Date Reported Day of Week Time Reported A.M. Agency or Firm Reporting Reported thru Div. E Gov't. Yes Substance Involved Quantity Units Person or Firm Responsible SPECIALLY CHEM Substance Involved Quantity Units Contact Name LEONARD MORE (715) 735 Physical Characteristics Address - Street or Route 2 STANTON ST City, State, Zip Code MARINETTE WT 54/43 Action Taken By Spiller No Action No Taken Dividication Investigation Containment; Type	REPORT Rev. 6-86
Date Reported Day of Week Time Reported A.M. Agency or Firm Reporting Reported thru Div. E. Govt. Yes Substance Involved Tol. Vers. Substance Involved Tol. A.M. A.M. Agency or Firm Reporting Reported thru Div. E. Govt. Types Reported Tol. A.M. A.M. A.M. A.M. A.M. Description (intersection, mileage, etc.) Substance Involved Tol. Taken By DNR Tol. Vers. Address - Street or Route 2 Street	1tev. 0-00
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Spiller Required To Take Action: Type Spilled Substance Destination RECEIVED	
A in	7.5
Contractor Hired By DNR; Name Soil	1
Amount Recovered	1
☐ 29.29 Enforcement Other Agencies on Scene ☐ Storm Sewer ☐ Storm Sewer	
Sanitary Sewer	PAINT
Local NONE Contained/Recovered PARTIACY @ TUIS Other	15 5-6
State Person Filing This Report (print name) BRUCE S. OMAN	
Federal NONE Signature Date Signature 5-0	gned 93
Additional Comments: SEE ATTACUED CONTACT FORM C/OSED 5/6/93	
VA 1/26/	18
LAURIE FILE RECEIVED INITIAL NOTIFICATION	

FACILITY CONTACT FORM Form 3400-51 Rev. 7-89

ATT'N	PRETREATMENT V	VW/2	Date	50693
ENV. ENF. EE/5	MUNIC, WASTEWA	ATER SECTION WW/2		-Hour Clock)
☐ PRIV. WATER SECTION WS/2	L IND. WASTEWATE	R SECTION WW/2		<u>3:15</u>
☐ PUBL. WATER SECTION WS/2	1	DIST	Contact :	Method Person Telephone
Facility Name	Location (Addres	s or 1/4-1/4)		County
SPECIALTYCHEM	MARIN	ETTE		MARINETTE
The state of the s	WPDES Permit Number			NR Person Making Contact
438008340				OMAN
Facility Representative Contacted DR LEONARD MUSRE/GORD	ON KANDON.	le or Position of Repre	DIKERAN	FINE CHEMICAS
Activity Codes 5 P	Re	presentative's Telephone	Number (inclu	iding area code)
		112 - 123	7055	
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		☐ Check if Addition	nal Sheets Attac	ched

SUBSTANCE SPILL/RELEASE ALERT FORM

Information should be reported to: Date and Military Spill No./Motification Department of Military Affairs Time of Incident **Date and Military Time** 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 REPORTING INFORMATION Person/Firm Reported by: Responsible: (name). Address Address State_ State Zip City __ Telephone Telephone **Spill Contact** Person/Firm: Address (if different from above) Telephone City SUBSTANCE INFORMATION Name of Substance/ Quantity Involved:___ 1 CERCLA Chemical [] EHS Chemical [] Unknown Radio-CAS # Placard # Quantity Solid Powder Liquid Vapor Gas Active Unknown Odor [] [] [] [] [] [] [] [] [] SITE INFORMATION Exact Location of Spill/Release (include Street Address, County, City, Village, Town, Highway, Intersection, Mileage, etc.): St. Marinette Source of Spill Spill Destination [] Transportation [X Manufacture [] Agriculture [] Air [] Water [] Public Property [] Construction [] Business [] Sanitary [] Contained/ [] Other [] Private Property [] Other _ Sewer Recovered [] Surface Water [] Yes [X No [] Potential Weather Conditions Wind Speed and Direction [] Ground Water [] Yes [] No [] Potential [] Rain [] Steet [] Snow [] Fog [] Other: Distance to nearest drinking water well: PUBLIC HEALTH INFORMATION Recommended safety precautions (known acute/chronic health risks): No r Unknown Shelter Location and Name Number Yes Injuries **Fatalities** Facility Evacuated Public Evacuated Shelter facility:

Wis Stats. 166.20, 144.76

Hospital School Other/Type

DMA Form 1045, (1/91)

<u> </u>	RE	SPONSE INFORMATION	
Loc	al Responder on Scene (Give name of	response agencies)	
	Fire		Incident Commander
[]	Law Enforcement	Name	
u	DNR will call local	Title	
11	County EG	Dept.	
	EMS	Telep	hone
[]	Other:	[No further follow-up or state assistance required
Lis	t of contacts made by responsible party	/firm or individual reporting	
	Agency	Telephone Number	Contact Name
[]	Dist. Dept. of Natural Resources (DNR)	•	e <u>y</u> i ke Ka
[]	Loc. Emer. Planning Committee (LEPC	<u> </u>	
[]	Local Public Health		
[]	CHEMTREC	1-800-424-9300	
11	National Response Center (NRC)		
Nai	rrative: Cause of incident/Actions being	taken/Other information:	
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[] [] [] [] []	Agency DNR (days) DNR (Duty Officer pager) DOT/State Patrol DH&SS DILHR DATCP NRC Area Director DEG, Dir. Bureau of Field Services and Disaster Resources	Telephone Number(608) 266-2141(608) 246-3228(608) 266-28301-800-424-8802	RECEIVED MAY 1 2 1993 EMERG & REMEDIAL RESPONSE SECTIONS BUR OF SOLID & HAZRD WASTE
[] [] [] [] []	Agency DNR (days) DNR (Duty Officer pager) DOT/State Patrol DH&SS DILHR DATCP NRC Area Director DEG, Dir. Bureau of Field Services and Disaster Resources	Telephone Number(608) 266-2141(608) 246-3228(608) 266-2830	RECEIVED MAY 1 2 1993 EMERG & REMEDIAL RESPONSE SECTIONS BUR OF SOLID & HAZRD WASTE
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