State of Sta	of Wisconsin Substance Release Nonber: 1-800-943-0003		rm 4400-91 Rev. 11-95	
Date and Mil. Time of Incident 5/		. Time Reported 5/	7/96 1:00 PM	
Person Reporting Phil Everhart		Telephone # (715) 735-903 3		
Representing Agency, Firm, or Citizen	" Specialty Chem			
Responsible Party				
Contact Name		Telephone # ( )	Telephone # ( ) 5 mul	
Address 2 Stanton	WI 54143	City, State, Zip Cod	ley 7-WIS 54143	
Substance Involved Methyl Chloride	Amount & Units Released Amt. Re	covered Is this a 30	04 (11004 42 USC) spill? No □ Unknown	
□ Solid □□ Semisolid 🗗 Liquid	▼ Gas Color	Odor		
Exact Location (inc. address, facility name, mileage, bldg. #, etc.) Substance is liquid under Pressure of is 2 Starton St. gas when released hereafted to interpolate				
City Marinette	County Marinette L	at/long	- Corolainm	
DNR Region NER	1/41/4secTNR(E/W) V	Veather Cond.		
Cause of Incident Dead lines & contractors were cutting them out of Dervice when please occurred				
Spilled Substance Impact To: Check (✓) all that apply  Air □ Potential □ Soil □ Potential □ Groundwater □ Potential □ Surface Water □ Potential Name: □ Storm Sewer □ Potential □ Sanitary Sewer □ Potential □ Concrete/Asphalt □ Potential □ Private Well □ Potential	Spill Source:  □ Transportation Accident, Fuel Supply □ Transportation Accident, Load Spill ☑ Industrial Facility □ Paper Mill □ Ag Coop/Facility/Food Factory/Facilit □ Gas/Service Station/Garage/Auto Deal □ Pipeline, Terminal, Tank Farm, Oil Jo □ Public Property (city, state, church, so □ Utility Co., Power Generating/Transfe □ Private Property (home/farm) □ Construction, Excavation, Wrecking,	Chemical Co.  ty ler, Repair Shop obber/Wholesaler chool, etc.) er Facility	Action Taken By Spiller  No Action Taken  No Action Needed  Monitor  Cleanup Method:  Waste Destination:  Containment  Contractor Hired  Name:	
☐ Contained/Recovered	☐ Airport Facility ☐ Railro	ad Facility	☐ Other:	
☐ Other: No If yes, how n	nany? Has an evacuation occu	rred? □ Yes ☑ No Po		
Are there any resource damages?	Yes □ No □ Potential What kinds?			
☐ Fire Department/Hazmat ☐ Local Law Enforcement ☐ LEPC or Local Emer. Gov. ☐	nn if notified); Check (✓) both columns if  Local DNR □□ EPA □ Div. Emer. Gov. □□ Nat'l Resp □ DATCP 608-224-4500 □□ Chemtrec □ DHSS 608-266-2830 □□ Other	p. Ctr. 800-442-8802 800-424-9300	Incident Commander, if known:Phone:	
	IKLE (Sign) Both Mille	Date: 5/7/9( Rpt	'd to DATCP? \( \text{YNO}\)	
	DEIX Region Notified: N	ER Time: 1:00	Date: 5/7/96	
Invstgtd By:(Print) Jour Day	(Sign) How sceep	Date: 9-96 Site	Closed?    Yes □No	
Spill Coordinator Signoff:	Date: Transferred t	o ERP?	A Letter Sent? □Yes □No	
Mat	$5-0-9$ $\Box$ Yes; Case #	Spil	Il Packet Sent? □Yes □No	
		Add	ditional Comments on Reverse	

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

Pate and Military Time of Incident 1507-76 13:00 Responsible Party Apage 144 Ohen
ditional Comments:
System out of seance for about layers lavinact
employee our open live who going that here breaks
procedures. ascontinued corning when Release smafer
of ges was ward celled to of sine