ERNS INCIDENT NOTIFICATION REPORT

Regional Case Number: [illegible]

Noted (mm/dd/yy): 2-12-94	Time (hhmm): 1630	M. Lab Report: ☐	Regional Time (hhmm):
Recorded By: [illegible]		Multiple Regional Case Number:	
Through NRC: ☐	NRC Case Number:	SSI Report: ☐	SSI Number:

A. REPORTER

Confidentiality Requested: ☐ | Reported By: [illegible]

Organization Name: [illegible]

Organization (Check One): ☐ Discharger ☐ Party ☐ State ☐ Local ☐ Federal ☐ Unknown

Address: | Phone: [illegible] Ext.:

City: [illegible] | County: | State: | Zip:

B. DISCHARGER

Same As A: ☐ | Organization (check one): ☐ Private Co. ☐ Public ☐ State ☐ Local ☐ Federal ☐ Unknown

Discharger Name: | Phone: ( ) Ext.:

Contact Name: | 2nd Phone: ( ) Ext.:

Address: | Facility ID Number:

City: | County: | State: | Zip:

C. SOURCE

Source As A: ☐ | Source Approx. Location: The Location is (see attached map)

Source As B: ☐ | Route 3 Box 426 - and - Box 257 [illegible]

City: [illegible] | County: [illegible] | State: [illegible] | Zip: | Milepost:

D. DATE

Discovery Date (mm/dd/yy): | Spill Date (mm/dd/yy): 9/4/89 | Spill Time (hhmm):

E. MATERIAL

Material Type: (Check One) ☐ Unknown ☐ Oil ☐ Haz Sub ☐ Other

Material Name	CERCLIS	CAS No.	UN DOT No	Quantity	Units (Code One)	Quantity in Water
Dry Cleaning Chemicals					lb kg gal mg pt oz qt	
2.					lb kg gal mg pt oz qt	
3.					lb kg gal mg pt oz qt	

F. SOURCE

Source of Spill: (Check One): ☐ Highway Air Transport ☐ Railway Vessel ☐ Pipeline Offshore ☐ UST AST ☐ Fixed Facility Unknown ☐ Other

Vehicle ID or Carrier No.: | Number of Tanks: | Tank Capacity: | Tank Units: (Code One) lb kg gal mg pt oz qt

Source Description:

G. AREA

Medium Affected: (Check All) ☐ Air Atmosphere ☐ Land Water ☐ Groundwater Within Facility ☐ Other Unknown

Waterway Affected:

H. CAUSE

Reported Cause: (Check One) ☐ Transportation Accident Equipment Failure ☐ Operational Error Natural Phenomenon ☐ Dumping Unknown ☐ Other

Cause Description: Material stored in two [illegible] subsequently filled and abandoned.

I. IMPACT

No. of Injuries: ☐ None | No. of Deaths: ☐ None | Property Damages: $50,000 ☐

Evacuation: ☐ | Response Actions Taken: Excavate contaminated soil [illegible]

[illegible] samples [illegible] VOCs. To date [illegible] of [illegible] [illegible] data.

J. REPORTED

Cause Has Ended: (Check One) ☐ Natural Cause ☐ Discharger ☐ USCG ☐ Other ☐ Unknown

Agency Name:

K. COMMENTS

Comments: [illegible] Department [illegible] [illegible] [illegible]

[illegible] of [illegible]

Additional Information (Use Reverse Side): ☐

L. RESPONSE AGENCIES

Response Commenced: [illegible] 12-6-94

Response Completed: [illegible] 12-6-94

Agency Name:	(Check One)	☐ Local	☐ State	☐ Discharger	☐ Federal	☐ RPC	☐ Other	☐ Unknown
Agency Name:	(Check One)	☐ Local	☐ State	☐ Discharger	☐ Federal	☐ RPC	☐ Other	☐ Unknown
Agency Name:	(Check One)	☐ Local	☐ State	☐ Discharger	☐ Federal	☐ RPC	☐ Other	☐ Unknown