

04-36-046037

State Div. Emergency Gov't. (608) 266-3232
U.S. Nat'l. Response Center (800) 424-8802
Chemtrec/Pesticides/Chlorine (800) 424-9300

Spill ID Number
91071002
Y Y M M D D 0-99

04-36-046037

Date of Incident 7/10/91	Day of Week Wed.	Time of Incident 7:30	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) Tom Reed	Telephone Number (414) 684-4421
Date Reported 7/10/91	Day of Week Wed.	Time Reported 10:30	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting Mirror Company	Reported thru Div. Emergen. Gov't. <input type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved Propane Gas	Quantity 500-600	Units gallons	Person or Firm Responsible Mirror Company	Contact Name Tom Reed	Telephone Number (414) 684-4421

Physical Characteristics
 Solid Liquid Semisolid Gas
 Color _____ Odor _____

Address - Street or Route
1512 Washington St.
 City, State, Zip Code
Manitowoc, WI 54220

Cause of Incident
Pipe Broke at facility

Exact Location Description (intersection, mileage, etc.)

Action Taken By Spiller
 No Action Taken No Notification Investigate
 Containment; Type Transfer of Tank's Contents
 Cleanup; Method _____
 Amount Recovered _____
 Monitor _____
 Contractor Hired; Name _____
 Other Action _____

County Location
Manitowoc

Groundwaters Affected
 Yes No Potential

Surface Waters Affected
 Yes No Potential

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

Spilled Substance Destination
 Air Soil Groundwater Surface Water Storm Sewer Sanitary Sewer Contained/Recovered Other _____

Spiller Required To Take Action; Type _____

Contractor Hired By DNR; Name _____

Amount Recovered _____

29.29 Enforcement _____

Other Agencies on Scene

Local Manitowoc Fire Dept.
Manitowoc Emergency Gov't

State _____

Federal _____

Person Filing This Report (print name)
Thomas R. Hansen

Signature Thomas R. Hansen Date Signed 7/16/91

Additional Comments:
Most of the propane gas evaporated. Contents of storage tank transferred to another container.

Closed 7/16/91

TA 2/10/18