

04-38-249793

State of Wisconsin Substance Release Notification Form

PLEASE PRINT

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

Form 4400-91 Rev. 11-95

Date and Mil. Time of Incident	10-14-99 0700 AM	Date and Mil. Time Reported	10-14-99 0945 AM
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Person Reporting	BILL GETCALL	Telephone # (715) 9341	EXT 287
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Representing Agency, Firm or Citizen	MARINETTE MARINE
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Responsible Party	Marinette Marine
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Contact Name	same Bill Getcall	Telephone # ()	same ext 287
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Address	12 STANTON ST.	City, State, Zip Code	MARINETTE WI 54143
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Substance Involved	Amount & Units Released	Amount Recovered	Is this a 304 (11004 42 USC)
OIL	LESS THAN A GALLON	ALMOST ALL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

Solid Semisolid Liquid Gas Color	LIQUID	Odor	
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Exact Location (inc. address, facility name, mileage, bldg. #, etc.)	ON LOWER MENOMINEE RIVER - MARINETTE MARINE CORP.
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City	MARINETTE	County	MARINETTE	Lat/long	
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DNR Region	NR	1/4 1/4sec NR (E/W)	Weather Cond.
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Cause of Incident	?
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Spilled Substance Impact To: Check (✓) all that apply: <input type="checkbox"/> Air <input type="checkbox"/> Potential <input type="checkbox"/> Soil <input type="checkbox"/> Potential <input type="checkbox"/> Groundwater <input type="checkbox"/> Potential <input checked="" type="checkbox"/> Surface Water <input checked="" type="checkbox"/> Potential Name <u>MENOMINEE RIVER</u> <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 Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input checked="" type="checkbox"/> Industrial Facility <input type="checkbox"/> Paper Mill <input type="checkbox"/> Chemical Company <input type="checkbox"/> Ag Coop/Facility/ Food Factory/Facility <input type="checkbox"/> Gas/Service Station/Garage/Auto Dealer <input type="checkbox"/> Pipeline, Terminal, Tank Farm, etc. <input type="checkbox"/> Public Property (city, state, school, etc.) <input type="checkbox"/> Utility Co, Power Generating Facility <input type="checkbox"/> Private Property (home/farm) <input checked="" type="checkbox"/> Construction, Excavation, Mine, etc. <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 <i>used SOAK containment</i> <input checked="" type="checkbox"/> Cleanup Method: <i>boom to contain, then used a rip boat + a person on LAND</i> <input checked="" type="checkbox"/> Waste Destination: <i>CONTRACTED with other waste</i> <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 <input checked="" type="checkbox"/> Potential What kinds? <u>SURFACE WATER</u>

Other Agencies Notified (✓ first column if notified); Check (✓) both columns if on scene <input type="checkbox"/> Fire Department/Hazmat <input checked="" 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) <u>Kathy Salewsky</u> (Sign) <u>Kathy Salewsky</u> Date: <u>10-14-99</u>	Rpt'd to DATCP? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Person Notified: <u>WARDEN MIKE KITT</u> Region Notified: _____ Time: _____ Date: <u>10-14-99</u>

Investgtd By: (Print) <u>MIKE KITT</u> (Sign) <u>Mike Kitt</u> Date: <u>10-19-99</u>	Site Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Spill Coordinator Signoff: <u>[Signature]</u> Date: <u>11-17-99</u>	NFA Letter Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Additional Comments on Reverse

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