

5444

04-12-114707

PLEASE PRINT

State of Wisconsin Substance Release Notification Form

24-Hour Emergency Hotline Number: 1-800-943-0003

Form 4400-91 Rev. 11-95

Date and Mil. Time of Incident	0140 5-16-96	Date and Mil. Time Reported	0145 5-16-96
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Person Reporting	GINA REGER	Telephone #	(608) 326-2848
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Representing Agency, Firm, or Citizen	1000
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Responsible Party	JOHNSON TRUCKING
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Contact Name	KEITH JOHNSON	Telephone #	(319) 426-5251
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Address	P.O. Box 195	City, State, Zip Code	ELGIN, IA 52141-0195
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Substance Involved	DIESEL FUEL	Amount & Units Released	25-40 GALS.	Amt. Recovered	Most	Is this a 304 (11004 42 USC) spill?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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<input type="checkbox"/> Solid <input type="checkbox"/> Semisolid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	Color	Odor
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Exact Location (inc. address, facility name, mileage, bldg. #, etc.)	1000 STATION 525 S. MARQUETTE RD
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City	PRAIRIE DU CHIEN	County	CRAWFORD	Lat/long
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DNR Region	W	<input type="checkbox"/> 1/4 <input type="checkbox"/> 1/4sec <input type="checkbox"/> T <input type="checkbox"/> NR (E/W)	Weather Cond.
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Cause of Incident	OVERFILL OR HOSE REMOVAL OF TANK
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Spilled Substance Impact To: Check (✓) all that apply <input type="checkbox"/> Air <input type="checkbox"/> Potential <input checked="" type="checkbox"/> Soil <input checked="" type="checkbox"/> Potential <input checked="" type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Potential <input type="checkbox"/> Surface Water <input type="checkbox"/> Potential Name: _____ <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Potential <input type="checkbox"/> Private Well <input type="checkbox"/> Potential <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other: _____	Spill Source: <input type="checkbox"/> Transportation Accident, Fuel Supply Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input type="checkbox"/> Industrial Facility <input type="checkbox"/> Paper Mill <input type="checkbox"/> Chemical Co. <input type="checkbox"/> Ag Coop/Facility/Food Factory/Facility <input checked="" type="checkbox"/> Gas/Service Station/Garage/Auto Dealer, Repair Shop <input type="checkbox"/> Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler <input type="checkbox"/> Public Property (city, state, church, school, etc.) <input type="checkbox"/> Utility Co., Power Generating/Transfer Facility <input type="checkbox"/> Private Property (home/farm) <input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine <input type="checkbox"/> Airport Facility <input type="checkbox"/> Railroad Facility <input type="checkbox"/> Other: _____	Action Taken By Spiller <input type="checkbox"/> No Action Taken <input type="checkbox"/> No Action Needed <input type="checkbox"/> Monitor <input checked="" type="checkbox"/> Cleanup Method: SAW DUST + OIL DRY <input checked="" type="checkbox"/> Waste Destination: WASTE MANAGEMENT <input type="checkbox"/> Containment <input checked="" type="checkbox"/> Contractor Hired Name: 1000/ WASTE MANAGEMENT <input type="checkbox"/> Other: _____
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Injuries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? _____	Has an evacuation occurred? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Potential? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Are there any resource damages? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Potential What kinds? _____
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Other Agencies Notified (✓ first column if notified); Check (✓) both columns if on scene <input type="checkbox"/> Fire Department/Hazmat <input checked="" type="checkbox"/> Local DNR <input type="checkbox"/> EPA <input checked="" type="checkbox"/> Local Law Enforcement <input type="checkbox"/> Div. Emer. Gov. <input type="checkbox"/> Nat'l Resp. Ctr. 800-442-8802 <input type="checkbox"/> LEPC or Local Emer. Gov. <input type="checkbox"/> DATCP 608-224-4500 <input type="checkbox"/> Chemtrec 800-424-9300 <input type="checkbox"/> Regional Response Team <input type="checkbox"/> DHSS 608-266-2830 <input type="checkbox"/> Other: _____	Incident Commander, if known: _____ _____ Phone: _____
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Prepared By: (Print) DENNIS KIRSCHBAUM (Sign) <i>Dennis Kirschbaum</i> Date: 5-16-96	Rpt'd to DATCP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Person Notified:	Region Notified:	Time:	Date:
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Invstgtd By: (Print) SAA (Sign) _____ Date: _____	Site Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Spill Coordinator Signoff: <i>John R. Gump</i> Date: 6/6/96	Transferred to ERP? <input type="checkbox"/> No <input type="checkbox"/> Yes; Case # _____	NFA Letter Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Spill Packet Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No

☐ Additional Comments on Reverse

State of Wisconsin Substance Release Report (Con't)
Form 4400-91 Rev. 11-95

Date and Military Time of Incident	5-16-96 0140	Responsible Party	JOHNSON TRUCKING
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Additional Comments:

1000 WILL CLEAN UP & BILL JOHNSON TRUCKING FOR

EXPENSES —

WASTE — FUEL & SOIL WENT TO MATHEWS CONSTRUCTION