

Spill ID Number

Y Y M M D D 0-99

Date of Incident 4-3-92	Day of Week Friday	Time of Incident 12:00	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Reported By (Name) Art Dreschler	Telephone Number (715) 743-4666
Date Reported 4-3-92	Day of Week Friday	Time Reported 7:20	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting Dreschler Oil Co.	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved Diesel Fuel		Quantity 200	Units GAL.	Person or Firm Responsible Dreschler Oil Co.	
Substance Involved		Quantity	Units	Contact Name Art Dreschler	Telephone Number (715) 743-2905
Physical Characteristics				Address -- Street or Route 706 Forest St.	
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid Color				City, State, Zip Code Vailsville, WI.	
<input type="checkbox"/> Semisolid <input type="checkbox"/> Gas Odor				Action Taken By Spiller	
Cause of Incident UNDERGROUND LEAK				<input type="checkbox"/> No Action <input type="checkbox"/> No Notification <input type="checkbox"/> Investigate	
Exact Location Description (intersection, mileage, etc.) 706 Forest St. Vailsville, WI.				<input checked="" type="checkbox"/> Containment; Type <u>Diked</u>	
County Location Clark				<input checked="" type="checkbox"/> Cleanup; Method <u>absorbent pads</u>	
DNR Dist. <u>WD</u> DNR Area <u>BLK River</u> Groundwaters Affected <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential				<input type="checkbox"/> Amount Recovered	
Surface Waters Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential				<input type="checkbox"/> Monitor	
Date District Notified 4-6-92				<input type="checkbox"/> Contractor Hired; Name	
Day of Week Monday				<input type="checkbox"/> Other Action	
Time District Notified 2				Spill Location	
District Person Notified Chris He Gestrick				<input type="checkbox"/> Industrial Facility/Paper Mill/Chem. Co.	
Date Investigated				<input type="checkbox"/> Gas/Service Station/Garage, Auto Dealer, Repair Shop	
Day of Week				<input type="checkbox"/> Ag Coop/Facility/Cheese Factory/Creamery	
Time Investigated				<input type="checkbox"/> Other Small Business (bank, grocery, insurance co., etc.)	
Person Investigating				<input type="checkbox"/> Public Property (city, county, state, church, school, etc.)	
Telephone Number				<input type="checkbox"/> Utility Co., Power Generating/Transfer Facility	
()				<input type="checkbox"/> Private Property (home/farm)	
Action Taken By DNR				<input checked="" type="checkbox"/> Pipeline, Terminal, Tank Farm, <u>Oil Jobber/Wholesaler</u>	
<input type="checkbox"/> No Action <input type="checkbox"/> Investigation <input type="checkbox"/> Supervise/Conduct Cleanup				<input type="checkbox"/> Transportation Accident, Fuel Supply Tank Spill	
<input type="checkbox"/> Spiller Required To Take Action; Type				<input type="checkbox"/> Transportation Accident, Load Spill	
<input type="checkbox"/> Contractor Hired By DNR; Name				<input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine	
<input type="checkbox"/> Amount Recovered				<input type="checkbox"/> Other	
<input type="checkbox"/> 29.29 Enforcement				Spilled Substance Destination	
Other Agencies on Scene				<input type="checkbox"/> Air	
Local				<input type="checkbox"/> Soil	
State				<input checked="" type="checkbox"/> Groundwater	
Federal				<input type="checkbox"/> Surface Water	
Additional Comments:				<input type="checkbox"/> Storm Sewer	
				<input type="checkbox"/> Sanitary Sewer	
				<input checked="" type="checkbox"/> Contained/Recovered	
				<input type="checkbox"/> Other	
				Person Filing This Report (print name) David KlabaK	
				Signature <i>David KlabaK</i>	
				Date Signed 4-3-92	