04-08-283148

PLEASE PRINT

State of Wisconsin Substance Release Notification Form

24-Hour Emergency Hotline Number: 1-800-943-0003 Form 4400-91 Rev. 11-95

04-08-283148

Date and Mil. Time of Incident 06:30 01/09/98	Date and Mil. Time Reported 06:30 01/09/98
Person Reporting Don Johnston	Telephone # (920) 735-5228
Representing Agency, Firm, or Citizen U.S. Oil Co., Inc.	
Responsible Party U.S. Oil Co., Inc.	
Contact Name Don Johnston	Telephone # (920) 735-5228
Address 424 S. Washington Ave.	City, State, Zip Code Kimberly, WI 54136

Substance Involved	Amount & Units Released	Amt. Recovered	Is this a 304 (11004 42 USC) spill?
oil	350 gals.	350 gals.	☐ Yes ☐ No ☐ Unknown

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

Exact Location (inc. address, facility name, mileage, bldg. #, etc.)
655 W. Ryan Rd. - Ariens plant

City Brillion	County Calumet	Lat/long
DNR Region NER	___¼___¼sec___T___NR___(E/W)	Weather Cond.

Cause of Incident
Break of hose on truck near pump as driver filling supply into building

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: Vacuum/oil dry
- ☒ Waste Destination: U.S. Oil
- ☒ Containment
- ☒ Contractor ~~Hired~~
  Name: U.S. Oil (same)
- ☐ 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) Amie Jarotewski (Sign) Amie Jarotewski		Date: 1-9-98	Rpt'd to DATCP? ☐Yes ☒No
Person Notified: NER	Region Notified:	Time:	Date: 1-9-98
Invstgtd By:(Print) Amie Jarotewski (Sign) Amie Jarotewski		Date: 1-9-98	Site Closed? ☒Yes ☐No
Spill Coordinator Signoff:	Date: 11-12-98	Transferred to ERP? ☒No ☐Yes; Case # _____	NFA Letter Sent? ☐Yes ☒No Spill Packet Sent? ☐Yes ☒No

☐ Additional Comments on Reverse

PLEASE PRINT

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

Date and Military Time of Incident	06:30 1-9-98	Responsible Party	U.S. Oil Co, Inc.

Additional Comments:

Driver of truck: Tony Sonn Leitner (sp?)

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State of Wisconsin Substance Release Notification Form

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

Form 4400-91 Rev. 11-95

Date and Mil. Time of Incident 1/9/98 6:15 am	Date and Mil. Time Reported 1/9/98 8:10 am
Person Reporting Don Johnston	Telephone # (920) 735-8228
Representing Agency, Firm, or Citizen US Oil Co. Inc.	
Responsible Party US Oil Co Inc	
Contact Name Don Johnston	Telephone # (920) 735-8228
Address 425 S. Washington St	City, State, Zip Code Combined Locks, WI 54113

Substance Involved lubricant oil/hydraul. oil	Amount & Units Released 350 gallons	Amt. Recovered don't know yet	Injuries? ☐ Yes ☐ No ☐ Unknown

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

Exact Location (inc. address, facility name, mileage, bldg. #, etc.) Ariens Co. 655 W. Ryan Rd. Brillion, WI 54110

City Brillion	County Calumet	Lat/long
DNR Region NER	Y Coord. T R (E/W)	Weather Cond.

Cause of Incident Line blew on delivery truck

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: vacuum truck
- ☑ Waste Destination: U.S. Oil/Waste Oil
- ☑ Containment snow
- ☐ Contractor Hired
  - Name: U.S. Oil
- ☐ Other: _____

Empty Plant to on lot

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) Katy Fullin (Sign) Katy Fullin		Date: 1/9/98	Rpt'd to DATCP? ☐ Yes ☐ No
Person Notified: Roxanne Clement	Region Notified: NER	Time: 8:20	Date: 1/9/98
Invstgtd By: (Print) (Sign)		Date:	Site Closed? ☒ Yes ☐ No
Spill Coordinator Signoff:	Date:	Transferred to ERP? ☒ No ☐ Yes; Case # _____	NFA Letter Sent? ☐ Yes ☒ No
			Spill Packet Sent? ☐ Yes ☒ No

☐ Additional Comments on Reverse

Pressure washed asphalt
& sucked up

No soil impacts.