



U.S. Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS

Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. Incident Id: I-2012110476
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 09/17/2012
4. Time of Incident (use 24-hour time): 15:00
5. Enter National Response Center Report Number (if applicable): 1024814
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: ACKERMAN
County: CHOCTAW
State: MS
Zip Code: (if known): 39735
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
202 EAST QUINN STREET
8. Mode of Transportation: Highway
9. Transportation Phase: Unloading
10. Carrier/Reporter:
Name: GOC, LTD.
Street: 800 S MULBERRY AVE
City: Butler
State: AL
Zip Code: 36904-2810
Federal DOT Id Number: 301941
Hazmat Registration Number: 05812551046U
11. Shipper/Officer:
Name: GOC, LTD.
Street: 800 S MULBERRY AVE
City: BUTLER
State: AL
Zip Code: 36904-2810
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street: 101 65TH AVENUE
City: MERIDIAN
State: MS
Zip Code: 39307
13. Destination:
Street: 202 EAST QUINN STREET
City: ACKERMAN
State: MS
Zip Code: 39735
14. Proper Shipping Name of Hazardous Material: DIESEL FUEL
15. Technical/Trade Name: DIESEL FUEL
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) NA1993

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 401 Liquid - Gallon
- 20. Was the material shipped as a hazardous waste?** False
If yes, provide the EPA Manifest Number:
- 21. Is this a Toxic by Inhalation (TIH) material?** False
If yes, provide the Hazard Zone:
- 22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?** False
If yes, provide the Exemption, Approval, or CA number:
- 23. Was this an undeclared hazardous materials shipment?** False

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

Other, BULK TANK

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident.

Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

What Failed: -

How Failed: -

Causes of Failure: - Overfilled

26a. Provide the packaging identification markings, if available.

Identification Markings: NA 1993

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Packaging Type:
Material of Construction:
Head Type (Drums only):

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Package Capacity: 14600 Liquid - Gallon
Amount in Package: 14600 Liquid - Gallon
Number in Shipment:
Number Failed:

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

28. Provide packaging construction and test information, as appropriate:

Manufacturer:
Serial Number:
Material of Construction: (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: (if Tank Car, CTMV, Portable Tank)
Shell Thickness: (if Tank Car, CTMV, Portable Tank)
Head Thickness: (if Tank Car, CTMV)
Service Pressure: (if Cylinder)
If valve or device failed:
Type:
Model:
Manufacturer:

Manufacture Date: 01/01/1997
Last Test Date: 01/01/2012

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present:
Activity:
Critical Safety Index:

Transport Index:

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

- | | | | |
|---------------------------|-------|--|-------|
| - Spillage: | True | - Fire: | False |
| - Explosion: | False | - Material Entered Waterway/Storm Sewer: | True |
| - Vapor (Gas) Dispersion: | False | - Environmental Damage: | True |
| - No Release: | False | | |

31. Emergency Response: The following entities responded to the incident: (Check all that apply)

- Fire/EMS Report #: False
Police Report #: False
In-house cleanup: False
Other Cleanup: True

32. Damages Was the total damage cost more than \$500? True

- If yes, enter the following information: (If no, go to question 33.)
- | | |
|---------------------------|--------------|
| Material Loss: | \$ 32,000.00 |
| Carrier Damage: | \$ 0.00 |
| Property Damage: | \$ 0.00 |
| Response Cost: | \$ 5,000.00 |
| Remediation/Cleanup Cost: | \$ 15,000.00 |
- (See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? False

- If yes, enter the number of fatalities resulting from the hazardous material:
- | | |
|-----------------|---|
| Employees: | 0 |
| Responders: | 0 |
| General Public: | 0 |

33b. Were there human fatalities that did not result from the hazardous material? False

- If yes, how many? 0

34. Did the hazardous material cause or contribute to personal injury? False

- If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only):

- | | |
|-----------------|---|
| Employees: | 0 |
| Responders: | 0 |
| General Public: | 0 |

Non-Hospitalized:

(e.g.: On site first aid or Emergency Room observation and release)

- | | |
|-----------------|---|
| Employees: | 0 |
| Responders: | 0 |
| General Public: | 0 |

35. Did the hazardous material cause or contribute to an evacuation? False

- If yes, provide the following information:

- | | |
|---|--|
| Total number of general public evacuated: | |
| Total number of employees evacuated: | |
| Total evacuated: | |
| Duration of the evacuation: | |

36. Was a major transportation artery or facility closed? False

- If yes, how many?

37. Was the material involved in a crash or derailment? False

- If yes, provide the following information:

- | | |
|-----------------------------|--|
| Estimated speed (mph): | |
| Weather conditions: | |
| Vehicle overturned? | |
| Vehicle left roadway/track? | |

PART V - AIR INCIDENT INFORMATION (please refer to S 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft?

- If yes, was it tendered as cargo, or as passenger baggage?

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

- | | |
|--|--|
| - Shipment had not been transported | - Transported by air (first flight) |
| - Transport by air (subsequent flights) | - Initial transport by highway to cargo facility |
| - Transfer at sort center/cargo facility | |

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

- Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

Describe:

DURING A HEAVY RAIN EVENT, JUST AFTER 3:00PM CENTRAL TIME ON SEPTEMBER 17, 2012, GOC WAS OFF-LOADING DYED DIESEL FUEL #2 INTO A 14,600 GALLON AVE GROUND STORAGE TANK WHEN THE TANK WAS ACCIDENTALLY RELEASED BY 401 GALLONS. THE OVERFILLED FUEL WAS PROMPTLY TRANSPORTED BY RAINWATER ALONG A DRAINAGE DITCH BEFORE SOME OF IT DISCHARGED INTO A WESTWARD FLOWING CREEK THE SPILL WAS NOT DISCOVERED UNTIL THE NEXT DAY WHEN GOC CHECKED THE TANK FITTING NUMBERS. GOC REPORTED THE SPILL TO THE MDEQ AND ARRANGED FOR THE CREEK TO BE INSPECTED. SPILLED FUEL WAS MINIZED TO THE CREEK WEST AND TO JUST BEYOND SOUTH LONGJUSTICE STREET. DOMBS AND PADS WERE PLACED AT SCENE LOCKING IN THE CREEK. ON SEPTEMBER 19, 2012, ADDITIONAL FUEL WAS VACUMMED FROM THE CREEK. THE CREEK WAS MONITORED FOR THE NEXT SEVERAL WEEKS AND BOOMS LEFT CHARTED WITH SO NEW FUEL OR SUBSTAIN WAS OBSERVED AFTER A HEAVY RAIN EVENT. A GEOLOGIST ASSED THE EXTEND OF CONTAMINATED SOIL AT THE GOC BULK PLANT AND OVERSAW EXCAVATION OF CONTAIMINATED SOIL ON SEPTEMBER 27, 2012, WHEN 11.53 PART OF SOIL WAS TRANSPORTED OFF SITE FOR DISPOSAL. THE GEOLOGIST EXAMINED CONTAMINATED SOIL SAMPLES ALONG THE EXCAVATION WHICH ALL TESTED BELOW STANDARD A REPORT WAS SUBMITTED TO THE MDEQ.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

- Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

Describe:

AN INVESTIGATION IDENTIFIED THAT THE TANK OVERFILL WAS DUE TO HUMAN ERROR. GOC PERSONNEL WERE INSTRUCTED ABOUT AVOIDING SIMILAR ERROS IN THE FUTURE. ADDITIONALLY, A NEW LARGE GARTHER BERM WAS CONSTRUCTED AROUND GOC'S ABOVE GROUND TANKS FOR SPILL CONTAINMENT. GOC PERSONNEL WERE ALSO INSTRUCTED TO MEASURE THE TANK WITH ESTIMATING STICKS BOTH BEFORE AND AFTER UNLOADING PRODUCT INTO IT, EVEN IF IT IS RAINING. GOC PERSONNEL WERE ALSO INSTRUCTED TO CONVERT THE MEASURING STICK MEASUREMENT (IN INCHES) TO GALLONS AND ADD THE PLANNED DELIVERY GALLON VOLUME TO DETERMINE IF THE TANK WILL HOLD THE PLANNED DELIVERY VOLUME, BEFORE INITIATING THE UNLOADING PROCEDURE.

PART VIII – CONTACT INFORMATION

Contact's Name:	RONALD HERRYGERS
Contact's Title:	PRESIDENT
Business Name and Address:	GOC LTD 214 BELTREET DRIVE LEXINGTON SC 29072
E-mail Address:	RHERRYGERS@WINDSTRGAM.NET
Telephone Number:	803-951-8947
Fax Number:	803-951-7389
Hazmat Registration Number:	
Date:	
Preparer is:	Other - ENVIRONMENT CONSULTANT

01/01/1997