

Spill ID Number  
\_\_\_\_\_  
Y Y M M D D 0-99

Date of Incident <i>4/30/90</i>	Day of Week <i>MON</i>	Time of Incident <i>8:30-4:00</i>	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Reported By (Name) <i>Diane Kleibauer</i>	Telephone Number ( )
Date Reported <i>4/30/90</i>	Day of Week <i>MON</i>	Time Reported <i>6:00</i>	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting <i>Diane Kleibauer</i>	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved <i>Sodium Hydroxide</i>	Quantity <i>3</i>	Units <i>02</i>	Person or Firm Responsible <i>West Bend Co.</i>	Contact Name <i>Loe Anderson</i>	Telephone Number <i>(414) 334-6812</i>

Physical Characteristics

Solid  Liquid  Semisolid  Gas

Color \_\_\_\_\_ Odor \_\_\_\_\_

Address - Street or Route  
*400 Washington Street*

City, State, Zip Code  
*West Bend, WI 53095*

Cause of Incident  
*Sanitary sewage overflow into a storm drain*

Action Taken By Spiller

No Action Taken  No Notification  Investigate

Exact Location Description (intersection, mileage, etc.)  
*400 W. Washington Street*

County Location  
*Washington Co.*

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

DNR Dist \_\_\_\_\_ DNR Area \_\_\_\_\_

Groundwaters Affected  Yes  No  Potential

Surface Waters Affected  Yes  No  Potential

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

Date District Notified \_\_\_\_\_ Day of Week \_\_\_\_\_ Time District Notified \_\_\_\_\_  
 A.M.  P.M.

District Person Notified \_\_\_\_\_ Telephone Number ( )

Date Investigated \_\_\_\_\_ Day of Week \_\_\_\_\_ Time Investigated \_\_\_\_\_  
 A.M.  P.M.

Person Investigating \_\_\_\_\_ Telephone Number ( )

Action Taken By DNR

No Action Taken  Investigation  Supervise/Conduct Cleanup

Spiller Required To Take Action; Type \_\_\_\_\_

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

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

29.29 Enforcement \_\_\_\_\_

Other Agencies on Scene \_\_\_\_\_

Local \_\_\_\_\_ State \_\_\_\_\_ Federal \_\_\_\_\_

Spilled Substance Destination

Air  Soil  Groundwater  Surface Water  Storm Sewer  Sanitary Sewer  Contained/Recovered  Other \_\_\_\_\_

Person Filing This Report (print name)  
Signature *Jim Schmidt* Date Signed *4/30/90*

Additional Comments:  
*Surface water are affected storm drain into the Milwaukee River. The National Response Center was called.*

Spill ID Number

Y Y M M D D 0-99

Date of Incident 4-30-90	Day of Week Mon.	Time of Incident 2:30-4:30	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Reported By (Name) Diane Kleiber	Telephone Number ( )
Date Reported 4-30-90	Day of Week Mon.	Time Reported 6:00	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved Sodium Hydroxide	Quantity 3 oz.	Units	Person or Firm Responsible West Bend Co.	Contact Name Joel Anderson	Telephone Number (414) 334-6812
Substance Involved	Quantity	Units	Contact Name	Telephone Number	

Physical Characteristics

Solid  Liquid  Semisolid  Gas

Color \_\_\_\_\_ Odor \_\_\_\_\_

Address - Street or Route  
400 Wash St.

City, State, Zip Code  
West Bend, WI 53095

Cause of Incident  
Plugged Sanitary Sewer line overflowed into storm drain

Exact Location Description (intersection, mileage, etc.)  
400 Wash St West Bend, WI 53095

County Location  
Wash \_\_\_\_\_, T \_\_\_\_\_, N, R \_\_\_\_\_

Action Taken By Spiller

No Action Taken  No Notification  Investigate

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

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

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

Monitor \_\_\_\_\_

Contractor Hired, Name \_\_\_\_\_

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

DNR Dist SE DNR Area Groundwaters Affected

Yes  No  Potential

Surface Waters Affected

Yes  No  Potential

Name of Surface Water  
Milw. River

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 \_\_\_\_\_

Date District Notified  
5-1-90

Day of Week  
Tue.

Time District Notified  
8:50

A.M.  
 P.M.

District Person Notified  
Yvette Davis

Telephone Number  
(414) 562-9696

Date Investigated

Day of Week

Time Investigated

A.M.  
 P.M.

Person Investigating

Telephone Number  
( )

Action Taken By DNR

No Action Taken  Investigation  Supervise/Conduct Cleanup

Spiller Required To Take Action, Type \_\_\_\_\_

Contractor Hired By DNR, Name \_\_\_\_\_

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

29.29 Enforcement

Spilled Substance Destination

Air

Soil

Groundwater

Surface Water

Storm Sewer

Sanitary Sewer

Contained/Recovered

Other \_\_\_\_\_

Other Agencies on Scene

Local \_\_\_\_\_

State \_\_\_\_\_

Federal \_\_\_\_\_

Person Filing This Report (print name)  
Barbara Stangler

Signature  
Barbara Stangler

Date Signed  
5-1-90

Additional Comments:  
the storm drain goes into the Milw. River. They were going to call the National Response Center.

RECEIVED  
DNR HEADQUARTERS  
510 MAY -3 AM 8:45  
SED