

04-38-168735

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 11/3/96 0230	Date and Mil. Time Reported 11/3/96 0833
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Person Reporting Phil Everhart	Telephone # (715) 735-9033
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Representing Agency, Firm, or Citizen Specialty Chem

Responsible Party Specialty Chem

Contact Name Phil Everhart	Telephone # (715) 735-9033
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Address 2 Stanton St.	City, State, Zip Code Marinette, WI 54143
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Substance Involved 1.6% Caustic in H₂O	Amount & Units Released 100 gals.	Amt. Recovered 100%	Is this a 304 (11004 42 USC) spill? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Solid <input type="checkbox"/> Semisolid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	Color _____	Odor _____	

Exact Location (inc. address, facility name, mileage, bldg. #, etc.) Specialty Chem 2 Stanton St Marinette, WI 54143
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City Marinette	County Marinette	Lat/long _____
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DNR Region NER	<input type="checkbox"/> 1/4 <input type="checkbox"/> 1/4sec <input type="checkbox"/> T <input type="checkbox"/> NR (E/W)	Weather Cond. _____
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Cause of Incident Currently under investigation
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Spilled Substance Impact To: Check (✓) all that apply <input type="checkbox"/> Air <input type="checkbox"/> Potential <input type="checkbox"/> Soil <input type="checkbox"/> Potential <input type="checkbox"/> Groundwater <input type="checkbox"/> Potential <input type="checkbox"/> Surface Water <input type="checkbox"/> Potential Name: _____ <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Potential <input checked="" type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Potential <input type="checkbox"/> Private Well <input type="checkbox"/> Potential <input checked="" type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other: _____	Spill Source: <input type="checkbox"/> Transportation Accident, Fuel Supply Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input checked="" type="checkbox"/> Industrial Facility <input type="checkbox"/> Paper Mill <input checked="" type="checkbox"/> Chemical Co. <input type="checkbox"/> Ag Coop/Facility/Food Factory/Facility <input type="checkbox"/> Gas/Service Station/Garage/Auto Dealer, Repair Shop <input type="checkbox"/> Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler <input type="checkbox"/> Public Property (city, state, church, school, etc.) <input type="checkbox"/> Utility Co., Power Generating/Transfer Facility <input type="checkbox"/> Private Property (home/farm) <input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine <input type="checkbox"/> Airport Facility <input type="checkbox"/> Railroad Facility <input type="checkbox"/> Other: _____	Action Taken By Spiller <input type="checkbox"/> No Action Taken <input type="checkbox"/> No Action Needed <input type="checkbox"/> Monitor <input checked="" type="checkbox"/> Cleanup Method: Clay <input checked="" type="checkbox"/> Waste Destination: Contractor <input type="checkbox"/> Containment <input checked="" type="checkbox"/> Contractor Hired Name: Waste Control Management <input type="checkbox"/> Other: _____
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Injuries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? _____	Has an evacuation occurred? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Potential? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Are there any resource damages? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential What kinds? _____
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Other Agencies Notified (✓ first column if notified); Check (✓) both columns if on scene <input type="checkbox"/> Fire Department/Hazmat <input 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 _____	Incident Commander, if known: _____ Phone: _____
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Prepared By: (Print) Randall J. Stark (Sign) <i>Randall J. Stark</i> Date: 11/4/96 Rpt'd to DATCP? <input type="checkbox"/> Yes <input type="checkbox"/> No

Person Notified: Randall J. Stark Region Notified: NER Time: 0833 Date: 11/3/96

Invstgtd By: (Print) Randall J. Stark (Sign) <i>Randall J. Stark</i> Date: 11/4/96 Site Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Spill Coordinator Signoff: Coranne Johnson Date: 11/6/96	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

04-38-108132

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

Date and Military Time of Incident 11/3/96 0230	Responsible Party Specialty Chem
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Additional Comments:

According to Everhart, SC started up a scrubber system and the material bubbled up through the stack unto the roof, then unto ~~asphalt~~ asphalt via gutters. Material absorbed in clay - to be picked up by Waste Mgt. *RR*