TOXIC AND HAZARDOUS SPILL REPORT State of Wisconsin Department of Natural Resources Form 4400-91 State Div. Emergency Gov't. U.S. Nat'l. Response Center (608) 266-3232 Spill ID Number (800) 424-8802 Chemtrec/Pesticides/Chlorine (800) 424-9300 Y Y M M D D 0-99 \square A.M. Telephone Number Date of Incident Day of Week Time of Incident Reported By (Name) ☑ P.M. 2:30-4:00 Time Reported Day of Week □ A.M. Reported thru Div. Emergen. Agency or Firm Reporting Date Reported Gov't. P.M. MON Yes 6:00 Person or Firm Responsible Units Substance Involved Quantity 02 Telephone Number Units Contact Name Substance Involved Quantity NE Address - Street or Route Physical Characteristics 400 WAShi Liquid Solid Color City, State, Zip Code ☐ Semisolid Gas WEST Odor Action Taken By Spiller Cause of Incident Santary Sewinge overflow stoim de No Action No ☐ Notification ☐ Investigate Taken Exact Location Description (intersection, mileage, etc.) ☐ Containment; Type 1/4 1/4, 1/4, Section, Town, Range County Location Cleanup; Method ☐ Amount Recovered ☐ Monitor __ Groundwaters Affected Contractor Hired; Name □ No Potential ☐ Yes Name of Surface Water Surface Waters Affected Other Action Yes □ No Potential Spill Location Date District Time District Notified Day of Week Industrial Facility/Paper Mill/Chem. Co. Notified ☐ A.M. Gas/Service Station/Garage, Auto Dealer, Repair Shop □ P.M. ☐ Ag Coop/Facility/Cheese Factory/Creamery District Person Notified Telephone Number Other Small Business (bank, grocery, insurance co., etc.) 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) 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 ☐ Investigation Cleanup Taken Spiller Required To Spilled Substance Destination Take Action; Type ☐ Air Contractor Hired ☐ Soil By DNR: Name \Box Groundwater Amount Recovered ☐ Surface Water 29.29 Enforcement ☐ Storm Sewer Other Agencies on Scene ☐ Sanitary Sewer ☐ Contained/Recovered Local _ Other Person Filing This Report (print name) Signature Date Signed Federal Additional Comments:

DISTRICT

State of Wisconsin Department of Natural Resources

Day of Week

Day of Week

☐ Liquid

Gas

sed into

Exact Location Description (intersection, mileage, etc.) 400

Yes

Potential

Day of Week

Day of Week

Investigation

lugged

Date of Incident

Date Reported

☐ Solid

DNR Dist

Yes Yes

Notified

Date District

Semisolid

Cause of Incident

County Location

4-30-90

Substance Involved

Substance Involved

Physical Characteristics

Wash. St West

DNR Area

□ No

Surface Waters Affected

-1-91

Date Investigated

Person Investigating

Action Taken By DNR

Spiller Required To

Take Action; Type .

Amount Recovered _

29.29 Enforcement

Other Agencies on Scene

Additional Comments:

Contractor Hired By DNR, Name

No Action

Taken

Local _

District Person Notified

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

☐ A.M.

D.P.M

□ A.M.

DP.M.

Units

Units

Time of Incident

Time Reported

Quantity

Quantity

Sanitary

5+

_, ___, T___N, R

No No

1/4 1/4, 1/4, Section, Town Range

Groundwaters Affected

6:00

Color_

Odor

Potential

A.M.

□ P.M.

☐ A.M.

P.M

Supervise/Conduct

Cleanup

Name of Surface Water

Time District Notified

Telephone Number

Time Investigated

Telephone Number

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Milw. Bives

1414562-9

2:30-41:30

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TOXIC AND HAZARDOUS SPILL REPORT Form 4400-91 Rev. 6-86	
(608; 266-3232 (800; 424-8802 Spill I	D Number
(800) 424-9300	
	M M D D 0-99
Reported By (Name)	Telephone Number
Agency or Firm Reporting	()
Agency of Firm Reporting	Reported thru Div. Emergen. Gov't. Yes No
Person or Firm Responsible	
West Bond Co.	
Contact Name	Telephone Number
Joel Haderson	14141 7 34-6812
Address - Street or Route	
400 Wash 57.	
City, State, Zip Code	
Action Taken By Spiller	
No Action No Taken Notificati	on Investigate
Containment; Type	
Cleanup; Method	
Amount Recovered	
Mozitor	
Contractor Hired; Name	
Spill Location	
Industrial Facility/Paper Mill/Chem. Co.	
Gas/Service Station/Garage, Aut.	_
Ag CoopTacility/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 Excevation Wrech	sing. Quarry, Mine
Other	Committee Commit
Spilled Substance Destination	Section Sectio
☐ Air	
□ Soil	
Groundwater	
Surface Water	
Storm Sewer	and the second
Sanitary Sewer	The state of the s
Contained Recovered	3
Other	
Person Filing This Report (print name)	
	1

Date Signed