



State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Cumberland Area Headquarters

July 8, 1993

P.O. Box 397

1341 2nd Ave.

Cumberland, Wisconsin 54829

TELEPHONE 715-822-3590

TELEFAX 715-822-3592

03-07-000148

Mr. Bob Anderson  
Bob's Garage  
Highway 70  
Siren, WI 54872

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Dear Mr. Anderson:

**RE: Spill at Bob's Garage, NWNW, Section 19 T38N, R17W, Burnett County,  
Wisconsin**

The Department of Natural Resources has responsibility under Wisconsin law to regulate and enforce laws relating to hazardous substance spills or discharges. We also have responsibility for regulation and enforcement of other laws protecting public health, safety and environmental quality.

Unfortunately, hazardous substance discharges do occur. The purpose of this letter is to make sure persons who may be responsible for such discharges know their responsibilities under the law and act accordingly. If you are already involved in a clean-up, this letter is intended as clarification and information.

Based on information available to the Department, we believe you have such a responsibility. This office was notified of a spill that occurred at the above-mentioned site on July 4, 1993 when 200 gallons of gasoline were spilled due to the tanks floating and then overturning.

Under s. 144.76(3), Wisconsin Statutes, any person who possesses or controls a hazardous substance which is discharged, or who causes the discharge of a hazardous substance, must take the actions necessary to restore the environment and minimize the harmful effects from the discharge to the air, lands or waters of the State.

The Department is, therefore, requesting that within 30 days of receipt of this letter you contact the person identified below in writing and indicate whether you intend to conduct the following activities\*:

1. Immediately determine whether or not the discharge poses an imminent fire, exposure or safety threat to persons, structures, sewers, surface waters, groundwater or the community **AND** take appropriate emergency action. In the event of an emergency situation, contact your local fire department and other emergency officials. You do not need DNR approval to take appropriate action to minimize the harmful effects of a spill.
2. Show proof within 60 days that you have retained a qualified environmental consultant, acceptable to the Department, to conduct the necessary investigation and/or remediation. However, for sites that are eligible for PECFA reimbursement, consultants must be hired based on a comparison of three proposals and the consulting firm must provide only consulting services. Consultants and consulting firms must be registered with the Department of Industry, Labor and Human Relations (DILHR). If you have specific questions about PECFA or for a list of registered consultants, please contact DILHR at 608/266-2424.
3. Determine and document the degree and extent of soil and groundwater contamination.
4. Recommend remedial options and feasibility.
5. Implement any necessary remedial activities.
6. Propose and adhere to a schedule for regular progress reports and completion of the above tasks.

The Department wishes to remind you that time is of the essence in responding to environmental contamination incidents. Generally, the more quickly a release is discovered and responded to, the smaller the damaging impacts and the cost of investigation and/or remediation. Attached to this letter is guidance developed by the Department to aid persons in investigation and/or remediating hazardous substance releases.

Although such investigations may be expensive, the State does provide assistance in some cases. You may be eligible to be reimbursed for your investigation and/or remediation costs from Wisconsin's Petroleum Storage Remedial Action Fund. This fund is administered by the Wisconsin Department of Industry, Labor and Human Relations (DILHR). Please contact them in Madison at 608/267-3753 for further information or an application package.

We prefer to work cooperatively with people to resolve problems. However, if you fail to respond within the time period identified above, or if you fail to take the appropriate action, the Department has the authority under s. 144.76(7), Wis. Stats., to take the necessary action and to seek reimbursement for all its actual and necessary expenditures from the responsible parties.

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\*If you have already engaged in clean-up activities, please provide the Department with a status report.

If there is anything you don't understand about this letter or have any concerns at all, please write or call me at 715/822-3590.

Sincerely,

*James A. Hosch*

James A. Hosch  
Hydrogeologist

JAH:dk

Enclosures

cc: Darrell Christy, Tank Inspector, DILHR, 13 E. Spruce St., Chippewa Falls, WI 54729

Tom Kendzierski - DNR Spooner

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Mr. Bob Anderson  
Bob's Garage  
Hwy 70  
Siren, WI 54872

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

P 135 492 624

4b. Service Type

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

7-9-93

8. Addressee's Address (Only if requested and fee is paid)



P 135 492 624  
**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

|   |                   |
|---|-------------------|
| Sent to   |                   |
| Bob Anderson  |                   |
| Street and No   |                   |
| Bob's Garage, Hwy. 70   |                   |
| P.O., State and ZIP Code                                      |                   |
| Siren, WI 54872   |                   |
| Postage   | \$ .29            |
| Certified Fee   | 1.00              |
| Special Delivery Fee  |                   |
| Restricted Delivery Fee                                       |                   |
| Return Receipt Showing to Whom & Date Delivered               | 1.00              |
| Return Receipt Showing to Whom, Date, and Addressee's Address |                   |
| TOTAL Postage & Fees  | \$ 2.29           |
| Postmark or Date  | Sent 7-8-93<br>mx |

PS Form 3800, June 1991

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.