

State of Wisconsin Substance Release Notification Form

PLEASE PRINT

24-Hour Emergency Hotline Number: 1-800-943-0003

Form 4400-91 Rev. 2-99

Date and Mil. Time of Incident	06-01-99 19:40	Date and Mil. Time Reported	06-01-99 19:40
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Person Reporting/Representing	CLARK COUNTY SHERIFF	Phone # (715) 743-3157
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Responsible Party/Spiller	MICHAEL J. ZANK	Phone # (715) 743-4715
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Contact Name	SAME	Phone # () SAME
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Address	N3466 OWEN AVENUE	City, State, Zip Code	NEILLSVILLE, WI 54456
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Substance Involved	Amount & Units Released	Amount Recovered
DIESEL FUEL	< 25 GALLONS	100%

Solid Semisolid Liquid Gas Color _____ Odor _____

Exact Location (inc. address, facility name, mileage, bldg. #, etc.)
W4733 COUNTY HIGHWAY C, NEILLSVILLE, WI 54456

City	County	Lat/long
NEILLSVILLE	CLARK	

DNR Region	NE1/4 NW1/4sec 24 NR 1 (E/W)	Weather Cond.
WC		OVERCAST LIGHT RAIN 60

Cause of Incident	Action Taken By Spiller:
TRAFFIC ACCIDENT	<input type="checkbox"/> No Action Taken <input type="checkbox"/> No Action Needed <input type="checkbox"/> Monitor <input checked="" type="checkbox"/> Cleanup Method: <u>Absorb</u> <input checked="" type="checkbox"/> Waste Destination: <u>Incineration</u> <input type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired Name: _____ <input type="checkbox"/> Other: _____

Spilled Substance Impact To: Check (√) all that apply:	Spill Source:
<input type="checkbox"/> Air <input type="checkbox"/> Potential <input type="checkbox"/> Soil <input checked="" type="checkbox"/> Potential <input type="checkbox"/> Groundwater <input type="checkbox"/> Potential <input type="checkbox"/> Surface Water <input type="checkbox"/> Potential Name _____ <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Potential <input type="checkbox"/> Private Well <input checked="" type="checkbox"/> Potential <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Transportation Accident, Fuel Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input type="checkbox"/> Industrial Facility <input type="checkbox"/> Paper Mill <input type="checkbox"/> Chemical Co. <input type="checkbox"/> Ag Coop/Facility/ Food Factory/Facility <input type="checkbox"/> Gas/Service Station/Garage/Auto Dealer, Repair Shop <input type="checkbox"/> Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler <input type="checkbox"/> Public Property (city, state, church, school, etc.) <input type="checkbox"/> Utility Co, Power Generating/ Transfer Facility <input type="checkbox"/> Private Property (home/farm) <input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine <input type="checkbox"/> Airport Facility <input type="checkbox"/> Railroad Facility <input type="checkbox"/> Other _____

Injuries? Yes No If yes, how many? _____ Has an evacuation occurred? Yes No Potential? Yes No

Are there any resource damages? Yes No Potential What kinds? _____

Other Agencies Notified (√ first column if notified) (√) both columns if on the scene	Incident Commander, if known:
<input checked="" type="checkbox"/> Fire Department <input checked="" type="checkbox"/> Local DNR <input type="checkbox"/> EPA <input checked="" type="checkbox"/> Local Law Enforcement <input type="checkbox"/> Div. Emer. Mgt. <input type="checkbox"/> Nat'l Resp. Ctr. 800-442-8802 <input type="checkbox"/> LEPC or Local Emer. Mgt. <input type="checkbox"/> Coast Guard <input type="checkbox"/> Chemtrec 800-424-9300 <input type="checkbox"/> Level A/Level B Team <input type="checkbox"/> DHFS 608-258-0099 <input type="checkbox"/> Other _____	_____ Phone: _____

Prepared By: (Print)	(Phone)	Date:	Rpt'd to DATCP? <input type="checkbox"/> Yes <input type="checkbox"/> No
JEREMY PLAUTZ		06-02-99	

Person Notified:	(Phone)	Date:	Time:
JOHN GRUMP		06-02-99	14:46

Investgtd By: (Print)	(Sign)	Date:	Incident Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
JEREMY PLAUTZ	<i>Jeremy Plautz</i>	06-01-99	Date: 6-2-99

Spill Coordinator Signoff:	Date:	Transferred to: ERP <input type="checkbox"/>	NFA Letter Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>John Grump</i>	6/2/99	DATCP <input type="checkbox"/> Date:	Spill Packet Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Case # _____	To: _____

Additional Comments on Reverse

State of Wisconsin Substance Release Report (Con't)

Form 4401-91 Rev. 2-99

Date and Military Time of Incident: 06-01-99 19:40	Responsible Party: MICHAEL J. ZANK
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Additional Comments:

RESPONSIBLE PARTY SOAKED UP THE FUEL WITH WOOD SHAVINGS. WOOD SHAVINGS
WERE CLEANED UP AND ARE TO BE BURNED.

Case Activity Report: <input type="checkbox"/> Yes <input type="checkbox"/> No CAR#:	(Please attach copy of all CAR and other documentation)
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Enforcement Action: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain below)
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