

Date of Incident 10/1/91	Day of Week Tues	Time of Incident 1:50	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Reported By (Name) Linda Nichols	Telephone Number ( 612 ) 633-1555
Date Reported 10/1/91	Day of Week Tues	Time Reported 2:27	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting Williams Pipeline	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved gasoline		Quantity unknown	Units	Person or Firm Responsible " "	
Substance Involved		Quantity	Units	Contact Name Linda Nichols	Telephone Number ( above )
Physical Characteristics <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Semisolid <input type="checkbox"/> Gas Color _____ Odor _____				Address - Street or Route 2500 39th Ave NE City, State, Zip Code Minneapolis, MN 55421	
Cause of Incident unknown				Action Taken By Spiller <input checked="" type="checkbox"/> No Action Taken <input type="checkbox"/> No Notification <input type="checkbox"/> Investigate <input type="checkbox"/> Containment; Type _____ <input type="checkbox"/> Cleanup; Method _____ <input type="checkbox"/> Amount Recovered _____ <input type="checkbox"/> Monitor _____ <input type="checkbox"/> Contractor Hired; Name _____ <input type="checkbox"/> Other Action _____	
Exact Location Description (intersection, mileage, etc.) 2301 Winter St., Superior					
County Location Douglas		¼¼, ¼, Section, Town, Range _____, _____, _____, T _____ N, R _____			
DNR Dist NWD	DNR Area	Groundwaters Affected <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential			
Surface Waters Affected <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential		Name of Surface Water			
Date District Notified 10-1-91	Day of Week Tues	Time District Notified 2:40	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Spill Location <input type="checkbox"/> Industrial Facility/Paper Mill/Chem. Co. <input type="checkbox"/> Gas/Service Station/Garage, Auto Dealer, Repair Shop <input type="checkbox"/> Ag Coop/Facility/Cheese Factory/Creamery <input type="checkbox"/> Other Small Business (bank, grocery, insurance co., etc.) <input type="checkbox"/> Public Property (city, county, state, church, school, etc.) <input type="checkbox"/> Utility Co., Power Generating/Transfer Facility <input type="checkbox"/> Private Property (home/farm) <input checked="" type="checkbox"/> Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler <input type="checkbox"/> Transportation Accident, Fuel Supply Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine <input type="checkbox"/> Other _____	
District Person Notified LeWeisner		Telephone Number ( 715 ) 372-4866			
Date Investigated	Day of Week	Time Investigated	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	BUREAU OF SOLID-HAZARDOUS WASTE MANAGEMENT OCT - 2 91 RECEIVED	
Person Investigating		Telephone Number ( )			
Action Taken By DNR <input checked="" type="checkbox"/> No Action Taken <input type="checkbox"/> Investigation <input type="checkbox"/> Supervise/Conduct Cleanup <input type="checkbox"/> Spiller Required To Take Action; Type _____ <input type="checkbox"/> Contractor Hired By DNR; Name _____ <input type="checkbox"/> Amount Recovered _____ <input type="checkbox"/> 29.29 Enforcement					
Other Agencies on Scene					
Local _____					
State _____					
Federal _____					
Person Filing This Report (print name) Ruth Williamson				Signature <i>Ruth Williamson</i>	
Date Signed 10-1-91				Date Signed 10-1-91	

Additional Comments:  
Substance went into the soil. VERY little information