

State of Wisconsin Substance Release Notification Form

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

Form 4400-91 Rev. 11-95

04-08-283169

04-08-283169

Date and Mil. Time of Incident	9-2-98 11:00	Date and Mil. Time Reported	9-2-98 14:43
--------------------------------	--------------	-----------------------------	--------------

Person Reporting	Jeff Pedderson	Telephone # (970)	898-2700
------------------	----------------	-------------------	----------

Representing Agency, Firm, or Citizen	Tecumseh Products		
---------------------------------------	-------------------	--	--

Responsible Party	Tecumseh Products		
-------------------	-------------------	--	--

Contact Name	Jeff Pedderson	Telephone # (970)	898-2700
--------------	----------------	-------------------	----------

Address	1604 100 Ave Michigan	City, State, Zip Code	New Holstein 53061
---------	-------------------------------------	-----------------------	--------------------

Substance Involved	Amount & Units Released	Amt. Recovered	Is this a 304 (11004 42 USC) spill?
Gasoline	3-5 gal	3-5 gal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

<input type="checkbox"/> Solid <input type="checkbox"/> Semisolid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	Color	Odor
---	-------	------

Exact Location (inc. address, facility name, mileage, bldg. #, etc.)	1604 ME Ave West side. Will remove soil on West side soon. 9-2-98
--	--

City	New Holstein	County	Colomet	Lat/long
------	--------------	--------	---------	----------

DNR Region	NER	<input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 sec <input type="checkbox"/> T <input type="checkbox"/> NR (E/W)	Weather Cond.
------------	-----	--	---------------

Cause of Incident	Maintenance - instal fuel filter valve not completely shut
-------------------	---

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 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: _____	<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: _____	<input type="checkbox"/> No Action Taken <input type="checkbox"/> No Action Needed <input type="checkbox"/> Monitor <input checked="" type="checkbox"/> Cleanup Method: removed <input type="checkbox"/> Waste Destination: _____ <input type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired Name: on site works <input type="checkbox"/> Other: _____

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
---	---

Are there any resource damages? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 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) RNC (Sign)	Date: 9-2-98	Rpt'd to DATCP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------------------------	--------------	---

Person Notified:	Region Notified:	Time:	Date:
------------------	------------------	-------	-------

Invstgtd By:(Print) _____ (Sign)	Date:	Site Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------------------------	-------	---

Spill Coordinator Signoff: _____	Date: 9-2-98	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
--