

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 09:00 09/10/99	Date and Mil. Time Reported 10:00 09/10/99
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Person Reporting BEAVER DAM FIRE DEPT	Telephone # (920) 887-4609
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Representing Agency, Firm, or Citizen

Responsible Party SBD BAG CORPORATION

Contact Name ROB MORON	Telephone # (920) 356-0954
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Address W7724 REDWOOD ROAD BEAVER DAM	City, State, Zip Code BEAVER DAM WI 53916
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Substance Involved WATER SOLUBLE INK	Amount & Units Released L 200 GALLONS	Amt. Recovered NONE	Is this a 304 (11004 42 USC) spill? <input type="checkbox"/> Yes <input 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 RED	Odor NONE
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Exact Location (inc. address, facility name, mileage, bldg. #, etc.) W9468 IRON ROAD BEAVER DAM

City BEAVER DAM	County DODGE	Lat/long
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DNR Region SCR	<u>1/4</u> <u>1/4</u> sec <u>T</u> <u>NR</u> (E/W)	Weather Cond.
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Cause of Incident EARLY AM ON 09/10/99 BEAVER DAM FIRE DEPT RESPONDED TO FIRE CALL, SUPPRESSION WATER CAUSED SPILLAGE OF 5 GALLON INK CONTAINERS, AND THE DILUTED INK FLOWED OUT THE BACK DOOR.

Spilled Substance Impact To: Check (✓) all that apply <input type="checkbox"/> Air <input type="checkbox"/> Potential <input type="checkbox"/> Soil <input checked="" 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 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 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 checked="" type="checkbox"/> No Action Needed <input type="checkbox"/> Monitor <input type="checkbox"/> Cleanup Method: _____ <input type="checkbox"/> Waste Destination: _____ <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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Other ATF & FIRE MARSHALS	Incident Commander, if known: _____
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Prepared By: (Print) Mark F PUTNA (Sign) _____ Date: 10/15/99	Rpt'd to DATCP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Person Notified: TED AMMAN	Region Notified: SCR Time: 0800 Date: 10/11/99
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Invstgtd By: (Print) Mark F PUTNA (Sign) _____ Date: _____	Site Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Spill Coordinator Signoff: _____ Date: 10/21/99	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

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

Date and Military Time of Incident	09:00 09/01/99	Responsible Party	SBD BAG CORPORATION
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Additional Comments:

① ATF + STATE FIRE MARSHALL INVESTIGATING POTENTIAL ARSON CASE

② SUBSTANCE INVOLVED

AQUASHEEN PMS 306 BLUE,

" PSSMA 350 RED

" " 170 YELLOW

SUPPLIED BY A. J. Daw Printing Ink Co 3559 S. Greenwood AVE

LOS ANGELES, CA 90040 (213) 723-3253

Ink is titanium dioxide 5% by weight, propylene glycol < 5%

by weight, AND kaolin clay 15% by weight.

Liquid pooled on ground BEHIND BUILDING, decided

NO cleanup WAS REQUIRED.

Mark F Putna