

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 <b>02-05-96 0700</b>	Date and Mil. Time Reported <b>02-13-96 1300</b>
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Person Reporting <b>ARLAND DILLENBURG</b>	Telephone # <b>(715) 823-5649</b>
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Representing Agency, Firm, or Citizen

Responsible Party **ARLAND DILLENBURG - "Y GO BY BAR"**

Contact Name <b>SAME</b>	Telephone # <b>(715) 524-5696</b>
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Address <b>N3215 CTH Y CLINTONVILLE, WI. 54929</b>	City, State, Zip Code <b>CLINTONVILLE 54929</b>
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Substance Involved <b>FUEL OIL</b>	Amount & Units Released <b>APPROX. 200 GALS + 180 GALS</b>	Amt. Recovered	Is this a 304 (11004 42 USC) spill? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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Solid  Semisolid  Liquid  Gas      Color \_\_\_\_\_ Odor \_\_\_\_\_

Exact Location (inc. address, facility name, mileage, bldg. #, etc.)  
**N3215 CTH Y, CLINTONVILLE - "Y GO BY" TAVERN - BASEMENT**

City <b>-</b>	County <b>SHAWANO</b>	Lat/long
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DNR Region <b>NE</b>	<b>NE 1/4 NW 1/4 sec 28 T 26 NR 15 (P) W</b>	Weather Cond.
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Cause of Incident **INDOOR FUEL TANK FOR FURNACE RUPTURED IN BASEMENT OF TAVERN - CAUSING APPROX. 200 GALS. OF FUEL OIL TO FILL BASEMENT.**

<b>Spilled Substance Impact To:</b> Check (✓) all that apply <input type="checkbox"/> Air <input type="checkbox"/> Potential <input type="checkbox"/> Soil <input type="checkbox"/> Potential <input type="checkbox"/> Groundwater <input 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 checked="" type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other: _____	<b>Spill Source:</b> <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 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 checked="" 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 _____	<b>Action Taken By Spiller</b> <input type="checkbox"/> No Action Taken <input type="checkbox"/> No Action Needed <input type="checkbox"/> Monitor <input checked="" type="checkbox"/> Cleanup Method: <b>MOP UP!</b> <input type="checkbox"/> Waste Destination: _____ <input type="checkbox"/> Containment <input checked="" type="checkbox"/> Contractor Hired Name: <b>SPARKLING CLEANERS</b> <input checked="" type="checkbox"/> Other: <b>THEIR SERVICES</b>
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Injuries?  Yes  No If yes, how many? \_\_\_\_\_ Has an evacuation occurred?  Yes  No Potential?  Yes  No

Are there any resource damages?  Yes  No  Potential What kinds? \_\_\_\_\_

<b>Other Agencies Notified (✓ first column if notified); Check (✓) both columns if on scene</b> <input type="checkbox"/> Fire Department/Hazmat <input 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) <b>Tom O. Wipke</b> (Sign) <i>Tom O. Wipke</i> Date <b>2/13/96</b>	Rpt'd to DATCP? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Person Notified: _____	Region Notified: _____	Time: _____	Date: _____
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Invstgtd By: (Print) <b>Tom O. Wipke</b> (Sign) <i>Tom O. Wipke</i> Date <b>2/13/96</b>	Site Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Spill Coordinator Signoff: <i>[Signature]</i> Date: <b>5-30-96</b>	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 checked="" type="checkbox"/> No
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5509161-6970

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

Date and Military Time of Incident 02-05-96 0700

Responsible Party ARLAND DICKENBURG

## Additional Comments:

THE OWNER OF THE "Y GO BY" BAR HAD HIS FUEL OIL TANK FILLED ON 2/5/96. TANK IS LOCATED IN BASEMENT OF BAR. TANK RUPTURED, SPILLING APPROX. 200 GALS FUEL OIL INTO BASEMENT. OWNER / HELPERS RECOVERED ALMOST ALL OF THE OIL WITHIN THE BASEMENT. SOME OIL WAS FILTERED AND PUT BACK IN TANK. SOME OIL BEING USED IN LOGGING BUSINESS - BURNING BRUSH, ETC. OWNER'S BIGGEST PROBLEM NOW IS THE OIL STILL COMING THROUGH CONCRETE!

