

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	6-23-99, 2:40 PM	Date and Mil. Time Reported	6-23-99, 3:25 PM
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Person Reporting	ANGELA SPARTH	Telephone # (715) 284-5357
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Representing Agency, Firm, or Citizen	JACKSON COUNTY SHERIFFS OFFICE
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Responsible Party	GIBLIN HAY & BARN
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Contact Name	Telephone # (507) 724-2584
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Address	City, State, Zip Code CALDONIA, MN
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Substance Involved	Amount & Units Released	Amt. Recovered	Is this a 304 (11004 42 USC) spill?
DIESEL FUEL	< 100 GAL	MAJORITY	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

Solid Semisolid Liquid Gas Color _____ Odor _____

Exact Location (inc. address, facility name, mileage, bldg. #, etc.)	I-74 & HWY. 95 INTERCHANGE
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City	County	Lat/long
HIXTON	JACKSON	

DNR Region	1/4 1/4sec T NR (E/W)	Weather Cond.
WCR		

Cause of Incident	TRAFFIC ACCIDENT ON HWY. 95 RESULTING IN RUPTURE OF A SADDLE TANK. THE BRF FIRE DEPT. DID THE CLEAN-UP BY PUTTING DOWN SAND AND SWEEPING IT UP & CONTAINERIZING IT. FUEL WAS ENTIRELY CONTAINED ON ASPHALT. TRUCKING COMPANY WILL TAKE CARE OF DISPOSAL. BOTH VEHICLES INVOLVED WERE GIBLIN TRUCKS.
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Spilled Substance Impact To: Check (✓) all that apply	Spill Source:	Action Taken By Spiller
<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 checked="" type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other: _____	<input checked="" 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 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: _____	<input type="checkbox"/> No Action Taken <input type="checkbox"/> No Action Needed <input type="checkbox"/> Monitor <input checked="" type="checkbox"/> Cleanup Method: BRF FIRE DEPT. <input type="checkbox"/> Waste Destination: _____ <input checked="" type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired Name: _____ <input type="checkbox"/> Other: _____

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? _____

Other Agencies Notified (✓ first column if notified); Check (✓) both columns if on scene	Incident Commander, if known: _____
<input type="checkbox"/> Fire Department/Hazmat <input checked="" type="checkbox"/> Local DNR <input type="checkbox"/> EPA <input checked="" 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 _____	Phone: _____

Prepared By:(Print) DOUG JOSEPH (Sign) [Signature] Date: 6-23-99	Rpt'd to DATCP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Person Notified: " " Region Notified: WCR Time: 3:30 PM Date: 6-23-99

Invstgtd By:(Print) _____ (Sign) _____ Date: _____	Site Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Spill Coordinator Signoff: [Signature] Date: 6/23/99	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