION:** ____ Transportation ____ Facility ____ Other: ____
Name (Site): Arthur Kill Phone ____
Street 1200 State St
City Perth Amboy County Middle State ____ Zip Code ____
Date of Incident: ____ - ____ - ____ (Mo) (Day) (Yr) Time: 0535

**IDENTITY OF SUBSTANCE(S) SPILLED, RELEASED, ETC.:** ____ Suspected ____ Unknown
Name of Substance(s) [Gas, Liquid, Solid]: Oil Sheen
Amount Released/Spilled UNK gal ____ Actual ✓ Potential ____ Estimated Substance Contained Y (N) U
Type of Release/Spill: ____ Terminated ✓ Continuous ____ Intermittent Hazardous Material Y N U

**INCIDENT DESCRIPTION:**
____ Fire ____ Explosion ____ Air Rel ✓ Spill ____ MVA ____ Derailment ____ Smoke/Dust
____ Odors ____ Sewage ____ NJPDES ____ Noise ____ Wildlife ____ Illegal Dumping ____ Drums
____ Equip Start-Up/Shutdown, Equip Fail/Upset, etc. ____
____ Other (specify) ____

Injuries Y (N) U
Facility Evacuation Y (N) U
Population Evacuation Y (N) U
Potable Water Source Y (N) U
Contamination of ____ Air ____ Land ✓ Water
Receiving Water Arthur Kill
Public Exposure Y (N) U
Fire Department at Scene Y (N) U
Police at Scene Y (N) U
Assistance Requested Y (N) U
Precipitation (Y) N U
Wind Direction/Speed ____ / ____
Location Type: ____ Residential ✓ Industrial ____ Commercial ____ Rural ____ Sensitive Population (Hosp., School, Nurs. Home)
STATUS AT INCIDENT SCENE Dark water noted Sheen on water
NRC has been notified by Chevron.

**RESPONSIBLE PARTY:** ____ Suspected ____ Unknown
Company Name ____ Phone ____
Contact ____ Title ____
Street ____
City ____ County ____ State ____ Zip Code ____

**OFFICIALS NOTIFIED** (Name/Title):
NJSP: ____ / ____ Phone ____ Date/Time ____ / ____ (T/M)
Local Health: ____ / ____ Phone ____ Date/Time ____ / ____ (T/M)
Local Munic: ____ / ____ Phone ____ Date/Time ____ / ____ (T/M)
USEPA: ____ / ____ Phone ____ Date/Time ____ / ____ (T/M)

**INCIDENT REFERRED TO:**
____ DEQ ____ DWR ____ DSWM ____ DHSM ✓ DHWM ____ DOH ____ DFG ____ DPF ____ DCJ ____ DCR
Region: ____ Northern ____ Metro X Central ____ Southern ____ ER1 ____ ER2 ____ BUST
1. Name/Affil ____ / ____ Phone ____ Date/Time ____ / ____ (T/M)
2. Name/Affil ____ / ____ Phone ____ Date/Time ____ / ____ (T/M)
3. Name/Affil ____ / ____ Phone ____ Date/Time ____ / ____ (T/M)

**DEP RESPONSE** Emergency Immediate Priority No Response

**COMMENTS** ____

*COPIES: White - Lead Agency Yellow - Other Pink - Other*

DEQ-023 A
4/89

New Jersey Department of Environmental Protection
Div. of Environmental Quality — Bur. of Communications & Support Services
Phone: (609) 292-7172

ID LOG # 1618181

# COMMUNICATIONS CENTER NOTIFICATION REPORT

CASE NO. 89 - 06 - 25 - 1615 (Yr) (Mo) (Day) (Time)

DATE 06 - 25 - 89 (Mo) (Day) (Yr) REC'D BY C. McAfee CM (Initials) REVIEWED BY R. Arduzzo

**NATURE OF INCIDENT:** ___ Citizen Notification ___ Munic. Notification X Facil. Notification ___ Other Notification

**INCIDENT REPORT BY:**
Name: John Brown Phone: 201-738-2567
Street: 1200 State Street
Municipality: Perth Amboy State: New Jersey
Affiliation/Title: Chevron U.S.A. / Refinery Shift Supervisor

**INCIDENT LOCATION:** ___ Transportation X Facility ___ Other
Name (Site): Chevron U.S.A Phone: 201-738-2567
Street: 1200 State Street
Municipality: Perth Amboy County: Middlesex State: N.J. Zip Code:
Location Type: ___ Residential X Industrial ___ Rural ___ Sensitive Population (Hospital, School, Nursing Home)
Date of Incident: 06 - 25 - 89 (Mo) (Day) (Yr) Time: 1630

**IDENTITY OF SUBSTANCE(S) SPILLED, RELEASE, ETC.:** X Known ___ Suspected ___ Unknown ___ None
Name of Substance(s): (Gas, Liquid, Solid) #2 oil
TCPA Chemical (Y/N/U) CAS Number
Amount Released/Spilled 10 to 20 gallons ___ Actual ___ Potential X Estimated
Substance Contained (Y/N/U)
Type of Release/Spill: X Terminated ___ Continuous ___ Intermittent
Hazardous Material (Y/N/U) A310 Letter (Y/N) 12/16 COMU CODE 02 REF CODE

**INCIDENT DESCRIPTION:**
___ Fire ___ Explosion ___ Air Rel X Spill ___ Abandoned Containers ___ Illegal Dumping
___ MVA ___ Odors ___ Smoke/Dust ___ Sewage ___ NJPDES ___ L.U.S.T. ___ Wildlife
___ Equip. Startup/Shutdown, Equip. Fail/Upset, etc.
___ Other (Derailment, Ocean Dumping, Noise, etc.)

Injuries (Y/N/U)
Facility Evacuation (Y/N/U)
Public Evacuation (Y/N/U)
Contamination of ___ Air ___ Land X Water
Receiving Water: Arthur Kill

Public Exposure (Y/N/U)
Police at Scene (Y/N/U)
Firemen at Scene (Y/N/U)
Assistance Requested (Y/N/U)
Wind Direction/Speed

**STATUS AT INCIDENT SCENE** a 20" Crude line leak is the cause of the spill. A permanent containment boom was placed into the Arthur Kill by Chevron, U.S.A. IT Corp is enroute for clean up.

**RESPONSIBLE PARTY:** X Known ___ Suspected ___ Unknown
Company Name: Chevron, U.S.A. Phone: 201-738-2567
Contact: John Brown Title: Refinery Shift Supervisor
Street: 1200 State Street
Municipality: Perth Amboy County: Middlesex State: N.J. Zip Code:

**OFFICIALS NOTIFIED (Name/Title):**
NJSP / OEM Phone: Date/Time 06-25-89 / (T/M)
Local Health: Mid. Haz Mat Phone: Fax Date/Time / (T/M)
Local Munic.: Lt. Masceniik Perth Amboy P.D. Phone: 201-442-4400 Date/Time 06-25-89 / 1716 (T/M)
Other / Phone: Date/Time / (T/M)

**INCIDENT REFERRED TO:**
X DEQ ___ DWR ___ DSWM ___ DHSM ___ DOH ___ DFG ___ DPF ___ DCJ ___ DCR
Region: ___ Northern ___ Metro ___ Central ___ Southern ___ ER1 X ER2
1. Name/Affil: Bruce Comfort / Res #20 Phone: Answ Page Date/Time 06-25-89 / 1708 (T/M)
2. Name/Affil: / Phone: Date/Time / (T/M)
3. Name/Affil: OHWM-C / Handler Phone: Date/Time 6/26 / (T/M)

COMMENTS: Chevron USA has notified the NRC and the USCG Port of N.Y. and has advised both of spill.

9/88

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

DUTY OFFICER NOTIFICATION REPORT

file no 8208

CASE NO. 89 - 03 - 01 - 1145 (Yr) (Mo) (Day) (Time)

DATE 03 - 01 - 89 (Mo) (Day) (Yr) REC'D BY Pals/Jim H TIME 1151

**INCIDENT REPORT BY:**

Name: Mr. Ken Zinis Phone: 201-738-2421 (office), 201-738-2601 (Gatehouse)

Street:

City: State:

Affiliation/Title: Chevron USA/Environmental Specialist

**INCIDENT LOCATION:** ___ Transportation ___ Facility ___ Other:

Name (Site): Chevron USA Phone:

Street: 1200 State Street

City: Perth Amboy County: Middlesex State: NJ Zip Code:

Date of Incident: 03 - 01 - 89 (Mo) (Day) (Yr) Time: 1100

**IDENTITY OF SUBSTANCE(S) SPILLED, RELEASED, ETC.:** ___ Suspected ___ Unknown

Name of Substance(s) [Gas, Liquid, Solid]: Spent Caustic

Amount Released/Spilled: 6,000 gal ___ Actual ___ Potential ___ Estimated Substance Contained: X N U

Type of Release/Spill: X Terminated ___ Continuous ___ Intermittent Hazardous Material: X N U

**INCIDENT DESCRIPTION:**

___ Fire ___ Explosion ___ Air Rel X Spill ___ MVA ___ Derailment ___ Smoke/Dust

___ Odors ___ Sewage ___ NJPDES ___ Noise ___ Wildlife ___ Illegal Dumping ___ Drums

X Equip Start-Up/Shutdown, Equip Fail/Upset, etc. pipeline broke

___ Other (specify)

| | | | |
|---|---|---|---|
| Injuries | Y X U | Public Exposure | Y N U |
| Facility Evacuation | Y X U | Fire Department at Scene | Y N U |
| Population Evacuation | Y X U | Police at Scene | Y N U |
| Potable Water Source | Y X U | Assistance Requested | Y N U |
| Contamination of ___ Air X Land ___ Water | | Precipitation | Y N U |
| Receiving Water: NONE | | Wind Direction/Speed | / |

Location Type: ___ Residential X Industrial ___ Commercial ___ Rural ___ Sensitive Population (Hosp., School, Nurs. Home)

STATUS AT INCIDENT SCENE: pipe broke allowing ~6,000 gal of spent caustic to spill on ground. Area is now contained all material spilled onto soil

**RESPONSIBLE PARTY:** ___ Suspected ___ Unknown

Company Name: Phone:

Contact: Title:

Street: Same As Above

City: County: State: Zip Code:

**OFFICIALS NOTIFIED** (Name/Title):

| | | | |
|---|---|---|---|
| NJSP: | / Phone | Date/Time | / (T/M) |
| Local Health: Marianne Langstaw Mc Hale | Phone 201-238-3870 | Date/Time 3/1 | / 1200 (T/M) |
| Local Munic: VIA TD | / Phone | Date/Time | / (T/M) |
| USEPA: | / Phone | Date/Time | / (T/M) |

**INCIDENT REFERRED TO:**

___ DEQ ___ DWR ___ DSWM ___ DHSM X DHWM ___ DOH ___ DFG ___ DPF ___ DCJ ___ DCR

Region: ___ Northern ___ Metro X Central ___ Southern ___ ER1 ___ ER2 ___ BUST

| | | | |
|---|---|---|---|
| 1. Name/Affil: DHWM-C | Phone: Hand Carry | Date/Time 3/1 | 1205 (T/M) |
| 2. Name/Affil: Downs Field 03/02/89 | Phone | Date/Time | / (T/M) |
| 3. Name/Affil | / Phone | Date/Time | / (T/M) |

**DEP RESPONSE** Emergency Immediate Priority No Response

COMMENTS: 1155 Mr. Zinis reports that spill happened in a tank basin (containment area) a gasket separated at flange allowing spillage. Chevron has IT Corp on site. Material shall be vacuumed up and placed into a storage tank. No waterways involved. No off site impact.

COPIES: White - Lead Agency Yellow - Other Pink - Other

Form DEP-031 C
9/88



12/16

# NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
## DUTY OFFICER NOTIFICATION REPORT

CASE NO. 88 - 11 - 17 - 0927
(Yr) (Mo) (Day) (Time)

DATE 11 - 17 - 88 (Mo) (Day) (Yr) REC'D BY F. Stoop FRII TIME

**INCIDENT REPORT BY:**
Name John Lynch Phone (201) 738-2567
Street
City State
Affiliation/Title Chevron

**INCIDENT LOCATION:** ___ Transportation ___ Facility ___ Other:
Name (Site): Chevron Phone
Street 1200 State St
City Perth Amboy County Middlesex State Zip Code
Date of Incident: 11 - 17 - 88 (Mo) (Day) (Yr) Time: 0845

**IDENTITY OF SUBSTANCE(S) SPILLED, RELEASED, ETC.:** ___ Suspected ___ Unknown
Name of Substance(s) [Gas, Liquid, Solid]: Sulfur Distillent Oil
Amount Released/Spilled uk (small amount) ___ Actual ___ Potential ___ Estimated Substance Contained Y (N) U
Type of Release/Spill: ___ Terminated ___ Continuous ___ Intermittent Hazardous Material Y (N) U

**INCIDENT DESCRIPTION:**
___ Fire ___ Explosion ___ Air Rel ___ Spill ___ MVA ___ Derailment ___ Smoke/Dust
___ Odors ___ Sewage ___ NJPDES ___ Noise ___ Wildlife ___ Illegal Dumping ___ Drums
___ Equip Start-Up/Shutdown, Equip Fail/Upset, etc.
✓ Other (specify) over fill of Barge Tank

Injuries Y (N) U
Facility Evacuation Y (N) U
Population Evacuation Y (N) U
Potable Water Source Y (N) U
Contamination of ___ Air ___ Land ___ Water
Receiving Water Arthur Kill
Public Exposure Y (N) U
Fire Department at Scene Y (N) U
Police at Scene Y (N) U
Assistance Requested Y (N) U
Precipitation Y N U
Wind Direction/Speed /
Location Type: ___ Residential ___ Industrial ___ Commercial ___ Rural ___ Sensitive Population (Hosp., School, Nurs. Home)
STATUS AT INCIDENT SCENE NERCO called for cleanup -

**RESPONSIBLE PARTY:** ___ Suspected ___ Unknown
Company Name Chevron Phone (201) 738-2567
Contact John Lynch Title
Street State St
City Perth Amboy County Mid State Zip Code

**OFFICIALS NOTIFIED** (Name/Title):
NJSP: / Phone Date/Time / (T/M)
Local Health: / Phone Date/Time / (T/M)
Local Munic: / Phone Date/Time / (T/M)
USEPA: / Phone Date/Time / (T/M)

**INCIDENT REFERRED TO:**
___ DEQ ___ DWR ___ DSWM ___ DHSM X DHWM ___ DOH ___ DFG ___ DPF ___ DCR
Region: ___ Northern ___ Metro X Central ___ Southern ___ ER1 ___ ER2
1. Name/Affil Chevron Co / Hand Carry Phone Date/Time 11/18 / (T/M)
2. Name/Affil / Phone Date/Time / (T/M)
3. Name/Affil / Phone Date/Time / (T/M)
DEP RESPONSE Emergency Immediate Priority (No Response) DG 11/18/88

COMMENTS 0925 contacted Mr. Lynch - informed while loading barge an overfill occurred w 3 to 4 bbls of oil flowed to Arthur Kill. A boom was put in place and NERCO contacted to pick up oil. Company contacted USCG & National Response Center.

COPIES: White - Lead Agency Yellow - Other Pink - Other