

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

FILED DUNN CNTY 04-17-050891

Date of Incident <i>6/21/95</i>	Day of Week <i>Wed</i>	Time of Incident <i>12:45</i>	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Reported By (Name) <i>Greg Kramer</i>	Telephone Number <i>(715) 235-5541</i>
Date Reported <i>6/22/95</i>	Day of Week <i>Thur</i>	Time Reported <i>1:37</i>	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting	Reported thru Div. Emergen. # Gov't. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>2221</i>
Substance Involved <i>Mineral Spirits</i>	Quantity <i>20</i>	Units <i>gal</i>		Person or Firm Responsible <i>3-M</i>	
Substance Involved	Quantity	Units		Contact Name <i>above</i>	Telephone Number ()

Physical Characteristics

Solid Liquid Gas Semisolid

Color _____ Odor _____

Cause of Incident

Exact Location Description (intersection, mileage, etc.)
1425 Parkway Dr Menominee

County Location
Dunn

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

DNR Dist *WD* DNR Area _____ 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 _____

Address - Street or Route
1425 Parkway Dr

City, State, Zip Code
Menominee WI 54751

Action Taken By Spiller

No Action Taken No Notification Investigate

Containment; Type _____

Cleanup; Method *absorb/picked up/sent out*

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 _____

REFERRED TO J. GRUMP 6-22-95 2/26/2017 PJC

Person Filing This Report (print name)
Peggy Parks

Signature *Peggy Parks* Date Signed *6/22/95*

Additional Comments:
Forwarded to the WD on 6/22 at 1:38