

PHONE CONVERSATION RECORD

DATE: 6/1/95
TIME: 2:50 pm

CONVERSED WITH: Marna Larson - NCD

SUBJECT/PROJECT: Wisconsin National Guard

UNIQUE ID#.: _____

Two spills

- Feb. 28 '94 25 gal. Jet fuel. Glass tubing on filter was separated. Building #33 at Volk Field.

- July 24 '94 14 gal unleaded gas. Vehicle rupture gas tank. Overexcavated soils. NW corner, north of runway of Volk Field.

Signature: David R. Grasser
(please write legibly)



VOLK FIELD COMBAT READINESS TRAINING CENTER

WISCONSIN AIR NATIONAL GUARD
CAMP DOUGLAS, WI

1 Aug 1994

MEMORANDUM FOR Wisconsin DNR, North Central District
ATTENTION: Archie Wilson

FROM: CRTC/EM
100 Independence Drive
Volk Field ANGB, Camp Douglas, WI 54618-5001

SUBJECT: Spill Information

1. As I reported to you by phone, on 23 July there was a 12 to 14 gallon unleaded gasoline spill on a portion of gravel road at Volk Field. The attached maps should give some indication of actual location. Contaminated soils have been excavated and are being stockpiled pending laboratory analysis.
2. If there are any questions, please call me at (608) 427-1441.

DAVID A. BECK, CAPT, WIANG
Environmental Manager

Rec'd NCD
8/2/94
AMW

7/29/94

Called to DEG Sunday evening.

Dave Beck - Volk

Sunday Evening 7/24/94 6:30 PM

Growl Road - Ruptured gas tank

14 gallons - Reg. Unleaded Gasoline
excavated & covered

sampling in progress

At Volk Field NW corner

north of runway

Report to follow

Spill ID Number **3034**
Y Y M M D D 0-99

Date of Incident **7/24/94** Day of Week **SUN** Time of Incident **6:30** A.M. P.M. Reported By (Name) **Dave Beck** Telephone Number **608, 427-1441**

Date Reported **7/29/94** Day of Week _____ Time Reported _____ A.M. P.M. Agency or Firm Reporting **Wis ANG** Reported thru Div. Emergen. Gov't. Yes No

Substance Involved **Unhooked Gasoline** Quantity **14** Units **Gal** Person or Firm Responsible **Wis Air National Guard**

Substance Involved _____ Quantity _____ Units _____ Contact Name **Dave Beck** Telephone Number **608, 427-1441**

Physical Characteristics
 Solid Liquid Semisolid Gas Color **Clear** Address - Street or Route **CRTEM, 100 Independence Dr, Volk Field ANGB**
 Gas Odor **Gasoline** City, State, Zip Code **Camp Douglas, WI 54618-5001**

Cause of Incident **Vehicle Ruptured Gas Tank** Action Taken By Spiller

Exact Location Description (intersection, mileage, etc.) **NW Corner Volk Field - North of Runway**
 No Action Taken No Notification Investigate

County Location **Juneau** $\frac{1}{4}$ $\frac{1}{4}$, Section, Town, Range **SW, NW, 10, T17N, R02E**
 Containment; Type _____
 Cleanup; Method **over excavation**
 Amount Recovered **All**

DNR Dist **Ne** DNR Area **Wis Rap** Groundwaters Affected Yes No Potential
 Monitor _____

Surface Waters Affected Yes No Potential Name of Surface Water _____
 Contractor Hired; Name _____

Date District Notified **7/29/94** Day of Week _____ Time District Notified _____
 Other Action _____

District Person Notified **Archie Wilson** Telephone Number **(715) 369-8915**

Date Investigated _____ Day of Week _____ Time Investigated _____
 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 **Military Installation**

Person Investigating _____ Telephone Number _____
 Spilled Substance Destination

Action Taken By DNR
 No Action Taken Investigation Supervise/Conduct Cleanup

Spiller Required To Take Action; Type _____
 Air
 Soil
 Groundwater
 Surface Water
 Storm Sewer
 Sanitary Sewer
 Contained/Recovered
 Other _____

Contractor Hired By DNR; Name _____

Amount Recovered _____

29.29 Enforcement _____

Other Agencies on Scene _____

Local _____

State _____

Federal _____

Person Filing This Report (print, name) **Archie Wilson**

Signature **Archie Wilson** Date Signed **8/2/94**

Additional Comments: **Soil was over-excavated immediately and placed in covered storage. Confirmation samples were collected. A written report will follow.**