

04-05-051348

State Div. Emergency Gov't.
U.S. Nat'l. Response Center
Chemtrec/Pesticides/Chlorine

(608) 266-3232
(800) 424-8802
(800) 424-9300

Spill ID Number

Y Y M M D D 0-99

Date of Incident 11-2-95	Day of Week Thurs	Time of Incident ~10:00	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) George Buthe	Telephone Number (414) 433-3398
Date Reported 11-2-95	Day of Week Thurs	Time Reported 12:07	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting Puck + Gamble	Reported thru Div. Emergen. Gov't. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Substance Involved HCl	Quantity 3290	Quantity 1,000	Units gal	Person or Firm Responsible Puck + Gamble	
Substance Involved	Quantity 230*	Quantity	Units	Contact Name George Buthe	Telephone Number (414) 433-3398
Physical Characteristics				Address - Street or Route	
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Semisolid <input type="checkbox"/> Gas Color _____ Odor _____				City, State, Zip Code	
Cause of Incident pipe failure; 2nd containment failure				Action Taken By Spiller	
Exact Location Description (intersection, mileage, etc.) 501 Eastman Ave				<input type="checkbox"/> No Action Taken <input type="checkbox"/> No Notification <input type="checkbox"/> Investigate <input checked="" type="checkbox"/> Containment; Type <u>Containment failed</u>	
County Location O.S. Brown		1/4, 1/4, Section, Town, Range _____, _____, _____, T _____ N, R _____		<input type="checkbox"/> Cleanup; Method _____ <input type="checkbox"/> Amount Recovered _____ <input type="checkbox"/> Monitor _____ <input type="checkbox"/> Contractor Hired; Name _____ <input checked="" type="checkbox"/> Other Action <u>pumping</u>	
DNR Dist LMD	DNR Area GBA	Groundwaters Affected <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Potential		Name of Surface Water Fox River	
Surface Waters Affected <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Potential		Date District Notified 11-2-95 Thurs		Time District Notified 12:50 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	
District Person Notified Roxanne Nelesen		Telephone Number (414) 492-5592		Spill Location <input checked="" type="checkbox"/> Industrial Facility/Paper Mill/Chem. Co. <input type="checkbox"/> Gas/Service Station/Garage, Auto Dealer, Repair Shop <input type="checkbox"/> Ag Coop/Facility/Cheese Factory/Creamery <input type="checkbox"/> Other Small Business (bank, grocery, insurance co., etc.) <input type="checkbox"/> Public Property (city, county, state, church, school, etc.) <input type="checkbox"/> Utility Co., Power Generating/Transfer Facility <input type="checkbox"/> Private Property (home/farm) <input type="checkbox"/> Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler <input type="checkbox"/> Transportation Accident, Fuel Supply Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine <input type="checkbox"/> Other	
Date Investigated		Day of Week		Time Investigated <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
Person Investigating		Telephone Number ()			
Action Taken By DNR					
<input checked="" type="checkbox"/> No Action Taken <input type="checkbox"/> Investigation <input type="checkbox"/> Supervise/Conduct Cleanup <input checked="" type="checkbox"/> Spiller Required To Take Action; Type <u>Contractor Hired</u>					
<input type="checkbox"/> Contractor Hired By DNR; Name _____ <input type="checkbox"/> Amount Recovered _____ <input type="checkbox"/> 29.29 Enforcement					
Other Agencies on Scene					
Local _____					
State _____					
Federal _____					

Additional Comments:

pipe broke. captured in 2nd containment. Noticed started to lose product in 2nd containment. Now diluted to ~2% due to rain. Pumping to sanitary sewer. Pumping Gal.

951102-04