

**EMERGENCY PLANNING COUNCIL
OF
FAIRFIELD COUNTY**

**109 North Broad St., P.O. Box 626, Lancaster, OH 43130-0626
Emergency Operations Center: 342 W. Wheeling Street
(740) 654-4357 Phone - 653-5690 Fax**

Steven Sells - Chairperson

Jeff Cotner - Vice Chairperson

Daniel Bolger, P.E. - Coordinator

Michelle Dille - Administrative Coordinator Emergency 740/653-5223

County Commissioners

Judith K. Shupe

Lisa M. Kessler

Allan Reid

June 19, 2000

RE: Crawford Station Spill Report (Columbia Gas)

Sheriff Dept. issued page to EMA upon notification of 75 gallon spill of compressor fluids, a mixture of water and petroleum fluids at the Crawford Pump Station in Sugar Grove.

Fire Dept. was not notified since Columbia Gas reported that it was contained. Spill occurred earlier this morning, approximately 6:15 a.m. I was on site at 9:45 a.m.

I responded to the site and reviewed the site and completed their company inspection form with Tim Burton, their Health and Environmental Safety representative.

Penetration appeared negligible, over approximately 1,800 square feet. They will strip the soil and handle to an appropriate disposal site and submit the required reports on the incident.

Daniel C. Bolger, P.E.

REGULATORY AGENCY INSPECTION-REPORT INFORMATION

☐ COLUMBIA GAS TRANSMISSION CORPORATION ☐ COLUMBIA GULF TRANSMISSION COMPANY

AGENCY REPRESENTATIVE TO COMPLETE BLOCKS 6, 7, 8, 9 AND 24A.
COMPANY REPRESENTATIVE TO COMPLETE BLOCKS 10-23 AND 24B UPON COMPLETION OF INSPECTION

1. REGION/SUPPORT SERVICES/DIVISION <u>ASSET Group 2</u>		2. AREA/SECTION <u>OHIO Area / Crawford</u>		3. DATE OF INSPECTION <u>6. 19. 2000</u>	
4. FACILITY/SITE NAME <u>Crawford C.S.</u>			5. SUPERVISOR'S/CONTACT'S NAME <u>Joel Burris</u>		
6. INFORMATION CONCERNING INSPECTOR'S ARRIVAL ON SITE	NAME OF INSPECTOR(S) <u>DANIEL BOLGER, P.E.</u>		INSPECTOR'S PHONE NO. <u>(740) 654-4357</u>		
	AGENCY NAME/ADDRESS <u>FAIRFIELD COUNTY LEPC 109 N. BROAD ST. LANCASTER OH 43130</u>		INSPECTOR'S OFFICE ADDRESS (IF DIFFERENT FROM AGENCY ADDRESS)		<input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input checked="" type="checkbox"/> OTHER _____
	TIME OF ARRIVAL <u>9:40 AM</u>		TIME OF DEPARTURE <u>10 AM</u>		WAS PRIOR NOTICE PROVIDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, HOW? WHEN?
	COMPANY REPRESENTATIVE ACCOMPANYING INSPECTOR <u>TIM BURTON</u>		ASKED TO SEE <u>REPRESENTATIVE</u>		
	PRESENTED CREDENTIALS <input checked="" type="checkbox"/> VOLUNTARILY <input type="checkbox"/> UPON REQUEST				
7. WHAT PROMPTED INSPECTION?	<input type="checkbox"/> COMPLIANCE INSPECTION <input type="checkbox"/> PUBLIC COMPLAINT <input type="checkbox"/> FACILITY FAILURE <input checked="" type="checkbox"/> REPORTED SPILL OR RELEASE <input type="checkbox"/> EMPLOYEE COMPLAINT <input type="checkbox"/> FATALITY OR INJURY <input type="checkbox"/> OTHER (EXPLAIN)				
	IF COMPLAINT, IS COPY OF COMPLAINT AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO IF AVAILABLE, ATTACH COPY. IF NOT AVAILABLE, PROVIDE NAME OF COMPLAINANT AND INFORMATION CONCERNING COMPLAINT, IF KNOWN.				
8. IS INSPECTION BEING CONDUCTED PURSUANT TO A SEARCH WARRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF AVAILABLE, ATTACH COPY. IF COPY NOT AVAILABLE, PROVIDE DETAILS OF SEARCH WARRANT					
9. STATUTES/REGULATIONS INSPECTION BEING CONDUCTED UNDER <u>ORC 3750</u>					
10. WHAT AREAS WERE INSPECTED/SCOPE OF INSPECTION <u>TANKS where</u>					
11. FACILITIES OF PARTICULAR INTEREST TO INSPECTOR OR THAT INSPECTOR REQUESTED TO SEE <u>Spill Site</u>					
12. EMPLOYEES INTERVIEWED BY INSPECTOR (NAME/JOB TITLE) <u>Tim Burton - EHS Specialist</u>					
13. WERE QUESTIONS DIRECTED TO EMPLOYEES IN PRESENCE OF COMPANY REPRESENTATIVE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
14. WHAT TYPE OF QUESTIONS WERE ASKED AND WHAT AREAS DID THE QUESTIONS CONCERN					
15. DID INSPECTOR CONDUCT TESTS, TAKE SAMPLES, PHOTOGRAPHS, OR VIDEOS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, DESCRIBE.					
16. WERE SPLIT SAMPLES TAKEN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			17. WAS COPY OF SAMPLE ANALYSIS REQUESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

18. WERE ANY RECORDS INSPECTED ☐ YES ☒ NO IF YES, WHICH RECORDS19. WAS CLOSING CONFERENCE HELD AFTER INSPECTION ☐ YES ☒ NO20. DID INSPECTOR IDENTIFY ANY VIOLATIONS OR AREAS OF NON-COMPLIANCE ☐ YES ☒ NO IF YES, DESCRIBE AREAS OF NON-COMPLIANCE21. DID INSPECTOR INDICATE THAT ANY CITATIONS WOULD BE ISSUED ☐ YES ☒ NO IF YES, DESCRIBE

22. INSPECTOR'S RECOMMENDATIONS FOR CORRECTIVE ACTIONS AND THE TIME LIMIT FOR COMPLETION OF THE ACTIONS.

23. ADDITIONAL INFORMATION.

24. COMPLETED BY	A.	<input checked="" type="checkbox"/> INSPECTOR	SIGNATURE/TITLE Daniel C. Balan P.E. DIRECTOR EMT	DATE 6 '19 '2000
	B.	<input checked="" type="checkbox"/> COMPANY REPRESENTATIVE	SIGNATURE/TITLE Jim Butler	DATE 6 '19 '2000

ADDITIONAL INFORMATION:

6/19/2000 - Pipeline Liquor Spill At Tank Farm (A-12) - LINE R-201
Automatic Dump Valve Stuck OPEN - inputting 500 PIG into Tank.
RELEASE OF APPROX. 50-60 GALLONS of pipeline Liquors. STAINED
AREA 33' x 39'.