

04-05-169015

PLEASE PRINT

State of Wisconsin Substance Release Notification Form

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

Form 4400-91 Rev. 11-95

04-05-169015

Date and Mil. Time of Incident	1/5/97 - 09:30	Date and Mil. Time Reported	1/6/97 08:40
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Person Reporting	Lori Wozniak	Telephone #	(414) 435-8821 #2534
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Representing Agency, Firm, or Citizen	Font Howard Corp.
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Responsible Party	Font Howard Corp.
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Contact Name	Above	Telephone # ( )	Above
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Address	1919 South Broadway	City, State, Zip Code	Green Bay, WI 54304
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Substance Involved	Unleaded Gasoline	Amount & Units Released	3 gallons	Amt. Recovered	Most/All	Is this a 304 (11004 42 USC) spill?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
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<input type="checkbox"/> Solid <input type="checkbox"/> Semisolid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	Color	Odor	Petroleum
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Exact Location (inc. address, facility name, mileage, bldg. #, etc.)	Pump island in yard facility
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City	Green Bay	County	Brown	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	Over-fill of vehicle at pump island.
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<b>Spilled Substance Impact To:</b> Check (✓) all that apply <input checked="" type="checkbox"/> Air <input type="checkbox"/> Potential <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Potential <input type="checkbox"/> Groundwater <input checked="" 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 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: _____	<b>Spill Source:</b> <input type="checkbox"/> Transportation Accident, Fuel Supply Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input type="checkbox"/> Industrial Facility <input checked="" type="checkbox"/> Paper Mill <input 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 _____	<b>Action Taken By Spiller</b> <input type="checkbox"/> No Action Taken <input type="checkbox"/> No Action Needed <input type="checkbox"/> Monitor <input checked="" type="checkbox"/> Cleanup Method: Removed Ground <input checked="" type="checkbox"/> Waste Destination: thru Hot Waste <input type="checkbox"/> Containment <input type="checkbox"/> Contractor Name: _____ <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 type="checkbox"/> No <input type="checkbox"/> Potential What kinds? _____
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<b>Other Agencies Notified (✓ first column if notified); Check (✓) both columns if on scene</b> <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 _____	Incident Commander, if known: _____ _____ Phone: _____
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Prepared By:(Print) Alan Nass (Sign) Alan Nass Date: 1/6/97	Rpt'd to DATCP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Person Notified: Alan Nass Region Notified: NER Time: 1/6/97 Date: 08:40
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Invstgtd By:(Print) _____ (Sign) _____ Date: _____	Site Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Spill Coordinator Signoff: <i>AP y CB</i> Date: 1-6-97	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

