

**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**

0438-544370

<b>Date &amp; Military Time of Incident:</b> 08/11/2005 1430hrs		<b>Date &amp; Military Time Reported:</b> 08/11/2005 1503hrs		<b>Spill File #</b> ner08112005_01 <b>BRRTS #</b>	
<b>Person Reporting:</b> Jason Schwefel		<b>Representing:</b> Marinette Marine		<b>Phone #</b> 715-735-9341 Office (O) <b>Fax #</b> <i>Ext. 6483</i>	
<b>Responsible Party (RP) / Spiller:</b> Marinette Marine		<b>RP Decision Based On:</b>		<b>Phone #</b> 715-735-9341 (O) <b>Fax #</b>	
<b>RP Address:</b> 1600 Ely St.				<b>City State Zip Code</b> Marinette WI 54143-	
<b>RP Contact Name &amp; Title:</b> Jason Schwefel				<b>Phone #</b> <b>Fax #</b>	
<b>Substance Involved:</b> Hydraulic Oil		<b>Amount &amp; Units Released:</b> 1 pint		<b>Amount &amp; Units Recovered:</b> <i>1 pint</i>	
<input type="checkbox"/> Solid		<input type="checkbox"/> Semisolid		<input checked="" type="checkbox"/> Liquid	
<input type="checkbox"/> Gas		Color:		Odor:	
<b>Exact Location Of Incident: (including street name, bldg. #, mileage, etc.)</b> <i>At above address; off of dock wall, into the Menomonee River</i> <i>1600 Ely St</i>				<b>Facility Name / Property Owner:</b> <i>Marinette Marine</i>	
<input checked="" type="checkbox"/> City		<input type="checkbox"/> Village		<input type="checkbox"/> Township	
Marinette		<b>County</b> Marinette		<b>Latitude/Longitude</b> deg. ' " , deg. ' "	
<b>DNR Region:</b> NER		1/4 1/4 Sec T N R <input type="checkbox"/> E <input type="checkbox"/> W		<b>Weather Conditions:</b> Windy, cloudy, sprinkling	
<b>Cause of Incident:</b> hydraulic hose break caused release. <del>Jason's ext. is 6483.</del>					
<b>Spilled Substance Impact To: (check X all that apply)</b> <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 type="checkbox"/> Soil <input type="checkbox"/> Potential <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Potential <input checked="" type="checkbox"/> Surface Water <input type="checkbox"/> Potential Name: Menomonee River <input type="checkbox"/> Other:		<b>Spill Cause and/or Site:</b> <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:		<b>Action Taken By Spiller:</b> <input checked="" type="checkbox"/> Cleanup Method: <input type="checkbox"/> Absorbent <input type="checkbox"/> Excavation <input checked="" type="checkbox"/> booms placed <input type="checkbox"/> Containment <input checked="" type="checkbox"/> Contractor Hired Name: <i>Inhouse</i> <input type="checkbox"/> Monitor <input type="checkbox"/> No Action Needed <input type="checkbox"/> No Action Taken <input checked="" type="checkbox"/> Waste Destination: <i>Dumpster</i> <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?					
<b>Other Agencies Notified: (check first column, if notified; check both columns, if on the scene)</b> <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 800-442-8802 <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:					<b>Incident Commander:</b> Jason Schwefe Phone # 715-735-9341
Prepared By: Luke Balsavich		Phone #	Date: 08/11/2005	Rpt'd To DATCP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date:	
Person Notified: M Kitt		Phone #	Date: 08/11/2005 Time: 1540	Tnsfed. To DATCP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: Spill Packet Sent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: To:	
Investigated By:		Sign:	Date:	Transferred to ERP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: Case #	
Spill Coordinator Signoff: <i>[Signature]</i>		Date: 8-19-05	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: 8-12-05		
<input type="checkbox"/> See Additional Comments On Reverse (Please, print page 2 of 2)					

Date and Military Time Of Incident:  
hrs

Responsible Party:

Additional Comments :

Case Activity Report:  Yes  No CAR#:

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

Enforcement Action:  Yes  No (Explain Below)

016-2-2010