

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

04-38-544-248

Date & Military Time of Incident: 04/26/2005 1200hrs		Date & Military Time Reported: 04/26/2005 1316hrs		Spill File # ner04262005_02 BRRTS #	
Person Reporting: JASON SCHWEFEL EXT 6483		Representing: MARINETTE MARINE		Phone # 715-735-9341 Fax #	
Responsible Party (RP) / Spiller: CAT FAB CO		RP Decision Based On:		Phone # Fax #	
RP Address: UNKNOWN				City State Zip Code	
RP Contact Name & Title:				Phone # Fax #	
Substance Involved: Engine Oil		Amount & Units Released: 7 GALLONS		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.) 1600 ELY ST ONTO GRAVEL				Facility Name / Property Owner: MARINETTE MARINE	
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township MARINETTE		County MARINETTE		Latitude/Longitude deg. ' " , deg. ' "	
DNR Region: NER		1/4 1/4 Sec T N R <input type="checkbox"/> E <input type="checkbox"/> W		Weather Conditions:	
Cause of Incident: CAT FAB CO WAS PERFORMING MAINTENANCE ON A GENERATOR WHEN THE UNIT OVERFLOWED CAUSING SPILL OF 7 GALLONS OF ENGINE OIL.					
Spilled Substance Impact To: (check X all that apply)		Spill Cause and/or Site:		Action Taken By Spiller:	
<input type="checkbox"/> Air <input type="checkbox"/> Potential <input 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 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:		<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:		<input checked="" type="checkbox"/> Cleanup Method: <input checked="" type="checkbox"/> Absorbent <input checked="" type="checkbox"/> Excavation <input type="checkbox"/> <input 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 checked="" type="checkbox"/> Waste Destination: CAT FAB CO TOOK THE WASTE <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)				Incident Commander:	
<input type="checkbox"/> Fire Department <input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> LEPC or Local Emer. Mgt. <input type="checkbox"/> Level A/Level B Team		<input checked="" type="checkbox"/> Local DNR <input type="checkbox"/> Div. Emerg. Mgt. <input type="checkbox"/> Coast Guard <input type="checkbox"/> DHFS 608-258-0099		<input type="checkbox"/> EPA <input type="checkbox"/> Nat'l Resp Ctr 800-442-8802 <input type="checkbox"/> Chemtrec 800-424-9300 <input type="checkbox"/> Other:	
Prepared By: RONDA CONNER		Phone # 608-267-0844		Date: 04/26/2005	
Person Notified: ROBERT GOERLINGER		Phone # 715-582-5004		Date: 04/26/2005 Time: 1323	
Investigated By: Robert Goerlinger		Sign:		Date: 04/27/05	
Spill Coordinator Signoff:		Date: 6-1-05		Rpt'd To DATCP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: Tnsfed. To DATCP <input type="checkbox"/> Yes <input 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: 6-1-05	
<input checked="" type="checkbox"/> See Additional Comments On Reverse (Please, print page 2 of 2)					

Date and Military Time Of Incident: 04/26/05
1155hrs

Responsible Party: Fabco/CAT

Additional Comments : See attached hard copy report 4400-225 from Marinette Marine. Warden Goerlinger was not able to respond to scene and handled by phone. No reason to believe clean up did not occur..

Case Activity Report: Yes No CAR#:

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

Enforcement Action: Yes No (Explain Below)

State of Wisconsin
Department of Natural Resources

**Fax Notification For Hazardous Substance Discharge
(Non-Emergency Only)**

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Emergency Discharges / Spills should be reported via the 24-Hour Hotline: 1-800-943-0003

Notice: Hazardous substance discharges must be reported immediately according to the "Spills Law", s. 292.11 Wis. Stats., Section NR 706.05(1)(b), Wis. Adm. Code, requires that hazardous substance discharges are to be reported by one of three methods: telephoning the Department (toll free Spill Hotline number above), telefaxing a report to the Department or visiting a Department office in person. If you choose to notify the Department by telefax, you should use this form to be sure that all necessary information is included. However use of this form is not mandatory. Under s. 292.99, Wis. Stats., the penalty for violating the reporting requirements of ch. 292 Wis. Stats., shall be no less than \$10 nor more than \$5000 for each violation. Each day of continued violation is a separate offense. It is not the Department's intention to use any personally identifiable information from this form for any purpose other than program administration. However, information submitted on this form may also be made available to requesters under Wisconsin's Open Records Law (ss. 19.31 - 19.39, Wis. Stats.). Confirmatory laboratory data should be included with this form, to assist the DNR in processing this Hazardous Substance Release Notification.

Complete this form. **TYPE or PRINT LEGIBLY.** FAX it to the appropriate DNR region (see next page) **IMMEDIATELY** upon discovery of a potential release from (check one):

- Underground Petroleum Storage Tank System
 Aboveground Petroleum Storage Tank System
 Dry Cleaner Facility (DERP eligibility based on: Facility owner/operator Property owner of licensed facility)
 Other - Describe:

TO DNR, ATTN: R & R Program Assistant

(Area Code) FAX Number
(715) 582-5005

1. Discharge reported by:

Name	Firm	Date FAXed to DNR
Jason R. Schwefel	Marinette Marine Corp.	04/27/2005

Mailing Address	(Area Code) Phone Number
1600 Ely St. Marinette, WI 54143	(715) 735-9341

2. Site Information

Name of site at which discharge occurred. Include local name of site/business, not responsible party name, unless a residence / vacant property
Marinette Marine - Shipyard

Location: Include street address, not PO Box. If no street address, describe as precisely as possible, i.e., 1/4 mile NW of CTHs 60 & 123 on E side of CTH 60.

1600 Ely St., Marinette, WI 54143

Municipality (City, Village, Township) Specify municipality in which the site is located, not mailing address/city

Marinette

County:	Legal Description:
Marinette	1/4, 1/4, Section Tn Range E <input type="checkbox"/> or W <input type="checkbox"/>

3. Responsible Party (RP) and/or RP Representative

- Responsible Party Name: Business or owner name that is responsible for cleanup. If more than one, list all. Attach additional pages as necessary. Fabco/CAT Corporation

- Reported in compliance with s. 292.11(2), Wis. Stats., by a local government exempt from liability under s. 292.11(9)(e), Wis. Stats. For more information see http://www.dnr.state.wi.us/org/aw/rr/liability/muni_1.html

Contact Person Name (if different)	Phone Number
Fabco/CAT Corporation	(920) 498-8000

Mailing Address	City	State	ZIP Code
2700 South Broadway, PO Box 19976	Green Bay	WI	54307

(continued)

State of Wisconsin
Department of Natural Resources

**Fax Notification For Hazardous Substance Discharge
(Non-Emergency Only)**

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4. Hazardous Substance Impact Information

Identify hazardous substance discharged (check all that apply):

METALS

- Arsenic
 Chromium
 Lead
 Mercury
 Metals (specify): _____

INDUSTRIAL CHEMICALS

- Ammonia
 Cyanide
 Paint
 PCB's
 VOC's

 Fertilizers
 Pesticide/Herbicide/Insecticide(s)
 Leachate
 RCRA Hazardous Waste

PETROLEUM

- Diesel/Fuel Oil
 Engine Oil/Waste Oil
 Mineral/Transmission/Hydraulic Oil
 Gasoline (Pb/Non-Pb/Unknown)
 Jet Fuel/Kerosene
 MTBE
 VOC's
 PAH's/SVOC
 Petroleum-Unknown Type

 Other (specify): _____
 Unknown

SOLVENTS

- Solvent-Chlorinated
 Solvent-Non Chlorinated
 PERC
 VOC's

Impacts to the environment (enter "K" for known/confirmed or "P" for potential for all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Air Contamination | <input type="checkbox"/> Contamination in Right of Way | <input type="checkbox"/> Sanitary Sewer Contamination |
| <input type="checkbox"/> Co-contamination | <input type="checkbox"/> Direct Contact | <input type="checkbox"/> Soil Contamination |
| <input type="checkbox"/> Concrete/Asphalt | <input type="checkbox"/> Expanding Plume | <input type="checkbox"/> Storm Sewer Contamination |
| <input type="checkbox"/> K Contained/Recovered | <input type="checkbox"/> Fire Explosion Threat | <input type="checkbox"/> Surface Water Contamination |
| <input type="checkbox"/> Contamination Within 1 Meter of Bedrock | <input type="checkbox"/> Free Product | <input type="checkbox"/> Within 100 ft of Private Well |
| <input type="checkbox"/> Contaminated Private Well | <input type="checkbox"/> Groundwater Contamination | <input type="checkbox"/> Within 1000 ft of Public Well |
| <input type="checkbox"/> Contaminated Public Well | <input type="checkbox"/> Off-Site Contamination | |
| <input type="checkbox"/> Contamination in Fractured Bedrock | <input type="checkbox"/> Other | |

Contamination was discovered as a result of:

- Tank closure assessment
 Site assessment

Other - Describe: Employee witnessed spill

Date: _____ Date: 04/26/2005

Lab results:

- Lab results will be faxed upon receipt
 Lab results are attached

Additional Comments: Include a brief description of immediate actions taken to halt the release and contain or cleanup hazardous substances that have been discharged.

Employee witnessed spill and contacted Safety/Env. dept by radio. Oil dry and square adsorbent pads were used to contain and adsorb oil spill. Spill was then shoveled up and oil, oil dry, pads, and gravel were disposed of in 55-gallon drums. Fabco removed the two drums and disposed of

FAX numbers to report non-emergency releases in DNR's five regions are as follows:

Northeast Region (920-492-5859); Attention - RR Program Assistant:

Brown, Calumet, Door, Fond du Lac (*except City of Waupun - see South Central Region*), Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Oconto, Outagamie, Shawano, Waupaca, Waushara, Winnebago Counties

Northern Region (715-365-8932); Attention - RR Program Assistant:

Ashland, Barron, Bayfield, Burnett, Douglas, Forest, Florence, Iron, Langlade, Lincoln, Oneida, Polk, Price, Rusk, Sawyer, Taylor, Vilas, Washburn Counties

South Central Region (608-275-3338); Attention - RR Program Assistant:

Columbia, Dane, Dodge, Fond du Lac (*City of Waupun only*), Grant, Green, Iowa, Jefferson, Lafayette, Richland, Rock, Sauk Counties

Southeast Region (414-263-8483); Attention - RR Program Assistant:

Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha Counties

West Central Region (715-839-6076); Attention - RR Program Assistant:

Adams, Buffalo, Chippewa, Clark, Crawford, Dunn, Eau Claire, Jackson, Juneau, LaCrosse, Marathon, Monroe, Pepin, Pierce, Portage, St. Croix, Trempealeau, Vernon, Wood Counties