

04-38-211461

PLEASE PRINT

State of Wisconsin Substance Release Notification Form

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

Form 4400-91 Rev. 11-95

04-38-211461

Date and Mil. Time of Incident 07-17-96 0500	Date and Mil. Time Reported 07-17-96 1000
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Person Reporting LEONARD MOORE	Telephone # (715) 735 9033
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Representing Agency, Firm, or Citizen SPECIALTY CHEM INC.

Responsible Party SPECIALTY CHEM. INC.
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Contact Name LEONARD MOORE	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 ACETIC ACID	Amount & Units Released 10 GAL.	Amt. Recovered 10 GAL.	Is this a 304 (11004 42 USC) spill? <input type="checkbox"/> Yes <input checked="" 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.) BUILDING 5270 - SPECIALTY CHEM. INC. 2 STANTON ST. - MARINETTE, WI
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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. SUNNY, CALM
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Cause of Incident GASKET FAILURE IN LINE TRANSFERRING PRODUCT FROM BUILDING 5270 TO RAIL CAR.

Spilled Substance Impact To: Check (✓) all that apply <input type="checkbox"/> Air <input type="checkbox"/> Potential <input checked="" type="checkbox"/> Soil <input checked="" type="checkbox"/> Potential <input checked="" type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Potential <input checked="" type="checkbox"/> Surface Water <input checked="" type="checkbox"/> Potential Name: <u>MENOMINEE R.</u> <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: _____	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: <u>SCRAPE SOIL</u> <input checked="" type="checkbox"/> Waste Destination: <u>ENV. SPECIALISTS LANDFILL</u> <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 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) <u>Michael S. Kitt</u> Date: 7-17-96	Rpt'd to DATCP? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Person Notified: _____	Region Notified: _____	Time: _____	Date: _____
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Invstgtd By:(Print) MICHAEL S. KITT (Sign) <u>Michael S. Kitt</u> Date: 7-17-96	Site Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Spill Coordinator Signoff: _____	Date: _____	Transferred to ERP? <input type="checkbox"/> No <input type="checkbox"/> Yes; Case # _____	NFA Letter Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Spill Packet Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Comments on Reverse attached

104116-8E-40

PLEASE PRINT

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

Date and Military Time of Incident 07-17-96 0500	Responsible Party SPECIALTY CHEM.
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Additional Comments:

REPRESENTATIVE FROM SPECIALTY CHEM. CALLED TO STATE THAT
 THEY HAD AN ACETIC ACID SPILL INSIDE PLANT GROUNDS. GRAVEL
 & SOIL WAS REMOVED AND PLACED IN DUMPSTER FOR CONTRACT REMOVAL.

104116-8E-40

State of Wisconsin Substance Release Notification Form

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

Form 4400-91 Rev. 11-95

Date and Mil. Time of Incident 7-17-96 0530 Date and Mil. Time Reported 7-17-96 09:39

Person Reporting Chris Behrend Telephone # (715) 735-9033

Representing Agency, Firm, or Citizen Speciality Chem. Products Corp

Responsible Party

Contact Name Phillip Overhart Telephone # (715) 735-9033(346)

Address Two Stanton City, State, Zip Code Marinette WI 54143

Substance Involved Acetic Acid Amount & Units Released ~ 10 gal. Amt. Recovered recpt all

Solid Semisolid Liquid Gas Color Odor

Exact Location (inc. address, facility name, mileage, bldg. #, etc.) west of building 5270. Between buildings & railcar spur.

City Marinette County Marinette

TNR Region LMD

Cause of Incident gaskets failed - turned valve off
gaskets replaced

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 type="checkbox"/> Contained/Recovered <input checked="" type="checkbox"/> Other: gravel	Spill Source: <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 checked="" type="checkbox"/> Chemical Co. <input type="checkbox"/> Ag Coop/Facility/Pool 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: remove gravel <input checked="" type="checkbox"/> Waste Destination: incinerator <input type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired Name: <input type="checkbox"/> Other:
	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	

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. Cr. 800-442-8802
<input type="checkbox"/> LEPC or Local Emer. Gov.	<input type="checkbox"/> DATCP 608-224-4500	<input type="checkbox"/> Chemrec 800-424-9300
<input type="checkbox"/> Regional Response Team	<input type="checkbox"/> DHISS 608-266-2830	<input type="checkbox"/> Other

Prepared By: (Print) Tommy Geand (Sign) [Signature] Date: 7/17/96 Rpt'd to DATCP? Yes No

Person Notified: Fed to LMD & DNR Region Notified: Time: 09:40 Date: 7/17/96

Investgd By: (Print) (Sign) Date: Site Closed? Yes No

Spill Coordinator Signoff: _____ Date: _____	Transferred to ERP? <input type="checkbox"/> No <input type="checkbox"/> Yes; Case # _____	NFA Letter Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No Spill Packet Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Additional Comments on Reverse