04-71-246844

04-71-246844

BRRTS Duplicate

PLEASE PRINT

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 17:00 11/24/99	Date and Mil. Time Reported 18:00 11/24/99
Person Reporting Town of Menasha Fire Dept. Chief Cox	Telephone # ( )
Representing Agency, Firm, or Citizen Town of Menasha Fire Dept.	
Responsible Party American Tissue	920-722-6300 Ext. 330 (80)
Contact Name Randy Paff - Environmental manager	Telephone # (920) 749-9158 (H)
Address 249 N. Lake St.	City, State, Zip Code Neenah, WI 54956

Substance Involved	Amount & Units Released	Amt. Recovered	Is this a 304 (11004 42 USC) spill?
15% sodium hypochlorite	7,000 gallons	Neutralized	☐ Yes ☐ No ☐ Unknown

☐ Solid ☐ Semisolid ☒ Liquid ☐ Gas Color _____ Odor _____

Exact Location (inc. address, facility name, mileage, bldg. #, etc.)
249 N. Lake St. - plant on north side of Lake St.

City Neenah	County Winnebago	Lat/long
DNR Region NER	___¼___¼sec___T___NR___(E/W)	Weather Cond.

Cause of Incident Pipe ruptured - flange gave way at tank area.

Spilled Substance Impact To: Check (✓) all that apply
- ☐ Air ☐ Potential
- ☐ Soil ☐ Potential
- ☐ Groundwater ☐ Potential
- ☐ Surface Water ☐ Potential
  Name: _____
- ☐ Storm Sewer ☐ Potential
- ☐ Sanitary Sewer ☐ Potential
- ☐ Concrete/Asphalt ☐ Potential
- ☐ Private Well ☐ Potential
- ☒ Contained/Recovered
- ☐ Other: _____

Spill Source:
- ☐ Transportation Accident, Fuel Supply Tank Spill
- ☐ Transportation Accident, Load Spill
- ☒ Industrial Facility ☒ Paper Mill ☐ Chemical Co.
- ☐ Ag Coop/Facility/Food Factory/Facility
- ☐ Gas/Service Station/Garage/Auto Dealer, Repair Shop
- ☐ Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler
- ☐ Public Property (city, state, church, school, etc.)
- ☐ Utility Co., Power Generating/Transfer Facility
- ☐ Private Property (home/farm)
- ☐ Construction, Excavation, Wrecking, Quarry, Mine
- ☐ Airport Facility ☐ Railroad Facility
- ☐ Other _____

Action Taken By Spiller
- ☐ No Action Taken
- ☐ No Action Needed
- ☐ Monitor
- ☒ Cleanup Method: Neutralized
- ☒ Waste Destination: Clarifiers
- ☒ Containment
- ☐ Contractor Hired
  Name: _____
- ☐ Other: _____

Injuries? ☐ Yes ☒ No **If yes, how many?** ____ **Has an evacuation occurred?** ☒ Yes ☐ No **Potential?** ☐ Yes ☐ No

Are there any resource damages? ☐ Yes ☒ No ☐ Potential **What kinds?** _____

Other Agencies Notified (✓ first column if notified); Check (✓) both columns if on scene

☒ ☒ Fire Department/Hazmat	☒ ☒ Local DNR	☐ ☐ EPA
☒ ☒ Local Law Enforcement	☐ ☐ Div. Emer. Gov.	☐ ☐ Nat'l Resp. Ctr. 800-442-8802
☐ ☐ LEPC or Local Emer. Gov.	☐ ☐ DATCP 608-224-4500	☐ ☐ Chemtrec 800-424-9300
☐ ☐ Regional Response Team	☐ ☐ DHSS 608-266-2830	☐ ☐ Other_____

Incident Commander, if known: _____
Phone: _____

Prepared By: (Print) Amie Jarozewski (Sign) Amie Jarozewski	Date: 11/24/99	Rpt'd to DATCP? ☐ Yes ☒ No
Person Notified: Tom Solin	Region Notified: Madison Time: 18:00pm Date: 11/24/99	
Invstgtd By: (Print) Amie Jarozewski (Sign) Amie Jarozewski	Date: 11/24/99	Site Closed? ☒ Yes ☐ No
Spill Coordinator Signoff:	Date: 12-15-99	Transferred to ERP? ☒ No ☐ Yes; Case # _____
		NFA Letter Sent? ☐ Yes ☒ No
		Spill Packet Sent? ☐ Yes ☒ No

☐ Additional Comments on Reverse

PLEASE PRINT

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

Date and Military Time of Incident 17:00 11/24/99	Responsible Party ~~#~~ American Tissue

Additional Comments:

Patt stated he had called Jim Savinski and told him of situation and neutralizing plan and then to clarifiers before discharged to Little Lake Butte Des morts.
Oshkosh Hazmat on scene. Team went in to neutralize product.

State of Wisconsin Substance Release Notification Form

PLEASE PRINT

24-Hour Emergency Hotline Number: 1-800-943-0003

Form 4400-91 Rev. 2-9

Date and Mil. Time of Incident: 11-24-99 1700	Date and Mil. Time Reported: 11-24-99 17:20
Person Reporting/Representing: Chief Cox	Phone # ( ) 920 841-3336
Responsible Party/Spiller: American Tissue	Phone # ( )
Contact Name	Phone # ( )
Address: 249 North Lake St.	City, State, Zip Code: Menasha WI
Substance Involved: Bleach	Amount & Units Released: 7000 / Amount Recovered

☐ Solid ☐ Semisolid ☐ Liquid ☐ Gas Color _____ Odor _____

Exact Location (inc. address, facility name, mileage, bldg. #, etc.)

City: Menasha	County: Winnebago	Lat/long
DNR Region: NER	___1/4 ___1/4sec ___NR ___(E/W)	Weather Cond.

Cause of Incident: Broken hose between Two 3,500 Gal Tanks

Action Taken By Spiller:
- ☐ No Action Taken
- ☐ No Action Needed
- ☐ Monitor
- ☐ Cleanup Method:
- ☐ Waste Destination:
- ☐ Containment
- ☐ Contractor Hired Name:
- ☐ Other:

Spilled Substance Impact To: Check (√) all that apply:
- ☐ Air ☐ Potential
- ☐ Soil ☐ Potential
- ☐ Groundwater ☐ Potential
- ☐ Surface Water ☐ Potential Name _____
- ☐ Storm Sewer ☐ Potential
- ☐ Sanitary Sewer ☐ Potential
- ☐ Concrete/Asphalt ☐ Potential
- ☐ Private Well ☐ Potential
- ☐ Contained/Recovered
- ☒ Other: In Building & Holding O.K.

Spill Source:
- ☐ Transportation Accident, Fuel Tank Spill
- ☐ Transportation Accident, Load Spill
- ☐ Industrial Facility ☒ Paper Mill ☐ Chemical Co.
- ☐ Ag Coop/Facility/ Food Factory/Facility
- ☐ Gas/Service Station/Garage/Auto Dealer, Repair Shop
- ☐ Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler
- ☐ Public Property (city, state, church, school, etc.)
- ☐ Utility Co, Power Generating/ Transfer Facility
- ☐ Private Property (home/farm)
- ☐ Construction, Excavation, Wrecking, Quarry, Mine
- ☐ Airport Facility ☐ Railroad Facility
- ☐ Other _____

Injuries? ☐ Yes ☐ No If yes, how many? _____ Has an evacuation occurred? ☐ Yes ☐ No Potential? ☐ Yes ☐ No

Are there any resource damages? ☐ Yes ☐ No ☐ Potential What kinds? _____

Other Agencies Notified (√ first column if notified) (√) both columns if on the scene

☐ ☒ Fire Department	☐ ☐ Local DNR	☐ ☐ EPA
☐ ☐ Local Law Enforcement	☐ ☐ Div. Emer. Mgt.	☐ ☐ Nat'l Resp. Ctr. 800-442-8802
☐ ☐ LEPC or Local Emer. Mgt.	☐ ☐ Coast Guard	☐ ☐ Chemtrec 800-424-9300
☐ ☒ Level A/Level B Team	☐ ☐ DHFS 608-258-0099	☐ ☐ Other _____

Incident Commander, if known: _____ Phone: _____

Prepared By: (Print) Tom Solin	(Phone)	Date: 11-24-99	Rpt'd to DATCP? ☐ Yes ☒ No
Person Notified: Amie Jarozewski	(Phone)	Date: 11-24-99	Time: 18:05
Investgtd By: (Print)	(Sign)	Date:	Incident Closed? ☐ Yes ☐ No Date:
Spill Coordinator Signoff: FAXED 11-26-99	Date:	Transferred to: ERP ☐ DATCP ☐ Date: Case # _____	NFA Letter Sent? ☐ Yes ☐ No Spill Packet Sent? ☐ Yes ☐ No To:

☐ Additional Comments on Reverse