

04-36-049803

State Div. Emergency Gov't. (608) 266-3232
U.S. Nat'l. Response Center (800) 424-8802
Chemtrec/Pesticides/Chlorine (800) 424-9300

Spill ID Number
94080204
Y Y M M D D 0-99

04-36-049803

Date of Incident <u>8-2-94</u>	Day of Week <u>Tue</u>	Time of Incident <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) <u>Tom Reed</u>	Telephone Number <u>(414) 684-4421</u>
Date Reported <u>8-2-94</u>	Day of Week <u>Tue</u>	Time Reported <u>5:03</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting <u>Mirro Aluminum</u>	Reported thru Div. Emergen. Gov't. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Substance Involved <u>Sodium Hydroxide</u>	Quantity <u>30</u>	Units <u>Gal</u>	Person or Firm Responsible <u>Mirro Aluminum</u>	
Substance Involved	Quantity	Units	Contact Name <u>Tom Reed</u>	Telephone Number <u>(414) 684-4421</u>

Physical Characteristics

Solid Liquid Semisolid Gas

Color _____ Odor _____

Cause of Incident
unloading accident

Exact Location Description (intersection, mileage, etc.)
same

County Location
Manitowoc

1/4, 1/4, Section, Town, Range
_____, _____, _____, T _____ N, R _____

DNR Dist
LMD

DNR Area
GB

Groundwaters Affected
 Yes No Potential

Surface Waters Affected
 Yes No Potential

Name of Surface Water _____

Date District Notified _____

Day of Week _____

Time District Notified
 A.M.
 P.M.

District Person Notified _____

Telephone Number () _____

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 _____

Additional Comments:

Address - Street or Route
1512 Washington P.O. Box 1330

City, State, Zip Code
Manitowoc WI 54220

Action Taken By Spiller

No Action Taken No Notification Investigate

Containment; Type _____

Cleanup; Method Absorbant

Amount Recovered _____

Monitor _____

Contractor Hired; Name _____

Other Action _____

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

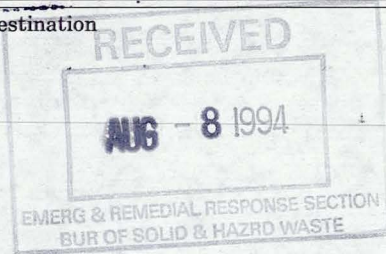
Surface Water

Storm Sewer

Sanitary Sewer

Contained/Recovered

Other _____



Person Filing This Report (print name)
Tom Solja

Signature
Tom Sol

Date Signed
8-2-94

closed on 8/8/94 TRN