

04-13-047387

(608) 266-3232
(800) 424-8802
(800) 424-9300

Spill ID Number
920719
Y Y M M D D 0-99

Date of Incident <u>7-19-92</u>	Day of Week <u>SUN</u>	Time of Incident <u>UNKNOWN</u>	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) <u>KRIS GRUNINGER</u>	Telephone Number <u>(608) 241-0814</u>
Date Reported <u>7-30-92</u>	Day of Week <u>THUR</u>	Time Reported <u>9:00</u>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Substance Involved <u>GCO-30</u>	Quantity <u>500</u>	Units <u>GALS</u>	Person or Firm Responsible <u>KIPPCAST CO.</u>
Substance Involved	Quantity	Units	Contact Name <u>(608)</u>

Physical Characteristics <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Semisolid <input type="checkbox"/> Gas Color <u>GREEN</u> Odor _____	Address — Street or Route <u>201 WAUBESA ST</u> City, State, Zip Code <u>MADISON, WI</u>
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Cause of Incident <u>COOLING TOWER LEAK</u>	Action Taken By Spiller <input checked="" type="checkbox"/> No Action Taken <input type="checkbox"/> No Notification <input type="checkbox"/> Investigate
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Exact Location Description (intersection, mileage, etc.) <u>201 WAUBESA ST.</u>	County Location <u>DANE CENTRAL</u>	1/4, 1/4, Section, Town, Range _____, _____, _____, T _____ N, R _____
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DNR Dist <u>SO</u>	DNR Area <u>MAD</u>	Groundwaters Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential
Surface Waters Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential	Name of Surface Water	

Date District Notified <u>NONE</u>	Day of Week	Time District Notified <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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District Person Notified <u>N/A</u>	Telephone Number ()
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Date Investigated <u>8/06/92</u>	Day of Week <u>THUR</u>	Time Investigated <u>11:00</u>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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Person Investigating <u>TIMOTHY J. LAWHERN</u>	Telephone Number <u>(608) 273-5940</u>
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Action Taken By DNR <input type="checkbox"/> No Action Taken <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Supervise/Conduct Cleanup
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Spiller Required To Take Action; Type _____
Contractor Hired By DNR; Name _____
Amount Recovered _____
29.29 Enforcement

Other Agencies on Scene AWARE OF PROBLEM

Local CITY HEALTH

State _____

Federal _____

Additional Comments: SEE REPORT ATTACHED.

Industrial Facility/Paper Mill/Chem. Co. <input checked="" type="checkbox"/>
Gas/Service Station/Garage, Auto Dealer, Repair Shop <input type="checkbox"/>
Ag Coop/Facility/Cheese Factory/Creamery <input type="checkbox"/>
Other Small Business (bank, grocery, insurance co., etc.) <input type="checkbox"/>
Public Property (city, county, state, church, school, etc.) <input type="checkbox"/>
Utility Co., Power Generating/Transfer Facility <input type="checkbox"/>
Private Property (home/farm) <input type="checkbox"/>
Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler <input type="checkbox"/>
Transportation Accident, Fuel Supply Tank Spill <input type="checkbox"/>
Transportation Accident, Load Spill <input type="checkbox"/>
Construction, Excavation, Wrecking, Quarry, Mine <input type="checkbox"/>
Other _____

Spilled Substance Destination <input type="checkbox"/> Air <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other _____

Person Filing This Report (print name)
TIMOTHY J. LAWHERN

Signature Timothy J. Lawhern Date Signed 8/06/92

CASE ACTIVITY REPORT
Form 4100-160

1-89

State of Wisconsin
Department of Natural Resources
Law Enforcement

Case Number	Case Title
920719__	KippCast Company - Spill
Activity	Date of Activity
Investigation of Reported Spill	8-06-92
Narrative	

On the stated date at approximately 11:00 am conservation warden TIMOTHY J. LAWHERN received a FAX report of a spill that had occurred on 7-19-92 in Madison, Wisconsin, at the Kippcast Company at 201 Waubesa ST. (608) 244-3511. The complainant, KRIS GRUNINGER, of 134 S. Marquette, Madison 241-0816 stated that a spill of approximately 500 gallons of antifreeze had occurred at the above mentioned company from the cooling tower. This green colored liquid had drained along the company property and onto her property into her garden. Some of the plants had begun to wilt from the spill.

Warden DAVE WOOD of madison had responded to the report initially and had taken a sample of the spilled material. WOOD called the city of Madison Division of Health Toxicologist (Lab of Hygiene) to see if they could help to determine what the substance was. LINDA KANOBIK of the lab stated they could not conduct tests for this product.

LAWHERN called the manufacturer of the product, Diversey Corp (313) 458-5000 and talked to MARK ANTOSIAK. ANTOSIAK is an emergency response person for the company. He stated that the product was not harmful in the situation that was described and that about all that would happen with the garden plants would be similar to an overdose of fertilizer. As stated in the Material Safety Data Sheet as the product breaks down it produces a lot of nitrogen. The green color is a dye that is similarly used by wastewater treatment plants to locate leaks in sewer pipes and is approved by the FDA. The name and or components of the product is as follows:

Poly (oxyethylene-(dimethyliminio)
ethylene-(dimethyliminio)ethylene dichloride) 31075-24-8

EPA Registration No. 5736-85

LAWHERN called the Madison Health Department and told ABDIL GALINDO of the situation. It seems that this happens frequently with the runoff going onto GRUNINGER'S property. GALINDO was aware of this and offered to help in any way he could.

Warden Reporting:	Date of Report
Timothy J. Lawhern	8-06-92

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