State of Wisconsin
Department of Natural Resources

TOXIC AND HAZARDOUS SPILL REPORT

Form 4400-91 Rev. 6-86

04-13-046405

State Div. Emergency Gov't. (608) 266-3232
U.S. Nat'l. Response Center (800) 424-8802
Chemtrec/Pesticides/Chlorine (800) 424-9300

Spill ID Number 91 10 18 (Y Y M M D D 0-99)

Date of Incident: 10-17-91	Day of Week: Thurs.	Time of Incident: 8 ☐ A.M. ☒ P.M.	Reported By (Name): Allan Peters	Telephone Number: (608) 257-1414
Date Reported: 10-18-91	Day of Week: Fri	Time Reported: 2 ☐ A.M. ☒ P.M.	Agency or Firm Reporting: Avganic	Reported thru Div. Emergen. Gov't. ☐ Yes ☒ No
Substance Involved: MEK (product)	Quantity: 40	Units: gals.	Person or Firm Responsible: Avganic Industries	
Substance Involved:	Quantity:	Units:	Contact Name: Alan Peters	Telephone Number: (608) 257-1414

Physical Characteristics
☐ Solid ☒ Liquid Color ____
☐ Semisolid ☐ Gas Odor ____

Address — Street or Route: 114 N. Main St.
City, State, Zip Code: Cottage Grove, WI 53527

Cause of Incident: operator error

Exact Location Description (intersection, mileage, etc.): Avganic #210 overflow area

County Location: DANE
¼¼, ¼, Section, Town, Range: NW, NE, 16, T07 N, R 11 E

DNR Dist: SD DNR Area: Mad.
Groundwaters Affected ☐ Yes ☒ No ☐ Potential

Surface Waters Affected ☐ Yes ☒ No ☐ Potential
Name of Surface Water:

Date District Notified: 10-18-91 Day of Week: Friday Time District Notified: 2 ☐ A.M. ☒ P.M.

District Person Notified: Degen Telephone Number: (608) 275-3208

Date Investigated: Day of Week: Time Investigated: ☐ A.M. ☐ P.M.

Person Investigating: Telephone Number: ( )

Action Taken By DNR
☒ No Action Taken ☐ Investigation ☐ Supervise/Conduct Cleanup
☒ Spiller Required To Take Action; Type: clean-up
☐ Contractor Hired By DNR; Name ____
☐ Amount Recovered ____
☐ 29.29 Enforcement

Other Agencies on Scene
Local ____
State ____
Federal ____

Action Taken By Spiller
☐ No Action Taken ☐ No Notification ☐ Investigate
☒ Containment; Type 2°
☒ Cleanup; Method vacuumed - recycled for 2° fuel
☐ Amount Recovered ____
☐ Monitor ____
☐ Contractor Hired; Name ____
☐ Other Action ____

Spill Location
☒ Industrial Facility/Paper Mill/Chem. Co.
☐ Gas/Service Station/Garage, Auto Dealer, Repair Shop
☐ Ag Coop/Facility/Cheese Factory/Creamery
☐ Other Small Business (bank, grocery, insurance co., etc.)
☐ Public Property (city, county, state, church, school, etc.)
☐ Utility Co., Power Generating/Transfer Facility
☐ Private Property (home/farm)
☐ Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler
☐ Transportation Accident, Fuel Supply Tank Spill
☐ Transportation Accident, Load Spill
☐ Construction, Excavation, Wrecking, Quarry, Mine
☐ Other ____

Spilled Substance Destination
☐ Air
☐ Soil
☐ Groundwater
☐ Surface Water
☐ Storm Sewer
☐ Sanitary Sewer
☒ Contained/Recovered closed 10-25-91
☐ Other ____

Person Filing This Report (print name): Linda Hanefeld
Signature: Linda Hanefeld Date Signed: 10-28-91

Additional Comments:

DISTRICT