97090911 04-42-219165

PLEASE PRINT

State of Wisconsin Substance Release Notification Form

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

RECEIVED SEP 16 1997 DNR-WD

Date and Mil. Time of Incident 9/9/97 1100	**Date and Mil. Time Reported** 9/9/97 11:15
Person Reporting ED Lipke	**Telephone #** (608) 388-2009
Representing Agency, Firm, or Citizen 88th RSC ECS	
Responsible Party U.S. ARMY	
Contact Name Dennis Workman	**Telephone #** (608) 388-2009
Address 2170 South 8th Ave Fort McCoy WI	**City, State, Zip Code** Fort McCoy WI 54660

Substance Involved	**Amount & Units Released**	**Amt. Recovered**	**Is this a 304 (11004 42 USC) spill?**
Hydraulic Fluid	50 GAL	50 GALS	☐ Yes ☐ No ☐ Unknown

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

Exact Location (inc. address, facility name, mileage, bldg. #, etc.)
ECS Bldg 3050

City Fort McCoy	**County** Monroe	**Lat/long**
DNR Region Eau Claire	___¼___¼sec___T___NR___(E/W)	**Weather Cond.**

Cause of Incident
Hydraulic Line Broke

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 Military Crane

Action Taken By Spiller
- ☐ No Action Taken
- ☐ No Action Needed
- ☐ Monitor
- ☒ Cleanup Method: Bio Pile
- ☐ Waste Destination: _____
- ☐ 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	Incident Commander, if known: _____
☐☐ 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_____	Phone:_____

Prepared By:(Print) Dennis Workman (Sign) Dennis W	**Date:** 9/9/97	**Rpt'd to DATCP?** ☐Yes ☒No
Person Notified: John Grump (VOICEMAIL)	**Region Notified:** Eau Claire **Time:** 1400	**Date:** 9/9/97
Invstgtd By:(Print) (Sign)	**Date:**	**Site Closed?** ☒Yes ☐No
Spill Coordinator Signoff: John Grump	**Date:** 9/9/97	**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: