TOXIC AND HAZARDOUS SPILL REPORT State of Wisconsin Department of Natural Resources Form Sta. Jiv. 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 ☐ A.M. Date of Incident Day of Week Time of Incident Telephone Number Reported By (Name) 4:35 P.M. Time Reported ☐ A.M. Date Reported Day of Week Agency or Firm Reporting Reported thru Div. Emergen. 4:50 Gov't. P.M. ☐ Yes Person or Firm Responsible Substance Involved Quantity Units Units Contact Name Telephone Number Substance Involved Quantity Mark Address - Street or Route Physical Characteristics ☐ Solid Liquid Color City, State, Zip Code ☐ Semisolid Gas Odor WISCONSI Action Taken By Spiller Cause of Incident Overflow No Action Exact Location Description (intersection, mileage, etc.) Taken Notification ☐ Investigate Containment; Type absorbtion County Location 1/4 1/4, 1/4, Section, Town, Range Cleanup; Method NE. SW. 04, T 23N. R 08E Amount Recovered Monitor Groundwaters Affected DNR Dist DNR Area Contractor Hired; Name NCD WIZ Yes Potential Surface Waters Affected Name of Surface Water Other Action 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 Z P.M. ☐ Ag Coop/Facility/Cheese Factory/Creamery District Person Notified Telephone Number Other Small Business (bank, grocery, insurance co., etc.) (715) 344-Z75 Day of Week Public Property (city, county, state, church, school, etc.) Date Investigated 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 Taken Investigation 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 Local ST. POINT Contained/Recovered Other Person Filing This Report (print name) State Date Signed Federal Additional Comments: