



SPILL OR RELEASE REPORT

Issued by authority of the Michigan Department of Environmental Quality.

NOTE: Some regulations require a specific form to use and procedures to follow when reporting a release. Those forms and procedures **MUST** be used and followed if reporting under those regulations. This report form is to aid persons reporting releases under regulations that do not require a specific form. This report form is not required to be used. **To report a release, some regulations require a facility to call the PEAS Hotline at 800-292-4706 (or the DEQ District Office that oversees the county where it occurred) and other agencies and provide information that is included in this form. A written follow-up report might be required. This form may be used for the written follow-up report and to document the initial report. If you prefer to submit this report electronically by FAX or e-mail, contact the regulating agency for the correct telephone number or e-mail address. Go to www.michigan.gov/chemrelease for more information.**

Please print or type all information.

Name and Title of Person Submitting Written Report Chuck Pardue Superintendent	Telephone Number (provide area code) (989) 329-2978
--	--

Name of Business Beckman Production Services	RELEASE LOCATION (Provide address if different than business, if known, and give directions to the spill location. Include nearest highway, town, road intersection, etc.) Directions: Business 127 North to Arnold Lake Road East to M18 East. Follow to Chappel Damn Road South 2 miles and location is on the left hand side of the road. <i>PN. 61111</i>
Street Address 3786 Beebe Road	
City, State, ZIP Kalkaska, MI 49646	
Business Telephone Number (provide area code) (231) 518-7926	

SITE IDENTIFICATION NUMBER AND OTHER IDENTIFYING NUMBERS (if applicable) Jordan Development Oil Well Grove 13-11	County Gladwin	Township Sage	Tier/Range/Section (if known)
---	-------------------	------------------	-------------------------------

RELEASE DATA: Complete all applicable categories. Check all the boxes that apply to the release. Provide the best available information regarding the release and its impacts. Attach additional pages if necessary.

DATE & TIME OF RELEASE (if known) 6/1/2017 19:30 am/pm	DATE & TIME OF DISCOVERY 6/1/2017 20:00 am/pm	DURATION OF RELEASE (if known) ____ days _ hours 1.5 minutes	TYPE OF INCIDENT <input type="checkbox"/> Explosion <input type="checkbox"/> Fire <input type="checkbox"/> Leaking container <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Loading/unloading release <input type="checkbox"/> Pipe/valve leak or rupture <input type="checkbox"/> Vehicle accident
--	---	---	---	---

MATERIAL RELEASED (chemical or trade name) <input type="checkbox"/> CHECK HERE IF ADDITIONAL MATERIALS LISTED ON ATTACHED PAGE.	CAS NUMBER OR HAZARDOUS WASTE CODE	ESTIMATED QUANTITY RELEASED (indicate unit e.g. lbs, gals, cu ft or yds)	PHYSICAL STATE RELEASED (indicate if solid, liquid, or gas)
Crude Oil / Water Mix	8002-05-9	30 Gallons	Liquid

FACTORS CONTRIBUTING TO RELEASE <input type="checkbox"/> Equipment failure <input checked="" type="checkbox"/> Operator error <input type="checkbox"/> Faulty process design	<input type="checkbox"/> Training deficiencies <input type="checkbox"/> Unusual weather conditions <input type="checkbox"/> Other _____	SOURCE OF LOSS <input type="checkbox"/> Container <input type="checkbox"/> Railroad car <input type="checkbox"/> Pipeline	<input type="checkbox"/> Ship <input type="checkbox"/> Tank <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Tanker <input type="checkbox"/> Truck
---	---	--	--	--

TYPE OF MATERIAL RELEASED <input type="checkbox"/> Agricultural: manure, pesticide, fertilizer <input type="checkbox"/> Chemicals <input type="checkbox"/> Flammable or combustible liquid <input type="checkbox"/> Hazardous waste <input type="checkbox"/> Liquid industrial waste <input checked="" type="checkbox"/> Oil/petroleum products or waste <input type="checkbox"/> Salt <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	MATERIAL LISTED ON OR DEFINED BY <input type="checkbox"/> CAA Section 112(r) list (40 CFR Part 68) <input type="checkbox"/> CERCLA Table 302.4 (40 CFR Part 302) <input type="checkbox"/> EPCRA Extremely Hazardous Substance (40 CFR Part 355) <input type="checkbox"/> NREPA Part 31, Part 5 Rules polluting material <input type="checkbox"/> NREPA Part 111 or RCRA hazardous waste <input type="checkbox"/> NREPA Part 121 liquid industrial waste <input type="checkbox"/> Other list _____ <input type="checkbox"/> Unknown	IMMEDIATE ACTIONS TAKEN <input checked="" type="checkbox"/> Containment <input type="checkbox"/> Dilution <input type="checkbox"/> Evacuation <input checked="" type="checkbox"/> Hazard removal <input type="checkbox"/> Neutralization <input checked="" type="checkbox"/> System shut down <input checked="" type="checkbox"/> Other Immediately made spill notifications	<input type="checkbox"/> Diversion of release to treatment <input type="checkbox"/> Decontamination of persons or equipment <input type="checkbox"/> Monitoring
--	--	---	---

RELEASE REACHED <input type="checkbox"/> Surface waters (include name of river, lake, drain involved) _____ <input type="checkbox"/> Drain connected to sanitary sewer (include name of wastewater treatment plant and/or street drain, if known) _____ <input type="checkbox"/> Drain connected to storm sewer (include name of drain or water body it discharges into, if known) _____ <input type="checkbox"/> Groundwater (indicate if it is a known or suspected drinking water source and include name of aquifer, if known) _____	Distance from spill location to surface water, in feet _____
<input type="checkbox"/> Soils (include type e.g. clay, sand, loam, etc.) <u>Hard packed soil</u> <input type="checkbox"/> Ambient Air <input type="checkbox"/> Spill contained on impervious surface	

EXTENT OF INJURIES (if any) None	WAS ANYONE HOSPITALIZED? <input type="checkbox"/> Yes Number Hospitalized: _____ <input checked="" type="checkbox"/> No	NUMBER OF INJURIES TREATED ON SITE None
--	---	---

Describe the incident, the type of equipment involved in the release, how the volume of loss was determined, along with any resulting environmental damage caused by the release. Identify who immediately responded to the incident (own employees or contractor — include cleanup company name, contact person, and telephone number). Also identify who did further cleanup activities if performed or known when report submitted.

CHECK HERE IF DESCRIPTION OR ADDITIONAL COMMENTS ARE INCLUDED ON ATTACHED PAGE

Beckman Production was contracted by Jordan Development to help set the packer by pumping 2 BBL per minute from their hot oiler (unit number 599) down the back side of the well and flow back into the Beckman tanker (Truck 596/Tanker 122). The driver of the tanker was not aware of how much room he had in the tanker and as a result, he overflowed the unit which caused about 30 gallons of crude oil / water mix to ultimately land on the ground. The driver of the transport immediately called his boss who inturn contacted an excavtor operator to clean up the impacted soil area.

Estimated quantity of any recovered materials and a description of how those materials were managed (Include disposal method if applicable)

CHECK HERE IF DESCRIPTION OR ADDITIONAL COMMENTS ARE INCLUDED ON ATTACHED PAGE

12 to 14 yards of hard dirt put in open top tank at Beckman Yard.

Assessment of actual or potential hazards to human health (Include known acute or immediate and chronic or delayed effects, and where appropriate, advice regarding medical attention necessary for exposed individuals.)

CHECK HERE IF DESCRIPTION OR ADDITIONAL COMMENTS ARE INCLUDED ON ATTACHED PAGE

None

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY NOTIFIED:

INITIAL CONTACT BY: Telephone FAX Email Other

DATE/TIME INITIAL CONTACT: 6/2/2017 9:45am

PEAS: 800-292-4706 Log Number Assigned _____

DEQ District or Field Office Divisions or Offices Contacted:

<input type="checkbox"/> Bay City	<input type="checkbox"/> Gwinn	<input type="checkbox"/> Air Quality
<input type="checkbox"/> Cadillac	<input type="checkbox"/> Jackson	<input type="checkbox"/> Remediation & Redevelopment
<input type="checkbox"/> Calumet	<input type="checkbox"/> Kalamazoo	<input type="checkbox"/> Office of Oil Gas & Minerals
<input type="checkbox"/> Crystal Falls	<input type="checkbox"/> Lansing	<input type="checkbox"/> Water Resources
<input type="checkbox"/> Detroit	<input type="checkbox"/> Newberry	<input type="checkbox"/> Office of Waste Management & Radiological Protection
<input type="checkbox"/> Gaylord	<input type="checkbox"/> Warren	<input type="checkbox"/> Office of Drinking Water & Municipal Assistance
<input type="checkbox"/> Grand Rapids		

NOTE: DEQ Office locations are subject to change

NAME AND TITLE OF PERSON MAKING INITIAL REPORT:

Chuck Pardue

DEQ STAFF CONTACTED & TELEPHONE NUMBER:

Coty Withorn 989-894-6231

OTHER ENTITIES NOTIFIED:

	Date:	Time:
<input type="checkbox"/> National Response Center (NRC): 800-424-8802	_____	_____
<input type="checkbox"/> US Coast Guard Office:	_____	_____
<input type="checkbox"/> Detroit <input type="checkbox"/> Grand Haven <input type="checkbox"/> Sault Ste. Marie		
<input type="checkbox"/> US Department of Transportation	_____	_____
<input type="checkbox"/> US Environmental Protection Agency	_____	_____
<input type="checkbox"/> 911 (or primary public safety answering point)	_____	_____
<input type="checkbox"/> Local Fire Department	_____	_____
<input type="checkbox"/> Local Police/State Police/Sheriff Dept	_____	_____
<input type="checkbox"/> Local Emergency Planning Committee	_____	_____
<input type="checkbox"/> State Emergency Response Commission	_____	_____
via MI SARA Title III Program		
<input type="checkbox"/> Wastewater Treatment Plant Authority	_____	_____
<input type="checkbox"/> Hazmat Team	_____	_____
<input type="checkbox"/> Local Health Department	_____	_____
<input type="checkbox"/> MIOSHA	_____	_____
<input type="checkbox"/> Bureau of Fire Services Fire Marshal Division	_____	_____
<input type="checkbox"/> MI Dept of Agriculture & Rural Dev: 800-405-0101	_____	_____
<input type="checkbox"/> Other _____	_____	_____

PERSON CONTACTED & TELEPHONE NUMBER:

DATE WRITTEN REPORT SUBMITTED 6/2/2017	SIGNATURE OF PERSON SUBMITTING WRITTEN REPORT
---	---