

04-38-201699

PLEASE PRINT

State of Wisconsin Substance Release Notification Form

BRRTS Duplicate

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

Form 4400-91 Rev. 11-95

04-38-201699

| | | | |
|--------------------------------|---------------|-----------------------------|-------------|
| Date and Mil. Time of Incident | 03/06/96-1000 | Date and Mil. Time Reported | 3/6/96-1240 |
|--------------------------------|---------------|-----------------------------|-------------|

| | | |
|------------------|----------------|-------------------------------------|
| Person Reporting | BRAD GOLDAPSKA | Telephone # (715) 735-7411 ex. 3504 |
|------------------|----------------|-------------------------------------|

| | |
|---------------------------------------|------------|
| Representing Agency, Firm, or Citizen | ANSUL INC. |
|---------------------------------------|------------|

| | |
|-------------------|-------|
| Responsible Party | ANSUL |
|-------------------|-------|

| | | |
|--------------|----------------|------------------------------------|
| Contact Name | BRAD GOLDAPSKA | Telephone # (715) 735-7411 ex 3504 |
|--------------|----------------|------------------------------------|

| | | | |
|---------|---------------|-----------------------|---------------------|
| Address | 1 STANTON ST. | City, State, Zip Code | MARINETTE, WI 54143 |
|---------|---------------|-----------------------|---------------------|

| | | | |
|--|----------------------------------|--------------------|---|
| Substance Involved "ANSULITE" FIRE PROTECTION FOAM | Amount & Units Released 100 GAL. | Amt. Recovered ALL | Is this a 304 (11004 42 USC) spill? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
|--|----------------------------------|--------------------|---|

Solid Semisolid Liquid Gas Color _____ Odor _____

Exact Location (inc. address, facility name, mileage, bldg. #, etc.)
ANSUL IN. 1 STANTON ST. MARINETTE, WI 54143 MAIN BUILDING

| | | | | |
|------|-----------|--------|-----------|----------|
| City | MARINETTE | County | MARINETTE | Lat/long |
|------|-----------|--------|-----------|----------|

| | | | |
|------------|-----|---|---------------|
| 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. |
|------------|-----|---|---------------|

Cause of Incident WORKER WAS FILLING TANKER TRUCK AND VALVE ON TANK WAS FROZEN PARTIALLY OPEN, WHICH WAS UNNOTICED BY WORKER. APPROX. 100 GAL. OF FOAM SPILLED ON ASPHALT. FOAM WAS VACUUMED AND SHOVELLED INTO DRUMS.

| | | |
|---|--|---|
| 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 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 checked="" type="checkbox"/> Transportation Accident, Load Spill <input checked="" type="checkbox"/> Industrial Facility <input 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 _____ | 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: <u>VACUUM</u> <input checked="" type="checkbox"/> Waste Destination: <u>LANDFILL</u> <input type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired Name: _____ <input type="checkbox"/> Other: _____ |
|---|--|---|

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

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

| | |
|---|--|
| Other Agencies Notified (✓ first column if notified); Check (✓) both columns if on scene <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) MICHAEL S. KITT (Sign) <i>Michael S. Kitt</i> Date: 3-6-96 | Rpt'd to DATCP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|

| | | | |
|------------------|------------------|-------|-------|
| Person Notified: | Region Notified: | Time: | Date: |
|------------------|------------------|-------|-------|

| | |
|--|--|
| Invstgtd By:(Print) MICHAEL S. KITT (Sign) <i>Michael S. Kitt</i> Date: 3-6-96 | Site Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

| | | |
|---|---|--|
| Spill Coordinator Signoff: <i>ap y ca</i> Date: 6-21-96 | 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

PPd105-82-40

PLEASE PRINT

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

| | |
|--|-------------------------|
| Date and Military Time of Incident 3-6-96 1000 | Responsible Party ANSUL |
|--|-------------------------|

Additional Comments:

WHILE FILLING A TANKER TRUCK INSIDE PLANT, A RELEASE VALVE ON THE TRUCK APPARENTLY HAD WATER SETTLE INTO IT AND FROZE, WHICH CRACKED AND OPENED VALVE. APPROX. 100 GALLONS OF "ANSULITE - 3% AFFF" - A CHEMICALLY INERT FIRE SUPPRESSION FOAM SPILLED ONTO THE FLOOR. THE MATERIAL WAS PLACED IN 55 GAL. DRUMS AND WILL BE DISPOSED OF BY CONTRACTOR.

03-06-96 10:00