

InterOffice Memorandum

CENTRAL DISTRICT

TO: File

FROM: John White *JW*
Environmental Specialist
Hazardous Waste

DATE: December 22, 1997

SUBJECT: A.R. Pacquette Complaint

On December 22, 1997, the Department received a telephone complaint that there was a spill at the A.R. Pacquette facility in DeLand, Volusia County, on Saturday December 20th. The spill was supposed to be Saturday afternoon on the west side of the building.

I contacted Alan Pacquette, owner of the facility, and asked about a spill on the west side of the building on Saturday. Mr. Pacquette indicated that a water line broke on Saturday. The line runs under the driveway and along the west side of the building. On Saturday evening, the line was dug up and repaired. There was no spill or release of any type of chemical at the facility.

jw

DIVISION OF LAW ENFORCEMENT
Bureau of Emergency Response
INITIAL REPORT OF EMERGENCY RESPONSE INCIDENT

Incident Number: 97-01-3472		County: Volusia		BER District: 1 (C)	Date of Incident: 12/20/97	Time of Incident: afternoon	
Date Reported to BER: 12/22/97	Time Reported to BER: 0920	BER Employee Receiving Initial Report: Brian P. Carr		BER Location Initial Report Received: Orlando			
Incident Reported By: Bob Foster			Affiliation:		Phone Number (include area code): 904-734-8224		
Location of Incident: 1400 International Speedway Blvd., Deland						904 736 1978	
Nearest City/Town: Deland				Latitude:	Longitude:		
Incident Description:		BER Response:	Media Affected:	Mode:	Response Actions:		
<input type="checkbox"/> UST Tank Leak <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> AST Tank Leak <input type="checkbox"/> Vessel Discharge <input type="checkbox"/> Air Release <input type="checkbox"/> AST Tank Overfill <input type="checkbox"/> Valve Leak <input type="checkbox"/> UST Tank Overfill <input type="checkbox"/> Complaint <input type="checkbox"/> Abandoned drum(s) <input type="checkbox"/> Dumping <input type="checkbox"/> Vehicle Fuel Tank Leak <input type="checkbox"/> Spill <input type="checkbox"/> Abandoned Container(s) <input type="checkbox"/> Fire <input type="checkbox"/> _____		<input type="checkbox"/> None <input type="checkbox"/> Referral <input type="checkbox"/> On-Scene <input type="checkbox"/> Phone Only <input type="checkbox"/> Follow-up Later <input type="checkbox"/> _____ <input type="checkbox"/> Impervious Surface <input type="checkbox"/> Surface Water: <input type="checkbox"/> _____	<input type="checkbox"/> Air <input type="checkbox"/> Soil <input type="checkbox"/> Ditch <input type="checkbox"/> Beach <input type="checkbox"/> Storm Drain <input type="checkbox"/> Wells Nearby <input type="checkbox"/> Ground Water	<input type="checkbox"/> Highway <input type="checkbox"/> Waterway <input type="checkbox"/> Residential <input type="checkbox"/> Rail <input type="checkbox"/> Rural <input type="checkbox"/> Coastal <input type="checkbox"/> Facility <input type="checkbox"/> Pipeline	<input type="checkbox"/> Commercial <input type="checkbox"/> Agricultural <input type="checkbox"/> _____ <input type="checkbox"/> Neutralized <input type="checkbox"/> None Taken <input type="checkbox"/> Booms/Dikes		<input type="checkbox"/> Leak Stopped <input type="checkbox"/> Soil Removed <input type="checkbox"/> Samples Taken <input type="checkbox"/> Absorbent Used <input type="checkbox"/> Contractor Hired <input type="checkbox"/> Fire Extinguished <input type="checkbox"/> Photographs Taken
Responsible Party: Paggett			Contact Person (include title):		Phone Number (include area code):		
Responsible Party's Address (include city, state, zip):							
Material:		Amount:		Category Code (see below):			
unknown		?		<input type="checkbox"/> gal. <input type="checkbox"/> lbs.			
				<input type="checkbox"/> gal. <input type="checkbox"/> lbs.			
				<input type="checkbox"/> gal. <input type="checkbox"/> lbs.			
				<input type="checkbox"/> gal. <input type="checkbox"/> lbs.			
Category Codes (choose one, most specific category for each material above, and enter the code on the appropriate box):							
01 Oil	05 Paint	09 Chlorine	13 Oxidizer	17 Sewage	21 PCB		
02 Fuel	06 Solvent	10 Ammonia	14 Reactive	18 Wastewater	22 Fertilizer		
03 Crude Oil	07 Flammable (misc.)	11 Gas (not NH3 or CL2)	15 Explosive	19 Radioactive	23 Biohazard		
04 Petroleum (misc.)	08 Poison (misc.)	12 Pesticide/Herbicide	16 Corrosive	20 Solid Waste	24 Unknown		
25 _____							
Substantial threat of a discharge to the environment:			Contractor Used:				
<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes (Name: _____)				
Responding Agencies:			Agencies Notified:				
<input type="checkbox"/> EPA <input type="checkbox"/> FMP <input type="checkbox"/> USCG <input type="checkbox"/> Police/Sheriff <input type="checkbox"/> FHP <input type="checkbox"/> GFC <input type="checkbox"/> Local EM <input type="checkbox"/> Local Program <input type="checkbox"/> HRS <input type="checkbox"/> DOT <input type="checkbox"/> Fire Dept. <input type="checkbox"/> Local Road Dept.			<input type="checkbox"/> EPA <input type="checkbox"/> GFC <input type="checkbox"/> NRC <input type="checkbox"/> Local EM <input type="checkbox"/> FHP <input type="checkbox"/> FMP <input type="checkbox"/> TBER <input type="checkbox"/> Local Program <input type="checkbox"/> HRS <input type="checkbox"/> DOT <input type="checkbox"/> USCG <input type="checkbox"/> Local Road Dept. <input type="checkbox"/> SWP (904) 413-9911				
USCG Office Notified: <input type="checkbox"/> NRC		Name / Rank of Person in USCG Notified:			Phone Number (include area code):		
<input type="checkbox"/> Jacksonville <input type="checkbox"/> Tampa <input type="checkbox"/> Mobile <input type="checkbox"/> Miami							
Narrative: Complainant stated Paggett operates a trucking company, and allegedly hauls hazardous waste. Allegedly, there was a spill of some sort on Saturday afternoon, on west side of building. Complainant said more info could be obtained from another adjacent property owner Red Lewis (904-734-7650)							
Follow-up referred to:		Incident copies sent to: W		BER Notification: <input type="checkbox"/> Fax <input type="checkbox"/> Verbal (_____)			
BER Response: <input type="checkbox"/> Yes (attach investigative report) <input type="checkbox"/> No		Signature of Regional Employee: Brian P. Carr			Date: 12/22/97		