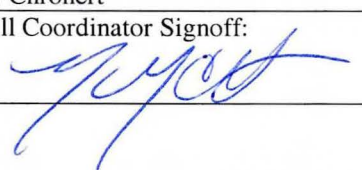


04-38-279165

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

04-38-279165

Date & Mil. Time of Incident: 3-22-01 11:10 am		Date & Mil. Time Reported 3-22-01		Spill File #	
Person Reporting Annon.			Representing:		Phone # ()
Responsible Party/Spiller Marine Marine Corp			RP Decision based on		Phone # (715)
Contact Name Bill Getchell					Phone # (715)
Address 1600 Ely Street			City, State, Zip Code Marinette WI 54143		
Substance Involved Hydraulic Oil		Amount & Units Released <3 gallons		Amount Recovered <3 gallons	
<input type="checkbox"/> Solid <input type="checkbox"/> Semisolid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Color: Odor:					
Exact Location (Inc. address, facility name, mileage, bldg. #,etc) 1600 Ely Street				Property owner (if known) Marinette Marine Corp	
City Marinette		County Narinette		Lat/Long	
DNR Region NER		1/4 1/4 sec NR (E/W)		Weather Cond.	
Cause of Incident: Ruptured filter					
Spilled Substance Impact To: Check () all that apply: <input type="checkbox"/> Air <input type="checkbox"/> Potential <input type="checkbox"/> Soil <input type="checkbox"/> Potential <input type="checkbox"/> Groundwater <input type="checkbox"/> Potential <input checked="" type="checkbox"/> Surface Water <input type="checkbox"/> Potential Name: Menominee River <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Potential <input type="checkbox"/> Private Well <input type="checkbox"/> Potential <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other:		Spill Source: <input type="checkbox"/> Transportation Accident, Fuel Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input checked="" type="checkbox"/> Industrial Facility <input type="checkbox"/> Paper Mill <input type="checkbox"/> Chemical Co. <input type="checkbox"/> Ag Coop/Facility/Food Factory/Facility <input type="checkbox"/> Gas/Service Station/Garage/Auto Dealer/Repair Shop <input type="checkbox"/> Pipeline/Terminal/Tank Farm/Oil Jobber/Wholesaler <input type="checkbox"/> Public Property (city, state, church, school, etc.) <input type="checkbox"/> Utility Co. Power Generating/Transfer Facility <input type="checkbox"/> Private Property (home/farm) <input type="checkbox"/> Construction, Evacuation, Wrecking, Quarry, Mine <input type="checkbox"/> Airport Facility <input type="checkbox"/> Railroad Facility <input type="checkbox"/> Other:		Action Taken by Spiller: <input type="checkbox"/> No Action Taken <input type="checkbox"/> No Action Needed <input type="checkbox"/> Monitor <input checked="" type="checkbox"/> Cleanup Method: absorbents, dispersant <input type="checkbox"/> Waste Destination: <input type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired Name: <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 type="checkbox"/> No	
Are there any resource damages? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential? What kinds?					
Other agencies notified (check first column if notified) check both columns if on the scene				Incident Commander, if known:	
<input checked="" 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 checked="" type="checkbox"/> Coast Guard <input type="checkbox"/> DHFS 608-258-0099		<input type="checkbox"/> EPA <input checked="" type="checkbox"/> Nat'l Resp Ctr 800-442-8802 <input type="checkbox"/> Chemtrec 800-424-9300 <input type="checkbox"/> Other:	
Prepared by: RN Chronert		Phone: 920-492-5592	Date: 7-6-01	Rpt'd to DATCP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Person Notified:		Phone:	Date:	Time:	
Investigated by: RN Chronert		Sign		Date 7-6-01	Incident Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: 7-6-01
Spill Coordinator Signoff: 		Date: 7-6-2001	Transferred to: ERP <input type="checkbox"/> DATCP <input type="checkbox"/> Date: ND Case #	NFA Letter Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Spill Packet Sent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No To:	

Additional Comments on Reverse

State of Wisconsin Substance Release Report (Cont)
Form 4401-91 Rev 1-01

Date and Military Time of Incident:	Responsible Party:
Additional Comments:	
Case Activity Report: <input type="checkbox"/> Yes <input type="checkbox"/> No CAR#:	(Please attach copy of all CAR and other documentation)
Enforcement Action: <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain Below)	



SPILL REPORT FORM

WDNR: 800-943-0003
 Coast Guard: 800-321-4400
 National Response Center: 800-424-8802
 State Emergency Management: 800-943-0003
 Local Fire Department: 911
 Local Emergency Planning Committee: 715-732-7660

Name of Facility:		Marinette Marine Corporation		
Facility Address:		1600 Ely Street, Marinette, Wisconsin 54143		
Release Information:				
Date of Release:	03-23-01	Time:	10:20	^{a.m.} p.m.
Material Released:	MORIL DTE 15 HYDRAULIC OIL	Quantity Released:	LESS THAN A QUART	
Did release reach surface water:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name of Receiving Water:	<input checked="" type="checkbox"/> Menominee River	
Type of Vessel Released From:	WLR-7 "MAPLE"			
Description of Damages:	IN-LINE FILTER RUPTURED WHILE FLUSHING			
Injuries Reported:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Specify: _____			
Measures Taken to Control Release:	OIL SOAKS, BOOMS, AND PADS DISPERSANT (MX-1)			
Clean-up Company Mobilized	<input checked="" type="checkbox"/> Yes; Specify: <u>YARD EMPLOYEES</u> <input type="checkbox"/> No			
Action Taken to Prevent Future such Occurrences:	RESEARCH FILTER TYPES.			
Spill Reported By:	Jay Beyer.	Date:	03-23-01	03-23-01
Documented By:	William M Gettel	Date:		03-23-01
Notification Information:				
Department Notified:	Initials	Name of Contact	Date/Time	Comments
<input checked="" type="checkbox"/> WDNR		FORANNE CHROWER	02-23-01 11:20 am pm	
<input checked="" type="checkbox"/> Coast Guard		DOHNA ORE	02-23-01 11:05 am pm	WILL CONTACT ALL OTHERS
<input type="checkbox"/> National Resp. Ctr.			/ am pm	
<input type="checkbox"/> State Emerg. Mgt.			/ am pm	
<input type="checkbox"/> Fire Dept.			/ am pm	
<input type="checkbox"/> LEPC			/ am pm	
Written follow-up notification documenting this spill and associated clean-up activities is due to the DNR within 45 days following the date of incident.				

William M. Gettel 03-23-01

RECORD#

WISCONSIN DEPARTMENT OF NATURAL RESOURCES COMPLAINT / INFORMATION RECORD

CATEGORY: [] Information [X] Complaint [] Inspection [] Observation [] Contact [] Accident [] Hotline

RELATED TO: [] Wildlife [] Fish [] ATV [] Boating [] Snowmobile [] EP

[] State Land [] Forestry [X] Water Reg Other _____ Species _____

DATE OCCURRED: 3/22/2001 TIME OCCURRED: 11:10 AM/PM

REPORTING PARTY CONFIDENTIALITY PLEDGE (per ss. 19.36(8)): [X] Yes [] No

DATE RECEIVED: 3/22/2001 TIME RECEIVED: : AM/PM

LAST FIRST MIDDLE

ADDRESS CITY STATE ZIP

PHONE: Home: () Office: () Mobile: () Cabin: ()

Sex: [X] Male [] Female How Reported: [X] Phone [] In Person [] Written [] Other Agency

RECEIVED BY: Last TROTTIER First SUSAN DNR Station PESHTIGD

LOCATION County [] Code [] Township [] Code []

[] Lake [] River [] Road [] Private Prop. [] County Prop. [] Federal Prop. [] Reservation [] State Lands

Name of Road, Lake, etc. _____

Detailed Location Directions (fire #, etc.) _____

Legal Description: T _____ R _____ Section _____ 1/4 _____ GPS: _____

VIOLATION: [] CODE: []

DETAILS: Marinette Marine - dump hydraulic oil (broken hose) boat out there applying soap to spill m x - 1

VEHICLE: [] ATV [] Boat [] PWC [] Snowmobile [] Truck [] Van [] Passenger Car [] Other

Lic. or Reg. No. _____ Color _____ Make _____ Model _____

Vehicle Description: _____

ACTION TAKEN: Referred To: Steve Doye RN Chrono Date: [] Time: []

CONFIDENTIAL

I.	<input type="checkbox"/> Suspect	<input type="checkbox"/> Victim	<input type="checkbox"/> Associate	<input type="checkbox"/> Licensee	<input type="checkbox"/> Witness	<input type="checkbox"/> FTD	<input type="checkbox"/> Lead	<input type="checkbox"/> Other
Last	First	Middle	DOB	Nickname / Alias				
Address			City	State	Zip			
Driver's License No.			DBA / Employer / Occupation			DNR		
License No.								
Telephone:	Home:	Work:	Mobile:					
()	()	()	()					
Secondary Address (Seasonal Residence / Cabin)			City	State	Zip			

II.	<input type="checkbox"/> Suspect	<input type="checkbox"/> Victim	<input type="checkbox"/> Associate	<input type="checkbox"/> Licensee	<input type="checkbox"/> Witness	<input type="checkbox"/> FTD	<input type="checkbox"/> Lead	<input type="checkbox"/> Other
Last	First	Middle	DOB	Nickname / Alias				
Address			City	State	Zip			
Driver's License No.			DBA / Employer / Occupation			DNR		
License No.								
Telephone:	Home:	Work:	Mobile:					
()	()	()	()					
Secondary Address (Seasonal Residence / Cabin)			City	State	Zip			

EQUIPMENT/EVIDENCE: Type (Bow, Crossbow, Shotgun, Rifle, Handgun, etc.)

Model / Make: Serial No.

INVESTIGATIVE REMARKS:

DISPOSITION:

Filed for Future Investigation Person(s) Arrested: Last _____ First _____ MI _____

Unable to Substantiate - Closed Last _____ First _____ MI _____

Investigated - Closed Last _____ First _____ MI _____

Warning - Closed

Cleared by Arrest CARS: Yes No CAR #: _____

Date: Time: Investigating Warden:

Supervisory Sign-off Date

CC: _____ Revised 09/30/97

CONFIDENTIAL