04-17-114666

PLEASE PRINT

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 05/13/96, < 13:00	Date and Mil. Time Reported 05/13/96, 13:00

Person Reporting Bob Hughes	Telephone # (715) 232-2414
Representing Agency, Firm, or Citizen Menomonie Fire Dept.	
Responsible Party Sanna Dairies	
Contact Name	Telephone # ( )
Address 220 River Road Menomonie	City, State, Zip Code Menomonie, WI

Substance Involved	Amount & Units Released	Amt. Recovered	Is this a 304 (11004 42 USC) spill?
Dipotassium phosphate	1 - 55 gal drum		☐ Yes ☐ No ☐ Unknown

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

Exact Location (inc. address, facility name, mileage, bldg. #, etc.)
1st Ave, along river

City Menomonie	County Dunn	Lat/long
DNR Region NCR	___¼___¼sec___T___NR___(E/W)	Weather Cond.

Cause of Incident Drum punctured on loading dock - went to storm sewer to river.

Spilled Substance Impact To:
Check (✓) all that apply
- ☐ Air ☐ Potential
- ☐ Soil ☐ Potential
- ☐ Groundwater ☐ Potential
- ☒ Surface Water ☐ Potential
  Name: Red Cedar River
- ☒ 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: _____
- ☐ 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
☐ ☐ 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) Eileen Kramer	(Sign) E Kramer	Date: 5/13/96	Rpt'd to DATCP? ☐Yes ☒No
Person Notified:	**Region Notified:**	**Time:**	**Date:**
Invstgtd By:(Print) John Grump	(Sign) John R Grump	Date: 6/3/96	Site Closed? ☒Yes ☐No
Spill Coordinator Signoff: John R Grump	Date: 6/6/96	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	05/13/96, <13:00	Responsible Party	Sannadairies

Additional Comments:

Info on reverse all that was available from Hughes.

Capt. Dan Hansm, on scene