

04-05-211308

PLEASE PRINT

State of Wisconsin Substance Release Notification Form

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

Form 4400-91 Rev. 11-95

0405-211308

Date and Mil. Time of Incident <u>07/31/96 09:00</u> <u>7.31.96</u>	Date and Mil. Time Reported <u>07/31/96 10:05</u>
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Person Reporting <u>Connie Lawniczak</u>	Telephone # <u>(414) 433-1140</u>
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Representing Agency, Firm, or Citizen <u>WI Public Service</u>
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Responsible Party <u>WI Public Service</u>
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Contact Name <u>Connie Lawniczak</u>	Telephone # <u>(414) 433-1140</u>
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Address <u>700 N. Adams</u>	City, State, Zip Code <u>Green Bay, WI</u>
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Substance Involved <u>Ammonia</u>	Amount & Units Released <u>Less than 5 lbs</u>	Amt. Recovered <u>None</u>	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 type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas	Color _____	Odor _____
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Exact Location (inc. address, facility name, mileage, bldg. #, etc.) <u>700 N. Adams</u>
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City <u>Green Bay</u>	County <u>Brown</u>	Lat/long _____
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DNR Region <u>NER</u>	<u>1/4</u> <u>1/4</u> sec <u>T</u> <u>NR</u> (E/W)	Weather Cond. _____
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Cause of Incident <u>Leaking or faulty valve on tank</u>
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<b>Spilled Substance Impact To:</b> Check (✓) all that apply <input checked="" 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 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 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 checked="" type="checkbox"/> Other <u>corporation office</u>	<b>Action Taken By Spiller</b> <input type="checkbox"/> No Action Taken <input checked="" type="checkbox"/> No Action Needed <input type="checkbox"/> Monitor <input type="checkbox"/> Cleanup Method: <u>Dispersed to Air</u> <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 type="checkbox"/> No If yes, how many? _____	Has an evacuation occurred? <input type="checkbox"/> Yes <input 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 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 checked="" 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) <u>Thomas B Hays</u> (Sign) <u>Thomas B Hays</u> Date: <u>7/31/96</u>	Rpt'd to DATCP? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Person Notified: <u>Thomas B Hays</u> Region Notified: <u>NER</u> Time: <u>10:05</u> Date: <u>7/31/96</u>
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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: <u>Corinne Johnson</u> Date: <u>8/5/96</u>	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

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	7-31-96 9:00	Date and Mil. Time Reported	7-31-96 10:40
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Person Reporting	Connie Lawnigzak	Telephone #	414 433-1140
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Representing Agency, Firm, or Citizen	W.T. Public Service Corp.
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Responsible Party	Same
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Contact Name	Same	Telephone # ( )	
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Address	P.O. Box 19002	City, State, Zip Code	Prosser, Wis 54407
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Substance Involved	Ammonia solution	Amount & Units Released	?	Amt. Recovered		<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 type="checkbox"/> Liquid	<input checked="" type="checkbox"/> Gas	Color		Odor	
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Exact Location (inc. address, facility name, mileage, bldg. #, etc.)	700 North Adams St		
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City	Green Bay	County	Brown
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DNR Region	LMDO	Weather	Clear
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Cause of Incident	equipment failure
Above ground ammonia storage vessel valve failed	

<b>Spilled Substance Impact To:</b> Check (✓) all that apply <input checked="" 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 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 type="checkbox"/> Paper Mill <input type="checkbox"/> Chemical Co. <input type="checkbox"/> Ag Coop/Facility/Food Factory/Facility <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Monitor <input type="checkbox"/> Cleanup Method: _____ <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 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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<b>Other Agencies Notified (✓ first column if notified); Check (✓) both columns if on scene</b> <input type="checkbox"/> Fire Department/Hazmat <input type="checkbox"/> Local DNR <input type="checkbox"/> BPA <input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> Div. Emer. Gov. <input checked="" 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 _____	<b>Incident Commander:</b> If known: _____ Phone: _____
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Prepared By: (Print) Charles Rosotte (Sign) Charles Rosotte Date: 7-31-96	Rep'd to DATCP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Person Notified: _____	Region Notified: 6/30 Time: 10:48 Date: 7-31-96
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Invest'd By: (Print) _____ (Sign) _____ Date: _____	Site Closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Spill Coordinator Signoff: _____ Date: _____	Transferred to ERP? <input type="checkbox"/> No <input checked="" 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
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Additional Comments on Reverse

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

Date and Military Time of Incident	7-31-96 9:00	Responsible Party	Wis Public Service Corp.
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## Additional Comments:

The release is still ongoing / the caller doesn't believe that the RQ has not <sup>been</sup> exceeded but is calling as a precaution.

add In Pro.

Monitoring the air / the release is reported as very small / will notify the Wis Dept / the release should be secured within next 30 min