

04-71-046501

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  
**91111403**  
Y Y M M D D 0-99

04-71-046501

Date of Incident <u>7/11/14/91</u>	Day of Week <u>THURS</u>	Time of Incident <u>500</u>	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Reported By (Name) <u>WAYNE JEIDY</u>	Telephone Number <u>(414) 424 3058</u>
Date Reported	Day of Week	Time Reported	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting <u>DNR</u>	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Substance Involved <u>Hydraulic oil</u>	Quantity <u>25 gal</u>	Units	Person or Firm Responsible <u>BOB FOX OF OSHKOSH TRUCK (SOUTH)</u>
Substance Involved	Quantity	Units	Contact Name <u>BOB FOX</u>
			Telephone Number <u>EXT 2420 (414) 235 9150</u>

Physical Characteristics

Solid  Liquid  Semisolid  Gas

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

Address - Street or Route  
333 W. 29th AV.

City, State, Zip Code  
OSHKOSH, WIS. 54901

Cause of Incident  
Malfunction of hydraulic line

Exact Location Description (intersection, mileage, etc.)  
South Plant 333 W. 29th

County Location  
Winnepago

1/4, 1/4, Section, Town, Range  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_

DNR Dist LMD DNR Area OSH Groundwaters Affected  Yes  No  Potential

Surface Waters Affected  Yes  No  Potential Name of Surface Water  
NA

Date District Notified 11/14/91 Day of Week THURS Time District Notified 500  A.M.  P.M.

District Person Notified UNK Telephone Number ( )

Date Investigated 11/15/91 Day of Week FRIDAY Time Investigated 330  A.M.  P.M.

Person Investigating WAYNE JEIDY Telephone Number (414) 424 3058

Action Taken By DNR

No Action Taken  Investigation  Supervise/Conduct Cleanup

Spiller Required To Take Action; Type cleanup

Contractor Hired By DNR; Name EEK Hwy water

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

29.29 Enforcement

Other Agencies on Scene

Local Fire Dept & Haz Mat Team (OSHKOSH)

State \_\_\_\_\_

Federal \_\_\_\_\_

Action Taken By Spiller

No Action Taken  Notification  Investigate

Containment; Type \_\_\_\_\_

Cleanup; Method Removal to landfill

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

Monitor \_\_\_\_\_

Contractor Hired; Name \_\_\_\_\_

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 JEIDY

Signature  
Wayne L. Jeidy

Date Signed  
11/15/91

Additional Comments:  
malfunction in hydraulic line on parked truck, oil dry, pads  
The spill was erroneously reported by the Fire Dept as 100 gallons of fuel oil at approximately 10:28 AM. This was a duplication of the spill and should be noted as such.

RECEIVED  
 NOV 27 91  
 DEPT OF NATURAL RESOURCES  
 HAZARDOUS WASTE MANAGEMENT  
 CLOSED 11/15/91  
 JWA 7/26/07  
 DEJ

**SUBSTANCE SPILL/RELEASE ALERT FORM**

NOV 20 1991

Spill No./Notification Date and Military Time <u>91 11 14</u> <u>0920</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 11 14</u> <u>2118</u> YY MM DD TIME  County: <u>Winnebago</u>
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REPORTING INFORMATION			
Reported by: <u>Ganex Oshkosh F.D.</u> (name) Address _____  City _____ State _____ Zip _____  Telephone <u>414-424-0222 (Dispatch)</u> Spill Contact Person/Firm: _____ Address _____ (if different from above) Telephone _____ City _____ State _____ Zip _____	Person/Firm Responsible: <u>Oshkosh Truck South</u> Address <u>333 W 29th</u> <u>Plant</u> City <u>Oshkosh</u> State _____ Zip <u>54901</u> Telephone <u>414-235-9150</u>		

SUBSTANCE INFORMATION											
Name of Substance/ Quantity Involved: <u>100 gallons fuel (unknown) fuel oil</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"/>	<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.): <u>333 W. 29th St.</u>	
<b>Source of Spill</b> <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 checked="" 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: _____	<b>Spill Destination</b> <input type="checkbox"/> Soil <input type="checkbox"/> Air <input type="checkbox"/> Water <input checked="" type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other <input type="checkbox"/> Surface Water <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential Name: _____  <input type="checkbox"/> Ground Water <input type="checkbox"/> Yes <input checked="" 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): _____ _____	

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RESPONSE INFORMATION

Local Responder on Scene (Give name of response agencies)

- Fire Dept
- Law Enforcement \_\_\_\_\_
- DNR \_\_\_\_\_
- County EG \_\_\_\_\_
- EMS \_\_\_\_\_
- Other: Hazmat unit

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	<u>1-800-424-9300</u>	_____
<input type="checkbox"/> National Response Center (NRC)	_____	_____

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

Leaking tank. Spill contained/cleaned up.  
fuel oil on truck  
Leaking tank on truck.

DEG DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input checked="" type="checkbox"/> DNR (days)	<u>(608) 266-2141</u>	<u>James 11/15/91</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.

R Bay  
 Signature of DEG Duty Officer

R Bay  
 Signature of Preparer