

04-71-046936

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
Y Y M M D D 0-99

04-71-046936

Date of Incident 3/26/92	Day of Week THURS	Time of Incident 140	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Reported By (Name) Wayne L Jeloy	Telephone Number (414) 424 3058
Date Reported 3/26/92	Day of Week THURS	Time Reported 155	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting D.N.R.	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved Hydrocarbon oil	Quantity 15	Units gal	Person or Firm Responsible OSHAUSA Truck		
Substance Involved	Quantity	Units	Contact Name Bob Fox	Telephone Number x 2420 (414) 235 9151	

Physical Characteristics

Solid Liquid Semisolid Gas

Color _____ Odor _____

Address - Street or Route
333 W. 29th Av

City, State, Zip Code
OSHAUSA, WI 54901

Cause of Incident
Equipment malfunction

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

County Location
Winnebago

1/4, 1/4, Section, Town, Range
_____, _____, _____, T _____, N, R _____

DNR Dist LMO DNR Area OS11

Groundwaters Affected Yes No Potential

Surface Waters Affected Yes No Potential

Name of Surface Water
NA

Action Taken By Spiller

No Action Taken No Notification Investigate

Containment; Type oil dry

Cleanup; Method absorbent pads

Amount Recovered _____

Monitor _____

Contractor Hired; Name _____

Other Action _____

Date District Notified
NA

Day of Week _____

Time District Notified _____ A.M. P.M.

District Person Notified
NA

Telephone Number
()

Date Investigated
3/26/92

Day of Week
THURS

Time Investigated
310 A.M. P.M.

Person Investigating
WAYNE JELOY

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 _____

Amount Recovered 1 drum

29.29 Enforcement

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 L JELOY

Signature
Wayne L Jeloy

Date Signed
3/26/92

Other Agencies on Scene

Local N/A EMERG-Govt NOTIFIED

State _____

Federal _____

Additional Comments:
ground frozen, oil dry and absorbent pads used. if ground needs to be excavated that will be done, in assembly area

Closed 3/26/92
TDA 7/28/07

DES

DISTRICT JK Files

920326-04

SUBSTANCE SPILL/RELEASE ALERT FORM

Spill No./Notification Date and Military Time <u>92 03 26 / BSS</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>92 03 26 / 1340</u> YY MM DD TIME WINNEBAGO County: <u>Winnebago</u>
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REPORTING INFORMATION			
Reported by: (name) <u>Robt. Fox (Dir of Env. Prot)</u> Address _____ City _____ State _____ Zip _____ Telephone <u>414-235-9151</u> ^{EM} <u>2420</u>	Person/Firm Responsible: <u>Oshkosh Truck Corp</u> Address <u>2307 Oregon St</u> City <u>Oshkosh</u> State <u>WI</u> Zip <u>54903</u> Telephone _____		
Spill Contact Person/Firm: (if different from above) _____ Address _____ Telephone _____ City _____ State _____ Zip _____			

SUBSTANCE INFORMATION											
Name of Substance/Quantity Involved: <u>Hydraulic Oil approx 15 gal.</u> <input type="checkbox"/> EHS Chemical <input type="checkbox"/> CERCLA Chemical <input checked="" 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>St. Plant, 333 W. 29th Ave.</u>

Source of Spill			Spill Destination		
<input type="checkbox"/> Transportation	<input type="checkbox"/> Manufacture	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Soil	<input type="checkbox"/> Air	<input type="checkbox"/> Water
<input type="checkbox"/> Public Property	<input type="checkbox"/> Construction	<input checked="" type="checkbox"/> Business	<input type="checkbox"/> Storm Sewer	<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Contained/Recovered
<input type="checkbox"/> Private Property	<input type="checkbox"/> Other _____		<input type="checkbox"/> Surface Water	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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: _____			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): _____ _____					
	No	Unknown	Yes	Number	Shelter Location and Name
Injuries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	_____
Fatalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	_____
Facility Evacuated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	_____
Public Evacuated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	_____
Shelter facility:					
Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	_____
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	_____
Other/Type	<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 Winnebago Co.
- 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:

*Contained on site
due to malfunction
oil dry + absorbent pads used for cleanup*

DEG DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input type="checkbox"/> DNR (days)	__ (608) 266-2141 __	<i>Fapel</i>
<input checked="" 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.

James A. Nelson

Signature of DEG Duty Officer

Dorothy A. Enlow

Signature of Preparer