

04-45-039420

STATE DIV. EMERGENCY GOVT. 608/266-3232
U.S. NAT'L. RESPONSE CENTER 800/424-8802
CHEMTREC/PESTICIDES/CHLORINE 800/424-9300

04-45-039420

DATE OF INCIDENT <i>before 10/26/83</i>		DAY OF WEEK <i>Thurs</i>		TIME OF INCIDENT <i>CONTINUING</i> <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM		REPORTED BY (NAME) <i>Gary Edelstein</i>		TELEPHONE NUMBER <i>608, 267-7563</i>	
DATE REPORTED <i>10/27/83</i>		DAY OF WEEK <i>Thurs.</i>		TIME REPORTED <i>9:00</i> <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM		AGENCY OR FIRM REPORTING <i>DNR</i>		REPORTED THRU DIV. EMERGEN. GOVT. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SUBSTANCE INVOLVED <i>PCB Trans. Oil</i>			QUANTITY <i>5</i>		UNITS <i>gal</i>	PERSON OR FIRM RESPONSIBLE <i>Foremost WHEY Products</i>			
SUBSTANCE INVOLVED			QUANTITY		UNITS	CONTACT NAME <i>Robert Brown</i>		TELEPHONE NUMBER <i>414, 733-6611</i>	
PHYSICAL CHARACTERISTICS <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> SEMISOLID <input type="checkbox"/> GAS <input type="checkbox"/> COLOR <input type="checkbox"/> ODOR						ADDRESS - STREET OR ROUTE <i>935 E. JOHN Street</i>			
CAUSE OF INCIDENT <i>Leaking transformer</i>						CITY, STATE, ZIP CODE <i>Appleton, WI</i>			
<input type="checkbox"/> TRANSP. RELATED <input checked="" type="checkbox"/> FACILITY RELATED			SPCC PLAN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA			ACTION TAKEN BY SPILLER <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> NO NOTIFICATION <input checked="" type="checkbox"/> DELAYED NOTIFICATION			
EXACT LOCATION DESCRIPTION (INTERSECTION, MILEAGE, ETC.) <i>935 East John Street</i>						<input type="checkbox"/> CONTAINMENT; TYPE <i>drums</i>			
COUNTY LOCATION <i>Outagamie</i>		1/4 1/4, 1/4, SECTION, TOWN, RANGE _____, _____, _____, T _____, N _____, R _____				<input type="checkbox"/> CLEANUP; METHOD <i>removal of soil</i>			
DNR DISTRICT <i>LMD</i>	DNR AREA <i>OSH</i>	SURFACE WATERS AFFECTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> POT		DRAIN BASIN		<input type="checkbox"/> DISPOSAL; LOCATION <i>PCB Site</i>			
NAME OF SURFACE WATER <i>N/A</i>		NEAREST SURF. WATER <i>N/A</i> FT.		NEAREST STORM SEWER <i>N/A</i> FT.		WEATHER CONDITIONS			
GROUNDWATERS AFFECTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> POT		NEAREST WELL <input type="checkbox"/> PRIV. <input type="checkbox"/> MUNIC. <i>N/A</i> FT.				TEMPERATURE _____ °F			
DATE DISTRICT NOTIFIED <i>10/27/83</i>		DAY OF WEEK <i>Thurs.</i>		TIME DISTRICT NOTIFIED <i>9:00</i> <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM		WIND SPEED _____ MPH DIRECTION OF WIND _____			
DATE INVESTIGATED <i>10/27/83</i>		DAY OF WEEK <i>Thurs.</i>		TIME INVESTIGATED <i>9:30</i> <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM		PRECIPITATION: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
ACTION TAKEN BY DNR <input type="checkbox"/> NO ACTION TAKEN <input checked="" type="checkbox"/> INVESTIGATION <input type="checkbox"/> 29.29 ENFORCEMENT						DIRECTION OF SPILL MOVEMENT _____			
DISTRICT PERSON NOTIFIED <i>Doug Rossberg</i>						TELEPHONE NUMBER <i>414, 497-4047</i>			
PERSON INVESTIGATING <i>Rossberg</i>						TELEPHONE NUMBER <i>414, 497-4047</i>			
LIST HUMAN HAZARDS OR CASUALTIES <input type="checkbox"/> REAL <input checked="" type="checkbox"/> POTENTIAL <input type="checkbox"/> NONE						ENVIRONMENTAL HAZARD/DAMAGE <input type="checkbox"/> REAL <input type="checkbox"/> POTENTIAL			
OTHER AGENCIES ON SCENE						VEGETATION _____			
LOCAL _____						FISH _____			
STATE _____						WILDLIFE <i>Closed 10/27/83</i>			
FEDERAL _____						BIRDS _____			
ADDITIONAL COMMENTS: <i>Probably better considered a "haz. waste" case of PCB disposal. EPA notified; spiller is cleaning up the area's replacing the transformer. Disposal firm has already been hired. Called Out 10, E.O. at 9:40 to report. Spillers will investigate - DNR's At call at 11:00 am - all OK</i>						OTHER _____			
PERSON FILING THIS REPORT (PRINT NAME) <i>Doug ROSSBERG</i>						DATE SIGNED <i>10/27/83</i>			
SIGNATURE <i>D. Rossberg</i>						COMMENTS: <i>TA 2/12/18</i>			

04-45-039420

DNR G.B.

RECEIVED DNR
OCT 28 1983

NOTE: ALL SHADED BLOCKS ON FORM MUST BE FILLED OUT
IF IT DOESN'T APPLY USE NA.
FILL IN ALL OTHER BLOCKS IF THEY APPLY.

DEG UOSR (1-80)	COMPLETE BY <i>Mr. Arens</i>	REVIEWED BY
OUTAGAMIE CITY	DATE OF INCIDENT YY MM DD 8 3 1 0 2 6	TIME OF INCIDENT 1415
WISCONSIN DIVISION OF EMERGENCY GOVERNMENT UNIFORM DISASTER SITUATION REPORT	DATE REPORT RECEIVED YY MM DD 8 3 1 0 2 7	TIME REPORT RECEIVED 2400 HOUR 0850
FILL IN ALL SHADED BLOCKS	PERSON REPORTING <i>Mr. Arens</i>	TELEPHONE NUMBER 414-735-5148/735-5255

1. TYPE OF DISASTER

TORNADO FLOOD HAZ MATS FIRE

ICE STORM TRAIN AIRCRAFT STRIKE / SLID OTHER PCB'S

2. LOCATION
(USE ROADS, STREETS AND OTHER LAND MARKS)

AREA (CIRCLE ONE): S WC **EC** W NW NE SE

COUNTY: OUTAGAMIE CITY: APPLETON VILLAGE: TOWNSHIP: SECTION:

GIVE EXACT LOCATIONS
FOREMOST DAIRIES - JOHN ST PLANT. 2116 FRANKLIN ST APPLETON WI 54911

3.

DECEASED: NO. TAKEN TO

INJURED: NO. TAKEN TO

HOMELESS NO. RELOCATED AT

ADDITIONAL FACILITIES NEEDED

EVACUATED: NO. FROM WHAT AREA

RELOCATED AT

ADDITIONAL FACILITIES NEEDED

MA
PERSONS

4. HEALTH HAZARDS

WATER SUPPLY SPOILED FOOD DEAD ANIMALS COMMUNICABLE DISEASE

RAW SEWAGE OTHER(Explain) NO POLLUTION HAZARD

5.

MANPOWER NO. TYPE-RESCUE-MEDICAL-POLICE-ECT.

EQUIPMENT TYPE NEEDED

FOOD FOR HOW MANY CLOTHING FOR HOW MANY

COMMUNICATIONS TYPE NEEDED

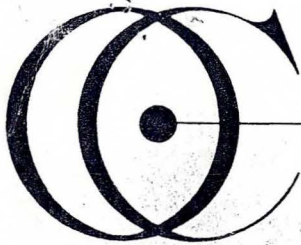
ISOLATION WITHIN WHAT AREA

IMMEDIATE HELP NEEDED

6. PUBLIC OFFICIALS

NAME/TITLE	GOVERNMENT AGENCY	<input checked="" type="checkbox"/> ON LOCATION	AVAILABLE AT/PHONE
<u>MR. ARENS</u>	<u>OUT EG.</u>	<input type="checkbox"/> CONTACTED	<u>RADIO</u>
<u>MR PAGLES</u>	<u>DNR</u>	<input type="checkbox"/> ON LOCATION	<u>TELEPHONE</u>
		<input checked="" type="checkbox"/> CONTACTED	
		<input type="checkbox"/> ON LOCATION	
		<input type="checkbox"/> CONTACTED	
		<input type="checkbox"/> ON LOCATION	
		<input type="checkbox"/> CONTACTED	

04-45-039420



OUTAGAMIE COUNTY

410 S. WALNUT ST. APPLETON, WISCONSIN 54911 COURTHOUSE

Please, attach this to your spill form

EMERGENCY GOVERNMENT

PHONE (414) 735-5148

TO: WHOM IT MAY CONCERN

FM: MR. ADRIAN H. ARENS

DATE: 27 OCT 1983

*NO PUBLICITY
ON THIS AT
REQUEST OF COMPANY*

RECEIVED A CALL OF A POSSIBLE HAZARD AT FOREMOST DARIES IN APPLETON DOWN ON JOHN STREET

AT 0940 MR PAGEES OF DNR CALLED IN TO INFORM ME OF THE POSSIBLE SPILL. I TOLD HIM I WAS JUST ON MY WAY DOWN THERE NOW.

TALKED TO PETE THE PLANT ENGINEER. THREE OLD TRANSFORMERS BEING STORED IN HIGH VOLTAGE AREA TO THE WEST OF THE PLANT NEXT TO THE CANAL SPILLWAY WERE TESTED AND TESTED OUT AT 600 PPM, 690PPM AND 1030 PPM. THE 1030 PPM transformer is leaking near the power outlet take off about three feet up the side from a possible deteriorated seal. approximately 13 to 15 gals have leaked into the chat rock and soil beneath the unit.

Difference in test samples may be attributed to the fact that the transformers have been sitting for about 10 years unused. the leaker with air getting in may have concentrated the PCB's near the test outlet rather than keeping them in suspension.

TALKED TO MR. BROWN OF FOREMOST THEY WILL TAKE CARE OF THE CLEAN UP AND REMOVAL OF THE UNITS. THE COMPANY IS VERY COOPERATIVE AND WILL DO THE RIGHT THING.

MIDWEST ELECTRICAL CO OF 3218 W FOND DU LAC AVE. MILWAUKEE will do the clean up. (MR WALT POWELL 445-0992) They are a good company who have experience in PCB's.

MR WALT POWELL will call me when they arrive for the clean up and they will pump out the liquid first into 30 GAL containers and then repackage it in 55 gal drums for removal. The dry transformers will then be removed and taken away. The PCB's will be sent to a INCINERATOR or a licenced land fill and the containers will also be removed when empty.

Approximately 1 CUBIC YARD of contaminated soil under the leaking transformer must also be removed.

NO ENVIROMENTAL HAZARD EXISTS AT THIS TIME. ALL SAFETY PRECAUTIONS WILL BE TAKEN TO PREVENT A FURTHER SPILL. I WILL BE MONITORING THE CLEAN UP OPERATIONS.


ADRIAN H. ARENS
Coordinator

NOTE: ALL SHADED BLOCKS ON FORM MUST BE FILLED OUT IF IT DOESN'T APPLY USE NA. FILL IN ALL OTHER BLOCKS IF THEY APPLY.

DNR G.B. RECEIVED DN OCT 28 1983

DEG UDSR (1-80)	COMPLETE BY <i>Mr. Arens</i>	REVIEWED BY <i>Lake Mich. Dis</i>
WISCONSIN DIVISION OF EMERGENCY GOVERNMENT UNIFORM DISASTER SITUATION REPORT		
DATE OF INCIDENT YY MM DD 8 3 1 0 2 6 1415		
DATE REPORT RECEIVED YY MM DD 8 3 1 0 2 7 0850		
PERSON REPORTING <i>Mr. Arens</i>		TELEPHONE NUMBER 414-735-5148/735-5255

FILL IN ALL SHADED BLOCKS

1. TYPE OF DISASTER

TORNADO FLOOD HAZ. MATR. FIRE
 ICE STORM TRAIN AIRCRAFT STRIKE / SLOTT OTHER *PCB'S*

2. LOCATION

AREA (CIRCLE ONE): S WC ED W NW NE SE

COUNTY: *OUTAGAMIE* CITY: *APPLETON* TOWNSHIP: SECTION: VILLAGE: RESECTION:

GIVE EXACT LOCATIONS
FOREMOST DAIRIES - JOHN ST PLANT. 2116 FRANKLIN ST APPLETON WI 54911

3.

DECEASED: NO. TAKEN TO

INJURED: NO. TAKEN TO

HOMELESS: NO. RELOCATED AT

ADDITIONAL FACILITIES NEEDED

EVACUATED: NO. FROM WHAT AREA

RELOCATED AT

ADDITIONAL FACILITIES NEEDED

4. HEALTH HAZARDS

WATER SUPPLY SPOILED FOOD DEAD ANIMALS COMMUNICABLE DISEASE
 RAW SEWAGE OTHER(Explain) *NO POLLUTION HAZARD*

5.

MANPOWER NO. TYPE-RESCUE-MEDICAL-POLICE-EGT.

EQUIPMENT TYPE NEEDED

FOOD FOR HOW MANY CLOTHING FOR HOW MANY

COMMUNICATIONS TYPE NEEDED

ISOLATION WITHIN WHAT AREA

6. PUBLIC OFFICIALS

NAME/TITLE	GOVERNMENT AGENCY	<input checked="" type="checkbox"/> ON LOCATION	AVAILABLE AT/PHONE
<i>MR. ARENS</i>	<i>OUT EG.</i>	<input type="checkbox"/> CONTACTED	<i>RADIO</i>
<i>MR PAGLES</i>	<i>DNR</i>	<input type="checkbox"/> ON LOCATION	<i>TELEPHONE</i>
		<input checked="" type="checkbox"/> CONTACTED	
		<input type="checkbox"/> ON LOCATION	
		<input type="checkbox"/> CONTACTED	
		<input type="checkbox"/> ON LOCATION	
		<input type="checkbox"/> CONTACTED	

MA
PERSONS

IMMEDIATE HELP NEEDED

7.	POWER CO. - NAME		PERSON IN CHARGE		PHONE				
	TELEPHONE CO. - NAME								
	HIGHWAY DEPT. - COUNTY OR STATE								
	HEALTH / WELFARE DEPT. - COUNTY OR STATE								
	RED CROSS - CHAPTER / SALVATION ARMY								
AGENCIES NOW IN AREA	INS. ADJUSTERS - COMPANIES		AGENT		PHONE				
	OTHER MR BROWN (TECH SYSTEMS) FOREMOST DAIRIES								
8. DAMAGE (PRIVATE)	1. MINOR UNDER \$2000	2. MAJOR OVER \$2000	3. COMPLETE	TOTAL NO. DAMAGED	ESTIMATED DAMAGE DOLLARS	LOCATION - CITY - VILLAGE - TOWNSHIP			
RESIDENCES									
SMALL BUSINESS									
INDUSTRY & UTILITIES									
9 DAMAGE (OTHER)	FARM BUILDINGS		CATTLE		CROPS		PERSONAL PROPERTY		
	NUMBER	DOLLARS	NUMBER	DOLLARS	ACRES	DOLLARS	DOLLAR LOSS		
	PRIVATE DAMAGE			INSURANCE COVERAGE		NET PRIVATE DAMAGE			
10 DAMAGE PUBLIC BLDGS (LIST ALL DAMAGE FROM NO. 8.)	NAME - TYPE			LOCATION			DAMAGE 1, 2, 3		DOLLARS
11 DAMAGE PUBLIC FRA CATEGORY	CATEGORY		DOLLARS		CATEGORY		DOLLARS		
	A. DEBRIS CLEARANCE				F. DAMAGE TO PUBLIC UTILITIES				
	B. PROTECTIVE MEASURES				G. DAMAGE TO FACILITIES UNDER CONSTRUCTION				
	C. DAMAGE TO ROAD SYSTEMS				H. REPAIR OR RESTORATION OF NON PROFIT FACILITIES				
	D. DAMAGE TO WATER CONTROL FACILITIES				I. OTHER DAMAGE (NOT IN ABOVE CATEGORIES)				
	E. DAMAGE TO PUBLIC BUILDINGS & RELATED EQUIPMENT								
12. FIELD COMMAND POST OF ECG	NAME		LOCATION		PHONE				
	MR ARENS		RADIO		735-5148				
	PERSON IN CHARGE		DEPARTMENT						
13 TOTAL DAMAGE	PRIVATE DAMAGE		DOLLARS		PUBLIC DAMAGE		DOLLARS		TOTAL PRIVATE & PUBLIC DAMAGE
	(NET)								
14 COMMENTS	see attached Report, CLEAN UP								

7.	POWER CO. - NAME				PERSON IN CHARGE		PHONE
	TELEPHONE CO. - NAME						
	HIGHWAY DEPT. - COUNTY OR STATE						
	HEALTH / WELFARE DEPT. - COUNTY OR STATE						
	RED CROSS - CHAPTER / SALVATION ARMY						
	INS. ADJUSTERS - COMPANIES				AGENT		PHONE
	OTHER MR BROWN (TECH SYSTEMS) FOREMOST DAIRIES						
8. DAMAGE (PRIVATE)	1. MINOR UNDER \$2000	2. MAJOR OVER \$2000	3. COMPLETE	TOTAL NO. DAMAGED	ESTIMATED DAMAGE DOLLARS	LOCATION - CITY - VILLAGE - TOWNSHIP	
	RESIDENCES						
	SMALL BUSINESS						
	INDUSTRY & UTILITIES						
9 DAMAGE (OTHER)	FARM BUILDINGS		CATTLE		CROPS		PERSONAL PROPERTY
	NUMBER	DOLLARS	NUMBER	DOLLARS	ACRES	DOLLARS	DOLLAR LOSS
PRIVATE DAMAGE			INSURANCE COVERAGE			NET PRIVATE DAMAGE	
10 DAMAGE PUBLIC BLDGS (LIST 1, 2, 3 DAMAGE FROM NO. 8.)	NAME - TYPE			LOCATION			DAMAGE 1, 2, 3
							DOLLARS
11 DAMAGE PUBLIC CATEGORY	CATEGORY		DOLLARS		CATEGORY		DOLLARS
	A. DEBRIS CLEARANCE.				F. DAMAGE TO PUBLIC UTILITIES.		
	B. PROTECTIVE MEASURES.				G. DAMAGE TO FACILITIES UNDER CONSTRUCTION.		
	C. DAMAGE TO ROAD SYSTEMS.				H. REPAIR OR RESTORATION OF NON PROFIT FACILITIES.		
	D. DAMAGE TO WATER CONTROL FACILITIES.				I. OTHER DAMAGE (NOT IN ABOVE CATEGORIES).		
	E. DAMAGE TO PUBLIC BUILDINGS & RELATED EQUIPMENT.						
12. FIELD COMMAND POST OR ETC	NAME MR ARENS		LOCATION RADIO			PHONE 735-5148	
	PERSON IN CHARGE		DEPARTMENT				
13 TOTAL DAMAGE	PRIVATE DAMAGE (NET)	DOLLARS	PUBLIC DAMAGE	DOLLARS	TOTAL PRIVATE & PUBLIC DAMAGE	DOLLARS	
14 COMMENTS	see attached Report, CLEAN UP						

TOXIC AND HAZARDOUS INCIDENT ALERT FORM

Division of Emergency Government
Department of Administration

NOV 2 1983

Report Prepared By:
H. NIESEN

1) Date Incident Reported OCT. 27, 1983	2) Time Incident Reported 1140	3) Date of Incident OCT. 26, 1983	4) Time of Incident 1415
5) Incident Reported By (Name) ADRIAN ARENS		6) Title/Agency OUTAGAMIE Co. E.C. DIR.	7) Telephone Number 414 / 739-4171

8) Substance/Trade Name of Material(s) PCB	10) Physical Characteristics: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Color _____ <input type="checkbox"/> Semisolid <input type="checkbox"/> Gas <input type="checkbox"/> Odor _____
9) Quantity Lost (Units) 15-20 GALLONS	

11) Exact Location Description (Highway, Intersection, Mileage) JOHN ST. IN APPLETON, WIS.	12) County OUTAGAMIE
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13) Cause of Incident	MATERIAL LEAKING FROM A TRANSFORMER - UNUSED
<input type="checkbox"/> Transportation Related <input type="checkbox"/> Transportation Highway <input checked="" type="checkbox"/> Facility Related	3 OTHER TRANSFORMERS IN AREA

14) If Nuclear Facility—Type of Alert: Unusual Event Alert Site Emergency General Emergency

15) Person/Firm Responsible for Incident FOREMOST DAIRY Co.	20) Surface Water Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential	21) Ground Water Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential
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16) Address—Street or Route 935 E. JOHN ST.	22) Distance to Nearest Water _____
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17) City, State, Zip APPLETON, WIS.	Distance to Nearest Well _____
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18) Telephone Number 414 / 733-6611	23) Number of Injuries _____	24) Number of Deaths _____
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19) Local Units on Scene: <input checked="" type="checkbox"/> EG <input type="checkbox"/> Enforcement <input type="checkbox"/> Fire <input type="checkbox"/> Engineering <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	25) Distance From: a. Population _____ b. Medical Care Facilities _____ c. Correctional Facilities _____ d. Senior Citizens Centers _____
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26) Actions Taken on Scene:
THE COMPANY HAS AGREED TO CLEANUP WHICH WILL BE DONE BY THE MIDWEST ELECTRICAL Co., 3218 W. FOND DU LAZ AVE, MILWAUKEE, WIS. DNR HAS BEEN NOTIFIED AND IS LETTING MR. ARENS AND THE CLEAN UP COMPANY TAKE CARE OF THIS. EPA WAS CONTACTED

27) Additional Remarks:
MR. ARENS WILL SEND A UDSR REPORT TO OUR OFFICE.

AGENCY	PERSON CONTACTED	TELEPHONE NUMBER	AGENCY	PERSON CONTACTED	TELEPHONE NUMBER
NR CENTER /CHEMTREC		800-424-8802	H&SS		24 hr. number 608-266-2830
AGRI			NFC		312-932-2500
DEG/AREA DIRECTOR			PSC		
DILHR			MFCR.		
DNR		Pager Number 608-845-4049	OTHER		
DOT/ ST. PATROL					

(See reverse side for explanations & additional remarks)