State of Wisconsin Dep atment of Natural Resources

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

(608) 266-3232 (800) 424-8802 (800) 424-9300 $\begin{array}{c} \textbf{TOXIC AND HAZARDOUS SPILL REPORT} \\ \textbf{Form 4400-91} & \textbf{Rev. 6-86} \\ \hline \hline & \textbf{Spill ID Number} \end{array}$

		Chemtrec/Pestic		(800) 424-8802		
					Y Y M M D D 0-99	
Date of Incident	Day of Week	Time of Incident	A.M.	Reported By (Name)	Telephone Number	
July 29,199	sun-	1000	☐ P.M.	Part Star X	a ()	
Date Reported	Day of Week	Time Reported	\square A.M.	Agency or Firm Reporting	Reported thru Div. Emergen. Gov't. Sayes I No	
Substance Involved	Mar	Quantity	Units	Person or Firm Responsible	Gov't. Yes No	
1 1 m 1 m 1 m	orl	7100	Viel	reison of Firm Responsible		
Substance Involved	ORE	Quantity	Units	Contact Name	Telephone Number	
Substance Involved		quantity	Cinus	Rich Gibouski 414 1354-691		
Physical Characteristics				I Adduses - Ctreet on Donte		
				9135 N 107 54		
☐ Solid ☐ Liquid Color				City, State, Zip Code		
Semisolid Gas Odor				Milwankee		
Cause of Incident		4	<i>i</i>	Action Taken By Spiller		
thru high	levelala	rm on hold	ing tank			
Exact Location Description (intersection, mileage, etc.)				Taken Notification Investigate		
9135 N 107 St				Containment; Type Askell (1800-		
County Location 444, 4, Section, Town, Range				Cleanup; Method Vacation		
MIL		/m .v.	D	Amount Recovered	<u> </u>	
DND DV DND A Complete to Affected			, <u>R</u>	☐ Monitor		
DNR Dist DNR Area Groundwaters Affected SET Yes No			tantial	Contractor Hired; Name		
		Name of Surface Water		Other Action		
Yes No	Potential	Ivalie of Surface water		Spill Location		
Date District	Day of Week					
Notified			\			
July 30,1990 Mila		1033 P.M.		Gas/Service Station/Garage, Auto Dealer, Repair Shop		
District Person Notin		Telephone Number		Ag Coop/Facility/Cheese Factory/Creamery		
			2-8532	Other Small Business (bank, grocery, insurance co., etc.)		
Date Investigated Day of Week		Time Investigated		Public Property (city, county, state, church, school, etc.)		
			☐ A.M.	Utility Co., Power Genera	ting/Transfer Facility	
			☐ P.M.	Private Property (home/fa	rm)	
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 Taken Investigation Cleanup				Construction, Excavation, Wrecking, Quarry, Mine		
			nup	Other		
Spiller Required To				Spilled Substance Destination		
☐ Take Action; Type				☐ Air		
Contractor Hired By DNR; Name				Soil		
				Groundwater		
Amount Recovered				Surface Water		
29.29 Enforcement				Storm Sewer		
Other Agencies on Scene						
				Sanitary Sewer		
Local				Contained/Recovered		
				Other		
State				Person Filing This Report (pri	nt name)	
** 1 1				Signature	Date Signed	
Federal				Signature /	Just Signed	
Additional Comment	s:	ſ		- person conf		
Budank	Take It	Jun X	En to In	- sommatice b.	an tain water	
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Same of the	0					

TOXIC AND HAZARDOUS SPILL REPORT State of Wisconsin Department of Natural Resources Form 4400-91 (608) 266-3232 State Div. Emergency Gov't. 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 JA.M. Telephone Number Date of Incident Day of Week Time of Incident Reported By (Name) -79-91 10:00 □ P.M. brace 1000 005 Date Reported Day of Week Time Reported A.M. Reported thru Div. Emergen. Agency or Firm Reporting Gov't. 9-20 -90 □ P.M. Yes □. No Quantity the Substance Involved Units Person or Firm Responsible qai Substance Involved Quantity Units Contact Name Telephone Number (1414) 354-6910 Physical Characteristics Address - Street or Route 1135 ☐ Solid ☐ Liquid Color. City, State, Zip Code ☐ Semisolid Odor 1il Ploduct came this Action Taken By Spiller Cause of Incident level alam on the holding No Action No ☐ Notification Exact Location Description (intersection, mileage, etc.) Spined in ☐ Investigate Taken 9175 Containment; Type 1414, 14, Section, Town, Range 2 loud the County Location Cleanup; Method tonk Amount Recovered _ Monitor DNR Area Groundwaters Affected DNR Dist Contractor Hired; Name ____ No ☐ Yes Surface Waters Affected Name of Surface Water Other Action _ ☑ No ☐ Yes ☐ 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 7-30-90 □ P.M. ☐ Ag Coop/Facility/Cheese Factory/Creamery District Person-Notified Telephone Number Other Small Business (bank, grocery, insurance co., etc.) utwriant 14141263 Public Property (city, county, state, church, school, etc.) Day of Week Time Investigated Date Investigated Utility Co., Power Generating/Transfer Facility A.M. □ 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 ☐ Investigation Taken Cleanup 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 ☐ Sanitary Sewer Contained/Recovered Other Person Filing This Report (print name) State . Date Signed Signature Federal _ Additional Comments:

CENTRAL OFFICE COORDINATOR

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