


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

Date & Military Time Of Incident: 08/10/2004 18:00		Date & Military Time Reported: 08/11/04 14:43		Spill File # wcr08102004_01		
Person Reporting: Dave Privett		Representing: Nor Lake		Phone # (715-386-2323) Fax # ()		
Responsible Party (RP) / Spiller: Nor Lake		RP Decision Based On:		Phone # () Fax # ()		
RP Address: 891 Cty Road U				City Hudson	State WI	Zip Code 54016
RP Contact Name & Title: Dave Privett - Safety Specialist				Phone # () Fax # ()		
Substance Involved: Polyblend material used for insulation panels		Amount & Units Released: 150-175 gal.		Amount & Units Recovered: all		
<input type="checkbox"/> Solid		<input type="checkbox"/> Semisolid		<input checked="" type="checkbox"/> Liquid		
<input type="checkbox"/> Gas		Color:		Odor:		
Exact Location Of Incident: (including street name, bldg. #, mileage, etc.) 891 Cty Rd. U				Facility Name / Property Owner: Nor Lake		
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township Hudson		County St. Croix		Latitude/Longitude		
DNR Region: WCR		1/4 1/4 Sec T N R <input type="checkbox"/> E <input type="checkbox"/> W		Weather Conditions: all contained in doors		
Cause Of Incident: pump coupling failure. have now changed all coupling to stainless steel to eliminate problem						
Spilled Substance Impact To: (check X all that apply) <input type="checkbox"/> Air <input type="checkbox"/> Potential <input checked="" type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Potential <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Groundwater <input type="checkbox"/> Potential <input type="checkbox"/> Private Well <input type="checkbox"/> Potential <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Soil <input type="checkbox"/> Potential <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Surface Water <input type="checkbox"/> Potential Name: <input type="checkbox"/> Other:		Spill Cause/Site: <input type="checkbox"/> Ag Coop/Food Factory <input type="checkbox"/> Airport Facility <input type="checkbox"/> Railroad Facility <input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine <input type="checkbox"/> Gas/Service Station/Garage/Auto Dealer/Repair Shop <input type="checkbox"/> Hydraulic Line Break <input checked="" type="checkbox"/> Industrial Facility <input type="checkbox"/> Paper Mill <input type="checkbox"/> Chemical Co. <input type="checkbox"/> Pipeline/Terminal/Tank Farm/Oil Jobber/Wholesaler <input type="checkbox"/> Private Property (home/farm) <input type="checkbox"/> Public Property (city, state, church, school, etc.) <input type="checkbox"/> Transportation Accident, Fuel Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input type="checkbox"/> Utility Co. Power Generating/Transfer Facility <input type="checkbox"/> Other:		Action Taken By Spiller: <input type="checkbox"/> Cleanup Method: <input type="checkbox"/> Absorbent <input type="checkbox"/> Excavation <input checked="" type="checkbox"/> Reclaimed/Reused <input checked="" type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired Name: <input type="checkbox"/> Monitor <input type="checkbox"/> No Action Needed <input type="checkbox"/> No Action Taken <input type="checkbox"/> Waste Destination: <input type="checkbox"/> Other:		
Injuries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes how many?		Has An Evacuation Occurred? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Potential? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Are There Any Resource Damages? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential What Kind?						
Other Agencies Notified: (check first column, if notified; check both columns, if on the scene) <input type="checkbox"/> Fire Department <input checked="" type="checkbox"/> Local DNR <input type="checkbox"/> EPA <input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> Div. Emerg. Mgt. <input type="checkbox"/> Nat'l Resp Ctr 800-424-8802 <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:				Incident Commander: Dave Privett Phone # ()		
Prepared By: Merry Nelson		Phone # 608-264-8536		Date: 08/11/2004		
Person Notified: Rich Rosen		Phone # 715-821-2605		Date: 08/11/2004		
Investigated By:		Sign:		Date:		
Spill Coordinator Signoff: 		Date: 8/11/2004		Transferred To: ERP <input type="checkbox"/> DATCP <input type="checkbox"/> Date: Case #		
				Incident Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: 8/11/2004		
				NFA Letter Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Spill Packet Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No To:		
<input type="checkbox"/> See Additional Comments On Reverse Please, print page 2 of 2						

State of Wisconsin Substance Release Report (Cont'd)
Form 4401-91 Rev 12-01

Date and Military Time Of Incident:

Responsible Party:

Additional Comments : WArden Rosen phoned Privett for a final disposition of the product spilled. Privett stated that it was actually a non-hazardous material. Privett stated taht the product was reclaimed and then reused. No portion of the product was outside and all was on an impervious floor.

Case Activity Report: Yes No CAR#:

(Please, attach copy of all CAR and other documentation)

Enforcement Action: Yes No (Explain Below)