

Spill ID Number

01-58-045816 ✓

Y Y M M D D 0-99

Date of Incident 5-20-91	Day of Week Mon	Time of Incident 11:00	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Date Reported 5-21-91	Day of Week Tues	Time Reported 4:00	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
Substance Involved Unleaded Regular	Quantity 6000	Units gal	
Substance Involved	Quantity	Units	

Reported By (Name) Mike Canik	Telephone Number (715) 634-3211
Agency or Firm Reporting Northern Lakes CO-OP	Reported thru Div. Emergen. Gov't. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Person or Firm Responsible Northern Lakes CO-OP	
Contact Name Mike Canik	Telephone Number (715) 634-3211

Physical Characteristics

Solid  Liquid  Semisolid  Gas

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

Address - Street or Route  
300 W. 1st St., P.O. Box 312

City, State, Zip Code  
Hayward, WI 54843-0312

Cause of Incident  
Leak in above ground storage tank

Exact Location Description (intersection, mileage, etc.)  
Chippewa trail (old CT40) 1 mile from CT40

County Location  
Sawyer

Groundwaters Affected  
 Yes  No  Potential

Action Taken By Spiller

No Action Taken  No Notification  Investigate

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

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

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

Monitor \_\_\_\_\_

Surface Waters Affected  
 Yes  No  Potential

Name of Surface Water  
Lake Hayward

Date District Notified  
5-21-91

Day of Week  
Tues

Time District Notified  
4:00

A.M.  P.M.

Contractor Hired; Name  
Ayrce Associates - Eau Claire

Other Action  
MW well install 5-23-24, 91

Spill Location  
/ Recovery

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 \_\_\_\_\_

District Person Notified  
Marcia Johnson

Telephone Number  
(715) 635-4051

Date Investigated  
5-22-91

Day of Week  
Wed

Time Investigated  
1:00

A.M.  P.M.

Person Investigating  
Steve Palzkill

Telephone Number  
(715) 762-3204

Action Taken By DNR

No Action Taken  Investigation  Supervise/Conduct Cleanup

Spiller Required To Take Action; Type  
Investigation / Product Recovery

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

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

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

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

Spilled Substance Destination

Air

Soil

Groundwater

Surface Water ?

Storm Sewer

Sanitary Sewer

Contained/Recovered

Other \_\_\_\_\_

Local  
Sawyer Health Dept.  
Local Fire Department

State \_\_\_\_\_

Federal \_\_\_\_\_

Person Filing This Report (print name)  
Steve Palzkill

Signature  
Steve Palzkill

Date Signed  
5-23-91

Additional Comments:

The bulk plant is located primarily in a rural setting along old Chippewa Trail Road. There are 2 to 3 residences located within 300 to 400 feet of the plant. Lake Hayward is located approximately 600 feet southwest of this site. Residence next to the facility have been contacted to notify the Department of any changes in water supply or gas line vapors.

DISTRICT

NOTE: DO NOT USE THIS FORM WHEN DOCUMENTING INSPECTIONS AT HAZARDOUS WASTE AND SOLID WASTE FACILITIES.  
SEE BACK SIDE OF THIS FORM FOR MORE INFORMATION.

ATTN: <u>Steve Paizkill - PKF</u>				License Number _____	
<input type="checkbox"/> Residuals Management SW/3	<input type="checkbox"/> District _____		EPA ID Number _____		
<input type="checkbox"/> Hazardous Waste Management SW/3 Unit _____	<input type="checkbox"/> Environmental Enforcement EE/5		WI. _____		
<input type="checkbox"/> Systems Management SW/3	<input type="checkbox"/> _____		Facility ID Number _____		
Facility/Company Name <u>NORTHERN LAKES CO-OP Bulk Storage Plant</u>		Location (Address or Rte) <u>1748 + Chippewa Trail</u>		City, State, Zip Code <u>Hayward</u>	
Facility Type <u>Bulk Storage</u>	District <u>NWD</u>	County <u>Sawyer</u>	Contact Method <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> In-Person	Date <u>05/21/91</u> M M D D Y Y	Time (24-Hour Clock) _____
Facility Representative Contacted <u>Dennis Johnson / Ayres</u>		Title or Position of Representative <u>Consultant</u>		Telephone Number (include area code) <u>(715) 894-3161</u>	

Dennis Johnson called to say the suspected release was now contained and that Ayres had been retained by the Coop to do clean-up. He said Mike Canik had not yet finished his inventory check, but so far he determined several thousand gallons of product missing. Dennis said the product is ponded on the GW table and they were going to install extraction wells.

I contacted Dave Zeug and he felt there was no need for Warden McGaver to go out as 1st responder because a consultant had already been retained.

I contacted Steve Paizkill and asked him to contact Ayres immediately.

Check if additional sheets attached

By Dennis Johnson

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ATTN: <u>Steve Patzkill - PKF</u>				License Number -----	
<input type="checkbox"/> Residuals Management SW/3	<input type="checkbox"/> District _____		EPA ID Number		
<input type="checkbox"/> Hazardous Waste Management SW/3 Unit _____	<input type="checkbox"/> Environmental Enforcement EE/5		WI- _____		
<input type="checkbox"/> Systems Management SW/3	<input type="checkbox"/> _____		Facility ID Number -----		
Facility/Company Name <u>Northern Lakes Co-op Bulk Plant</u>		Location (Address or 1/4) <u>1715 + Chippewa Trail Hayward</u>		City, State, Zip Code	
Facility Type	District <u>NIUD</u>	County <u>Sawyer</u>	Contact Method <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> In-Person	Date <u>05/20/91</u> M M D D Y Y	Time (24-Hour Clock) <u>1600</u>
Facility Representative Contacted <u>Mike Canik</u> <u>300 W. 1st ST, Hayward</u>		Title or Position of Representative		Telephone Number (include area code) <u>(715) 634-3211</u>	

Rec'd call to notify of suspected release at bulk plant. Mike said his inventory was down and he was still trying to determine how much. The above-ground tanks are on a gravel base and there are no visual signs of a release and no fumes.

He said they were going to go in through the man-hole cover to try and help determine if product was missing and how much.

I will call on Fri. to find out results of inventory check and visual inspection of the tanks.

I talked to Dave Zeug and he recommended not notifying Warden until we had a confirmed release. I will follow up on 5/24/91 unless I hear from Northern Lakes Co-op first.

Check if additional sheets attached

By Marcia T. Johnson

Spill No./Notification Date and Military Time <u>91 05 22 0855</u> YY MM DD TIME	Information should be reported to: Department of Military Affairs Wisconsin Division of Emergency Government 4802 Sheboygan Ave., Room 99A, P.O.Box 7865 Madison, Wisconsin 53707-7865 (608) 266-3232 FAX (608) 266-1569	Date and Military Time of Incident <u>91 05 22 081200</u> YY MM DD TIME County: <u>Sawyer</u>
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REPORTING INFORMATION

Reported by: <u>Steve Palzkill</u> (name) <u>DNR</u> Address <u>Box 220</u>	Person/Firm Responsible: <u>Northern Lakes Coop</u> Address _____
City <u>Park Falls</u> State <u>WI</u> Zip <u>54552</u> Telephone <u>715/762-3204</u>	City <u>Hayward</u> State <u>WI</u> Zip _____ Telephone _____
Spill Contact Person/Firm: <u>Mike Canik</u> (If different from above) Telephone <u>715/634-3211</u>	Address _____ City <u>Hayward</u> State <u>WI</u> Zip _____

SUBSTANCE INFORMATION

Name of Substance/Quantity Involved: gasoline, 6,000 gal

EHS Chemical     CERCLA Chemical     Unknown

CAS #	Placard #	Quantity	Solid	Powder	Liquid	Vapor	Gas	Radio-Active	Unknown	Color	Odor
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SITE INFORMATION

Exact Location of Spill/Release (Include Street Address, County, City, Village, Town, Highway, Intersection, Mileage, etc.):  
near junct Hwy B + Chippewa Trail  
Hayward

Source of Spill <input type="checkbox"/> Transportation <input type="checkbox"/> Manufacture <input type="checkbox"/> Agriculture <input type="checkbox"/> Public Property <input type="checkbox"/> Construction <input type="checkbox"/> Business <input type="checkbox"/> Private Property <input type="checkbox"/> Other _____	Spill Destination <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other _____
Weather Conditions Wind Speed and Direction _____ <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Surface Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential Name: <u>Lake Hayward 200 ft</u> <input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential Distance to nearest drinking water well: <u>200 feet</u>

PUBLIC HEALTH INFORMATION

Recommended safety precautions (known acute/chronic health risks):  
 \_\_\_\_\_

	No	Unknown	Yes	Number	Shelter Location and Name
Injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fatalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Facility Evacuated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Public Evacuated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shelter facility:					
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other/Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**RESPONSE INFORMATION**

Local Responder on Scene (Give name of response agencies)

<input type="checkbox"/> Fire	<u>none</u>	Incident Commander
<input type="checkbox"/> Law Enforcement	_____	Name _____
<input type="checkbox"/> DNR	_____	Title _____
<input type="checkbox"/> County EG	_____	Dept. _____
<input type="checkbox"/> EMS	_____	Telephone _____
<input type="checkbox"/> Other:	_____	<input type="checkbox"/> No further follow-up or state assistance required

List of contacts made by responsible party/firm or individual reporting incident:

Agency	Telephone Number	Contact Name
<input checked="" type="checkbox"/> Dist. Dept. of Natural Resources (DNR)	<u>NW Dist 4:00 5/20</u> <u>Spooner -</u>	<u>Marsha Johnson</u> <u>or Warden</u>
<input type="checkbox"/> Loc. Emer. Planning Committee (LEPC)	_____	_____
<input type="checkbox"/> Local Public Health	_____	_____
<input type="checkbox"/> CHEMTREC	<u>1-800-424-9300</u>	_____
<input type="checkbox"/> National Response Center (NRC)	_____	_____

Narrative: Cause of Incident/Actions being taken/Other information:

Bulk Storage tank - all 6,000 gal. of tank  
leaked out of tank into the ground -  
no visible pooling  
Hired consultant Eau Claire - Ayers Co. - went there  
emerg plan together - remove tank - recovery pump

**DEG DUTY OFFICER CONTACTS**

Agency	Telephone Number	Contact Name
<input type="checkbox"/> DNR (days)	<u>(608) 266-2141</u>	_____
<input type="checkbox"/> DNR (Duty Officer pager)	_____	_____
<input type="checkbox"/> DOT/State Patrol	<u>(608) 246-3228</u>	_____
<input type="checkbox"/> DH&SS	<u>5/22/91 (608) 266-2830 9:30</u>	<u>Tom Anderson</u>
<input type="checkbox"/> DILHR	<u><del>266</del></u>	_____
<input type="checkbox"/> DATCP	_____	_____
<input type="checkbox"/> NRC	<u>1-800-424-8802</u>	_____
<input type="checkbox"/> Area Director	_____	_____
<input type="checkbox"/> DEG, Dir. Bureau of Field Services and Disaster Resources	_____	_____

**INCIDENT FOLLOW-UP (to include date and time)**

DNR to go to scene today 5/22/91

**AGENCY DEFINITIONS**

DEG	Div. of Emerg Government	NRC	Nat'l Response Center (Federal Reporting Environmental Protection Agency US Coast Guard)
CHEMTREC	Chemical Transportation Emerg. Center	DILHR	Dept. of Industry, Labor and Human Relations
DNR	Department of Natural Resources	DATCP	Dept. of Agriculture, Trade and Consumer Protection
DOT/State Patrol	Dept. of Transportation		
DH&SS	Dept. of Health & Social Services		

Reminder: If the release is of an EHS or CERCLA chemical at or above the reportable quantity, the responsible party must also submit a follow-up written report per Fed. Statutes, as soon as practicable, to the State Emergency Response Board, Box 7865, Madison, WI 53707-7865, the Local Emergency Planning Committee and the NRC.

John DeMuth \_\_\_\_\_  
Signature of DEG Duty Officer Signature of Preparer