03-12-97A10:41 RCVD

PLEASE PRINT

State of Wisconsin Substance Release Notification Form

04-55-224625

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

Form 4400-91 Rev. 11-95

Date and Mil. Time of Incident 3/7/97 14:30	**Date and Mil. Time Reported** 3/7/97 14:45

Person Reporting RICH HARDING	**Telephone #** (715) 748-2100 EX 2640
Representing Agency, Firm, or Citizen WEATHER SHIELD MFG.	
Responsible Party WEATHER SHIELD MFG.	
Contact Name RICH HARDING	**Telephone #** (715) 748-2100 EX 2640
Address 1 WEATHER SHIELD PLAZA	**City, State, Zip Code** MEDFORD, WI 54451

Substance Involved	**Amount & Units Released**	**Amt. Recovered**	**Is this a 304 (11004 42 USC) spill?**
HYDRAULIC FLUID	20-40 GAL	100%	☐ Yes ☐ No ☐ Unknown

☐ Solid ☐ Semisolid ☒ Liquid ☐ Gas Color _____ Odor _____

Exact Location (inc. address, facility name, mileage, bldg. #, etc.)
ADAMS AVE SOUTH PLANT PARKING LOT

City LADYSMITH	**County** RUSK	**Lat/long**
DNR Region NORTHERN	___¼___¼sec___T___NR___(E/W)	**Weather Cond.**

Cause of Incident

BROKEN HOSE ON FORK LIFT

Spilled Substance Impact To:
Check (✓) all that apply
- ☐ Air ☐ Potential
- ☒ Soil ☒ Potential
- ☐ Groundwater ☐ Potential
- ☐ Surface Water ☐ Potential
  Name: _____
- ☐ Storm Sewer ☐ Potential
- ☐ Sanitary Sewer ☐ Potential
- ☐ Concrete/Asphalt ☐ Potential
- ☐ Private Well ☐ Potential
- ☒ Contained/Recovered
- ☐ Other: _____

Spill Source:
- ☐ Transportation Accident, Fuel Supply Tank Spill
- ☐ Transportation Accident, Load Spill
- ☒ Industrial Facility ☐ Paper Mill ☐ Chemical Co.
- ☐ Ag Coop/Facility/Food Factory/Facility
- ☐ Gas/Service Station/Garage/Auto Dealer, Repair Shop
- ☐ Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler
- ☐ Public Property (city, state, church, school, etc.)
- ☐ Utility Co., Power Generating/Transfer Facility
- ☐ Private Property (home/farm)
- ☐ Construction, Excavation, Wrecking, Quarry, Mine
- ☐ Airport Facility ☐ Railroad Facility
- ☐ Other _____

Action Taken By Spiller
- ☐ No Action Taken
- ☐ No Action Needed
- ☐ Monitor
- ☒ Cleanup Method: SAWDUST
- ☒ Waste Destination: VALLEY TRAIL
- ☐ Containment
- ☐ Contractor Hired
  Name: _____
- ☐ Other: _____

Injuries? ☐ Yes ☒ No **If yes, how many?** ____ **Has an evacuation occurred?** ☐ Yes ☒ No **Potential?** ☐ Yes ☒ No

Are there any resource damages? ☐ Yes ☒ No ☐ Potential **What kinds?** _____

Other Agencies Notified (✓ first column if notified); Check (✓) both columns if on scene

☐ ☐ Fire Department/Hazmat	☐ ☐ Local DNR	☐ ☐ EPA
☐ ☐ Local Law Enforcement	☐ ☐ Div. Emer. Gov.	☐ ☐ Nat'l Resp. Ctr. 800-442-8802
☐ ☐ LEPC or Local Emer. Gov.	☐ ☐ DATCP 608-224-4500	☐ ☐ Chemtrec 800-424-9300
☐ ☐ Regional Response Team	☐ ☐ DHSS 608-266-2830	☐ ☐ Other_____

Incident Commander, if known: _____
Phone: _____

Prepared By:(Print) STEVE ASHENBRUCKER (Sign) [signature]	**Date:** 3/7/97	**Rpt'd to DATCP?** ☐Yes ☒No
Person Notified: TERRY KOEHN	**Region Notified:** YES **Time:** 15:00	**Date:** 3/7/97
Invstgtd By:(Print) (Sign)	**Date:**	**Site Closed?** ☒Yes ☐No
Spill Coordinator Signoff: [signature]	**Date:** 3-12-97	**Transferred to ERP?** ☒No ☐Yes; Case #_____
		NFA Letter Sent? ☐Yes ☒No
		Spill Packet Sent? ☐Yes ☒No

☐ Additional Comments on Reverse

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State of Wisconsin Substance Release Report (Con't)
Form 4400-91 Rev. 11-95

Date and Military Time of Incident	Responsible Party

Additional Comments: