

BRRTS # 04-41-042315

State Div. Emergency Gov't. (808) 266-3232
U.S. Nat'l. Response Center (800) 424-8802
Chemtrec/Pesticides/Chlorine (800) 424-9300

Spill ID Number

Y Y M M D D 0-99

Date of Incident 10-09-87	Day of Week Friday	Time of Incident Unknown	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) Karen (DNR MADISON)	Telephone Number ()
Date Reported 10-09-87	Day of Week Friday	Time Reported 2:00	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting Radin Company (Dana Haugla)	Reported thru Div. Emergen. Gov't. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Substance Involved Chemical contaminants		Quantity Unknown	Units	Person or Firm Responsible Hentsen Coatings Inc.	
Substance Involved		Quantity	Units	Contact Name	Telephone Number ()

Physical Characteristics	Address - Street or Route 6937 West Mill Road Avenue
<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Semisolid <input type="checkbox"/> Gas	City, State, Zip Code Milwaukee, WI
Color _____ Odor _____	

Cause of Incident Unknown	Action Taken By Spiller
Exact Location Description (intersection, mileage, etc.) 6937 W. Mill Road	<input type="checkbox"/> No Action Taken <input type="checkbox"/> No Notification <input type="checkbox"/> Investigate
County Location Milwaukee	<input type="checkbox"/> Containment; Type _____
County Location Milwaukee	<input type="checkbox"/> Cleanup; Method _____
DNR Dist SED DNR Area _____	<input type="checkbox"/> Amount Recovered _____
Groundwaters Affected <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential	<input type="checkbox"/> Monitor _____
Surface Waters Affected <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential	<input checked="" type="checkbox"/> Contractor Hired; Name Radin Company
Name of Surface Water	<input type="checkbox"/> Other Action _____

Date District Notified 10-09-87	Day of Week Friday	Time District Notified 2:05	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Spill Location
District Person Notified Phyllis Shanks	Telephone Number (414) 562-9696	<input type="checkbox"/> Industrial Facility/Paper Mill/Chem. Co.		
Date Investigated	Day of Week	Time Investigated	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> Gas/Service Station/Garage, Auto Dealer, Repair Shop
Person Investigating	Telephone Number	<input type="checkbox"/> Ag Coop/Facility/Cheese Factory/Creamery		
Action Taken By DNR				<input type="checkbox"/> Other Small Business (bank, grocery, insurance co., etc.)
<input type="checkbox"/> No Action Taken <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Supervise/Conduct Cleanup				<input type="checkbox"/> Public Property (city, county, state, church, school, etc.)
Spiller Required To Take Action; Type SCOPE OF WORK referred to Jim Schmidt.				<input type="checkbox"/> Utility Co., Power Generating/Transfer Facility
<input type="checkbox"/> Contractor Hired By DNR; Name _____				<input type="checkbox"/> Private Property (home/farm)
<input type="checkbox"/> Amount Recovered _____				<input type="checkbox"/> Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler
<input type="checkbox"/> 29.29 Enforcement				<input type="checkbox"/> Transportation Accident, Fuel Supply Tank Spill
Other Agencies on Scene				<input type="checkbox"/> Transportation Accident, Load Spill
Local _____				<input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine
State _____				<input checked="" type="checkbox"/> Other _____
Federal _____				Spilled Substance Destination
				<input type="checkbox"/> Air
				<input checked="" type="checkbox"/> Soil } will be large clean-up.
				<input checked="" type="checkbox"/> Groundwater
				<input type="checkbox"/> Surface Water
				<input type="checkbox"/> Storm Sewer
				<input type="checkbox"/> Sanitary Sewer
				<input type="checkbox"/> Contained/Recovered
				<input type="checkbox"/> Other _____

Person Filing This Report (print name)	
Signature	Date Signed

Additional Comments:
While the Radin Comp was inspecting the removal of underground tanks at the Hentsen Coating Company they noticed underground chemical contaminants. Amount unknown. The person who witness this is Dana Haugla ^{from} Radin Co. They are also the contractor hired to clean this spill up. **Radin's # 043-2748**