

TO: DAN BOLGER
FROM: JOHN KRANER
SUBJECT: OIL SPILL
DATE: APRIL 3, 2002

ON MARCH 8, AT APPROXIMATELY 1030 HRS, THE EMA WAS NOTIFIED OF AN APPROXIMATELY 100 GALLON OIL SPILL AT 400 LAKE RD. THIS WAS FROM A CRUDE OIL STORAGE TANK. THE SPILL WAS REPORTED TO BTFD AT 0900. I WAS NOT ABLE TO RESPOND UNTIL ABOUT 1300 HRS. BY THE TIME I HAD ARRIVED, ALL OTHER RESPONDERS HAD LEFT. THERE WAS AN AREA WHERE IT WAS OBVIOUS THAT THE SOIL HAD BEEN REMOVED.

I HAD BEEN ADVISED EARLIER BY SO THAT ODNR WAS ON SCENE AND WERE TO OVERSEE CLEAN-UP.

THE STORAGE FACILITY IS OWNED BY GEOPETRO, LLC AT 6463 PROPRIETORS RD., WORTHINGTON OH. 43085. I TALKED WITH PAUL ARCHER AND HE SAID HE WAS AWARE OF THE SPILL, BUT WAS UNSURE OF CLEAN-UP. HE STATED THAT HE WOULD FAX ME NAMES OF CLEAN-UP PEOPLE. THEY WERE DUSTY DRILLING AND PRODUCING, 740-342-2050 AND ARROW OILFIELD SERVICE COMPANY, 330-456-9220. I CONTACTED BOTH COMPANIES AND ARROW FAXED A COPY OF THERE BILL. NO RESPONSE FROM DUSTY DRILLING. FINALLY MADE CONTACT WITH ODNR REP. DIVISION OF MINERAL RESOURCE MANAGEMENT. HE DROPPED OFF A COPY OF THEIR REPORT WHICH INCLUDED A WASTE RECORD FOR THE ATHENS-HOCKING RECLAMATION CENTER WHERE CONTAMINATED SOIL WAS HAULED.

ATTACHMENTS: BTFD REPORT
ODNR REPORT
ARROW OIL REPORT
FAX FROM GEOPETRO-PAUL ARCHER

OHIO DIVISION OF MINERAL RESOURCES MANAGEMENT
SPILL REPORT

API No.: 34045212320000

Owner: Geopetro LLC
Address: 6463 Proprietors Rd. S
Worthington OH 43085

Surety No: _____
Phone No: 614-885-9350

Surface Owner: Edward Beery

Lease: Edward Beery Unit
County: Fairfield

Well No: 1
Township: Berne Sec/lot: 1

	Occurred	Discovered	Reported to Division
Date:	<u>03/08/02</u>	<u>3/8/02</u>	<u>03/08/02</u>
Time:	<u>8:45 A.M.</u>	<u>8:45 A.M.</u>	<u>9:53 A.AM</u>

Reported by: _____
Discovered by: _____

Title: _____
Title: _____

SPILL

Fluid: Crude Oil Brine Other _____

Spill Source: Drilling Rig Fuel Tank Storage Tank Separator Wellhead
 Gathering/ Flow line Impoundment Other: _____

Spill Cause: Gas sales line filled with crude oil causing pressure to build up inside the separator.

SPCC Compliance: Yes No Description: _____

Estimated Spill Volume (barrels): Oil: 2 Brine: _____ Other: _____

Land Area Affected (usage, dimensions): 25' wide and 120' West to East.

Waterway Affected (Name or approx distance to nearest named stream): None.

Wildlife Affected: None.

ATHENS — HOCKING RECLAMATION CENTER
Mailing Address: Post Office Box 946 • Logan, Ohio 43138
Phone: 740-385-6019 or 385-5531

PERMIT NO.
34-045-2-
1232

WASTE RECORD

To comply with OAC 3745-27-08(M), all relevant information must be provided

Date 3-8-02 Time In 12:30 Time Out _____

Name of Hauler DUSTY PATTERSON

Address _____

Telephone _____ Driver _____

License of Vehicle _____

Type of Waste: (circle) Residential Municipal Commercial Industrial Asbestos

Agricultural Mining Other (specify) ALL FLUID WASTE

Waste: Yards 6 Tons 4.82 (attach weight slip) 17980

Waste Generator: (if commercial or residential route, note it) 8340

Name BERRY LEASE 9640

Address _____

Telephone _____ Tipping Fees _____ Cash _____ Credit

SOURCE OF WASTE: COUNTY FAULKNER CO. STATE OH

COMPANY TO BILL FOR TIPPING FEES TEL-STAR

The undersigned certifies that the material disposed of at the Athens-Hocking Reclamation Center as noted above is non-hazardous solid waste as defined by the Ohio Revised Code and Ohio Administrative Code.

If the waste material has been specifically approved for acceptance at this landfill by the submission of chemical analysis or other laboratory data, it is certified that this material conforms with the samples analyzed. If the waste material is asbestos, it is certified that the material has been properly packaged, labeled, and transported, and that the hauler will hold the landfill harmless from all claims, fines or penalties imposed upon the landfill operator for and violation of law or regulations for improper transportation, packaging, labeling or handling, prior to being put into the possession of the landfill operator.

All parties disposing of any waste at this landfill agree to fully indemnify the landfill operator for any and all claims, fines or penalties, including clean up costs, engineering fees and claims of any third parties, which may be caused, either directly or indirectly, by those parties bringing in waste materials to the landfill which are not permitted to be disposed of at this facility by limitations in any landfill permits or by the Ohio Solid Waste Laws and Regulations.

All parties disposing of any waste at the landfill or otherwise entering the premises agree to hold the landfill harmless and waive all claims for any personal injury or property damage to any vehicle or person entering the premises whether caused by an act or neglect of landfill personnel or equipment or by persons entering the landfill. This waiver will not discharge any intentional torts by landfill personnel.

Jeremy Blosser
Jeremy Blosser

[Signature]
Landfill Representative

INCIDENT REPORT

BERNE TOWNSHIP FIRE DEPT.

NFIRS-1

[] DELETE
[] CHANGE

A	FDID 23103	INCIDENT NO 02-000037	EXP NO 00	MO 03	DAY 08	YR 02	DAY OF WEEK Saturday 7	ALARM TIME 09:00:00	ARRIVAL TIME 09:06:00	IN SERVICE 11:52:00		
B	TYPE OF SITUATION FOUND Spill/Leak No Ignition						TYPE OF ACTION TAKEN 41 Remove Hazard			MUTUAL AID 4 [] Recd [] Given		
C	FIXED PROPERTY USE Flammable Liquid Tank Storage						IGNITION FACTOR 841					
D	CORRECT ADDRESS LAKE RD SE SUGAR GROVE, OH							CO. FF	TWN BE	ZIP CODE 43155	CENSUS TRACT	
E	OCCUPANT NAME GEO PETRO,							TELEPHONE 614-885-9350		ROOM/APT NO		
F	OWNER NAME				ADDRESS PROPRITORS RD WORTHINGTON,				TELEPHONE 614-885-9350			
G	METHOD OF ALARM FROM PUBLIC Telephone Tie Line				TYPE OF ALARM 7 EMERGENCY		DISTRICT 0	SHIFT	STATION 530	NO. ALARMS 1		
H	911 USED E911		PERSONNEL RESPONDED 2 006		ENGINES RESPONDED 001		AERIAL APPARATUS 000		OTHER VEHICLES 002			

ALL INCIDENTS

I	NUMBER OF INJURIES FIRE SERVICE 000 OTHER 000				NUMBER OF FATALITIES FIRE SERVICE 000 OTHER 000			
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CAS

J	COMPLEX			MOBILE PROPERTY TYPE		
K	AREA OF FIRE ORIGIN			EQUIPMENT INVOLVED IN IGNITION		
L	FORM OF HEAT OF IGNITION		TYPE OF MATERIAL IGNITED		FORM OF MATERIAL IGNITED	
M	METHOD OF EXTINGUISHMENT		LEVEL OF FIRE ORIGIN		ESTIMATED LOSS	ESTIMATED VALUE

ALL FIRES

N	NUMBER OF STORIES			CONSTRUCTION TYPE		
O	EXTENT OF FLAME DAMAGE			EXTENT OF SMOKE DAMAGE		
P	DETECTOR PERFORMANCE			SPRINKLER PERFORMANCE		
Q	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	TYPE OF MATERIAL GENERATING MOST SMOKE		AVENUE OF SMOKE TRAVEL		
R		FORM OF MATERIAL GENERATING MOST SMOKE				

STRUCTURE

S	IF MOBILE PROPERTY		YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO.
T	IF EQUIPMENT INVOLVED IN IGNITION		YEAR	MAKE	MODEL	SERIAL NO.	

[X] CHECK IF COMMENTS

U	OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT) DENNIS, MARK/		DATE 03/08/1902
	MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE) NIHISER, T		DATE 03/20/1902

**INCIDENT REPORT
BERNE TOWNSHIP FIRE DEPT.**

A

FDID	INCIDENT NO	EXP NO	MO	DAY	YR	DAY OF WEEK	ALARM TIME
23103	02-000037	00	03	08	02	Saturday 7	09:00:00

NARRATIVE

DISPATCHED ON OIL WELL LEAKING, UPON ARRIVAL SERVICE MAN FROM THE WELL COMPANY HAD SHUT THE LEAK DOWN. ADVISED EPA, OHIO DEPARTMENT OF NATURAL RESOURCES. ODNR OVER SAW CLEAN UP OF SITE ALONG WITH BTFD. ABSORBANT WAS APPLIED AND SOIL REMOVED

**RESPONDING UNITS
BERNE TOWNSHIP FIRE DEPT.**

FDID	INCIDENT NO	EXP NO	MO	DAY	YR	DAY OF WEEK	ALARM TIME
23103	02-000037	00	03	08	02	Saturday 7	09:00:00

UNIT CODE	RESPONSE CODE	ALARM	ARRIVAL	RESPONSE
E531	FOURGUYS 1500GPM/1000GAL	1 Emergency	09:00:00	09:06:00 00:06:00
T532	INT. TANKER 500GPM/2000GAL	1 Emergency	09:00:00	09:06:00 00:06:00

TOTAL UNITS: 2