04-41-042616 TOXIC AND HAZARDOUS SPILL REPO State of Wisconsin Department of Natural Resources Form 4400-91 (608) 266-3232 State Div. Emergency Gov't. Spill ID Number (800) 424-8802 U.S. Nat'l. Response Center Chemtrec/Pesticides/Chlorine (800) 424-9300 Y Y M M D D 0-99 Telephone Number XŒ A.M. Date of Incident Day of Week Time of Incident Reported By (Name) Thelma □ P.M. Mar 17, 1988 Thu 0622 Date Reported Mar 17, 1988 Day of Week Thu XX A.M. Agency or Firm Reporting Reported thru Div. Emergen. Time Reported 1020 Mad DNR Gov't. □ P.M. ☐ Yes MXNo Person or Firm Responsible Quantity Units Substance Involved potassium clhoride zinc plating sol ution Milwaukee Plating Co Substance Involved pH 4.5 Quantity Units Contact Name Telephone Number 200+ gal Mr Mattacotti (414)272-34433433 Address - Street or Route Physical Characteristics 1434 N 4th St Color_clear ☐ Solid XX Liquid City, State, Zip Code Odorsweet Milwaukee, WI ☐ Semisolid Gas Action Taken By Spiller Cause of Incident 1434 N 4th St, Milwaukee No Action No Exact Location Description (intersection, mileage, etc.) ☐ Notification ☐ Investigate Taken valve left open, slurry tank overflowed ☐ Containment; Type notified MMSD, contained County Location 1/4 1/4, 1/4, Section, Town, Range Cleanup; Method _ Xx Amount Recovered most in holding tank Milwaukee Groundwaters Affected DNR Dist DNR Area Contractor Hired; Name _____ SED ☐ Yes Potential Other Action Surface Waters Affected Name of Surface Water Yes □ No □ Potential Spill Location Date District Day of Week Time District Notified Industrial Facility/Paper Mill/Chem. Co. Notified A.M. Gas/Service Station/Garage, Auto Dealer, Repair Shop P.M. Mar 17, 1988 Thu 1030 ☐ Ag Coop/Facility/Cheese Factory/Creamery District Person Notified Telephone Number Other Small Business (bank, grocery, insurance co., etc.) Sharon Cutright (414) 562-9696 Public Property (city, county, state, church, school, etc.) Date Investigated Day of Week Time Investigated Utility Co., Power Generating/Transfer Facility □ P.M. Private Property (home/farm) Telephone Number Person Investigating Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler Transportation Accident, Fuel Supply Tank Spill Action Taken By DNR Transportation Accident, Load Spill Supervise/Conduct No Action Construction, Excavation, Wrecking, Quarry, Mine Cleanup Investigation Taken Spiller Required To Spilled Substance Destination Take Action; Type ☐ Air Contractor Hired ☐ Soil By DNR; Name ☐ Groundwater Amount Recovered ☐ Surface Water 29.29 Enforcement ☐ Storm Sewer Other Agencies on Scene Sanitary Sewer MMSD and Milw FD ☐ Contained/Recovered Local Other Person Filing This Report (print name) Date Signed Signature Federal Additional Comments:

Call was reported to Thelma in Madison who relayed call to me. Spill **e**verflowed from slurry tank to sewer. MMSD has clened up and is holding in holding takk. MMSD notified

Milw FD.

LO DNR ACTION NEEDED FO

TOXIC AND HAZARDOUS SPILL REPORT State of Wisconsin Department of Natural Resources Form 4400-91 State Div. Emergency Gov't. (608) 266-3232 Spill ID Number U.S. Nat'l. Response Center (800) 424-8802 Chemtrec/Pesticides/Chlorine (800) 424-9300 Y Y M M D D 0-99 Date of Incident Day of Week Time of Incident □ A.M. Reported By (Name) Telephone Number 3/17/88 Thurs 0622 □ P.M. Garrett Neilson Day of Week Time Reported □ A.M. Reported thru Div. Emergen. Date Reported Agency or Firm Reporting 1020 AM □ P.M. ☐ Yes □ No Substance Involved Quantity Units Person or Firm Responsible Potassium Chloride Zinc Plating Solution Milwaukee Plating Co Substance Involved Quantity Units Contact Name Telephone Number PH 4.5 200+ gal Mr. Mattacotti (414)272-3433 Address - Street or Route Physical Characteristics clear 1434 N. 4th St. Milw 53212 ☐ Solid Liquid City, State, Zip Code ☐ Semisolid Gas Odor. sweet Cause of Incident Action Taken By Spiller valve was left open & slurry tank overflowed No Action No ☐ Taken Exact Location Description (intersection, mileage, etc.) ☐ Investigate □ Notification same as above ☐ Containment; Type _ County Location 1/4 1/4, 1/4, Section, Town, Range Cleanup; Method ☐ Amount Recovered Mi lw _, ___ N, R ☐ Monitor DNR Dist DNR Area Groundwaters Affected ☐ Contractor Hired; Name _____ ☐ Yes □ No ☐ Potential Other Action Surface Waters Affected Name of Surface Water Yes □ No ☐ Potential Spill Location Date District Day of Week Time District Notified ☐ Industrial Facility/Paper Mill/Chem. Co. Notified Gas/Service Station/Garage, Auto Dealer, Repair Shop □ P.M. 3/17 10:30 am ☐ Ag Coop/Facility/Cheese Factory/Creamery District Person Notified Telephone Number Other Small Business (bank, grocery, insurance co., etc.) Sharon () Public Property (city, county, state, church, school, etc.) Date Investigated Day of Week Time Investigated \square A.M. Utility Co., Power Generating/Transfer Facility; □ P.M. ☐ Private Property (home/farm) Person Investigating Telephone Number Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler Transportation Accident, Fuel Supply Tank Spill Action Taken By DNR Transportation Accident, Load Spill No Action Supervise/Conduct Construction, Excavation, Wrecking, Quarry Mine Cleanup Taken ☐ Investigation Other Spiller Required To Spilled Substance Destination Take Action; Type ☐ Air Contractor Hired Soil By DNR; Name an unknown amount went onto the ☐ Groundwater floor, down the drain and into ☐ Amount Recovered the sewer. ☐ Surface Water 29.29 Enforcement ☐ Storm Sewer Other Agencies on Scene ☐ Sanitary Sewer the Milw sewer system called the ☐ Contained/Recovered fire dept and they cleaned it up Other and put it into a holding tank. Person Filing This Report (print name) State Thelma Johnson Signature Date Signed Federal 3/17/88 Additional Comments:

State of Wisconsin TOXIC AND HAZARDOUS SPILL REP Department of Natural Resources Form 4400-91 State Div. Emergency Gov't. (608) 266-3232 Spill ID Number U.S. Nat'l. Response Center (800) 424-8802 Chemtrec/Pesticides/Chlorine (800) 424-9300 Y Y M M D D 0-99 X A.M. Day of Week Time of Incident Reported By (Name) Date of Incident Telephone Number 88 P.M. 1HUF2 Date Reported Day of Week Time Reported **☑** A.M. Agency or Firm Reporting Reported thru Div. Emergen. MILW SEWER MAINT 17 188 3 SO □ P.M. Person or Firm Responsible Gov't. Quantity Substance Involved Units ZINC PLATING SOLM. UNKNOWN Contact Name Substance Involved Quantity Units Telephone Number Physical Characteristics Address - Street or Route Liquid ☐ Solid Color. City, State, Zip Code ☐ Semisolid ☐ Gas Odor MILWAULEE Cause of Incident Action Taken By Spiller UNKROWN OPERATION PLATING SPILL NJ No Action No Exact Location Description (intersection, mileage, etc.) Taken Notification ☐ Investigate 1434 N - MILWAYKEE Containment; Type County Location 1/4 1/4, 1/4, Section, Town, Range Cleanup; Method ☐ Amount Recovered MILW. _, T___ Monitor DNR Dist DNR Area Groundwaters Affected Contractor Hired; Name Yes No ☐ Potential Surface Waters Affected Name of Surface Water Other Action 🔀 Potential MILL PIVER Yes □ No Spill Location Time District Notified Date District Day of Week 🔀 Industrial Facility/Paper Mill/Chem. Co. Notified **X** A.M. ☐ Gas/Service Station/Garage, Auto Dealer, Repair Shop 850 171 HURD □ P.M. ☐ Ag Coop/Facility/Cheese Factory/Creamery District Person Notified Telephone Number Other Small Business (bank, grocery, insurance co., etc.) FRANK-SCHULTE 1414 1 562-9693 Public Property (city, county, state, church, school, etc.) Date Investigated Day of Week Time Investigated □ A.M. Utility Co., Power Generating/Transfer Facility □ P.M. Private Property (home/farm) Person Investigating Telephone Number Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler ☐ Transportation Accident, Fuel Supply Tank Spill Action Taken By DNR ☐ Transportation Accident, Load Spill Supervise/Conduct No Action Construction, Excavation, Wrecking, Quarry, Mine Cleanup Taken Other Spiller Required To Spilled Substance Destination Take Action; Type ☐ Air Contractor Hired ☐ Soil By DNR; Name ☐ Groundwater ☐ Amount Recovered ☐ Surface Water 29.29 Enforcement Storm Sewer Other Agencies on Scene X Sanitary Sewer MILLO. - SEWER MAINT. ☐ Contained/Recovered Other Person Filing This Report (print name) State Signature Date Signed Federal Additional Comments: てためのか CADIZATIONS OF FOR