

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

0405-526171

Date & Military Time Of Incident: 5/2/2004 1300		Date & Military Time Reported: 5/2/2004 1330		Spill File # ner05022004_01 BRRTS # 0405526171	
Person Reporting: Katie Thomas		Representing: Georgia Pacific		Phone # (920)609-4194 (m) Fax # ()	
Responsible Party (RP) / Spiller: Georgia Pacific		RP Decision Based On:		Phone # (920)435-8821 Fax # ()	
RP Address: 1939 Broadway				City Green Bay	State WI
RP Contact Name & Title: Katie Thomas				Phone # (920)433-6447 (o - Day St) Fax # ()	
Substance Involved: gasoline		Amount & Units Released: 2 gallons		Amount & Units Recovered: 2 gallons	
<input type="checkbox"/> Solid		<input type="checkbox"/> Semisolid		<input checked="" type="checkbox"/> Liquid	
<input type="checkbox"/> Gas		Color:		Odor:	
Exact Location Of Incident: (including street name, bldg. #, mileage, etc.) 1919 Broadway, behind building 109 near clarifier #4				Facility Name / Property Owner: 109Georgia Pacific (formerly Fort James)	
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township		County Brown		Latitude/Longitude	
DNR Region: NER		1/4 1/4 Sec T N R <input type="checkbox"/> E <input type="checkbox"/> W		Weather Conditions: 15 degrees F	
Cause Of Incident: Crane struck a portable gasoline can with its front tire rupturing the can.					
Spilled Substance Impact To: (check X all that apply) <input type="checkbox"/> Air <input type="checkbox"/> Potential <input type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Potential <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Groundwater <input type="checkbox"/> Potential <input type="checkbox"/> Private Well <input type="checkbox"/> Potential <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Potential <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Potential <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Surface Water <input type="checkbox"/> Potential Name: <input checked="" type="checkbox"/> Other: gravel		Spill Cause/Site: <input type="checkbox"/> Ag Coop/Food Factory <input type="checkbox"/> Airport Facility <input type="checkbox"/> Railroad Facility <input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine <input type="checkbox"/> Gas/Service Station/Garage/Auto Dealer/Repair Shop <input type="checkbox"/> Hydraulic Line Break <input type="checkbox"/> Industrial Facility <input checked="" type="checkbox"/> Paper Mill <input type="checkbox"/> Chemical Co. <input type="checkbox"/> Pipeline/Terminal/Tank Farm/Oil Jobber/Wholesaler <input type="checkbox"/> Private Property (home/farm) <input type="checkbox"/> Public Property (city, state, church, school, etc.) <input type="checkbox"/> Transportation Accident, Fuel Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input type="checkbox"/> Utility Co. Power Generating/Transfer Facility <input type="checkbox"/> Other:		Action Taken By Spiller: <input checked="" type="checkbox"/> Cleanup Method: <input checked="" type="checkbox"/> Absorbent <input checked="" type="checkbox"/> Excavation <input type="checkbox"/> <input type="checkbox"/> Containment <input checked="" type="checkbox"/> Contractor Hired Name: In house <input type="checkbox"/> Monitor <input type="checkbox"/> No Action Needed <input type="checkbox"/> No Action Taken <input checked="" type="checkbox"/> Waste Destination: landfill/dumpster <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 Kind?					
Other Agencies Notified: (check first column, if notified; check 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. Emerg. Mgt. <input 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: Phone # ()	
Prepared By: Tom Collier		Phone # 608-267-0844		Date: 5/2/2004	
Person Notified: emailed to Warden Chris Groth		Phone # 920-492-5934		Date: 5/2/2004 Time: 2330	
Investigated By:		Sign:		Date:	
Spill Coordinator Signoff: <i>[Signature]</i>		Date: 5-12-2004		Rpt'd To DATCP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date:	
				Transferred to DATCP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date:	
				Spill Packet Sent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date:	
				To: e-mail	
				Transferred to ERP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date:	
				Case #	
				NFA Letter Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date:	
				Incident Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: 5-12-2004	

See Additional Comments On Reverse (Please, print page 2 of 2)

Date and Military Time Of Incident:	Responsible Party:
Additional Comments : Chronert left voice mail for KATie regarding clean-up and disposal Voice mail from Thomas. clean-up complete, but soil not disposed of. 5-11-04 Chronert called Thomas. NFA sent in on 5-6-04. Chronert did not yet see. Chronert will review and send copy of complete spill form to Thomas. NFA Summary and maps attached.	
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)	

May 6, 2004

CERTIFIED MAIL – RETURN RECEIPT REQUESTEDMs. Roxanne Nelezen-Chronert
Department of Natural Resources
1125 North Military Ave
PO Box 10448
Green Bay, WI 54307-0448

MAY 10 2004


RE: Fort James Operating Company, Green Bay West
Unleaded Gasoline Spill – May 2, 2004

Dear Ms. Chronert:

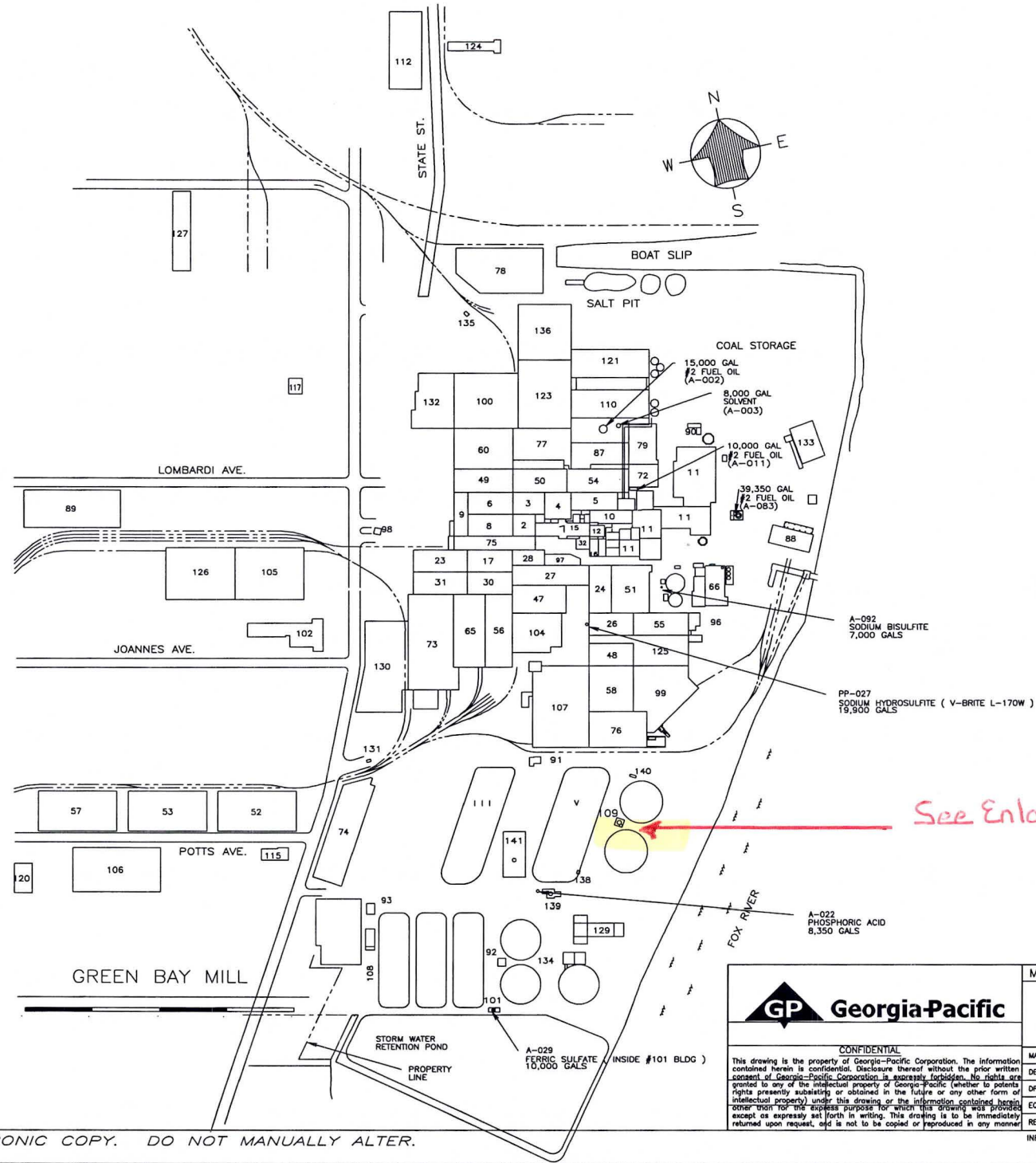
On May 2, 2004 12:30 pm, our Ms. Katie Thomas notified the WDNR 24-hour Spill Hotline of an unleaded gasoline spill to soil. The release occurred when a crane struck a portable gasoline can with its front tire causing the can to rupture and spill approximately 2 gallons of unleaded gasoline onto the ground. The discharge specifics are as follows:

- Date of Discharge – May 2, 2004
- Time of Discharge – 11:40 am
- Location of Discharge - Fort James Operating Company, Green Bay West Mill
- Identity of Material – Unleaded Gasoline
- Amount Released – 2 gallons (estimate) to soil
- Cause of Release – Crane struck gasoline can
- Impacts – The impact was to soil only. The nearest waterway is several hundred feet away.
- Weather Conditions – 15° F, Moderate Winds, No Precipitation
- Containment, Cleanup and Disposal -- The release was contained and immediately soaked up with absorbent material and containerized for disposal. The material will be disposed of in a licensed landfill.
- Corrective Action – Review portable container storage with affected personnel and consider alternate means to fuel portable equipment.

This letter is intended to recap the release and cleanup specifics surrounding the incident. If you have any further questions, please feel free to contact me at (920)438-4212.

Sincerely,
Fort James Operating Company – Green Bay West
Jacqueline K. Powell
Senior Environmental Engineer

NO.	REVISION	DR.	DATE
00	DRAWN ON CAD	KGC	08/05/96
01	ADDED FUEL TANK #A-083	SAW	12/03/98

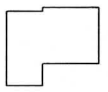
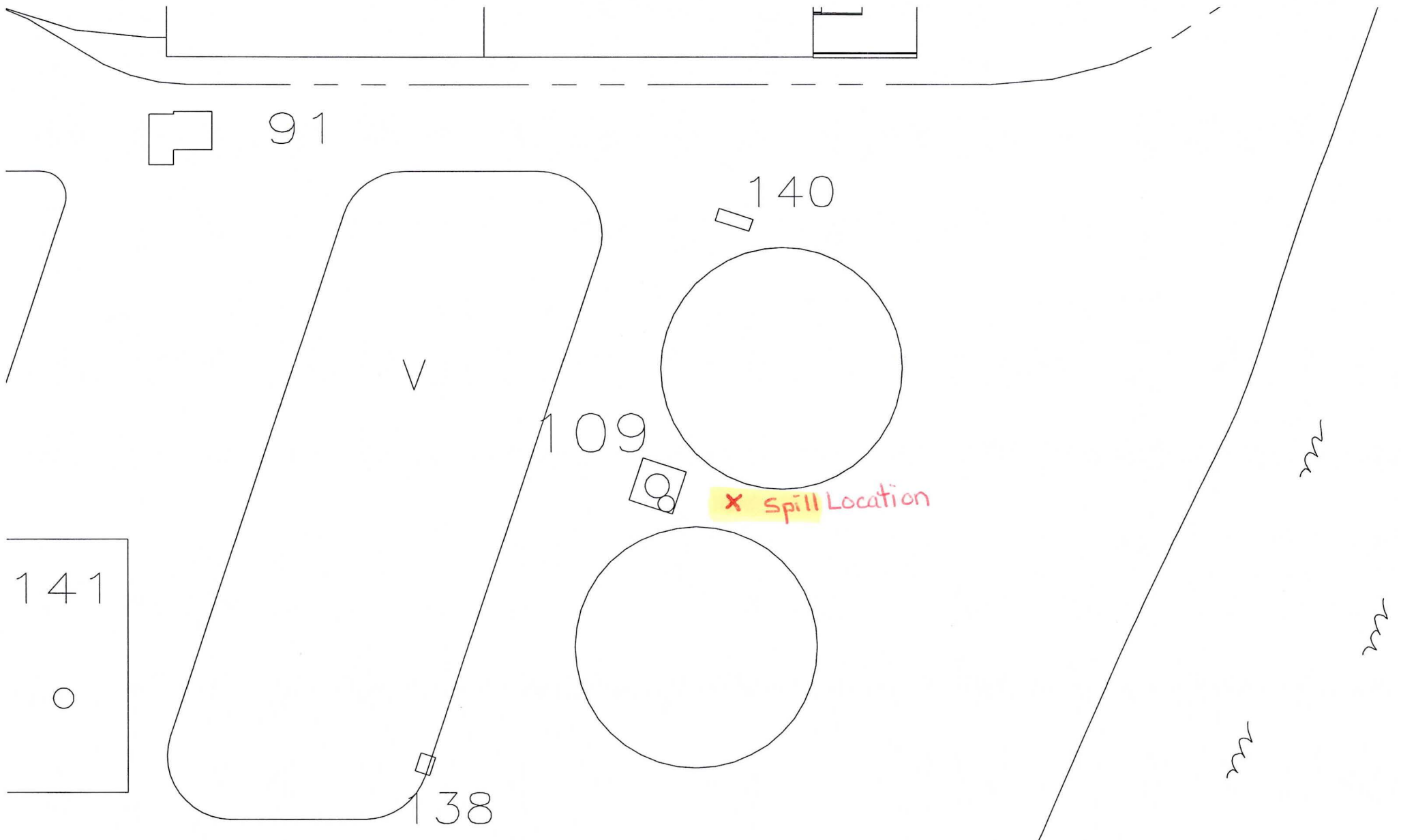


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MK.	REQ'D	ITEM	SIZE OR PATT.#	MATL.
TOLERANCES BELOW APPLY UNLESS OTHERWISE SPECIFIED <small>All threads to conform to unified series. All holes, edges and corners to be deburred.</small>				
DECIMAL TOL		FRACTIONAL TOL		FINISHED SURFACES
±.004		±1/64"		1/32"
ANGLES ±1/2°		DIA CONCENTRICITY .004 TIR		MACHINED RADII 1/32" R MAX
MACH NAME: MILL LAYOUT				
DET NAME: GREEN BAY PLANT				
DR.	KGC	CH.	N/A	SC. GRAPHIC
				DATE 08/5/96
EQUIPMENT #		JOB# JOB#		
REVISION #		1		
		CWC# AAJ-A04-009C		
INFO:				

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V

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X Spill Location

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