

04-05-254093

State of Wisconsin Substance Release Notification Form

PLEASE PRINT

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

Form 4400-91 Rev. 2-99

Date and Mil. Time of Incident 11-11-99		Date and Mil. Time Reported 11-11-99/12:55	
Person Reporting/Representing Sharon Umentum - P+G		Phone # (920) 430-3848	
Responsible Party/Spiller Proctor & Grumble		Phone # (920) 430-3848	
Contact Name Sharon Umentum		Phone # (920) 430-3848	
Address P.O. Box 8020		City, State, Zip Code G.B., WI 54308	
Substance Involved Process Waste Water	Amount & Units Released 3,000-4,000 gal	Amount Recovered ~ 3,000-4,000 gallons	
<input type="checkbox"/> Solid <input type="checkbox"/> Semisolid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Color _____ Odor _____			
Exact Location (inc. address, facility name, mileage, bldg. #, etc.) 501 Eastman - West of Building #44			
City Green Bay	County Brown	Lat/long _____	
DNR Region NER	___ 1/4 ___ 1/4sec ___ NR ___ (E/W)	Weather Cond. _____	
Cause of Incident During excavation, broke process waste water line (clay line) resulting in loss		Action Taken By Spiller: <input type="checkbox"/> No Action Taken <input type="checkbox"/> No Action Needed <input type="checkbox"/> Monitor <input checked="" type="checkbox"/> Cleanup Method: Pump & sent to G.B. MSD via other manhole <input checked="" type="checkbox"/> Waste Destination: G.B. MSD <input type="checkbox"/> Containment <input checked="" type="checkbox"/> Contractor Hired Name: In house with excavation <input type="checkbox"/> Other: Contractor	
Spilled Substance Impact To: 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 checked="" 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: _____		Spill Source: <input type="checkbox"/> Transportation Accident, Fuel Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input 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, Excavation, 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 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 (✓ first column if notified) (✓) both columns if on the scene		Incident Commander, if known: _____	
<input type="checkbox"/> Fire Department <input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> LEPC or Local Emer. Mgt. <input type="checkbox"/> Level A/Level B Team	<input checked="" type="checkbox"/> Local DNR <input type="checkbox"/> Div. Emer. Mgt. <input type="checkbox"/> Coast Guard <input type="checkbox"/> DHFS 608-258-0099	<input type="checkbox"/> EPA <input type="checkbox"/> Nat'l Resp. Ctr. 800-442-8802 <input type="checkbox"/> Chemtrec 800-424-9300 <input type="checkbox"/> Other _____	Phone: _____
Prepared By: (Print) RN CHRONERT	(Phone) 920-492-5582	Date: 11-11-99	Rpt'd to DATCP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Person Notified: FAVED TO Jeff Horack	(Phone) 920-492-5881	Date: 11-11-99	Time: 13:00
Investgtd By: (Print) _____	(Sign) _____	Date: _____	Incident Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Spill Coordinator Signoff: _____		Date: 1-20-2000	Transferred to: ERP <input type="checkbox"/> DATCP <input type="checkbox"/> Date: _____ Case # _____
NFA Letter Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Spill Packet Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
To: _____		To: _____	

☐ Additional Comments on Reverse

FAX: 430-2199

State of Wisconsin Substance Release Report (Con't)

Form 4401-91 Rev. 2-99

PP-11-11

PP-11-11

Date and Military Time of Incident:

Responsible Party:

Additional Comments:

Paper fiber - in process H₂O
Unable to Contact Haack or Christen am
Would like copy of completed & signed
off spill form.

Case Activity Report: ☐ Yes ☐ No CAR#:

(Please attach copy of all CAR and other documentation)

Enforcement Action: ☐ Yes ☐ No (explain below)