

State Div. Emergency Gov't.  
U.S. Nat'l. Response Center  
Chemtrec/Pesticides/Chlorine

Spill ID Number  
**890601-02**  
Y Y M M D D 0-99

→ *Kim Mc Cutchon* SW/3

Date of Incident <i>continuous</i>	Day of Week	Time of Incident	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) <i>John Anderson</i>	Telephone Number <i>(715) 723-1903</i>
Date Reported <i>6/1/89</i>	Day of Week	Time Reported <i>letter</i>	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting <i>DFLHR</i>	Reported thru Div. Emergen. Gov't. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Substance Involved <i>gas &amp; fuel oil</i>	Quantity <i>unknown</i>	Units		Person or Firm Responsible <i>Rihn Oil Co</i>	
Substance Involved	Quantity	Units		Contact Name <i>Brad Rihn</i>	Telephone Number <i>(715) 568-4720</i>

Physical Characteristics

Solid  Liquid  Semisolid  Gas *fuel oil* Color \_\_\_\_\_ Odor *petro*

Cause of Incident  
*continuous leaks & spillage at storage facility*

Exact Location Description (intersection, mileage, etc.)  
*13<sup>th</sup> Ave Bloomer*

County Location  
*Chippewa*

1/4, 1/4, 1/4, Section, Town, Range  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_

DNR Dist *WD* DNR Area *ECA* Groundwaters Affected  
 Yes  No  Potential

Surface Waters Affected  
 Yes  No  Potential

Name of Surface Water \_\_\_\_\_

Date District Notified  
*6/1/89* Day of Week *Thurs* Time District Notified  
*letter*  A.M.  P.M.

District Person Notified  
*Evans (Hooper)* Telephone Number  
*(715) 839-3759*

Date Investigated  
*6/9/89* Day of Week *Fri* Time Investigated  
*1030*  A.M.  P.M.

Person Investigating  
*Ginger Hooper* Telephone Number  
*(715) 839-3759*

Action Taken By DNR

No Action Taken  Investigation  Supervise/Conduct Cleanup

Spiller Required To Take Action; Type *sent NOV 6/16/89*

Contractor Hired By DNR; Name \_\_\_\_\_

Amount Recovered \_\_\_\_\_

29.29 Enforcement

Other Agencies on Scene  
*Local Bloomer Fire Chief -*

State \_\_\_\_\_

Federal \_\_\_\_\_

Additional Comments:  
*sent NOV ordering cleanup & contractor to be hired by July 17, 1989*

Address - Street or Route  
*1223 Main St*

City, State, Zip Code  
*Bloomer WI 54724*

Action Taken By Spiller

No Action Taken  No Notification  Investigate

Containment; Type \_\_\_\_\_

Cleanup; Method \_\_\_\_\_

Amount Recovered \_\_\_\_\_

Monitor \_\_\_\_\_

Contractor Hired; Name \_\_\_\_\_

Other Action \_\_\_\_\_

Spill Location

Industrial Facility/Paper Mill/Chem. Co.

Gas/Service Station/Garage, Auto Dealer, Repair Shop

Ag Coop/Facility/Cheese Factory/Creamery

Other Small Business (bank, grocery, insurance co., etc.)

Public Property (city, county, state, church, school, etc.)

Utility Co., Power Generating/Transfer Facility

Private Property (home/farm)

Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler

Transportation Accident, Fuel Supply Tank Spill

Transportation Accident, Load Spill

Construction, Excavation, Wrecking, Quarry, Mine

Other \_\_\_\_\_

Spilled Substance Destination

Air

Soil

Groundwater *potential*

Surface Water

Storm Sewer

Sanitary Sewer

Contained/Recovered

Other \_\_\_\_\_

Person Filing This Report (print name)  
*Ginger Hooper*

Signature  
*Ginger Hooper* Date Signed  
*6/26/89*

RECEIVED  
AUG 16 1989  
BUREAU OF SOLID -  
HAZARDOUS WASTE MANAGEMENT