

RECEIVED

Spill ID Number

OCT 24 1994
Y Y M M D D 0-99

Date of Incident 10-18-94	Day of Week Tuesday	Time of Incident 10:00	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) Mike Falco	Telephone Number (612) 778-4463
Date Reported 10-18-94	Day of Week Tuesday	Time Reported 10:27	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting 3M	Reported thru Div. Emergen. Gov't. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Substance Involved Ethelene Glycol	Quantity 10-15 gal	Units		Person or Firm Responsible Mike Falco of 3M	
Substance Involved	Quantity	Units		Contact Name Dean Weiss	Telephone Number (715) 235-5541

Physical Characteristics

Solid Liquid Semisolid Gas

Color _____ Odor _____

Cause of Incident
Valve Failure

Exact Location Description (intersection, mileage, etc.)
3M Factory (mmm Rd west of CTHB)

County Location
Dunn

1/4, 1/4, Section, Town, Range
_____, _____, 17, T 28 N, R 12 W

DNR Dist
West

DNR Area
E/C

Groundwaters Affected
 Yes No Potential

Surface Waters Affected
 Yes No Potential

Name of Surface Water _____

Date District Notified
11-18-94

Day of Week
Tues

Time District Notified
10:27

A.M.
 P.M.

District Person Notified
Jim Clevon

Telephone Number
(715) 232-1269

Date Investigated
10-18-94

Day of Week
Tues

Time Investigated
1:00

A.M.
 P.M.

Person Investigating
Jim Clevon

Telephone Number
(715) 232-1269

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
None

State _____

Federal _____

Additional Comments:

Substance spilled into drain leading to Sanitary System

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)
Jim Clevon

Signature
James R. Clevon

Date Signed
10-18-94

File -
Dunn
Co
Spills

Closed 10/15/94
By MT 2/20/17