

Spill ID Number

Y Y M M D D 0-99

Date of Incident 7-19-93	Day of Week Mon	Time of Incident 1:30	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Reported By (Name) Leon Fasano	Telephone Number (414) 658-6061
Date Reported 7-20-93	Day of Week Tue	Time Reported 10:25	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting (same)	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved Ariticoool 51	Quantity 20-22	Units Gal	Person or Firm Responsible Chrysler Corp.		
Substance Involved	Quantity	Units	Contact Name Leon Fasano	Telephone Number (414) 658-6061	

Physical Characteristics

Solid Liquid Semisolid Gas

Color _____ Odor _____

Address - Street or Route
5555 30th Av.

City, State, Zip Code
Kenosha, Wi.

Cause of Incident
Cracked hydromation tank

Exact Location Description (intersection, mileage, etc.)
5555 30th Av

Action Taken By Spiller

No Action Taken No Notification Investigate

Containment; Type Bulkhead storm main in man hole.

Cleanup; Method _____

Amount Recovered _____

Monitor _____

Contractor Hired; Name _____

Other Action _____

County Location
Kenosha

Groundwaters Affected
 Yes No Potential

Surface Waters Affected
 Yes No Potential

Name of Surface Water
Pike Creek

Date District Notified
7-20-93

Day of Week
Tue

Time District Notified
10:25

A.M. P.M.

District Person Notified
Bill Smith

Telephone Number
(414) 961-2728

Date Investigated

Day of Week

Time Investigated

A.M. P.M.

Person Investigating

Telephone Number
()

Action Taken By DNR

No Action Taken Investigation Supervise/Conduct Cleanup

Spiller Required To Take Action; Type _____

Contractor Hired By DNR; Name _____

Amount Recovered _____

29.29 Enforcement

Other Agencies on Scene

Local _____

State _____

Federal _____

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)
Bill Smith

Signature
Bill Smith

Date Signed
7-20-93

Additional Comments:
Cracked hydromation tank which leaked over into a storm main. Leak was contained and stopped by 6:00 PM, 7-19-93. The cutting oil is water soluble, so the Creek water dilute the cutting oil. Vol. ^{4%}

SUBSTANCE SPILL RELEASE ALERT FORM

Spill No./Notification
Date and Military Time
93-07-20 0905
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 7888
Madison, Wisconsin 53707-7888
(608) 266-3232
FAX (608) 266-1588

Date and Military Time of Incident
93 07 19 1315
YY MM DD TIME
Source: Kamaska FED

REPORTING INFORMATION

Reported by: Leon Farow
(name)
Address: 5555 30th Ave
City: Kamaska WI 53145
Telephone: 414/658-2061
Spill Contact
Person/Firm:
(if different from above)
Telephone:

Person/Firm
Responsible: Whyler Kamaska Eyed Plat
Address: 5555 30th Ave
City: WI 53145
Address:
City: State: Zip:

SUBSTANCE INFORMATION

Name of Substance: Ammonia
Quantity involved: 1 gallon
Source of spill: Leak from container
Section: Miscellaneous
Date: 7/19/93
Time: 0905
Weather: Clear
Temperature: 75
Wind: Light
Direction: SE
Spill description: Small spill in parking lot
Spill location: 5555 30th Ave
Spill area: 100 sq ft
Spill depth: 1 inch
Spill volume: 1 gallon
Spill type: Leak

PUBLIC HEALTH INFORMATION

Public Health Information
Affected Area:
City:
State:
Zip:
Date:
Time:
Weather:
Temperature:
Wind:
Direction:
Spill description:
Spill location:
Spill area:
Spill depth:
Spill volume:
Spill type:

TO SOUTHEAST DISTRICT OFFICE
FROM DAWN CAMACHO LE/5 608-266-2141

2 PAGES

RESPONSE INFORMATION

Local Responder on Scene (Give name of response agencies)

- Fire _____
- Law Enforcement _____
- DNR _____
- County EG _____
- EMS _____
- Other: Company emergency crew response

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"/> Wis. Dept. of Natural Resources (DNR)	<u>next call to be made after</u>	<u>DEG</u>
<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 checked="" type="checkbox"/> National Response Center (NRC)	<u>1-800-424-8802</u>	<u>will contact</u>

Narrative: Cause of incident/Actions being taken/Other information:
Diluted coolant found in storm main & creek, traced to hydroamination coolant tank. Storm drain closed, spill contained at 1300 7/19/93. Estimate 20-22 gals of 4% dilution spilled. After containment, creek cleared up.

DEG DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input checked="" type="checkbox"/> DNR (days)	<u>(608) 268-2141</u>	<u>Jerry Heronk</u>
<input type="checkbox"/> DNR (Duty Officer pager)	_____	_____
<input type="checkbox"/> DOT/State Patrol	<u>(608) 248-3328</u>	_____
<input type="checkbox"/> DHS&S	_____	_____
<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 DO 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
DHS&S	Dept. of Health & Social Services		

Reminder: If the release is of an EHS or CERCLA chemical or of any other 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.

Garry Bert Adams
 Signature of DEG Duty Officer

 Signature of Producer