

Removed 04-71-046413 Combined - SAME

Wisconsin Department 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

TOXIC AND HAZARDOUS SPILL REPORT Form 4400-91 Rev. 6-86

04-71-046413

91101804

Date of Incident 10/18/91	Day of Week FRIDAY	Time of Incident 10	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) Wayne L. Jedy	Telephone Number (414) 424 3058
Date Reported 10/18/91	Day of Week FRIDAY	Time Reported 10:20	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting DNR	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Substance Involved Hydraulic oil	Quantity 50 gal	Units	Person or Firm Responsible Oshkosh Truck
Substance Involved	Quantity	Units	Contact Name Thatcher Peterson
			Telephone Number (235) 9151 EXT 2420

Physical Characteristics

Solid Liquid Semisolid Gas

Color _____ Odor _____

Cause of Incident
FILTER FAILURE

Exact Location Description (intersection, mileage, etc.)
333 W. 29th 1/10 mi west

County Location
Winnebago

1/4, 1/4, Section, Town, Range
NE 1/4, NE 1/4 3 E, T 18 N, R 16 E

DNR Dist
LMD

DNR Area
OSHKOSH

Groundwaters Affected
 Yes No Potential

Surface Waters Affected
 Yes No Potential

Date District Notified
NA

Day of Week
NA

Time District Notified
NA

District Person Notified
NA (UNKNOWN)

Telephone Number
()

Date Investigated
10/18/91

Day of Week
FRIDAY

Time Investigated
2:30

Person Investigating
Wayne L. Jedy

Telephone Number
(414) 424 3058

Action Taken By DNR

No Action Taken Investigation Supervise/Conduct Cleanup

Spiller Required To Take Action; Type _____

Contractor Hired By DNR; Name ~~L&K HAZARDOUS WASTE~~

Amount Recovered _____

29.29 Enforcement _____

Other Agencies on Scene

Local
NA

State _____

Federal _____

Address - Street or Route
333 W. 29th

City, State, Zip Code
OSHKOSH, WIS. 54901

Action Taken By Spiller

No Action Taken No Notification Investigate

Containment; Type _____

Cleanup; Method Removal

Amount Recovered _____

Monitor _____

Contractor Hired; Name E+K HAZARDOUS WASTE SNEBOYEAN

Other Action _____

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 _____

Spilled Substance Destination

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

Person Filing This Report (print name)
WAYNE JEDY

Signature
Wayne L. Jedy

Date Signed
10/18/91

Additional Comments: Robert Fox - Don Draxler see complaint copy attached

Closed 10/22/91
TAA 7/26/17

RECEIVED
NOV-6 91
WISCONSIN DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE MANAGEMENT

Wayne - provide details of situation below
Thanks
W. Jedy

Date Received Mo. 10 Day 18 Yr. 91				Time Received 130		<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		Violation Spill			Violation Code	
Name of Caller OSH Truck				Return Call (✓) <input type="checkbox"/>		Fire No.		County		Co. Code 71	Township	Twp. Code 07
Street or Route 339 W. 29th				City, State, Zip Code OSH		Suspect Name OSH Truck			Suspect Address 333 W. 29th		City	State
Telephone Number (include area code)				Suspect's Vehicle Make		Model		Color		Lic. No. and State		
Date of Violation Mo. 10 Day 18 Yr. 91				Day of Week 1 2 3 4 5 6 7		Time of Violation S/A		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		Location of Violation OSH 100517		

COMPLAINT DETAILS

50 gallons of hydraulic oil behind factory on parking lot

ACTION TAKEN

- Filed, no action taken
- Referred to _____
- Answered by letter
- Arrested (name) _____
- Resolved by telephone
- Investigated on (date & time) 10/13/91 230PM

INVESTIGATIVE REMARKS

Checked area, Report of approx 25 to 50 gallon amount of hydraulic oil
 MA, contacted Steve Asphalt for disposal; OK w/ Steve
 Contact Steve Ashenbrenner re Steve Asphalt OK'D
 Contact ROBERT FOX, Non Dealer 235 9151 ext 2420 + 2749
 Spill report filed; material removed and taken to Steve Asphalt
 by ENK Hazardous materials

RECEIVED
 NOV - 6 91
 DEPARTMENT OF STATE
 WASTE MANAGEMENT

Received By C211	Copy 1 - Action Copy C211	Copy 2 - Informational - Preparer	Copy 3 - Area Warden (Warden Supervisor)
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04-71-046409

SUBSTANCE SPILL/RELEASE ALERT FORM

911017005
OCT 2 3 1991

04-71-046409

Spill No./Notification Date and Military Time <u>91 10 17 11:45</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 10 17 10:00 am</u> YY MM DD TIME County: <u>Winnebago</u>
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REPORTING INFORMATION			
Reported by: <u>Thatcher Peterson</u> (name) Address: <u>Oshkosh Trucking</u> <u>2307 OREGON ST</u> City: <u>Oshkosh</u> State: <u>WI</u> Zip: <u>54901</u> Telephone: <u>(414) 235-9151 ext 3544</u>	Person/Firm Responsible: <u>Oshkosh Trucking</u> Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____	Spill Contact Person/Firm: <u>Thatcher Peterson</u> Address: _____ (if different from above) Telephone: _____ City: _____ State: _____ Zip: _____	

SUBSTANCE INFORMATION											
Name of Substance/ Quantity Involved: <u>#300 Hydraulic oil - approx 50 gallons</u>											
<input type="checkbox"/> EHS Chemical <input type="checkbox"/> CERCLA Chemical <input type="checkbox"/> Unknown											
CAS #	Placard #	Quantity	Solid	Powder	Liquid	Vapor	Gas	Radio-Active	Unknown	Color	Odor
_____	_____	_____	<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.): <u>333 W 29th Avenue - Oshkosh</u>

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

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"/>	_____

OCT 23 1991

RESPONSE INFORMATION

Local Responder on Scene (Give name of response agencies)

- Fire _____ Incident Commander _____
- Law Enforcement ENK Hazardous Name _____
- DNR Waste is coming Title _____
- County EG to dig up Dept. _____
- EMS Rock wheel Telephone _____
- Other: Spill occurred 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)	_____	<u>will call</u>
<input type="checkbox"/> Local Public Health	_____	<u>local Winnebago</u>
<input type="checkbox"/> CHEMTREC	<u>1-800-424-9300</u>	<u>County after</u>
<input type="checkbox"/> National Response Center (NRC)	_____	<u>Reporting to DEC</u>

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

Oshkosh truck manufactures trucks
one of the trucks blew an oil filter

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>(608) 266-2830</u>	_____
<input type="checkbox"/> DILHR	_____	_____
<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)

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.

Signature of DEG Duty Officer

Signature of Preparer

Conrad Decker

EMERGENCY RELEASE FOLLOWUP NOTICE REPORTING FORM (SECTION 304)

Business Name & Address: Oshkosh Truck Corporation
2307 Oregon Street Oshkosh Winnebago 54901
Street Address City/Community County Zip

Name & Phone of Emergency Contact at Facility: Robert Fox (414) 235-9151
Name Phone Ext.

Location of Incident: Oshkosh Truck Corp - South Plant
333 W. 29th Avenue Oshkosh Winnebago 54901
Street Address City/Community County Zip

Date of Incident: 10 17 91 **Organizations Notified** **Date & Time of Notification**
Mo. Day Yr.
 National Response Center (on _____ at _____ a.m./p.m.)
 State Emergency Response Commission (on 10/17/91 at 11:45 a.m./p.m.)
 Local Emergency Planning Committee (on 10/17/91 at 11:50 a.m./p.m.)

Chemical Name (or Trade Name) & CAS Number: #200 Hydraulic Oil
Name CAS No.

Is the Chemical on the Extremely Hazardous Substances (302) List? Yes No
Is the Chemical Release Reportable Under CERCLA 103(a)? Yes No
Physical State Stored: Solid Liquid Gas

Time of Release **Duration of Release** **Physical State Released** **Quantity Released**
 Approx 10:00 a.m./p.m. _____ days _____ lbs.
 _____ hours _____ Liquid Approx 50 gal.
 _____ minutes _____ Gas _____ cu.ft.

Factors Contributing to Release
 Equipment Failure Training Deficiencies
 Operator Error Unusual Weather Conditions
 Faulty Process Design Other _____

Agencies Notified
 Fire Dept. Hazardous Materials (HazMat) Unit
 Police Dept. State Agency
 Health Dept. Other Winnebago Co. Emerg. Govt.

Actions Taken
 Containment Decontamination of Persons/Equipment System Shutdown
 Dilution/Neutralization Evacuation Monitoring
 Hazard Removal Diversion of Release to Treatment Other OCT 22 1991

Known or Anticipated Health Effects of Release **DIV. EMERG. GOV'T.**
 Acute or Immediate: N/A

Chronic or Delayed: N/A

Total Injuries Resulting from Release: 0 Total Hospitalizations Resulting from Release: 0

Advice Regarding Medical Attention for Exposed Individuals

Additional Information about the Release (e.g., media into which chemical was released, danger to fish or wildlife)
E & K Hazardous Waste Co. was contacted to clean up the gravel area
where the spill occurred. Reference the attached Material Safety Data
Sheet

I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the submitted information is true, accurate, and complete.
 Reporting Facility Representative (print or type) Robert Fox 10/18/91
Signature of Reporting Representative Date

Ball

OCT 28 1991