

04-08-229768

PLEASE PRINT

State of Wisconsin Substance Release Notification Form

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

Form 4400-91 Rev. 11-95

04-08-229768

Date and Mil. Time of Incident	1300 12/23/98	Date and Mil. Time Reported	1608 12/23/98
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Person Reporting	Jim Pedderson	Telephone #	(920) 898-2700
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Representing Agency, Firm, or Citizen	Tecumseh Co.
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Responsible Party	Tecumseh Co.
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Contact Name	Jim Pedderson	Telephone #	(920) 898-2700
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Address	1604 Michigan Ave	City, State, Zip Code	New Holstein WI 53061
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Substance Involved	(petroleum) Rust preventative	Amount & Units Released	100 gal.	Amt. Recovered	~100 gal	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.)	1604 Michigan Ave; North receiving dock		
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City	New Holstein	County	Calumet	Lat/long
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DNR Region	NER	1/4 1/2 sec T NR (E/W)	Weather Cond.
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Cause of Incident	Fork lift driver broke valve on tote.	*oil dry to contain; shoveled up
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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 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 checked="" 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 checked="" type="checkbox"/> Cleanup Method: oil dry/shoveled up <input checked="" type="checkbox"/> Waste Destination: LF <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 type="checkbox"/> No
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Are there any resource damages? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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 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) Jennifer Gray (Sign) Jennifer Gray Date: 12/23/98	Rpt'd to DATCP? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Person Notified: David Woodbury Region Notified: _____ Time: 1025 Date: 12/23/98
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Invest'd By: (Print) _____ (Sign) _____ Date: _____	Site Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Spill Coordinator Signoff: _____ Date: 8-13-99	Transferred to ERP? <input checked="" 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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Additional Comments on Revert