

State Div. Emergency Gov't.
U.S. National Response Center
Chemtrec/Pesticides/Chlorine

(608) 266-3232
(800) 424-8802
(800) 424-9300

Spill ID Number
91102304
Y Y M M D D 0-99

0445-046425

35% Hydrogen Peroxide

Date of Incident <u>10/23/91</u>	Day of Week <u>Wed</u>	Time of Incident <u>9:15</u>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) <u>Bruce Sim</u>	Telephone Number <u>414 832-5148</u>
Date Reported <u>10/23/91</u>	Day of Week <u>Wed</u>	Time Reported <u>9:30</u>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting <u>Outa. Co. Emer. Gov</u>	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved <u>35% Hydrogen Peroxide</u>	Quantity <u>1000</u>	Units <u>gal</u>	Person or Firm Responsible <u>For most Dairy</u>		
Substance Involved	Quantity	Units	Contact Name	Telephone Number <u>414 738-1555</u>	

Physical Characteristics

Solid Liquid Semisolid Gas

Color _____ Odor _____

Address - Street or Route
935 John St.

City, State, Zip Code
Appleton, WI

Cause of Incident
in plant spill

Exact Location Description (intersection, mileage, etc.)

Action Taken By Spiller

No Action Taken Notification Investigate

Containment; Type _____

Cleanup; Method _____

Amount Recovered _____

Monitor Flowed into sanitary sewer

Contractor Hired; Name _____

Other Action _____

County Location
Outagamie

1/4, 1/4, Section, Town, Range
_____, _____, _____, T _____ N, R _____

DNR Dist LMD DNR Area OSH

Groundwaters Affected
 Yes No Potential

Surface Waters Affected
 Yes No Potential

Name of Surface Water _____

Date District Notified
10/23/91

Day of Week
Wed

Time District Notified
 A.M. P.M.

District Person Notified _____

Telephone Number () _____

Date Investigated _____

Day of Week _____

Time Investigated
 A.M. P.M.

Person Investigating _____

Telephone Number () _____

Action Taken By DNR

No Action Taken Investigation Supervise/Conduct Cleanup

Spiller Required To Take Action; Type _____

Contractor Hired By DNR; Name _____

Amount Recovered _____

29.29 Enforcement _____

Other Agencies on Scene

Local Emer. Gov.

State Closed 10/23/91

Federal RA 2/10/98

Spill Location

Industrial Facility/Paper Mill/Chem. Co.

Gas/Service Station/Garage, Auto Dealer, Repair Shop

Ag Coop/Facility/Cheese Factory/Creamery

Other Small Business (bank, grocery, insurance co., etc.)

Public Property (city, county, state, church, school, etc.)

Utility Co., Power Generating/Transfer Facility

Private Property (home/farm)

Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler

Transportation Accident, Fuel Supply Tank Spill

Transportation Accident, Load Spill

Construction, Excavation, Wrecking, Quarry, Mine

Other _____

Spilled Substance Destination

Air

Soil

Groundwater

Surface Water

Storm Sewer

Sanitary Sewer

Contained/Recovered

Other _____

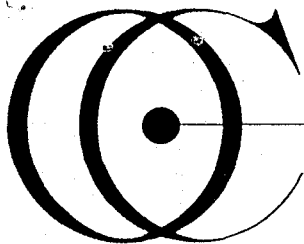
Person Filing This Report (print name)
Dave Misterak

Signature
David Z. Misterak

Date Signed
10/23/91

Additional Comments:
Bruce Sim called to report spill. He said the wastewater plant was notified. He said he was on his way to the scene and would probably have the dairy or city flush the sanitary sewer to dilute.

RECEIVED
 OCT 24 91
 DEPT. OF SOLID HAZARDOUS WASTE MANAGEMENT



OUTAGAMIE COUNTY

410 S. WALNUT ST. APPLETON, WISCONSIN 54911 COURTHOUSE

LOCAL EMERGENCY PLANNING COMMITTEE

PHONE (414) 832-5148

FOREMOST WHEY PRODUCTS

Hydrogen Peroxide Release
October 23, 1991

On October 22, 1991, at approximately 3:30 p.m., 1000 gallons of hydrogen peroxide was accidentally released from a secondary storage tank of the Foremost Whey Products facility into the City of Appleton Sanitary Sewer system. The released substance was a CERCLA listed chemical, hydrogen peroxide (35% solution) CAS # 7722-84-1 (CAMEO & CHRIS chemical forms attached). The sewer system at the point of entry has a high volume flow water and immediately diluted the concentrated product.

The cause of the release was traced to a faulty pump switch which stuck open and transferred the product from the primary storage tank to the secondary storage tank that subsequently overflowed into the sewer system. The faulty switch has been replaced and plans have been made to add a pump alarm to the system. The facility will develop a narrative of this incident and forward it to the S.E.R.B., Local L.E.P.C., and the NRC.

From: East Central - Mary Date: 10.30.91

- | | | | |
|-----|--|--|---|
| To: | <input type="checkbox"/> Bob Thompson_____ | <input type="checkbox"/> Al Shanks_____ | <input type="checkbox"/> Chris Bacon_____ |
| | <input type="checkbox"/> Dale S._____ | <input type="checkbox"/> Diane K._____ | <input type="checkbox"/> Gary N._____ |
| | <input type="checkbox"/> JoAnn D._____ | <input type="checkbox"/> Marty H._____ | <input type="checkbox"/> Margie W._____ |
| | <input type="checkbox"/> Barbara R._____ | <input type="checkbox"/> Alan W._____ | <input type="checkbox"/> Larry R._____ |
| | <input type="checkbox"/> Connie H._____ | <input type="checkbox"/> Rick R._____ | <input type="checkbox"/> Roxanne G._____ |
| | <input type="checkbox"/> Dorothy E._____ | <input type="checkbox"/> Don J._____ | <input type="checkbox"/> Cregg R._____ |
| | <input type="checkbox"/> Sally P._____ | <input type="checkbox"/> Jim M._____ | <input type="checkbox"/> Henry N._____ |
| | <input type="checkbox"/> Karen B._____ | <input type="checkbox"/> Rob R._____ | <input type="checkbox"/> Richard P._____ |
| | <input type="checkbox"/> Jan D._____ | <input type="checkbox"/> Ellie M._____ | <input type="checkbox"/> Deborah E._____ |
| | <input type="checkbox"/> Jeannie G._____ | <input type="checkbox"/> Mary H._____ | <input checked="" type="checkbox"/> Don W._____ |
| | <input type="checkbox"/> Nancy A._____ | <input type="checkbox"/> JoAnne O._____ | <input type="checkbox"/> Bill L._____ |
| | <input type="checkbox"/> Jayne M._____ | <input type="checkbox"/> Kay T._____ | <input type="checkbox"/> Jan G._____ |
| | | <input type="checkbox"/> Marlene S._____ | <input type="checkbox"/> Dave J._____ |
| | | | <input type="checkbox"/> Bob S._____ |
| | | | <input type="checkbox"/> Cathy B._____ |

CHECK APPROPRIATE BOX FOR STAFF YOU WISH TO ROUTE TO FOLLOWING REVIEW, INITIAL AFTER YOUR NAME

- FOR YOUR INFORMATION
- TAKE ACTION
- REVIEW AND COMMENT
- FILE

RETURN TO: _____

REMARKS: *Don - Hope you're person to receive this; if not please advise me and pass on to correct person.*

NOV 12 1991

SUBSTANCE SPILL/RELEASE ALERT FORM

911022-01

Spill No./Notification Date and Military Time <u>91 10 23 0915</u> YY MM DD TIME	Information should be reported to: Department of Military Affairs Wisconsin Division of Emergency Government 4802 Sheboygan Ave., Room 99A, P.O.Box 7865 Madison, Wisconsin 53707-7865 (608) 266-3232 FAX (608) 266-1569	Date and Military Time of Incident <u>91 10 22 1530</u> YY MM DD TIME County: Outagamie
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REPORTING INFORMATION

Reported by: <u>Walter Stumpf</u> (name) Address <u>935 E. John St.</u> City <u>Appleton</u> State <u>WI</u> Zip <u>54911</u> Telephone <u>414-738-1555</u>	Person/Firm Responsible: <u>Foremost Whey Products</u> Address <u>935 E. John St.</u> City <u>Appleton</u> State <u>WI</u> Zip <u>54911</u> Telephone <u>414-738-1555</u>
Spill Contact Person/Firm: <u>Peter Devine</u> (if different from above) Telephone <u>414-738-1555</u>	Address <u>935 E. John St.</u> City <u>Appleton</u> State <u>WI</u> Zip <u>54911</u>

SUBSTANCE INFORMATION

Name of Substance/ Quantity Involved: <u>Hydrogen Peroxide(35% Solution) 1000Gallons</u>	
<input type="checkbox"/> EHS Chemical <input checked="" type="checkbox"/> CERCLA Chemical <input type="checkbox"/> Unknown	
CAS #	Placard #
<u>7722-84-1</u>	<u>1000 G</u>
Quantity	Solid Powder
<u>1000 G</u>	<input type="checkbox"/> <input type="checkbox"/>
	Liquid Vapor
	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Gas
	<input type="checkbox"/> <input type="checkbox"/>
	Radio-Active
	<input type="checkbox"/> <input type="checkbox"/>
	Unknown
	<input type="checkbox"/> <input type="checkbox"/>
	Color
	<u>Clear</u>
	Odor
	<u>Slight</u>

SITE INFORMATION

Exact Location of Spill/Release (Include Street Address, County, City, Village, Town, Highway, Intersection, Mileage, etc.):
935 E. John Street Appleton WI 54911 Outagamie County

Source of Spill <input type="checkbox"/> Transportation <input checked="" type="checkbox"/> Manufacture <input type="checkbox"/> Agriculture <input type="checkbox"/> Public Property <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Business <input checked="" type="checkbox"/> Private Property <input type="checkbox"/> Other _____	Spill Destination <input type="checkbox"/> Soil <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Storm Sewer <input checked="" type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other <input type="checkbox"/> Surface Water <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential Name: <u>City of Appleton</u> <input type="checkbox"/> Ground Water <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential Distance to nearest drinking water well: <u>N/A</u> feet
Weather Conditions Wind Speed and Direction <u>5 mph - S</u> <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow <input type="checkbox"/> Fog Other: <u>Clear - 65°F</u>	

PUBLIC HEALTH INFORMATION

Recommended safety precautions (known acute/chronic health risks):
Irritating to eyes, throat, nose. Harmful if inhaled. Will burn eyes and skin. Move to fresh air, flush exposed areas with water

	No	Unknown	Yes	Number	Shelter Location and Name
Injuries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fatalities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Facility Evacuated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Public Evacuated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shelter facility:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
School	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other/Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

RECEIVED
 OCT 28 1991
 E.C. AREA
 Wis Stats. 166.20, 144.76
 NOV 04 1991

SUBSTANCE SPILL/RELEASE ALERT FORM

OCT 30 1991

Spill No./Notification Date and Military Time <u>91 10 23 0935</u> YY MM DD TIME	Information should be reported to: Department of Military Affairs Wisconsin Division of Emergency Government 4802 Sheboygan Ave., Room 99A, P.O.Box 7865 Madison, Wisconsin 53707-7865 (608) 266-3232 FAX (608) 266-1569	Date and Military Time of Incident <u>91 10 22 3:45 PM</u> YY MM DD TIME County: <u>Outagamie</u> <i>umd</i>
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REPORTING INFORMATION

Reported by: <u>Walter Stumpf</u> (name) Address _____ City _____ State _____ Zip _____ Telephone _____	Person/Firm Responsible: <u>Foremost Ingredient Group</u> Address <u>935 E. Johns St.</u> City <u>Appleton</u> State <u>WI</u> Zip _____ Telephone <u>414-738-1555</u>
Spill Contact Person/Firm: <u>Walter Stumpf</u> (if different from above) Telephone _____ City _____ State _____ Zip _____	

SUBSTANCE INFORMATION

Name of Substance/Quantity Involved: <u>35% Hydrogen Peroxide</u> [] EHS Chemical [] CERCLA Chemical [] Unknown											
CAS #	Placard #	Quantity	Solid	Powder	Liquid	Vapor	Gas	Radio-Active	Unknown	Color	Odor
<u>7722-84-1</u>		<u>1,000 gal</u>	[]	[]	[x]	[]	[]	[]	[]	_____	_____
_____	_____	_____	[]	[]	[]	[]	[]	[]	[]	_____	_____
_____	_____	_____	[]	[]	[]	[]	[]	[]	[]	_____	_____

SITE INFORMATION

Exact Location of Spill/Release (include Street Address, County, City, Village, Town, Highway, Intersection, Mileage, etc.):
as above

Source of Spill <input type="checkbox"/> Transportation <input type="checkbox"/> Manufacture <input type="checkbox"/> Agriculture <input type="checkbox"/> Public Property <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Business <input type="checkbox"/> Private Property <input type="checkbox"/> Other _____ Weather Conditions Wind Speed and Direction _____ <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Other: _____	Spill Destination <input type="checkbox"/> Soil <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other <input type="checkbox"/> Surface Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential Name: <u>City Treatment Plant</u> <input type="checkbox"/> Ground Water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential Distance to nearest drinking water well: _____ feet
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PUBLIC HEALTH INFORMATION

Recommended safety precautions (known acute/chronic health risks):

	No	Unknown	Yes	Number	Shelter Location and Name
Injuries	[]	[]	[]	[]	_____
Fatalities	[]	[]	[]	[]	_____
Facility Evacuated	[]	[]	[]	[]	_____
Public Evacuated	[]	[]	[]	[]	_____
Shelter facility:					
Hospital	[]	[]	[]	[]	_____
School	[]	[]	[]	[]	_____
Other/Type	[]	[]	[]	[]	_____

RESPONSE INFORMATION

Local Responder on Scene (Give name of response agencies)

- Fire _____
- Law Enforcement _____
- DNR _____
- County EG _____
- EMS _____
- Other: _____

Incident Commander
 Name _____
 Title _____
 Dept. _____
 Telephone _____
 No further follow-up or state assistance required

List of contacts made by responsible party/firm or individual reporting incident:

Agency	Telephone Number	Contact Name
<input type="checkbox"/> Dist. Dept. of Natural Resources (DNR)		
<input checked="" type="checkbox"/> Loc. Emer. Planning Committee (LEPC)	<u>Outagamie Co.</u>	
<input type="checkbox"/> Local Public Health		
<input type="checkbox"/> CHEMTREC	<u>1-800-424-9300</u>	
<input type="checkbox"/> National Response Center (NRC)		

Narrative: Cause of incident/Actions being taken/Other information:

Released from a tank into floor drain which goes into municipal city sewer system, City Wastewater Treatment Plant was notified.

DEG DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input checked="" type="checkbox"/> DNR (days)	<u>(608) 266-2141</u>	<u>0940 Faxed 10/23/91</u>
<input type="checkbox"/> DNR (Duty Officer pager)		
<input type="checkbox"/> DOT/State Patrol	<u>(608) 246-3228</u>	
<input type="checkbox"/> DH&SS	<u>(608) 266-2830</u>	
<input type="checkbox"/> DILHR		
<input type="checkbox"/> DATCP		
<input type="checkbox"/> NRC	<u>1-800-424-8802</u>	
<input type="checkbox"/> Area Director		
<input type="checkbox"/> DEG, Dir. Bureau of Field Services and Disaster Resources		

INCIDENT FOLLOW-UP (to include date and time)

Still small amount in wastewater on 10/23/91

AGENCY DEFINITIONS

DEG	Div. of Emerg Government	NRC	Nat'l Response Center (Federal Reporting)
CHEMTREC	Chemical Transportation Emerg. Center		Environmental Protection Agency US Coast Guard
DNR	Department of Natural Resources	DILHR	Dept. of Industry, Labor and Human Relations
DOT/State Patrol	Dept. of Transportation	DATCP	Dept. of Agriculture, Trade and Consumer Protection
DH&SS	Dept. of Health & Social Services		

Reminder: If the release is of an EHS or CERCLA chemical at or above the reportable quantity, the responsible party must also submit a follow-up written report per Fed. Statutes, as soon as practicable, to the State Emergency Response Board, Box 7865, Madison, WI 53707-7865, the Local Emergency Planning Committee and the NRC.

ABWeyle
 Signature of DEG Duty Officer

ABWeyle
 Signature of Preparer

Wisconsin
Dairies • **Foremost**[®]
Ingredient Group

Bab S

October 23, 1991

State Emergency Response Commission
c/o Wisconsin Division of Emergency Government
4802 Sheboygan Avenue, Room 99A
Madison, WI 53707

RECEIVED
OCT 29 91
BUREAU OF SOLID-HAZARDOUS
WASTE MANAGEMENT
RECEIVED
OCT 25 1991
DIV. EMERG. GOV'T

Gentlemen:

This letter is to follow up on a report of a chemical released from this facility:

Foremost Ingredient Group
Division of Wisconsin Dairies
935 E. John Street
Appleton, WI 54911

Chemical Released: 35% Hydrogen Peroxide at 35% concentration; this is not an extremely hazardous substance.

This is a chemical used in processing at this facility. There is a 5,000 gallon storage tank for the chemical. A pump is used to pump the material to a 30 gallon tank in the processing area. This pump was activated by a switch only when it is held in by an operator. The switch is designed to stop the pump as soon as the operator quits holding in the switch. However, in this situation, the switch failed to turn off when the operator let go. The operator did not notice that the pump did not turn off. 1,000 gallons of 35% hydrogen peroxide were pumped to the 30 gallon tank which overflowed into a drain into the processing wastewater equalization tank. Here it was diluted by a large volume of process wastewater and proceeded through the phosphorous settling tank and then into a 54 inch municipal sewer main.

The overflow from the 30 gallon tank began at 3:45 P.M., Tuesday, October 22, 1991. By 6:00 P.M. that day, the overflow was finished since there was no chemical left in the large storage tank. The Appleton Wastewater Treatment Plant was notified of the situation.

By 9:00 A.M. Wednesday, October 23, there remained a residual 30ppm hydrogen peroxide in our effluent stream to the municipal sewer. By 2:00 P.M. October 23, hydrogen peroxide was not detectable in the wastestream.

This release resulted in no acute exposure to personnel and no evacuation or medical treatment was required.

The Outagamie County LEPC was called at 9:15 A.M., October 23, 1991. Two representatives from there checked on the situation here at 9:30 A.M. The SERC was called at 9:30 A.M.

State Emergency Response Commission

Page 2

October 23, 1991

The faulty switch has been replaced and an alarm will be installed to warn of an overflow.

Sincerely

FOREMOST INGREDIENT GROUP
A Division of Wisconsin Dairies



Walter P. Stumpf
Quality Control Manager

WPS:dr

CC: Outagamie County Office of Emergency Government
National Response Center
D. Wydeven, City of Appleton
P. Devine
D. Fuhrmann