

State of Wisconsin Substance Release Notification Form
Department of Natural Resources Form 4400-91 (Rev. 12-04, e-form)
24-Hour Emergency Hotline Number: 1-800-943-0003

866645-88
0438-547798

Date & Military Time of Incident: 12/27/2005 1000hrs		Date & Military Time Reported: 12/27/2005 1031hrs		Spill File # NER12272005_01 BRRTS #	
Person Reporting: BRIAN BOURGEOIS		Representing: CHEMDESIGN CORP		Phone # 715-735-8269 Fax #	
Responsible Party (RP) / Spiller: CHEMDESIGN CORP		RP Decision Based On:		Phone # 715-735-9033 Fax #	
RP Address: 2 STANTON ST				City State Zip Code MARINETTE WI 54143-	
RP Contact Name & Title: PURCHASING MANAGER				Phone # Fax #	
Substance Involved: MIXED XYLENES (solvents)		Amount & Units Released: 150 GALLONS ~ 1100 POUNDS		Amount & Units Recovered: 150 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.) 2 STANTON ST - CONTAINED IN DIKE NEAR TANK 6212				Facility Name / Property Owner: CHEMDESIGN CORP	
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township MARINETTE		County MARINETTE		Latitude/Longitude deg. ' " , deg. ' "	
DNR Region: NER		1/4 1/4 Sec T N R <input type="checkbox"/> E <input type="checkbox"/> W		Weather Conditions: CLEAR	
Cause of Incident: EQUIPMENT FAILURE - LEVEL INDICATOR MALFUNCTION WHILE FILLING 550 GALLON TANK					
Spilled Substance Impact To: (check X all that apply) <input type="checkbox"/> Air <input type="checkbox"/> Potential <input checked="" 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 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: CONCRETE DIKE NO RELEASE OUTSIDE DIKE		Spill Cause and/or 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 checked="" type="checkbox"/> Industrial Facility <input 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 type="checkbox"/> Absorbent <input type="checkbox"/> Excavation <input checked="" type="checkbox"/> PUMPED TO HAZ WASTE TANK <input checked="" type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired Name: <input type="checkbox"/> Monitor <input type="checkbox"/> No Action Needed <input type="checkbox"/> No Action Taken <input type="checkbox"/> Waste Destination: <input checked="" type="checkbox"/> Other: Decontaminating Area	
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 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: Phone #
Prepared By: MATTHEW BAKER		Phone # 608-267-0844		Date: 12/27/2005	
Person Notified: MICHAEL KITT		Phone #		Date: 12/27/2005 Time: 1042	
Investigated By:		Sign:		Date:	
Spill Coordinator Signoff: <i>Jason W. Moeller</i>		Date: 12/27/05		Rpt'd To DATCP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: Tnsfed. 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: 12/27/05 To: Brian.Bourgeois@chemdesigncorp.com	
				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: 12/27/05	
<input checked="" type="checkbox"/> See Additional Comments On Reverse (Please, print page 2 of 2)					

Date and Military Time Of Incident: 12/27/05
1000hrs

Responsible Party: CHEMDESIGN CORP

Additional Comments : 12/27/05, Moeller spoke with Brian Bourgeois and e-mailed spill packet to Brian. The spill was caused during the filling of a 550 gallon tank, the level indicator malfunctioned, causing ~ 150 gallons of mixed Xylene solvents to be spilled into the concrete containment area around the tank. The spilled material was then pumped into their hazardous waste tank and the containment area cleaned.

Case Activity Report: Yes No CAR#:

(Please, attach copy of all CAR and other documentation)

Enforcement Action: Yes No (Explain Below)