

1. Incident Name:
Sturgeon River US-41 Gasoline Spill

2. Operational Period:
Starting: February 6, 2018, 0830
End: February 6, 2018, 1900

IAP
Cover
Sheet

3. Approved by Incident Commander(s):

 **Ralph Dollhopf, U.S. EPA**

0900 2/6/18

 **Amy Keranen, Michigan Department of Environmental Quality**

 **Rich Baron, Legal Counsel for Klemm**

 **Stephanie Bliss, WUPHD**

 **Chris Van Arsdale, Houghton County EM**

Incident Action Plan

The items below are included in this Incident Action Plan:

- ICS 202 (Response Objectives)
- ICS 203 (Organization Assignment List)
- ICS 204 (Assignment List)



7. Prepared by: Name: Jed Chrestensen Position/Title: Planning Section Chief Signature: _____

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Sturgeon River US-41 Gasoline Spill	2. Operational Period: Date From: 2-6-18 Time From: 08:30	Date To: 2-6-18 Time To: 19:00															
3. Objective(s): Protect public safety. Protect worker safety. Recover product from the river. Remove product spilled onto the land. Assess potential down river impacts.																	
4. Operational Period Command Emphasis: Perform additional air monitoring in residential areas. Develop an assessment plan and begin assessment of river for gasoline below the ice. Continue removal of gasoline from on the ice. Prepare for hauling impacted soil/snow. Continue to evolve ICS.																	
General Situational Awareness Product recovery from banks continues. Public health considerations are ongoing. Planning for river assessment underway.																	
5. Site Safety Plan Required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located at: Command center trailer																	
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"><tr><td style="width: 33%;"><input checked="" type="checkbox"/> ICS 202</td><td style="width: 33%;"><input type="checkbox"/> ICS 206</td><td style="width: 33%;"><u>Other Attachments:</u></td></tr><tr><td><input checked="" type="checkbox"/> ICS 203</td><td><input type="checkbox"/> ICS 207</td><td><input type="checkbox"/> _____</td></tr><tr><td><input checked="" type="checkbox"/> ICS 204</td><td><input type="checkbox"/> ICS 208</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 205</td><td><input type="checkbox"/> Map/Chart</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input type="checkbox"/> Weather Forecast/Tides/Currents</td><td><input type="checkbox"/> _____</td></tr></table>			<input checked="" type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 206	<u>Other Attachments:</u>	<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____
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7. Prepared by: Name: <u>Jed Chrestensen</u> Position/Title: <u>Planning Section Chief</u> Signature: _____																	
8. Approved by Incident Commander: Name: <u>OSC Ralph Dollhopf</u> Signature: _____																	
ICS 202	IAP Page <u>2</u> of <u>7</u>	Date/Time: _____															

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Sturgeon River US-41 Gasoline Spill		2. Operational Period: Date From: 2-6-18 Time From: 08:30		Date To: 2-6-18 Time To: 19:00	
3. Incident Commander(s)/ Agency Incident Coordinator and Command Staff: (include location)			7. Operations Section:		
<input type="checkbox"/> IMT IC/UCs	Unified Command		Chief	Tom Anthos	906-360-1545
<input type="checkbox"/> IMG AIC			Deputy	Jed Chrestensen	906-281-4726
Deputy			Staging Area		
Safety Officer	Tom Anthos 906-360-1545		Branch		
Public Info. Officer			Branch Director		
Liaison Officer			Deputy		
4. Agency/Organization Representatives:			Division/Group		
Agency/Organization	Name		Division/Group		
USEPA	Ralph Dollhopf 231-301-0559		Division/Group		
MDEQ	Amy Keranen 906-231-6060		Division/Group		
TriMedia	Tom Anthos 906-360-1545		Division/Group		
Klem Counsel	Richard Baron 248-310-9720		Branch		
WUPHD	Kate Beer 906-201-2342		Branch Director		
Houghton County EM	Chris Van Arsdale 906-281-8170		Deputy		
5. Planning Section:			Division/Group		
Chief	Jed Chrestensen 906-281-4726		Division/Group		
Deputy			Division/Group		
Resources Unit			Division/Group		
Situation Unit			Division/Group		
Documentation Unit			Branch		
Demobilization Unit			Branch Director		
Technical Specialists			Deputy		
			Division/Group		
			Division/Group		
			Division/Group		
6. Logistics Section:			Division/Group		
Chief	Tom Anthos 906-360-1545		Division/Group		
Deputy					
Support Branch					
Director					
Supply Unit					
Facilities Unit			8. Finance/Administration Section:		
Ground Support Unit			Chief	Marlin Zechman 610-968-9500	
Service Branch			Deputy		
Director			Time Unit		
Communications Unit			Procurement Unit		
Medical Unit			Comp/Claims Unit		
Food Unit			Cost Unit		
9. Prepared by: Name: Jed Chrestensen _____ Position/Title: Planning Section Chief __ Signature: _____					
ICS 203		IAP Page 3 of 7		Date/Time: _____	

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Sturgeon River US-41 Gasoline Spill		2. Operational Period: Date From: 2-6-18 Date To: 2-6-18 Time From: 08:30 Time To: 19:00		3. Branch: Air Mon & Sample Division: Group: Staging Area:											
4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: <u>Tom Anthos 906-360-1545</u> Branch Director: _____ Division/Group Supervisor: _____															
5. Resources Assigned:		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information											
Resource Identifier	Leader														
Jed Chrestensen	EPA-START		906-281-4726	OPs Trailer/Spill Site											
Ashley Miller	EPA-START		330-646-7870	Spill Site											
Brett Bonsel	TriMedia		906/360-0024	Spill site											
Cordell Renner	EPA START		847-913-2904	Spill Site											
Adam Kiddle	TriMedia		906-235-3755	Spill Site											
6. Work Assignments: Work Area monitoring using area RAEs Multit-RAE and Ultra-RAE (VOCs LEL Benzene) see map for locations Perimeter Monitoring using area RAEs Multit-RAE and Ultra-RAE (Vocs Benzene) see map for locations Community Air Monitoring using area RAEs Multit-RAE and Ultra-RAE (VOCs Benzene) see map for locations Community Air Sampling (Suma at both residential dwellings) see map for locations Record all readings and locations for delivery to GIS for updates to daily air monitoring figures															
7. Special Instructions: report immediately to Ops section Chief and FOSC if LEL exceed 10% Vocs Exceed 50ppm or Benzene is detected above 0.1 ppm															
8. Communications (radio and/or phone contact numbers needed for this assignment): <table style="width: 100%; border: none;"> <tr> <td style="width: 35%; border-bottom: 1px solid black;">Name/Function</td> <td style="width: 65%; border-bottom: 1px solid black;">Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">all parties /</td> <td style="border-bottom: 1px solid black;">contact through numbers listed above</td> </tr> <tr> <td style="border-bottom: 1px solid black;">/</td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">/</td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">/</td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>						Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)	all parties /	contact through numbers listed above	/		/		/	
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9. Prepared by: Name: <u>Tom Anthos</u> Position/Title: <u>Ops Section Chief</u> Signature: _____															
ICS 204	IAP Page <u>4 of 7</u>	Date/Time: _____													

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Sturgeon River US-41 Gasoline Spill		2. Operational Period: Date From: 2-6-18 Date To: 2-6-18 Time From: 08:30 Time To: 19:00		3. Branch: Bank Recovery Division: Group: Staging Area:											
4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: <u>Tom Anthos 906-360-1545</u> Branch Director: _____ Division/Group Supervisor: _____				Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information											
5. Resources Assigned:		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)												
Resource Identifier	Leader														
Matt Stenberg	UPE														
Mark Stenberg	UPE														
Rob Bloniaiz	UPE														
Ray Coovim	UPE														
Mylan Koski	TriMedia Field Ops		906/360-4027												
Brian Bonen	B&B														
Hans Haapala	B&B														
Mitch Large	B&B														
Joe Lamponin	B&B														
6. Work Assignments: Assist SWAT with removal of ice surface impacted material removal (75% complete) Operate vac truck to remove impacted water at rivers edge, if encountered Prep equipment for excavation loading hauling and backfill/restoration Perform soil impact delineation at rivers edge back to main spill area In the event landfill approval is granted in the AM - The following efforts may be undertaken: Remove Impacted soils at release area East and West locations Load and truck Impacted materials to Waste Management Landfill (site and stockpile) Maintain Sump collection Area Line trucks with poly during waste hauling activities manage waste ticketing/manifest Traffic Control															
7. Special Instructions:															
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ICS 204		IAP Page <u>5</u> of <u>7</u>		Date/Time: _____											

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1. Incident Name: Sturgeon River US-41 Gasoline Spill		2. Operational Period: Date From: 2-6-18 Date To: 2-6-18 Time From: 08:30 Time To: 19:00		3. Branch: Rv Assess & Rec Division: Group: Staging Area:																																											
4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: <u>Tom Anthos 906-360-1545</u> Branch Director: _____ Division/Group Supervisor: _____				Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information																																											
5. Resources Assigned: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Resource Identifier</th> <th style="width: 20%;">Leader</th> <th style="width: 10%;"># of Persons</th> <th style="width: 50%;">Contact (e.g., phone, pager, radio frequency, etc.)</th> </tr> </thead> <tbody> <tr><td>Ken Decker</td><td>SWAT</td><td></td><td>269/209-2359</td></tr> <tr><td>Brandon Ray</td><td>SWAT</td><td></td><td></td></tr> <tr><td>Mark Brown</td><td>SWAT</td><td></td><td></td></tr> <tr><td>Kodi Harkins</td><td>SWAT</td><td></td><td></td></tr> <tr><td>Chris Tiede</td><td>TriMedia Safety</td><td></td><td>906-235-8148</td></tr> <tr><td>Bootjack Fire Dept</td><td>Mark Serotzke</td><td></td><td>815-739-5193</td></tr> <tr><td>Mylan Koski</td><td>TriMedia Field Ops</td><td></td><td>906-360-4027</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Jed Chrestensen</td><td>EPA-START</td><td></td><td>906-281-4726</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Ken Decker	SWAT		269/209-2359	Brandon Ray	SWAT			Mark Brown	SWAT			Kodi Harkins	SWAT			Chris Tiede	TriMedia Safety		906-235-8148	Bootjack Fire Dept	Mark Serotzke		815-739-5193	Mylan Koski	TriMedia Field Ops		906-360-4027					Jed Chrestensen	EPA-START		906-281-4726		
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Jed Chrestensen	EPA-START		906-281-4726																																												
6. Work Assignments: Identify initial assessment locations on Map Prep air boat Coordinate with Bootjack Fire Dept with recovery craft in the event of a rescue event Conduct initial air boat recon on airboat to assess ice and travel conditions (Team Assignments) Lead recon team downriver to assess plume leading edge Auger holes down river and perform visual and PID monitoring to assess migration path Document all assessment locations with GPS to populate GIS Figures Complete delineation of surface impacted material on ice near spill area Continue recovery of impacted surface material continue to remove impacted water with Vac Truck, if present Work with landward operators to remove surface impacted materials from ice near spill area																																															
7. Special Instructions: Discuss water evacuation and warming plan in the event of ice rescue																																															
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1. Incident Name: Sturgeon River US-41 Gasoline Spill		2. Operational Period: Date From: 2-6-18 Time From: 08:30		Date To: 2-6-18 Time To: 19:00	3. Branch: Water Well Sampli Division: Group: Staging Area:
4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: Tom Anthos 906-360-1545 Branch Director: _____ Division/Group Supervisor: _____					
5. Resources Assigned:		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier	Leader				
James DeLiefde			734-277-7103	Spill Site	
6. Work Assignments: Verify Access to residential home Coordinate access with Health Dept Representative Collect tap water from kitchen sink faucet in laboratory provided containers (samples may be collected on a weekly basis) Ship samples under Chain of Custody to ALS Laboratory for analysis of VOCs and Aromatic Compounds Results will be reported to TriMedia and provided to the Chain of command once received					
7. Special Instructions:					
8. Communications (radio and/or phone contact numbers needed for this assignment): Name/Function Primary Contact: indicate cell, pager, or radio (frequency/system/channel) all parties / via phone number listed above / / / /					
9. Prepared by: Name: Tom Anthos Position/Title: Ops Section Chief Signature:					
ICS 204	IAP Page _7 of 7_	Date/Time:			