

6906285-50-40

**State of Wisconsin Substance Release Notification Form**  
 24 Hour Emergency Hotline Number: 1-800-943-0003 J.E Form

<b>Date &amp; Mil. Time of Incident:</b> 6-29-2000 0815 (spill was discovered at this time)		<b>Date &amp; Mil. Time Reported</b> 6-29-2000 0915	
<b>Person Reporting/Representing:</b> Rob Bernke		Phone # (920) 438-2213	
<b>Responsible Party/Spiller</b> Fort James Corp.		Phone # (920) 438-2213	
<b>Contact Name</b> Rob Bernke		Phone # (920) 438-2213	
<b>Address</b> 1919 S. Broadway		<b>City, State, Zip Code</b> Green Bay, WI	
<b>Substance Involved</b> Phosphoric Acid	<b>Amount &amp; Units Released</b> 24 pounds	<b>Amount Recovered</b> all	
<input type="checkbox"/> Solid <input type="checkbox"/> Semisolid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <b>Color:</b> <b>Odor:</b>			
<b>Exact Location (Inc. address, facility name, mileage, bldg. #, etc)</b> At the above address, in their wastewater treatment area.			
<b>City</b> Green Bay	<b>County</b> Brown	<b>Lat/Long</b>	
<b>DNR Region</b> NER	1/4 1/4 sec NR (B/W)	<b>Weather Cond.</b> CLEAR	
<b>Cause of Incident:</b> Tank Leak. Spill cleanup is complete at time of call.		<b>Action Taken by Spiller:</b> <input type="checkbox"/> No Action Taken <input type="checkbox"/> No Action Needed <input type="checkbox"/> Monitor <input checked="" type="checkbox"/> Cleanup Method: Excavate affected soil and replace. <input type="checkbox"/> Waste Destination: <input type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired Name: <input type="checkbox"/> Other:	
<b>Spilled Substance Impact To:</b> 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 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:		<b>Spill Source:</b> <input type="checkbox"/> Transportation Accident, Fuel Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input checked="" 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, Evacuation, Wrecking, Quarry, Mine <input type="checkbox"/> Airport Facility <input type="checkbox"/> Railroad Facility <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 kinds?			
Other agencies notified (check first column if notified) check both columns if on the scene		Incident Commander, if known:	
<input type="checkbox"/> Fire Department <input type="checkbox"/> Local Law Enforcement <input checked="" type="checkbox"/> LEPC or Local Emer. Mgt. <input type="checkbox"/> Level A/Level B Team	<input type="checkbox"/> Local DNR <input type="checkbox"/> Div. Emerg. Mgt. <input type="checkbox"/> Coast Guard <input type="checkbox"/> DIFS 608-258-0099	<input type="checkbox"/> EPA <input type="checkbox"/> Nat'l Resp Ctr 800-442-8802 <input type="checkbox"/> Chemtrac 800-424-9300 <input type="checkbox"/> Other:	
Prepared by: Tom Collier	Phone: (608) 261-4939	Date: 6-29-2000	Rpt'd to DATCP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Person Notified: Faxed to Roxanne Chronert, Spill Coord. for NER. No warden notified. WARDEN NOTIFIED THUS	Phone: (920) 492-5592	Date: 6-29-2000	Time: 0920
Investigated by: CHRISTOPHER R GROTH	Sign	Date 06-29-00	Incident Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: 12-27-01
Spill Coordinator Signoff: <i>[Signature]</i>	Date: 12-27-01	Transferred to: BRT <input type="checkbox"/> DATCP <input type="checkbox"/> Date: Case #	NFA Letter Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No Spill Packet Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No To:

Additional Comments on Reverse

Post-it® Fax Note	7671	Date	6/29/00	# of pages	1
To	Chris Groth	From	Roxanne		
Co/Dept.		Co.			
Phone #		Phone #	920-492-5592		
Fax #		Fax #			

TALKED TO ROB BECKME + STEVE JOSART AT 9:45AM 06/29/00

LEAKING TANK IS PATCHED AND WILL BE MONITORED.

MONITORING WILL BE RECORDED IN WASTEWATER LOGS.

109M MATERIAL IN CONTAINMENT BASIN WILL BE USED IN  
TREATMENT PLANT

4 MATERIAL OUTSIDE OF CONTAINMENT BASIN IS EXCAVATED  
AND DISPOSED OF WITH DOCUMENTATION.