

RECEIVED

04-09-042761

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

Y Y M M D D 0-99

Date of Incident 05/16/88	Day of Week MON	Time of Incident 6:00	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Reported By (Name) ANONYMOUS	Telephone Number () -
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Date Reported 05/17/88	Day of Week TUES	Time Reported 3:20	<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
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Substance Involved DTE OIL MEDIUM	Quantity 50	Units GALS	Person or Firm Responsible AZCO - HENNES
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Substance Involved	Quantity	Units	Contact Name BILL CLEMENT	Telephone Number (715) 382-4801
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Physical Characteristics <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Semisolid <input type="checkbox"/> Gas	Color HONEY	Odor MTR. OIL	Address - Street or Route P.O. Box 567	City, State, Zip Code APPLETON, WI 54912
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Cause of Incident BROKEN HOSE	Action Taken By Spiller <input type="checkbox"/> No Action Taken <input checked="" type="checkbox"/> No Notification <input type="checkbox"/> Investigate
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Exact Location Description (intersection, mileage, etc.) JIM FALLS HYDRO PROJECT - NEW POWER PLANT	<input checked="" type="checkbox"/> Containment; Type ABSORB W/ SAND
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County Location CHIPPewa	1/4, 1/4, Section, Town, Range NE 1/4, SE 3/4, T 30N, R 07W	<input checked="" type="checkbox"/> Cleanup; Method REMOVE SOIL & SPREAD
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DNR Dist WD	DNR Area EC	Groundwaters Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential	<input type="checkbox"/> Amount Recovered	<input type="checkbox"/> Monitor	<input type="checkbox"/> Contractor Hired; Name	<input type="checkbox"/> Other Action
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Surface Waters Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Potential	Name of Surface Water
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Date District Notified 5/17/88	Day of Week TUES	Time District Notified 3:20	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Spill Location <input type="checkbox"/> Industrial Facility/Paper Mill/Chem. Co.
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District Person Notified DAN KOICK	Telephone Number (715) 837-3777	<input type="checkbox"/> Gas/Service Station/Garage, Auto Dealer, Repair Shop	<input type="checkbox"/> Ag Coop/Facility/Cheese Factory/Creamery	<input type="checkbox"/> Other Small Business (bank, grocery, insurance co., etc.)	<input type="checkbox"/> Public Property (city, county, state, church, school, etc.)	<input type="checkbox"/> Utility Co., Power Generating/Transfer Facility	<input type="checkbox"/> Private Property (home/farm)	<input type="checkbox"/> Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler	<input type="checkbox"/> Transportation Accident, Fuel Supply Tank Spill	<input type="checkbox"/> Transportation Accident, Load Spill	<input checked="" type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine	<input type="checkbox"/> Other
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Date Investigated 05/17/88	Day of Week TUES	Time Investigated 4:20	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	<input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine	<input type="checkbox"/> Other
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Person Investigating TOM HARRIS	Telephone Number (715) 239-6727	<input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine	<input type="checkbox"/> Other
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Action Taken By DNR <input type="checkbox"/> No Action Taken <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Supervise/Conduct Cleanup	Spilled Substance Destination <input type="checkbox"/> Air <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input checked="" type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other
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Spiller Required To Take Action; Type CLEAN UP - SPREAD	Spilled Substance Destination <input type="checkbox"/> Air <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input checked="" type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other
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<input type="checkbox"/> Contractor Hired By DNR; Name	Spilled Substance Destination <input type="checkbox"/> Air <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input checked="" type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other
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<input checked="" type="checkbox"/> Amount Recovered 80% (EST)	Spilled Substance Destination <input type="checkbox"/> Air <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input checked="" type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other
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<input type="checkbox"/> 29.29 Enforcement	Spilled Substance Destination <input type="checkbox"/> Air <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input checked="" type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other
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Other Agencies on Scene	Spilled Substance Destination <input type="checkbox"/> Air <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input checked="" type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other
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Local	Spilled Substance Destination <input type="checkbox"/> Air <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input checked="" type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other
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State	Spilled Substance Destination <input type="checkbox"/> Air <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input checked="" type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other
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Federal	Spilled Substance Destination <input type="checkbox"/> Air <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input checked="" type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other
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Person Filing This Report (print name) TOM HARRIS	Signature Tom E. Harris	Date Signed 5/22/88
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Additional Comments:

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