

State of Wisconsin Substance Release Notification Form
Department of Natural Resources Form 4400-91 (Rev. 12-04, e-form)
24-Hour Emergency Hotline Number: 1-800-943-0003

Date & Military Time of Incident: 05/26/2005 1550hrs		Date & Military Time Reported: 05/26/2005 1720hrs		Spill File # scr05262005_01 BRRTS #	
Person Reporting: State Patrol		Representing: DOT		Phone # Fax #	
Responsible Party (RP) / Spiller: Calpine Rockgen Energy Center		RP Decision Based On: Contact		Phone # Fax #	
RP Address: PO BOX 558				City State Zip Code Cambridge WI 53523-	
RP Contact Name & Title: Alan Backham				Phone # 608-347-4885 Fax #	
Substance Involved: Gas Turbine Lube Oil		Amount & Units Released: 300 gallons		Amount & Units Recovered: most	
<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.) 2346 Clearview Road				Facility Name / Property Owner: Calpine Rockgen Energy Center	
<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Township Christiana		County Dane		Latitude/Longitude deg. ' " , deg. ' "	
DNR Region: SCR		1/4 1/4 Sec T N R <input type="checkbox"/> E <input type="checkbox"/> W		Weather Conditions:	
Cause of Incident: Failed pipe connection					
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 checked="" 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 checked="" 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 and/or 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 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 checked="" 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 checked="" type="checkbox"/> Excavation <input type="checkbox"/> <input type="checkbox"/> Containment <input checked="" 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 checked="" type="checkbox"/> Other: will recover tomorrow	
Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes how many?		Has An Evacuation Occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No		Potential? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are There Any Resource Damages? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 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 800-442-8802 <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:				Incident Commander: Phone #	
Prepared By: William Engfer		Phone # 608-266-0859		Date: 05/26/2005	
Person Notified:		Phone #		Date: _____ Time: _____	
Investigated By:		Sign: _____		Date: _____	
Spill Coordinator Signoff: <i>Paul Ammon</i>		Date: 7/29/05		Rpt'd To DATCP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: Tnsfed. To DATCP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: Spill Packet Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: To:	
				Transferred to ERP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: Case #	
				NFA Letter Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: Incident Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: 6-6-05	
<input type="checkbox"/> See Additional Comments On Reverse (Please, print page 2 of 2)					

Date and Military Time Of Incident: hrs	Responsible Party:
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Additional Comments :

Case Activity Report: Yes No CAR#: (Please, attach copy of all CAR and other documentation)

Enforcement Action: Yes No (Explain Below)