

04-71-047202

SUBSTANCE SPILL/RELEASE ALERT FORM

920529-04

04-71-047202

Spill No./Notification Date and Military Time <u>92 05 29 1506</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 05 29 1330</u> YY MM DD TIME County: <u>Winnebago</u>
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REPORTING INFORMATION			
Reported by: <u>Don Drader</u> (name)	Person/Firm Responsible: <u>Ashtek Truck</u>		
Address _____	Address <u>2301 Meyer St.</u>		
City _____ State _____ Zip _____	City <u>Ashtek</u> State _____ Zip _____		
Telephone <u>414/235-9151 x2749</u>	Telephone _____		
Spill Contact Person/Firm: _____ Address _____ (if different from above) Telephone _____ City _____ State _____ Zip _____			

SUBSTANCE INFORMATION											
Name of Substance/Quantity Involved: <u>Anti-freeze/water - 50-Gallon 12 gallons</u>											
<input checked="" 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 checked="" 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 West 29th - Ashtek</u>	
Source of Spill	Spill Destination
<input type="checkbox"/> Transportation <input checked="" type="checkbox"/> Manufacture <input type="checkbox"/> Agriculture <input type="checkbox"/> Public Property <input type="checkbox"/> Construction <input type="checkbox"/> Business <input type="checkbox"/> Private Property <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Soil <input type="checkbox"/> Air <input type="checkbox"/> Water <input 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
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):				
<p style="font-size: 2em; color: red; text-align: center;">Closed 6/2/92</p>				

<table border="1"> <tr> <th></th> <th>No</th> <th>Unknown</th> <th>Yes</th> <th>Number</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> </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> </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> </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> </tr> <tr> <td>Shelter facility:</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> </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> </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> </tr> </table>		No	Unknown	Yes	Number	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"/>	Shelter Location and Name _____ _____ _____
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RECEIVED
 JUN 02 1992
 BUREAU OF SOLID HAZARDOUS WASTE MANAGEMENT

SDA 7/28/17

04-11-072505

208 (40-15-14)

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:

Equipment failure - soil being picked up; will be properly disposed of

DEG DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input type="checkbox"/> DNR (days)	(608) 266-2141	_____
<input type="checkbox"/> DNR (Duty Officer pager)	<i>FAK</i>	_____
<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 Agency US Coast Guard)
CHEMTREC	Chemical Transportation Emerg. Center		Environmental Protection Agency
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]
Signature of DEG Duty Officer

[Signature]
Signature of Preparer