

RECEIVED

Steve DONALDSON

8/14/96

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JUL 22 1996

State of Wisconsin Substance Release Notification Form

04-07-237088

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

Form 4400-91 Rev. 11-95

DNR - SPOONER Date and Mil. Time of Incident 7/15/96 10:00	Date and Mil. Time Reported 7/16/96 10:00
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Person Reporting Mark Dalberg NW Electric	Telephone # (715) 463-5371
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Representing Agency, Firm, or Citizen NW Electric

Responsible Party NW Electric

Contact Name MARK Dalberg	Telephone # (715) 463-5371
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Address PINE St	City, State, Zip Code Grantsburg WI
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Substance Involved Transformer Fluid	Amount & Units Released 15 gal?	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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<input type="checkbox"/> Solid <input type="checkbox"/> Semisolid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	Color Black	Odor Oil
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Exact Location (inc. address, facility name, mileage, bldg. #, etc.) Penta Plant

City SIREN	County Burnett	Lat/long
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DNR Region Northern	1/4 1/4 sec T NR (E/W)	Weather Cond.
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Cause of Incident OVER flow from pressure

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 checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Potential <input checked="" 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 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 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 checked="" 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: _____ <input type="checkbox"/> Waste Destination: _____ <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 checked="" type="checkbox"/> No
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Are there any resource damages? <input type="checkbox"/> Yes <input type="checkbox"/> No What kinds? Some Vegetation killed

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) Michael A Smith (Sign) [Signature] Date: _____	Rpt'd to DATCP? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Person Notified: Michael A Smith Region Notified: _____ Time: 10:40 Date: 7/16/96

Invstgtd By:(Print) Michael A Smith (Sign) [Signature] Date: 7/16/96 Site Closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Spill Coordinator Signoff: [Signature] Date: 8/26/96	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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Additional Comments on Reverse

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

Date and Military Time of Incident	Responsible Party
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Additional Comments:

Northwestern Electric Co stated they will clean up -
Newer Transformer - No PCB - Blue Tag
Contaminated soil stored at Grantsburg Plant
Site closed pending proper disposal or
treatment. 8/26/96 JAH