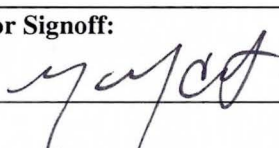


04-45-506335

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

04-45-506335

Date & Military Time Of Incident: 7-8-03		Date & Military Time Reported: 7-8-03		Spill File #		
Person Reporting: John Rabidue		Representing: Kaukauna Utilities		Phone # (920)462-0220 Fax # ()		
Responsible Party (RP) / Spiller: Kaukauna Utilities		RP Decision Based On:		Phone # (920)462-0220 Fax # ()		
RP Address: 777 Island Street				City Kaukauna	State WI	Zip Code 54130
RP Contact Name & Title: John Rabidue				Phone # (920)462-0220 Fax # ()		
Substance Involved: #300 Hydraulic Oil		Amount & Units Released: 1 quart		Amount & Units Recovered: none		
<input type="checkbox"/> Solid		<input type="checkbox"/> Semisolid		<input checked="" type="checkbox"/> Liquid		
<input type="checkbox"/> Gas		Color:		Odor:		
Exact Location Of Incident: (including street name, bldg. #, mileage, etc.) Combined Locks behind 540 Prospect Street -				Facility Name / Property Owner: Kaukauna Utilities - Combined Locks		
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township		County Outagamie		Latitude/Longitude		
DNR Region: NER		1/4 1/4 Sec T N R <input type="checkbox"/> E <input type="checkbox"/> W		Weather Conditions:		
Cause Of Incident: discharge from second pump. Normally when see release in first sump it is recovered. Oil accumulated over time.						
Spilled Substance Impact To: (check X all that apply)		Spill Cause/Site:		Action Taken By Spiller:		
<input type="checkbox"/> Air <input type="checkbox"/> Potential <input type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Potential <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Groundwater <input type="checkbox"/> Potential <input type="checkbox"/> Private Well <input type="checkbox"/> Potential <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Soil <input type="checkbox"/> Potential <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Potential <input checked="" type="checkbox"/> Surface Water <input type="checkbox"/> Potential Name: Fox River <input type="checkbox"/> Other:		<input type="checkbox"/> Ag Coop/Food Factory <input type="checkbox"/> Airport Facility <input type="checkbox"/> Railroad Facility <input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine <input type="checkbox"/> Gas/Service Station/Garage/Auto Dealer/Repair Shop <input type="checkbox"/> Hydraulic Line Break <input type="checkbox"/> Industrial Facility <input type="checkbox"/> Paper Mill <input type="checkbox"/> Chemical Co. <input type="checkbox"/> Pipeline/Terminal/Tank Farm/Oil Jobber/Wholesaler <input type="checkbox"/> Private Property (home/farm) <input type="checkbox"/> Public Property (city, state, church, school, etc.) <input type="checkbox"/> Transportation Accident, Fuel Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input checked="" type="checkbox"/> Utility Co. Power Generating/Transfer Facility <input type="checkbox"/> Other:		<input type="checkbox"/> Cleanup Method: <input type="checkbox"/> Absorbent <input type="checkbox"/> Excavation <input type="checkbox"/> <input type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired Name: <input type="checkbox"/> Monitor <input checked="" type="checkbox"/> No Action Needed <input type="checkbox"/> No Action Taken <input type="checkbox"/> Waste Destination: <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 Kind?						
Other Agencies Notified: (check first column, if notified; check both columns, if on the scene)				Incident Commander:		
<input type="checkbox"/> Fire Department <input checked="" type="checkbox"/> Local DNR <input type="checkbox"/> EPA <input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> Div. Emerg. Mgt. <input type="checkbox"/> Nat'l Resp Ctr 800-442-8802 <input type="checkbox"/> LEPC or Local Emer. Mgt. <input type="checkbox"/> Coast Guard <input type="checkbox"/> Chemtrec 800-424-9300 <input type="checkbox"/> Level A/Level B Team <input type="checkbox"/> DHFS 608-258-0099 <input type="checkbox"/> Other:				Phone # ()		
Prepared By: RN Chronert		Phone # 920-492-5592		Date: 7-8-03 and 7-18-03		
Person Notified:		Phone #		Date:		
Investigated By:		Sign:		Date:		
Spill Coordinator Signoff: 				Date: 7-18-03		
Transferred To: ERP <input type="checkbox"/> DATCP <input type="checkbox"/> Date: No		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 To:		
<input checked="" type="checkbox"/> See Additional Comments On Reverse Please, print page 2 of 2						

State of Wisconsin Substance Release Report (Cont'd)
Form 4401-91 Rev 12-01

Date and Military Time Of Incident:	Responsible Party:
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Additional Comments :

Case Activity Report: Yes No CAR#: (Please, attach copy of all CAR and other documentation)

Enforcement Action: Yes No (Explain Below)