

04-05-168038

PLEASE PRINT

State of Wisconsin Substance Release Notification Form

24-Hour Emergency Hotline Number: 1-800-943-0003

Form 4400-91 Rev. 11-95

04-05-168038

| | | | |
|--|----------------------|-----------------------------|-----------------------|
| Date and Mil. Time of Incident <i>11.8.96</i> | <i>11/8/96-13:30</i> | Date and Mil. Time Reported | <i>11/12/96-15:00</i> |
|--|----------------------|-----------------------------|-----------------------|

| | | | |
|------------------|----------------------|-------------|---------------------------------|
| Person Reporting | <i>Lori Wozniack</i> | Telephone # | <i>(414) 435-8821 EXT. 2534</i> |
|------------------|----------------------|-------------|---------------------------------|

| | | | |
|---------------------------------------|--------------------------|--|--|
| Representing Agency, Firm, or Citizen | <i>Fort Howard Corp.</i> | | |
|---------------------------------------|--------------------------|--|--|

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|-------------------|--------------------------|--|--|
| Responsible Party | <i>Fort Howard Corp.</i> | | |
|-------------------|--------------------------|--|--|

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|--------------|----------------------|-------------|---------------------------------|
| Contact Name | <i>Lori Wozniack</i> | Telephone # | <i>(414) 435-8821 EXT. 2534</i> |
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| | | | |
|---------|----------------------------|-----------------------|----------------------------|
| Address | <i>1919 South Broadway</i> | City, State, Zip Code | <i>Green Bay, WI 54304</i> |
|---------|----------------------------|-----------------------|----------------------------|

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|----------------------|-------------------------|----------------|--|
| Substance Involved | Amount & Units Released | Amt. Recovered | Is this a 304 (11004 42 USC) spill? |
| <i>Hydraulic Oil</i> | <i>20 gal.</i> | <i>None</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |

Solid Semisolid Liquid Gas Color _____ Odor _____

| | | | |
|--|--|--|--|
| Exact Location (inc. address, facility name, mileage, bldg. #, etc.) | <i>In cell #11 at Fort Howard Landfill</i> | | |
|--|--|--|--|

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|------|------------------|--------|--------------|----------|
| City | <i>Green Bay</i> | County | <i>Brown</i> | Lat/long |
|------|------------------|--------|--------------|----------|

| | | | |
|------------|------------|---|---------------|
| DNR Region | <i>NER</i> | <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2sec <input type="checkbox"/> T <input type="checkbox"/> NR (E/W) | Weather Cond. |
|------------|------------|---|---------------|

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|-------------------|---|--|--|
| Cause of Incident | <i>Hydraulic hose on ballbozen ruptured while dozer doing work in cell #11. Oil absorbed into sludge immediately.</i> | | |
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| Spilled Substance Impact To: Check (✓) all that apply | Spill Source: | Action Taken By Spiller |
| | | |
| <input type="checkbox"/> Air <input type="checkbox"/> Potential | <input type="checkbox"/> Transportation Accident, Fuel Supply Tank Spill | <input checked="" type="checkbox"/> No Action Taken |
| <input type="checkbox"/> Soil <input type="checkbox"/> Potential | <input type="checkbox"/> Transportation Accident, Load Spill | <input checked="" type="checkbox"/> No Action Needed |
| <input type="checkbox"/> Groundwater <input type="checkbox"/> Potential | <input type="checkbox"/> Industrial Facility <input type="checkbox"/> Paper Mill <input type="checkbox"/> Chemical Co. | <input type="checkbox"/> Monitor |
| <input type="checkbox"/> Surface Water <input type="checkbox"/> Potential | <input type="checkbox"/> Ag Coop/Facility/Food Factory/Facility | <input type="checkbox"/> Cleanup Method: |
| Name: _____ | <input type="checkbox"/> Gas/Service Station/Garage/Auto Dealer, Repair Shop | <input type="checkbox"/> Waste Destination: |
| <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Potential | <input type="checkbox"/> Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler | _____ |
| <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Potential | <input type="checkbox"/> Public Property (city, state, church, school, etc.) | <input type="checkbox"/> Containment |
| <input type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Potential | <input type="checkbox"/> Utility Co., Power Generating/Transfer Facility | <input type="checkbox"/> Contractor Hired |
| <input type="checkbox"/> Private Well <input type="checkbox"/> Potential | <input type="checkbox"/> Private Property (home/farm) | Name: _____ |
| <input type="checkbox"/> Contained/Recovered | <input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine | _____ |
| <input checked="" type="checkbox"/> Other: <i>In landfill cell</i> | <input type="checkbox"/> Airport Facility <input type="checkbox"/> Railroad Facility | <input type="checkbox"/> Other: _____ |
| | <input checked="" type="checkbox"/> Other: <i>Landfill</i> | |

Injuries? Yes No If yes, how many? _____ Has an evacuation occurred? Yes No Potential? Yes No

Are there any resource damages? Yes No What kinds? _____

| | |
|--|-------------------------------|
| Other Agencies Notified (✓ first column if notified); Check (✓) both columns if on scene | Incident Commander, if known: |
| <input type="checkbox"/> Fire Department/Hazmat <input checked="" type="checkbox"/> Local DNR <input type="checkbox"/> EPA | _____ |
| <input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> Div. Emer. Gov. <input type="checkbox"/> Nat'l Resp. Ctr. 800-442-8802 | _____ |
| <input type="checkbox"/> LEPC or Local Emer. Gov. <input type="checkbox"/> DATCP 608-224-4500 <input type="checkbox"/> Chemtrec 800-424-9300 | _____ |
| <input type="checkbox"/> Regional Response Team <input type="checkbox"/> DHSS 608-266-2830 <input type="checkbox"/> Other _____ | Phone: _____ |

| | | | |
|--------------------------------------|-------------------------|-----------------------|---|
| Prepared By:(Print) <i>Alan Nass</i> | (Sign) <i>Alan Nass</i> | Date: <i>11/12/96</i> | Rpt'd to DATCP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------------------------------|-------------------------|-----------------------|---|

| | | | |
|-----------------------------------|-----------------------------|-------------------|-----------------------|
| Person Notified: <i>Alan Nass</i> | Region Notified: <i>NER</i> | Time: <i>1500</i> | Date: <i>11/12/96</i> |
|-----------------------------------|-----------------------------|-------------------|-----------------------|

| | | | |
|---------------------|--------|-------|--|
| Invstgtd By:(Print) | (Sign) | Date: | Site Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>11/12/96</i> |
|---------------------|--------|-------|--|

| | | | |
|----------------------------|-------|---|--|
| Spill Coordinator Signoff: | Date: | Transferred to ERP? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes; Case # _____ | NFA Letter Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | | Spill Packet Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Additional Comments on Reverse

880801-20-40

PLEASE PRINT

State of Wisconsin Substance Release Report (Con't)
Form 4400-91 Rev. 11-95

| | |
|--|-------------------------------------|
| Date and Military Time of Incident 11/8/96-13:30 | Responsible Party Fort Howard Corp. |
|--|-------------------------------------|

Additional Comments:

Hydraulic oil absorbed into sludge immediately - no removal attempted.

880801-20-40