

Wisconsin Department of Natural Resources**Bureau of Solid and Hazardous Waste Management****101 South Webster Street****P.O. Box 7921****Madison, WI 53707-7921****TELEFAX COVER SHEET****FAX# (608) 267-2768**TO: Mike ThompsonAGENCY / COMPANY: SEDFAX NUMBER: 414-229-0810SUBJECT: Spill ReportFROM: Laurie EggeOFFICE PHONE #: 608-267-7560DATE: 3-4-97**A TOTAL OF 0 PAGES WILL FOLLOW
(Excluding this Cover Sheet)****COMMENTS:**

Hi Mike. Mike Farley is on vacation, so they suggested I get this to you. I got a message yesterday morning from John Fay at Door-O-Matic, 6800 Industrial Loop, Greendale (414-421-1000). They removed a dip tank and found 8ppm of TCE in the soil. He called to make a spill report, and said they'd write up an investigation proposal. Please let him know who to contact.

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 03 MAR 97	Date and Mil. Time Reported 03 MAR 97
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Person Reporting JOHN FAY	Telephone # (414) 421-1000
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Representing Agency, Firm, or Citizen DOOR-O-MATIC
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Responsible Party DOOR-O-MATIC

Contact Name JOHN FAY	Telephone # (414) 421-1000
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Address 6800 INDUSTRIAL LOOP	City, State, Zip Code GREENDALE WI
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Substance Involved TCE	Amount & Units Released UNKNOWN	Amt. Recovered 6	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 type="checkbox"/> Liquid <input type="checkbox"/> Gas	Color _____	Odor _____
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Exact Location (inc. address, facility name, mileage, bldg. #, etc.) DOOR-O-MATIC, 6800 INDUSTRIAL LOOP
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City GREENDALE	County MILW	Lat/long
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DNR Region DNRSE	1/4 1/4sec T NR (E/W)	Weather Cond.
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Cause of Incident LEAK ENCOUNTERED CONTAMINATED SOIL DURING DIP TANK REMOVAL. 8 PPM TCE

Spilled Substance Impact To: Check (✓) all that apply <input type="checkbox"/> Air <input type="checkbox"/> Potential <input checked="" type="checkbox"/> Soil <input 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 checked="" type="checkbox"/> Industrial Facility <input type="checkbox"/> Paper Mill <input type="checkbox"/> Chemical Co. <input type="checkbox"/> Ag Coop/Facility/Food Factory/Facility <input 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 type="checkbox"/> Cleanup Method: _____ <input type="checkbox"/> Waste Destination: _____ <input type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired Name: _____ <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 type="checkbox"/> Potential What kinds? _____

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 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) MIKE THOMPSON (Sign) MICHAEL C. [Signature] Date: 04 MAR 97	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) _____ (Sign) _____ Date: _____	Site Closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Spill Coordinator Signoff: _____ Date: 04 MAR 97	Transferred to ERP? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes; Case # _____	NFA Letter Sent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Spill Packet Sent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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