

Notification For Hazardous Substance Discharge (Non-Emergency Only)

Form 4400-225 (R 02/20)

Emergency Discharges / Spills should be reported via the 24-Hour Hotline: 1-800-943-0003

Notice: Hazardous substance discharges must be reported immediately according to s. 292.11 Wis. Stats. Non-emergency hazardous substance discharges may be reported by telefaxing or e-mailing a completed report to the Department, or calling or visiting a Department office in person. If you choose to notify the Department by telefax or by email, you should use this form to be sure that all necessary information is included. However, use of this form is not mandatory. Under s. 292.99, Wis. Stats., the penalty for violating the reporting requirements of ch. 292 Wis. Stats., shall be no less than \$10 nor more than \$5000 for each violation. Each day of continued violation is a separate offense. It is not the Department's intention to use any personally identifiable information from this form for any purpose other than program administration. However, information submitted on this form may also be made available to requesters under Wisconsin's Open Records Law (ss. 19.31 – 19.39, Wis. Stats.).

Confirmatory laboratory data should be included with this form, to assist the DNR in processing this Hazardous Substance Release Notification.

Complete this form. **TYPE or PRINT LEGIBLY.** NOTIFY appropriate DNR region (see next page) **IMMEDIATELY** upon discovery of a potential release from (**check one**):

- Underground Petroleum Storage Tank System (additional information may be required for Item 6 below)
- Aboveground Petroleum Storage Tank System
- Dry Cleaner Facility
- Other - Describe: _____

ATTN DNR: **R & R Program Associate**

Date DNR Notified:

1. Discharge Reported By		
Name	Firm	Phone Number (include area code)
Mailing Address		Email

2. Site Information
Name of site at which discharge occurred. Include local name of site/business, not responsible party name, unless a residence/vacant property.

Location: Include street address, not PO Box. If no street address, describe as precisely as possible, i.e., 1/4 mile NW of CTHs 60 & 123 on E side of CTH 60.

Municipality: (City, Village, Township) Specify municipality in which the site is located, not mailing address/city.

County	Legal Description: ¼ of ¼ Section _____, Town _____ N, Range _____ <input type="radio"/> E <input type="radio"/> W	WTM: X _____ Y _____
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3. Responsible Party (RP) and/or RP Representative
Responsible Party Name: Business or owner name that is responsible for cleanup. If more than one, list all. Attach additional pages as necessary.

A local governmental unit claiming an exemption from state Spill Law and Solid Waste Management responsibilities for the discharge being reported, per Wis. Stat. §§ 292.11(9)(e) and 292.23, should: 1) check this box; 2) review [DNR publication RR-055](#); and 3) provide documentation to DNR that demonstrates compliance with the statutory requirements of the liability exemptions. Local governmental units may also request a fee-based liability clarification letter from DNR by using [DNR Form 4400-237](#).

Contact Person Name (if different)	Phone Number	Email
Mailing Address		City State ZIP Code

Responsible Party Name: Business or owner name that is responsible for cleanup. If more than one, list all. Attach additional pages as necessary.

Contact Person Name (if different)	Phone Number	Email
Mailing Address		City State ZIP Code

(continued)

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4. Hazardous Substance Information

Identify hazardous substance discharged (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> VOCs
<input type="checkbox"/> PCE
<input type="checkbox"/> TCE
<input type="checkbox"/> Other Chlorinated
<input type="checkbox"/> Diesel
<input type="checkbox"/> Fuel Oil
<input type="checkbox"/> Gasoline
<input type="checkbox"/> Hydraulic Oil
<input type="checkbox"/> Jet Fuel | <i>(VOCs continued)</i>
<input type="checkbox"/> Mineral Oil
<input type="checkbox"/> Waste Oil
<input type="checkbox"/> Petroleum-Unknown Type
<input type="checkbox"/> PAHs
<input type="checkbox"/> PCBs
<input type="checkbox"/> Cyanide
<input type="checkbox"/> Leachate
<input type="checkbox"/> Manure | <input type="checkbox"/> Metals
<input type="checkbox"/> Arsenic
<input type="checkbox"/> Chromium
<input type="checkbox"/> Lead
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Pesticides: _____
<input type="checkbox"/> Fertilizer: _____
<input type="checkbox"/> RCRA Hazardous Waste: _____
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Unknown |
|---|--|---|

5. Impacts to the Environment Information

Enter "K" for known/confirmed or "P" for potential for all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Air Contamination
<input type="checkbox"/> Co-mingled (Petroleum & Non-Petroleum)
<input type="checkbox"/> Contamination in Fractured Bedrock
<input type="checkbox"/> Contamination Within 1 Meter of Bedrock
<input type="checkbox"/> Contaminated Private Well
<input type="checkbox"/> Contaminated Public Well
<input type="checkbox"/> Contamination in Right of Way | <input type="checkbox"/> Fire Explosion Threat
<input type="checkbox"/> Free Product
<input type="checkbox"/> Groundwater Contamination
<input type="checkbox"/> Off-Site Contamination
<input type="checkbox"/> Sanitary Sewer Contamination
<input type="checkbox"/> Storm Sewer Contamination
<input type="checkbox"/> Sediment Contamination
Other (specify): _____ | <input type="checkbox"/> Soil Contamination
<input type="checkbox"/> Soil Gas Contamination
<input type="checkbox"/> Sub-slab Vapor Contamination
<input type="checkbox"/> Surface Water Contamination
<input type="checkbox"/> Within 100 ft of Private Well
<input type="checkbox"/> Within 1000 ft of Public Well |
|---|--|---|

Contamination was discovered as a result of:

- | | | |
|---|---|---|
| <input type="checkbox"/> Tank closure assessment
Date <input style="width: 150px;" type="text"/> | <input type="checkbox"/> Site assessment
Date <input style="width: 150px;" type="text"/> | <input type="checkbox"/> Other - Describe: _____
Date <input style="width: 150px;" type="text"/> |
|---|---|---|

Lab results: Lab results will be faxed upon receipt Lab results are attached

Additional Comments: Include a brief description of immediate actions taken to halt the release and contain or cleanup hazardous substances that have been discharged.

6. Federal Energy Act Requirements (Section 9002(d) of the Solid Waste Disposal Act (SWDA))

For all confirmed releases from USTs occurring after 9/30/2007 please provide the following information:

- | <u>Source</u> | <u>Cause</u> |
|--|--|
| <input type="checkbox"/> Tank
<input type="checkbox"/> Piping
<input type="checkbox"/> Dispenser
<input type="checkbox"/> Submersible Turbine Pump
<input type="checkbox"/> Delivery Problem

<input type="checkbox"/> Does not apply. <input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> Spill
<input type="checkbox"/> Overfill
<input type="checkbox"/> Corrosion
<input type="checkbox"/> Physical or Mechanical Damage
<input type="checkbox"/> Installation Problem
<input type="checkbox"/> Other (does not fit any of above)
<input type="checkbox"/> Unknown |

Submit this completed form along with any associate lab results using the RR Program Submittal Portal, found on the DNR website at <https://dnr.wi.gov/topic/Brownfields/Submittal.html>.

If you have any questions, please contact the appropriate regional Environmental Program Associate (EPA) listed under the "EPAs" tab at <https://dnr.wi.gov/topic/Brownfields/Contact.html>.