

Dist. Director - LMD

State of Wisconsin
Department of Natural Resources

04-36-046 307

State Div. Emergency Gov't.
U.S. Nat'l. Response Center
Chemtrec/Pesticides/ChlorineTOXIC AND HAZARDOUS SPILL REPORT
Form 4400-91 Rev. 6-86

Spill ID Number

Y Y M M D D 0-99

Date of Incident 9-18 or 19	Day of Week	Time of Incident □ A.M. □ P.M.	Reported By (Name) Jim Dietrich	Telephone Number (414) 754-4625
Date Reported 9-20-91	Day of Week Fri.	Time Reported 9:35 X A.M. □ P.M.	Agency or Firm Reporting Fire Chief - Reedsville	Reported thru Div. Emergen. Gov't. X Yes □ No
Substance Involved gasoline	Quantity unk	Units	Person or Firm Responsible Henry Neesen	
Substance Involved	Quantity	Units	Contact Name Ed's Body Shop	Telephone Number ()
Physical Characteristics □ Solid X Liquid Color _____ □ Semisolid □ Gas Odor _____			Address - Street or Route 345 Main St., Hwy. 10 City, State, Zip Code Reedsville 54230	
Cause of Incident LUST removed from site.			Action Taken By Spiller □ No Action Taken □ No Notification □ Investigate □ Containment; Type _____ □ Cleanup; Method _____ □ Amount Recovered _____ □ Monitor _____ □ Contractor Hired; Name _____ □ Other Action _____	
Exact Location Description (intersection, mileage, etc.)			Spill Location □ 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 _____	
County Location Manitowoc	1/4, 1/4, Section, Town, Range _____, _____, T _____ N, R _____			
DNR Dist LMD	DNR Area GB	Groundwaters Affected □ Yes □ No □ Potential		
Surface Waters Affected □ Yes □ No X Potential	Name of Surface Water			
Date District Notified 9-20-91	Day of Week Friday	Time District Notified 10:40 X A.M. □ P.M.	Telephone Number (414) 492-5858	
District Person Notified Janet DeBrock				
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 □ Spiller Required To Take Action; Type _____ □ Contractor Hired By DNR; Name _____ □ Amount Recovered _____ □ 29.29 Enforcement				
Other Agencies on Scene				
Local				
State				
Federal				
Spilled Substance Destination □ Air □ Soil □ Groundwater □ Surface Water □ Storm Sewer □ Sanitary Sewer □ Contained/Recovered □ Other _____				
Person Filing This Report (print name) Rebecca Odegaard				
Signature Rebecca Odegaard				Date Signed 9-20-91

Additional Comments:

Ed's Body shop

LUST - still fuel in tanks, leaking into mud creek.

Call Village President - 414-754-4126 (Ted Reinemann)

9/09/8-02

CENTRAL OFFICE COORDINATOR

ERP case 02-36-000439
opened at this location
on 6/3/93
closed 10/4/94

04-36-046307

SU ANCE SPILL/RELEASE ALERT FORM

910918-02

Spill No./Notification Date and Military Time <u>91 09 20 0930</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 09 18 ?</u> YY MM DD TIME County: <u>MANITOWOC</u>																																																															
REPORTING INFORMATION																																																																	
Reported by: <u>JIM DIETRICH</u> (name) Address _____ City <u>REEDSVILLE</u> State <u>WISC</u> Zip <u>54230</u> Telephone <u>414-754-4625</u>		Person/Firm Responsible: <u>ED'S BODY SHOP</u> Address <u>345 MAIN ST. (HWY. 10)</u> City <u>REEDSVILLE</u> State <u>WI</u> Zip <u>54230</u> Telephone <u>414-754-4763</u>																																																															
Spill Contact Person/Firm: _____ Address _____ (if different from above) Telephone _____ City _____ State _____ Zip _____																																																																	
SUBSTANCE INFORMATION																																																																	
Name of Substance/ Quantity Involved: <u>GASOLINE - QUANTITY UNKNOWN</u> <div style="display: flex; justify-content: space-around; font-size: small;"> <input type="checkbox"/> EHS Chemical <input type="checkbox"/> CERCLA Chemical <input type="checkbox"/> Unknown </div>																																																																	
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"/>	_____	_____																																																						
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SITE INFORMATION																																																																	
Exact Location of Spill/Release (include Street Address, County, City, Village, Town, Highway, Inter- section, Mileage, etc.): <u>345 MAIN ST. IN REEDSVILLE, WI, (BEHIND BUILDING)</u>																																																																	
Source of Spill						Spill Destination																																																											
<input type="checkbox"/> Transportation <input type="checkbox"/> Manufacture <input type="checkbox"/> Agriculture <input type="checkbox"/> Public Property <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Business <input type="checkbox"/> Private Property <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"/> Soil <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Storm <input type="checkbox"/> Sanitary <input type="checkbox"/> Contained/ <input type="checkbox"/> Other Sewer Sewer Recovered <input type="checkbox"/> Surface Water <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Potential Name: <u>MUD CREEK</u> <input type="checkbox"/> Ground Water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential Distance to nearest drinking water well: _____ feet																																																											
PUBLIC HEALTH INFORMATION																																																																	
Recommended safety precautions (known acute/chronic health risks): 																																																																	
<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;"></th> <th style="width:10%;">No</th> <th style="width:10%;">Unknown</th> <th style="width:10%;">Yes</th> <th style="width:10%;">Number</th> <th style="width:55%;">Shelter Location and Name</th> </tr> <tr> <td>Injuries</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Fatalities</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Facility Evacuated</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Public Evacuated</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Shelter facility:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> Hospital</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td> School</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td> Other/Type</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </table>													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"/>	_____
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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)

☐ Fire _____
☐ Law Enforcement _____
☐ DNR _____
☐ County EG _____
☐ EMS _____
☐ Other: _____

Incident Commander

Name _____
 Title _____
 Dept. _____
 Telephone _____

☐ 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 type="checkbox"/> Dist. Dept. of Natural Resources (DNR)	_____	_____
<input type="checkbox"/> Loc. Emer. Planning Committee (LEPC)	_____	_____
<input type="checkbox"/> Local Public Health	_____	_____
<input type="checkbox"/> CHEMTREC	1-800-424-9300	_____
<input type="checkbox"/> National Response Center (NRC)	_____	_____

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

UNDERGROUND GASOLINE TANKS WERE REMOVED FROM GROUND IN
 FRONT OF ED'S BODY SHOP, PUT BEHIND BUILDING, AND LIQUID FROM
 TANKS STAINED CONCRETE AND LEFT TANKS AND COULD GO INTO CREEK
 NEARBY.

DEG DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input checked="" type="checkbox"/> DNR (days)	(608) 266-2141	PEGGY PARKS
<input type="checkbox"/> DNR (Duty Officer pager)	_____	_____
<input type="checkbox"/> DOT/State Patrol	(608) 246-3228	_____
<input type="checkbox"/> DH&SS	(608) 266-2830	_____
<input type="checkbox"/> DILHR	_____	_____
<input type="checkbox"/> DATCP	_____	_____
<input type="checkbox"/> NRC	1-800-424-8802	_____
<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)

AGENCY DEFINITIONS

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

Henry Niesen

Signature of DEG Duty Officer

Signature of Preparer