

04-12-226817

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 09-21-98 0937		Date and Mil. Time Reported 09-21-98 0937	
Person Reporting RANDY SCHMIDT (SGT)		Telephone # (608) 326-2421	
Representing Agency, Firm, or Citizen PRAIRIE DU CHIEN POLICE DEPT			
Responsible Party D & G TRUCKING		319-847-2555	
Contact Name CHUCK GREGOIRE		Telephone # (508) 553-1119	
Address P.O. BOX 288		City, State, Zip Code GRAND MOUNT, IA 52751	
Substance Involved INK/CLEAR OVERCOAT PRINTERS	Amount & Units Released 477 #	Amt. Recovered ≈ 50 #	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 checked="" type="checkbox"/> Semisolid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas Color WHITE Odor AMMONIA			
Exact Location (inc. address, facility name, mileage, bldg. #, etc.) VILLA OASIS PARKING LOT 510 S. MARQUETTE RD.			
City PRAIRIE DU CHIEN	County CRAWFORD	Lat/long	
DNR Region SC	1/4 1/4sec T NR (E/W)	Weather Cond.	
Cause of Incident PACKAGING INSIDE TRAILER TIPPED OVER. 103 BARRELS LEAKED SUBSTANCE			
Spilled Substance Impact To: 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 checked="" type="checkbox"/> Potential Name: MISS R VIA STORMSEWER <input type="checkbox"/> Storm Sewer <input checked="" type="checkbox"/> Potential <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Potential <input checked="" 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 checked="" 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 type="checkbox"/> Other:		Action Taken By Spiller <input checked="" type="checkbox"/> No Action Taken <input type="checkbox"/> No Action Needed <input type="checkbox"/> Monitor <input checked="" type="checkbox"/> Cleanup Method: CITY CREW / SAND LAYER <input checked="" type="checkbox"/> Waste Destination: RETURNED TO SHIPPER <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Fire Department/Hazmat <input checked="" type="checkbox"/> Local DNR <input type="checkbox"/> EPA <input checked="" type="checkbox"/> Local Law Enforcement <input type="checkbox"/> Div. Emer. Gov. <input type="checkbox"/> Nat'l Resp. Ctr. 800-442-8802 <input checked="" 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) DENNIS KIRSCHBAUM (Sign) <i>Dennis Kirschbaum</i>		Date: 9-21-98	Rpt'd to DATCP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Person Notified: TED AMMAN		Region Notified:	Time: Date:
Invstgtd By: (Print) _____ (Sign) _____		Date:	Site Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Spill Coordinator Signoff: <i>Ted Amman</i>		Date: 9/28/98	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	
<input checked="" type="checkbox"/> Additional Comments on Reverse			

207-7454

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

Date and Military Time of Incident	Responsible Party
------------------------------------	-------------------

Additional Comments:

HAROLD TRAGARDEN - DRIVER OF PL1547 (IOWA)603-867-2410SHIPPER - ROYAL, INC 475 SUNABEE ST NEWPORT, NH 03773PRODUCT - CWB HG NON-SKIP LARGE BAG CTGSUBSTANCE - #45182 INK, PRINTING, NOI NMFC #101720 SUB 3 CLASS 55GRAND MOUND, IA TO POC