

04-45-041473

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

9-24-86

04-46-041473

DATE OF INCIDENT unk	DAY OF WEEK unk	TIME OF INCIDENT unk <input type="checkbox"/> AM <input type="checkbox"/> PM	REPORTED BY (NAME) unk	TELEPHONE NUMBER unk
DATE REPORTED 9/24/86	DAY OF WEEK Wed	TIME REPORTED 11:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	AGENCY OR FIRM REPORTING WDNR	REPORTED THRU DIV. EMERGEN. GOVT. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SUBSTANCE INVOLVED Motor oil (used)	QUANTITY 75	UNITS gal	PERSON OR FIRM RESPONSIBLE Wisconsin Muffler Inc	
SUBSTANCE INVOLVED	QUANTITY	UNITS	CONTACT NAME WAYNE HUSS	TELEPHONE NUMBER 414,734-6208
PHYSICAL CHARACTERISTICS <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> SEMISOLID <input type="checkbox"/> GAS COLOR <u>yes - Black</u> ODOR <u>yes</u>			ADDRESS - STREET OR ROUTE 2702 Richmond ST.	
CAUSE OF INCIDENT Spillage from 55gal drums			CITY, STATE, ZIP CODE Appleton, WI 54911	
ACTION TAKEN BY SPILLER <input type="checkbox"/> NO ACTION <input type="checkbox"/> TAKEN <input type="checkbox"/> CONTAINMENT; TYPE _____ <input type="checkbox"/> CLEANUP; METHOD _____ <input type="checkbox"/> DISPOSAL; LOCATION _____ <input type="checkbox"/> FIRE DEPARTMENT ACTION _____ <input checked="" type="checkbox"/> CONTRACTOR HIRED; NAME <u>Rocket & Van Handle</u> <input type="checkbox"/> OTHER ACTION _____			NO ACTION <input type="checkbox"/> NOTIFICATION <input type="checkbox"/> DELAYED NOTIFICATION <input type="checkbox"/>	
EXACT LOCATION DESCRIPTION (INTERSECTION, MILEAGE, ETC.) 2702 Richmond ST.				
COUNTY LOCATION Outagamie	1/4, 1/2, 3/4, SECTION, TOWN, RANGE -, -, -, T -, N, R -			
DNR DISTRICT LMD	DNR AREA OSH	SURFACE WATERS AFFECTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> POT	DRAIN BASIN 113	
NAME OF SURFACE WATER	NEAREST SURF. WATER _____ FT.	NEAREST STORM SEWER 200 FT.		
GROUNDWATERS AFFECTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> POT	NEAREST WELL <input type="checkbox"/> PRIV. <input type="checkbox"/> MUNIC. _____ FT.			
DATE DISTRICT NOTIFIED 9/24/86	DAY OF WEEK Wed	TIME DISTRICT NOTIFIED 11:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	PRECIPITATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE INVESTIGATED 9/24/86	DAY OF WEEK Wed	TIME INVESTIGATED 1300 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	DIRECTION OF SPILL MOVEMENT _____	
ACTION TAKEN BY DNR <input type="checkbox"/> NO ACTION <input checked="" 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 _____			DISTRICT PERSON NOTIFIED Walt NAAB	
SPILLER REQUIRED TO TAKE ACTION; TYPE _____ CONTRACTOR HIRED BY DNR; NAME _____ 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 _____			TELEPHONE NUMBER 414,424-3050	
OTHER AGENCIES ON SCENE _____			PERSON INVESTIGATING Jim Schedgick	
LOCAL _____ STATE _____ FEDERAL _____			TELEPHONE NUMBER 414,424-4402	
ADDITIONAL COMMENTS:			LIST HUMAN HAZARDS OR CASUALTIES <input type="checkbox"/> REAL <input type="checkbox"/> POTENTIAL <input checked="" type="checkbox"/> NONE	
ENVIRONMENTAL HAZARD/DAMAGE <input checked="" type="checkbox"/> VEGETATION _____ <input type="checkbox"/> FISH _____ <input type="checkbox"/> WILDLIFE _____ <input type="checkbox"/> BIRDS _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> NONE _____			ENVIRONMENTAL HAZARD/DAMAGE <input type="checkbox"/> REAL <input checked="" type="checkbox"/> POTENTIAL	
PERSON FILING THIS REPORT (PRINT NAME) Jim Schedgick			COMMENTS: _____	
SIGNATURE Jim Schedgick			DATE SIGNED 9/24/86	

REC'D DNR
SEP 30 1986
GREEN BAY

Closed 9/24/86
TA 2/12/88

860924-01

SITE NAME

Wisconsin Muffler Inc.

MAP SITE NUMBER

Rd. yellow-73

LOCATION

COUNTY

Outagamie

TOWNSHIP

SE 1/4 NE 1/4 SEC 27 T 21 N R 17 E

STREET ADDRESS

2702 Richmond St.

SITE OWNER/MANAGER

ADDRESS Wayne Huss
2702 Richmond St.
Appleton, WI 54911

MUNICIPALITY

CITY VILLAGE TOWN

Appleton

DNR PROGRAM

Solid Waste

DESCRIPTION OF HAZARDOUS SUBSTANCE/CONTAMINATION TYPE

Motor oil (used)

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

unknown date of incident
reported - 9/24/86 - Spillage from 55 gallon drums
resulted in a 75 gallon motor oil spill. A
contractor was hired to do the cleanup.

