DEPARTMENT OF NATURAL RESOURCES

U.S. NAT'L. RESPONSE CENTER.....800/424-8802

7906 25 - 03 CHEMICAL/PESTICIDES/CHLORINE....800/424-9300

INCIDENT REPORT

FORM 3200-49 REV. 5-79

DATE OF INCIDENT: 79/6/25	DAY OF WEEK: Mon.	TIME OF INCIDENT: AM PM	REPORTED BY (NAME): Stratton Martin
DATE REPORTED: 79/6/26	DAY OF WEEK: Tues.	TIME REPORTED: 3:10 AM (PM)	AGENCY OR FIRM REPORTING: Consolidated Paper.

TELEPHONE NUMBER: / -

REPORTED THRU DIV. GOVT. ☐ YES ☒

SUBSTANCE INVOLVED: Hydraulic Oil	QUANTITY: ≈ 75	UNITS: gals
SUBSTANCE INVOLVED:	QUANTITY:	UNITS:

PERSON OR FIRM RESPONSIBLE

CONTACT NAME

TELEPHONE NUMBER: / -

PHYSICAL CHARACTERISTICS

☐ SOLID ☒ LIQUID COLOR ____

☐ SEMISOLID ☐ GAS ODOR ____

ADDRESS—STREET OR ROUTE

CITY, STATE, ZIP CODE

CAUSE OF INCIDENT

Hydraulic leak; type?

☐ TRANSP. RELATED ☒ FACILITY RELATED

SPCC PLAN ☐ YES ☐ NO

EXACT LOCATION DESCRIPTION (INTERSECTION, MILEAGE, ETC.)

COUNTY LOCATION

¼, ¼ SECTION, TOWN, RANGE

___, ___, ___, T___N, R___

DNR DISTRICT | DNR AREA

SURFACE WATERS AFFECTED ☐ YES ☐ NO ☐ POT

DRAIN. BASIN

NAME OF SURFACE WATER

NEAREST SURF. WATER ____ FT.

NEAREST STORM SEWER ____ FT.

GROUNDWATERS AFFECTED ☐ YES ☐ NO ☐ POT

NEAREST WELL ☐ MUNIC. ☐ PRIV. ____ FT.

DATE DISTRICT NOTIFIED

TIME DISTRICT NOTIFIED AM PM

DATE INVESTIGATED

TIME INVESTIGATED AM PM

ACTION TAKEN BY SPILLER

☐ NO ACTION TAKEN ☐ NO NOTIFICATION ☐ DELAYED NOTIFICA

☐ CONTAINMENT; TYPE ____

☐ CLEANUP; METHOD ____

☐ DISPOSAL; LOCATION ____

☐ FIRE DEPARTMENT ACTION ____

☐ CONTRACTOR HIRED; NAME ____

☐ OTHER ACTION ____

WEATHER CONDITIONS: TEMPERATURE ____ °F WIND SPEED ____

PRECIPITATION: ☐ YES ☐ NO DIRECTION OF WIND ____

DIRECTION OF SPILL MOVEMENT ____

DISTRICT PERSON NOTIFIED

TELEPHONE NUMBER: / -

PERSON INVESTIGATING

TELEPHONE NUMBER: / -

LIST HUMAN HAZARDS OR CASUALTIES

☐ REAL ☐ POTENTIAL ☐ NONE

ACTION TAKEN BY DNR

☐ NO ACTION TAKEN ☐ INVESTIGATION ☐ 29:29 ENFORCEMENT

☐ CONTAINMENT; TYPE ____

☐ CLEANUP; METHOD ____

☐ SUPERVISE CLEANUP (PERSON) ____

☐ DISPOSAL; LOCATION ____

☐ SPILLER REQUIRED TO TAKE ACTION; TYPE ____

☐ CONTRACTOR HIRED BY DNR; NAME ____

☐ DNR SPILL EXPENSES SENT TO MADISON CENTRAL OFFICE

☐ EVIDENCE COLLECTED:

☐ PHOTOGRAPHS # ____ ☐ STATEMENTS OF WITNESSES

☐ SAMPLES # ____ ☐ OTHER ____

ENVIRONMENTAL HAZARD/DAMAGE ☐ REAL ☐ POTI

☐ VEGETATION ____

☐ FISH ____

☐ WILDLIFE ____

☐ BIRDS ____

☐ OTHER ____

☐ NONE

COMMENTS ____

OTHER AGENCIES ON SCENE

LOCAL ____

STATE ____

FEDERAL ____

PERSON FILING THIS REPORT (PRINT NAME)

SIGNATURE | DATE

ADDITIONAL COMMENTS: District (Wis Rapids) already knows.