

04-05-041389

DATE OF INCIDENT 8-18-86	DAY OF WEEK MON	TIME OF INCIDENT <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	REPORTED BY (NAME) John Zemanek	TELEPHONE NUMBER 3361 9651
-----------------------------	--------------------	---	------------------------------------	-------------------------------

DATE REPORTED 8-18-86	DAY OF WEEK MON	TIME REPORTED <input type="checkbox"/> AM <input type="checkbox"/> PM	AGENCY OR FIRM REPORTING Better Bite	REPORTED THRU DIV. EMERGEN. GOVT. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--------------------------	--------------------	---	---	---

SUBSTANCE INVOLVED Zn plate Treatment sludge	QUANTITY 15	UNITS gal	PERSON OR FIRM RESPONSIBLE Better Bite
SUBSTANCE INVOLVED	QUANTITY	UNITS	CONTACT NAME J. Zemanek
			TELEPHONE NUMBER /

PHYSICAL CHARACTERISTICS <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input checked="" type="checkbox"/> SEMISOLID <input type="checkbox"/> GAS	COLOR _____ ODOR _____	ADDRESS - STREET OR ROUTE 315 6th ST
CAUSE OF INCIDENT treat tank stopped over		CITY, STATE, ZIP CODE De Pere WI

<input type="checkbox"/> TRANSP. RELATED <input checked="" type="checkbox"/> FACILITY RELATED SPPC PLAN <input type="checkbox"/> YES <input 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"/> CONTAINMENT; TYPE oil sponges <input checked="" type="checkbox"/> CLEANUP; METHOD _____ <input type="checkbox"/> DISPOSAL; LOCATION _____ <input type="checkbox"/> FIRE DEPARTMENT ACTION _____ <input type="checkbox"/> CONTRACTOR HIRED; NAME _____ <input type="checkbox"/> OTHER ACTION _____
EXACT LOCATION DESCRIPTION (INTERSECTION, MILEAGE, ETC.)	
COUNTY LOCATION Brown	1/4, 1/4, SECTION, TOWN, RANGE _____, _____, _____, T _____ N, R _____
DNR DISTRICT	DNR AREA
SURFACE WATERS AFFECTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> POT	
DRAIN BASIN	

NAME OF SURFACE WATER	NEAREST SURF. WATER _____ FT.	NEAREST STORM SEWER _____ FT.	WEATHER CONDITIONS
GROUNDWATERS AFFECTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> POT	NEAREST WELL <input type="checkbox"/> PRIV. <input type="checkbox"/> MUNIC. _____ FT.		TEMPERATURE _____ °F
DATE DISTRICT NOTIFIED	DAY OF WEEK	TIME DISTRICT NOTIFIED <input type="checkbox"/> AM <input type="checkbox"/> PM	WIND SPEED _____ MPH
			DIRECTION OF WIND _____
			PRECIPITATION: <input type="checkbox"/> YES <input type="checkbox"/> NO
			DIRECTION OF SPILL MOVEMENT _____

DATE INVESTIGATED	DAY OF WEEK	TIME INVESTIGATED <input type="checkbox"/> AM <input type="checkbox"/> PM	DISTRICT PERSON NOTIFIED	TELEPHONE NUMBER /
			PERSON INVESTIGATING	TELEPHONE NUMBER /

ACTION TAKEN BY DNR <input checked="" type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> 29.29 ENFORCEMENT <input type="checkbox"/> CONTAINMENT; TYPE _____ <input type="checkbox"/> CLEANUP; METHOD _____ <input type="checkbox"/> SUPERVISE CLEANUP (PERSON) _____ <input type="checkbox"/> DISPOSAL; LOCATION _____	LIST HUMAN HAZARDS OR CASUALTIES <input type="checkbox"/> REAL <input type="checkbox"/> POTENTIAL <input type="checkbox"/> NONE
--	--

SPILLER REQUIRED TO TAKE ACTION; TYPE _____ CONTRACTOR HIRED BY DNR; NAME _____ <input type="checkbox"/> DNR SPILL EXPENSE SENT TO MADISON CENTRAL OFFICE. <input type="checkbox"/> EVIDENCE COLLECTED: <input type="checkbox"/> PHOTOGRAPHS _____ <input type="checkbox"/> STATEMENTS OF WITNESSES <input type="checkbox"/> SAMPLES _____ <input type="checkbox"/> OTHER _____	ENVIRONMENTAL HAZARD/DAMAGE <input type="checkbox"/> REAL <input type="checkbox"/> POTENTIAL <input type="checkbox"/> VEGETATION _____ <input type="checkbox"/> FISH _____ <input type="checkbox"/> WILDLIFE _____ <input type="checkbox"/> BIRDS _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> NONE _____
--	---

OTHER AGENCIES ON SCENE	PERSON FILING THIS REPORT (PRINT NAME) James Reighan
LOCAL _____	SIGNATURE James Reighan
STATE _____	DATE SIGNED 8-18-86
FEDERAL _____	

ADDITIONAL COMMENTS:
 JOHN said treatment tank stopped over very small amount into street ≈ 15 galls. Liquid was contained with oil sponges and placed in catchment. I told JOHN this is listed haz waste & must be handled as

1/90

ERLP

Rd. yellow-4,5,165
Rd. orange-1
Rd. red-6

SITE NAME
Better Brite

MAP SITE NUMBER
Rd. yellow-166

LOCATION
COUNTY
Brown

TOWNSHIP
SW1/4 NE1/4 SEC 28 T 23N R 20E

STREET ADDRESS
315 6th St.

SITE OWNER/MANAGER
ADDRESS John Zenner
315 6th St.
DePere, WI

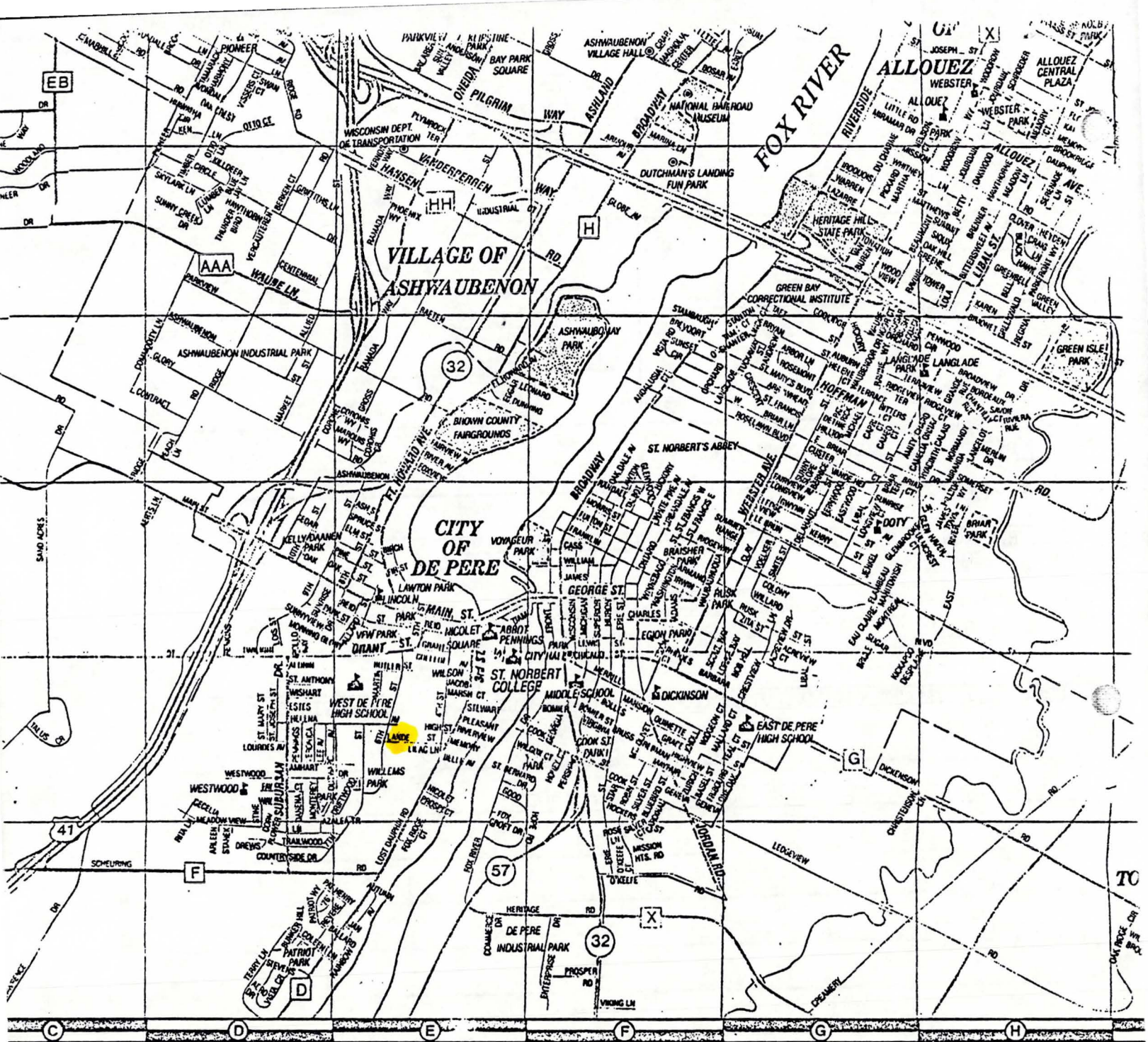
MUNICIPALITY
 CITY VILLAGE TOWN DePere

DNR PROGRAM
Solid Waste

DESCRIPTION OF HAZARDOUS SUBSTANCE/CONTAMINATION TYPE
Zinc plate treatment sludge

COMMENTS: AMOUNT OF CONTAMINATION, DATE OF INCIDENT, CLEANUP ACTIONS TAKEN


8/18/86 - Treatment tank slopped over and about 15 gallons spilled into the street. The liquid was contained with oil sorb and placed in containers. Was to be handled as hazardous waste.



Concerns Become Ours... We'll Get You Results!

THE HALLMARK GROUP REALTORS

1822 Riverside Dr. 435-7400




1967 E. Allouez Ave.
Green Bay, WI 54301 • 465-1522
FAX 465-1062 • Telecommunications 465-1057
A Full Service Typesetting Company

Please advertise this map