

04-05-246586

Revised Form 11-23-99

State of Wisconsin Substance Release Notification Form

PLEASE PRINT

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

Form 4400-91 Rev. 2-99

0405-246586

Date and Mil. Time of Incident 10-12-99 8:05	Date and Mil. Time Reported 10-12-99 9:25
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Person Reporting/Representing Robert Bernke (Fort James)	Phone # () 920-438-2213
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Responsible Party/Spiller K.A. Steele	Phone # () 800-677-8335
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Contact Name	Phone # () 800-677-8335
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Address PO Box 729	City, State, Zip Code Lemont IL 60439
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Substance Involved Sodium Hypochlorite	Amount & Units Released 141 Pounds	Amount Recovered 141 pounds (71 gallons total liquid)
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Solid Semisolid Liquid Gas Color _____ Odor _____

Exact Location (inc. address, facility name, mileage, bldg. #, etc.)
Fort James Operating - 1919 S. Broadway - E. of Building #66

City Green Bay	County Brown	Lat/long
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DNR Region NER	___ 1/4 ___ 1/4sec ___ NR ___ (E/W)	Weather Cond.
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Cause of Incident K.A. Steele truck was filling a tank when fitting failed. Spilled onto ground.	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: absorbed/removed
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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 Tank Spill <input checked="" 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 _____	Waste Destination: <input type="checkbox"/> _____ <input checked="" type="checkbox"/> Ashland Chemical <input type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired Name: _____ <input type="checkbox"/> Other: _____
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Injuries? Yes No If yes, how many? _____ Has an evacuation occurred? Yes No Potential? Yes No

Are there any resource damages? Yes No Potential What kinds? _____

Other Agencies Notified (✓ first column if notified) (✓) both columns if on the scene <input type="checkbox"/> Fire Department <input checked="" type="checkbox"/> Local DNR <input type="checkbox"/> EPA <input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> Div. Emer. Mgt. <input checked="" type="checkbox"/> Nat'l Resp. Ctr. 800-442-8802 <input type="checkbox"/> LEPC or Local Emer. Mgt. <input type="checkbox"/> Coast Guard <input type="checkbox"/> Chemtrec 800-424-9300 <input type="checkbox"/> Level A/Level B Team <input type="checkbox"/> DHFS 608-258-0099 <input type="checkbox"/> Other _____	Incident Commander, if known: _____ Phone: _____
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Prepared By: (Print) RN Chronert	(Phone) 920-492-5592	Date: 11-23-99	Rpt'd to DATCP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Person Notified:	(Phone)	Date:	Time:
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Investgtd By: (Print)	(Sign)	Date:	Incident Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			Date: 11-23-99

Spill Coordinator Signoff:	Date: 11-23-99	Transferred to: ERP <input type="checkbox"/> DATCP <input type="checkbox"/> Date: Case #	NFA Letter Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Spill Packet Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No To:
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Additional Comments on Reverse

04-02-94-20-40

PLEASE PRINT

State of Wisconsin Substance Release Report (Con't)

Form 4401-91 Rev. 2-99

10-1-99

04-02-94-20-40

Date and Military Time of Incident:	Responsible Party:
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Additional Comments:

Case Activity Report: <input type="checkbox"/> Yes <input type="checkbox"/> No CAR#:	(Please attach copy of all CAR and other documentation)
Enforcement Action: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain below)	



FORT JAMES

October 26, 1999

Ms. Roxanne Nelezen Chronert
Wisconsin Department of Natural Resources
1125 N. Military Ave.
P. O. Box 10448
Green Bay, WI 54307-0448

Fort James Corporation
P O Box 19130
Green Bay, WI 54307-9130

RECEIVED
OCT 27 1999
LMD SOLID WASTE

telephone 920 435 8821
facsimile 920 435 3703

Dear Ms. Nelezen Chronert:

Thank you for sending me the packet of information outlining our written reporting requirements with respect to the Sodium Hypochlorite spill that occurred at 1919 South Broadway in Green Bay (Fort James West mill property) on October 12. Below, I have identified in bold the specific questions you outlined in that packet. In all cases, the answers that follow those questions should be consistent with the verbal information given when the incident was phoned into the WDNR (the Department) on the morning of the 12th by me. If this is not the case, please call me as soon as possible.

a. A statement expressing the purpose of the submittal and the desired department action or response

This is submitted as directed by the Department and is intended to supplement the information submitted to the Department in the original phone notification. In that no injuries or environmental damage is evident or anticipated as a result of this event, no particular action is requested of the Department.

b. Name, address, and telephone number of the responsible parties

Release occurred when supplier (K. A. Steel) was unloading sodium hypochlorite into Fort James' tanks. Information for K. A. Steel is as follows:

K. A. Steel
15185 Main Street
P.O. Box 729
Lemont, IL 60439
Phone: (800) 677-8335

c. Date of the release, spill, or discharge

October 12, 1999

d. Location of the site or facility, or discharge incident...

Fort James Green Bay West mill
1919 South Broadway Ave.
Green Bay, WI 54304

e. The type and amount of hazardous substance discharge (best estimate)

71 gallons total liquid, which equates to 141 pounds of sodium hypochlorite released to land only.

f. Action taken to stop, contain, and clean-up the spill

Release occurred during offloading of bleach from the transport vehicle as a result of a fitting failure. The incident occurred near the end of the unloading process and was of a finite duration, so no manual intervention was required to stop the release.

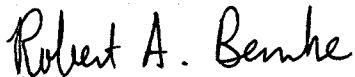
The release occurred over a surface of ground with little topography and was not horizontally mobile, so there was no need for horizontal containment. The area was simply isolated from vehicle and pedestrian traffic by the use of caution tape and barricades, and earthen materials were used to absorb the spill. These earthen materials were then drummed up by Fort James personnel for final disposal through Ashland Chemical, whom Fort James contracts with for waste disposal of certain materials.

g. Sketch of the site or a map indicating relevant features (e.g. area of spill, tanks, streams, storm drains, etc.)

Please see attached drawing showing the location of the release.

Sincerely

FORT JAMES OPERATING COMPANY



Robert A. Bermke
Environmental Engineer

att. a/s

cc: Al Toma, Fort James Corporation
Mark Reimer, Fort James Corporation
Ken Graves, Fort James Operating Company

State of Wisconsin Substance Release Notification Form

PLEASE PRINT

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

Form 4400-91 Rev. 2-9

Date and Mil. Time of Incident 10-12-99 8:05 Date and Mil. Time Reported 10/12/99 09:25

Person Reporting/Representing Robert Bernke (Ft. James Operating) Phone # (940) 438-2213

Responsible Party/Spiller K.A. STEELE Phone # () 1-800-677-8335

Contact Name SAME Phone # ()

Address 1919 S. Broadway Ave City, State, Zip Code Green Bay, WI 54304

Substance Involved Sodium Hypochlorite Amount & Units Released 141 Pounds Amount Recovered None Document 141 Pounds

Form checkboxes: Solid, Semisolid, Liquid, Gas, Color, Odor

Exact Location (inc, address, facility name, mileage, bldg. #, etc.) Fort James Operating - 1919 S. Broadway, Green Bay, WI E of building #66

City Green Bay County Brown County Lat/long

DNR Region NER 1/4 1/4sec NR (E/W) Weather Cond.

Cause of Incident K.A. Steele truck was filling a tank & a fitting failed. Spilled on to ground

Spilled Substance Impact To: Check (v) all that apply

Form checkboxes for impact: Air, Potent, Soil, Potent, Groundwater, Surface Water, Name, Storm Sewer, Sanitary Sewer, Concrete/Asph, Private Well, Potential, Contained/Recovered, Other

Spill Source: Post-It Fax Note 7671 To Roxanne From Spills Co./Dept. Co. Name Phone # Fax #

Form checkboxes for source: Construction, Excavation, Wrecking, Quarry, Mine, Airport Facility, Railroad Facility, Other Fort James Operating

Injuries? Yes No If yes, how many? Has an evacuation occurred? Yes No Potential? Yes No

Are there any resource damages? Yes No Potential What kinds? Soil - but it was hard & doesn't think there is damage

Other Agencies Notified (v first column if notified) (v) both columns if on the scene Incident Commander, if known: Phone:

Prepared By: (Print) KAREN MASINO (Phone) Date: 10-12-99 Rpt'd to DATCP? Yes No

Person Notified: Chris Groth (Phone) Date: 10-12-99 Time: 10:00 A.M.

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

Spill Coordinator Signoff: Date: Transferred to: ERP DATCP Case # NFA Letter Sent? Spill Packet Sent? To:

Additional Comments on Reverse

