

04-38-206323

PLEASE PRINT

State of Wisconsin Substance Release Notification Form

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

Form 4400-91 Rev. 11-95

04-38-206323

Date and Mil. Time of Incident	5/09/96 0600 am	Date and Mil. Time Reported	05/10/96 10:40 am
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Person Reporting	Carl Servatius	Telephone # (715)	735-7411
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Representing Agency, Firm, or Citizen	Ansul Inc.
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Responsible Party	"
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Contact Name	Geroge Rogers	Telephone # ()	()
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Address	Ansul One Stanton St., Marinette, WI 54143	City, State, Zip Code	
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Substance Involved	SULFURIC Acid	Amount & Units Released	less than one gallon 1-2 gallons	Amt. Recovered	" all	Is this a 304 (11004 42 USC) spill?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input 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
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Exact Location (inc. address, facility name, mileage, bldg. #, etc.)	Ansul, One Stanton St.- north side of building #29 by overhead door
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City	Marinette	County	Marinette	Lat/long	
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DNR Region	Northeast	<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	had a leaky valve on tank and that's been fixed
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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 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: Used Spill X Z → <input type="checkbox"/> Waste Destination: _____ <input type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired 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 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 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) Kathy Salewsky (Sign)	Date: 5-10-96 Rpt'd to DATCP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Person Notified: Steve Daye	Region Notified:	Time:	Date:
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Invstgtd By:(Print) <i>Stuart Daye</i> (Sign)	Date: 5-22-96	Site Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Spill Coordinator Signoff: <i>[Signature]</i>	Date: 5-30-96	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

then neutralized PH WAS 8.23

04-32-80P353

PLEASE PRINT

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

Date and Military Time of Incident <u>05-22-96</u>	Responsible Party <u>ANSUL</u>
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Additional Comments:

(X) ^{SPILL XA}
ANSUL PICKED UP ACID&PRODUCT AND PUT IN ANSUL'S HAZARDOUS WASTE DISPOSAL.

LOSS BETWEEN 1-2 GALLONS, USED SPILL X-A
GUN WHICH IS MANUFACTURED TO NEUTRALIZE
JUST SUCH SPILL WHICH OCCURRED ON ASPHALT
SURFACE

per George ROYERS 5-22-96 2:48 p.m.

05-22-96