

04-05-216873

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 1-21-97 8:30		Date and Mil. Time Reported 1-21-97 9:00	
Person Reporting Loni Wozniak		Telephone # (414) 435-8821	
Representing Agency, Firm, or Citizen Fort Howard		ext. 2534	
Responsible Party Fort Howard			
Contact Name Loni Wozniak		Telephone # (414) 435-8821 2534	
Address 1919 S. Broadway		City, State, Zip Code 54304	
Substance Involved Diesel Fuel	Amount & Units Released 10 gal	Amt. Recovered	Is this a 304 (11004 42 USC) spill? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Solid <input type="checkbox"/> Semisolid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Color _____ Odor _____			
Exact Location (inc. address, facility name, mileage, bldg. #, etc.) 1919 S. Broadway NE corner by coal piles			
City Green Bay	County Brown	Lat/long	
DNR Region NER	1/4 1/4sec T NR (E/W)	Weather Cond.	
Cause of Incident Left Bulldozer outside - sediment bowl - ice foundation bowl + caused			
Spilled Substance Impact To: Check (✓) all that apply <input 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 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 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 _____	
Action Taken By Spiller ^{to separate from bulldozer} <input type="checkbox"/> No Action Taken <input type="checkbox"/> No Action Needed <input type="checkbox"/> Monitor <input checked="" type="checkbox"/> Cleanup Method: excavation & disposal <input type="checkbox"/> Waste Destination: _____ <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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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: _____
Prepared By: (Print) Roxanne Nelson		Date: 1-21-97	Rpt'd to DATCP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Person Notified:		Region Notified:	Time:
Invstgtd By: (Print) _____		(Sign) _____	Date: _____
Spill Coordinator Signoff: _____		Date: 4-25-97	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

E58315-2040

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

Date and Military Time of Incident

Responsible Party

Additional Comments:

→ told Louie to take a minimum of one DRO sample in bottom of excavation. Send results & a copy of proper soil disposal to me. At that time I will review for NR 708 N.F.A. Determination.

• Presently cleaning up with oil dry, will then do a small soil excavation.

1-24-97. Left message for Louie Disposal Doc.

1-25-97 Material was shipped off with other was. Fort Howard has records.

01-25-97 2:33