

Spill ID Number

Y Y M M D D 0-99

Date of Incident 8-29-89	Day of Week Tues	Time of Incident unknown	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) Anonymous	Telephone Number ( ) -
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Date Reported 8-29-89	Day of Week Tues	Time Reported 3 PM	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting _____	Reported thru Div. Emergen. Gov't. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Substance Involved unknown	Quantity 31	Units drums	Person or Firm Responsible C.M. Christiansen Co.
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Substance Involved	Quantity	Units	Contact Name P.C. Christiansen	Telephone Number (715) 545-2333
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Physical Characteristics <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Semisolid <input type="checkbox"/> Gas	Color _____ Odor _____	Address - Street or Route P.O. Box 100	City, State, Zip Code Phelps, WI 54554
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Cause of Incident Leaking Drums	Action Taken By Spiller <input type="checkbox"/> No Action Taken <input type="checkbox"/> No Notification <input type="checkbox"/> Investigate
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Exact Location-Description (intersection, mileage, etc.)  
1/4 mile NE of intersection of E 617 on E

County Location Vilas	1/4, 1/4, Section, Town, Range SE, SW, 35, T 42 N, R 11 E
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DNR Dist NCD	DNR Area Woodr	Groundwaters Affected <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Potential
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Surface Waters Affected <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Potential	Name of Surface Water Military Creek	<input checked="" type="checkbox"/> Other Action In Process of hiring Contractor
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Date District Notified 8-29-89	Day of Week Tues	Time District Notified 3	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
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District Person Notified Tom Jerow	Telephone Number (715) 369-8910
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Date Investigated 8-31-89	Day of Week Thurs	Time Investigated 9:30	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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Person Investigating Tom Jerow	Telephone Number (715) 369-8910
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Action Taken By DNR <input type="checkbox"/> No Action Taken <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Supervise/Conduct Cleanup
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<input checked="" type="checkbox"/> Spiller Required To Take Action; Type repackage drums
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<input type="checkbox"/> Contractor Hired By DNR; Name _____
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<input type="checkbox"/> Amount Recovered _____
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<input type="checkbox"/> 29.29 Enforcement
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Other Agencies on Scene  
Local Warden

State \_\_\_\_\_

Federal \_\_\_\_\_

Additional Comments:  
Material appears to be some type of solvent or paint. I obtained 150 to 200 ppm (meter units) on the Hwy.

Spilled Substance Destination  
 Air  Soil  Groundwater  Surface Water  Storm Sewer  Sanitary Sewer  Contained/Recovered  Other \_\_\_\_\_

Person Filing This Report (print name)  
Tom Jerow

Signature  
Tom Jerow

Date Signed  
8-31-89

DATE: 09/01/89

FILE CODE: 4440

TO: GARY KULIBERT

FROM: ARCHIE WILSON

SUBJECT: SPILL CASE ASSIGNMENT

THE FOLLOWING CASE HAS BEEN ASSIGNED TO YOUR UNIT:

CASE NAME: C.M.CHRISTIANSEN CO.	CONTACT NAME: CHRISTIANSEN, P.C.	STATUS E
COUNTY: VILAS	ADDRESS: PO BOX 100	CASE # 769
LOCATION: SE,SW,35,T42N,R11E	PHELPS, WI 54554	PMN #
1/4 MI NORTHEAST OF HWY 17 ON HWY E	PHONE: 715-545-2333	LUST NO
SUBSTANCE: UNKNOWN VOC'S	DATE OF INCIDENT: 890829	
QUANTITY: 31 DRUMS	DATE OF REPORT: 890829	
CAUSE: LEAKING CONTAINERS	DATE FILE UPDATED: 890901	
ACTION BY SPILLER: NO NOTICE, WILL HIRE CONTRACTOR	GROUNDWATER AFFECTED: POT	
ACTION BY DNR: INVESTIGATION, SPILLER REQUIRED TO REPACK DRUMS & CLEANUP	SURFACE WATER AFFECTED: POT	
FIRST RESPONDER: JEROW,TOM/NIMZ,BRUCE TELEPHONE: 715-369-8910	NAME OF SURFACE WATER: MILITARY CREEK	

REPORTED BY ANONYMOUS CALLER. MATERIAL APPEARS TO BE SOME TYPE OF SOLVENT OR PAINT. JEROW REPORTS 150 TO 200 PPM ON HNU. 9/1/89 JEROW LETTER TO CHRISTIANSEN REQUESTS AREA BE SECURED, WASTE CHARACTERIZATION, REPACK DRUMS, DO SITE ASSESMENT.

INDICATE BELOW THE NAME OF A MEMBER OF YOUR STAFF WHO WILL SERVE AS PROJECT LEADER:

Assigned to: \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor Initial: \_\_\_\_\_

Supervisor's Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RETURN THE COMPLETED FILE COPY TO ME AND DISTRIBUTE ALL OTHER COPIES

CC: FILE - ARCHIE WILSON  
TOM JEROW  
BRUCE NIMZ