

04-05-373687

T

State of Wisconsin Substance Release Notification Form

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

LE Form

04-05-373687

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>Date &amp; Mil. Time of Incident:</b><br>12/30/2000 1030  |  | <b>Date &amp; Mil. Time Reported</b><br>12/30/2000 1900  |  | <b>Spill File #</b><br>ner12302000_01   |  |
| <b>Person Reporting/Representing:</b><br>Mike Bond   |  |  |  | <b>Phone #</b> (920) 439-1543<br>(920) 468-4000 ext 2509  |  |
| <b>Responsible Party/Spiller</b><br>Packerland Packing   |  |  |  | <b>Phone #</b> (920)468-4000  |  |
| <b>Contact Name</b><br>Mike Bond <i>Bernie Scheff</i>  |  |  |  | <b>Phone #</b> (920)439-1543<br>(920) 468-4000 ext 2509   |  |
| <b>Address</b><br>1330 Lime Kiln Rd.   |  |  | <b>City, State, Zip Code</b><br>Green Bay WI |   |  |
| <b>Substance Involved</b><br>Sodium Silicate   |  | <b>Amount &amp; Units Released</b><br>2750 gallons   |  | <b>Amount Recovered</b><br>2750 gallons   |  |
| <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Semisolid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <b>Color:</b> <b>Odor:</b>   |  |  |  |   |  |
| <b>Exact Location (Inc. address, facility name, mileage, bldg. #,etc)</b><br>Above address <i>1330 Lime Kiln Rd</i> <i>@ Packerland Packing</i>  |  |  |  |   |  |
| <b>City</b><br>Green Bay   |  | <b>County</b><br>Brown   |  | <b>Lat/Long</b>   |  |
| <b>DNR Region</b><br>NER   |  | ___ 1/4 ___ 1/4 sec ___ NR ___ (E/W)   |  | <b>Weather Cond.</b>  |  |
| <b>Cause of Incident:</b><br>Valve left open by contractor, substance (caustic, pH 11) ate through seals and leaked into containment area. Containment dike breached, substance leaked into snow on concrete around containment area, jelled on contact with snow. <i>BROKEN PVC Pipe</i>  |  |  |  | <b>Action Taken by Spiller:</b><br><input type="checkbox"/> No Action Taken<br><input type="checkbox"/> No Action Needed<br><input type="checkbox"/> Monitor<br><input checked="" type="checkbox"/> Cleanup Method:<br><i>2500 gal removed from containment &amp; empty tank</i><br><input checked="" type="checkbox"/> Waste Destination:<br><i>superior - 5,000 gallons</i><br><input type="checkbox"/> Containment<br><input checked="" type="checkbox"/> Contractor Hired<br>Name: Superior Special Services<br><input type="checkbox"/> Other: |  |
| <b>Spilled Substance Impact To:</b><br>Check ( ) all that apply:<br><input type="checkbox"/> Air <input type="checkbox"/> Potential<br><input type="checkbox"/> Soil <input type="checkbox"/> Potential<br><input type="checkbox"/> Groundwater <input type="checkbox"/> Potential<br><input type="checkbox"/> Surface Water <input type="checkbox"/> Potential<br>Name:<br><input type="checkbox"/> Storm Sewer <input type="checkbox"/> Potential<br><input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Potential<br><input checked="" type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Potential<br><input type="checkbox"/> Private Well <input type="checkbox"/> Potential<br><input checked="" type="checkbox"/> Contained/Recovered<br><input type="checkbox"/> Other: |  | <b>Spill Source:</b><br><input type="checkbox"/> Transportation Accident, Fuel Tank Spill<br><input type="checkbox"/> Transportation Accident, Load Spill<br><input checked="" type="checkbox"/> Industrial Facility <input type="checkbox"/> Paper Mill <input type="checkbox"/> Chemical Co.<br><input type="checkbox"/> Ag Coop/Facility/Food Factory/Facility<br><input type="checkbox"/> Gas/Service Station/Garage/Auto Dealer/Repair Shop<br><input type="checkbox"/> Pipeline/Terminal/Tank Farm/Oil Jobber/Wholesaler<br><input type="checkbox"/> Public Property (city, state, church, school, etc.)<br><input type="checkbox"/> Utility Co. Power Generating/Transfer Facility<br><input type="checkbox"/> Private Property (home/farm)<br><input type="checkbox"/> Construction, Evacuation, Wrecking, Quarry, Mine<br><input type="checkbox"/> Airport Facility <input type="checkbox"/> Railroad Facility<br><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<br><input type="checkbox"/> Fire Department <input checked="" type="checkbox"/> Local DNR <input type="checkbox"/> EPA<br><input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> Div. Emerg. Mgt. <input type="checkbox"/> Nat'l Resp Ctr 800-442-8802<br><input type="checkbox"/> LEPC or Local Emer. Mgt. <input type="checkbox"/> Coast Guard <input type="checkbox"/> Chemtrec 800-424-9300<br><input type="checkbox"/> Level A/Level B Team <input type="checkbox"/> DHFS 608-258-0099 <input type="checkbox"/> Other:   |  |  |  | Incident Commander, if known:   |  |
| Prepared by: Tom Solin   |  | Phone: 608-266-8574  |  | Date: 12/30/2000  |  |
| Person Notified: Warden Chris Groth  |  | Phone: 920-492-5934  |  | Date: 12/30/2000  |  |
| Investigated by:   |  | Sign   |  | Date  |  |
| Spill Coordinator Signoff:   |  | Date:  |  | Transferred to: ERP <input type="checkbox"/><br>DATCP <input type="checkbox"/> Date: <i>NO</i><br>Case #  |  |
|  |  |  |  | Incident Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Date: <i>12-19-02</i>   |  |
|  |  |  |  | NFA Letter Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Spill Packet Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>To:   |  |

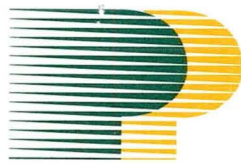
☒ Additional Comments on Reverse

# State of Wisconsin Substance Release Notification Form

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

Form 4400-91 Rev. 02-2000

|  |  |  |  |                                    |                              |  |  |  |   |                                      |  |   |  |                                |   |
|--|--|--|--|------------------------------------|------------------------------|--|--|--|---|--------------------------------------|--|---|--|--------------------------------|---|
| <b>Date and Mil. Time of Incident</b><br>12-30-00 AM 1030  |  | <b>Date and Mil Time Reported</b><br>12-30-00 AM 1900  |  |                                    |                              |  |  |  |   |                                      |  |   |  |                                |   |
| <b>Person Reporting/Representing</b><br>Mike Bond  |  | <b>Phone Number</b><br>(920) 439-1543  |  |                                    |                              |  |  |  |   |                                      |  |   |  |                                |   |
| <b>Responsible Party/Spiller</b><br>Packerland Packing   |  | <b>Phone Number</b><br>(920) 468-4000  |  |                                    |                              |  |  |  |   |                                      |  |   |  |                                |   |
| <b>Contact Name</b>  |  | <b>Phone Number</b><br>( ) -   |  |                                    |                              |  |  |  |   |                                      |  |   |  |                                |   |
| <b>Address</b><br>1330 Lime Kiln Rd  |  | <b>City, State, Zip Code</b><br>Green bay, WI,   |  |                                    |                              |  |  |  |   |                                      |  |   |  |                                |   |
| <b>Substance Involved</b><br>Sodium Silicate (PH-11)   | <b>Amount &amp; Units Released</b><br>2750 & Gal | <b>Amount Recovered</b><br>2750 Gal  |  |                                    |                              |  |  |  |   |                                      |  |   |  |                                |   |
| <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Semisolid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas   Color _____ Odor PH of 11   |  |  |  |                                    |                              |  |  |  |   |                                      |  |   |  |                                |   |
| <b>Exact Location (inc. address, facility name, mileage, bldg. #, etc.)</b><br>1330 Lime Kiln Rd   |  |  |  |                                    |                              |  |  |  |   |                                      |  |   |  |                                |   |
| <b>City</b><br>Green bay   | <b>County</b><br>Brown                           | <b>Lat/Long</b>  |  |                                    |                              |  |  |  |   |                                      |  |   |  |                                |   |
| <b>DNR Region</b><br>NER   | _____ ¼ _____ ¼ sec<br>_____ NR _____ (E/W)      | <b>Weather Conditions</b>  |  |                                    |                              |  |  |  |   |                                      |  |   |  |                                |   |
| <b>Cause of Incident:</b> Valve left open by contractor, substance ate through seals and leaked into containment area, Containment dike breached leaked into snow on concrete around continent area. substance jelled on contact with snow. Caustic ph of 11.  |  |  |  |                                    |                              |  |  |  |   |                                      |  |   |  |                                |   |
| <b>Action Taken By Spiller:</b><br><input type="checkbox"/> No Action Taken <input type="checkbox"/> No Action Needed <input type="checkbox"/> Monitor <input type="checkbox"/> Cleanup Method: sucked up by superior special services tanker truck.<br><input type="checkbox"/> Waste Destination:<br><input type="checkbox"/> Containment<br><input checked="" type="checkbox"/> Contractor Hired Name: Superior Special Services<br><input type="checkbox"/> Other:   |  |  |  |                                    |                              |  |  |  |   |                                      |  |   |  |                                |   |
| <b>Spilled Substance Impact To:</b><br><b>Check (✓) all that apply:</b><br><input type="checkbox"/> Air <input type="checkbox"/> Potential<br><input type="checkbox"/> Soil <input type="checkbox"/> Potential<br><input type="checkbox"/> Groundwater <input type="checkbox"/> Potential<br><input type="checkbox"/> Surface Water <input type="checkbox"/> Potential<br>Name<br><input type="checkbox"/> Storm Sewer <input type="checkbox"/> Potential<br><input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Potential<br><input checked="" type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Potential<br><input type="checkbox"/> Private Well <input type="checkbox"/> Potential<br><input type="checkbox"/> Contained/Recovered<br><input type="checkbox"/> Other:                    |  | <b>Spill Source:</b><br><input type="checkbox"/> Transportation Accident, Fuel Tank Spill<br><input type="checkbox"/> Transportation Accident, Load Spill<br><input checked="" type="checkbox"/> Industrial Facility <input type="checkbox"/> Paper Mill <input type="checkbox"/> Chemical Co.<br><input type="checkbox"/> Ag Coop/Facility/Food Factory/Facility<br><input type="checkbox"/> Gas/Service Station/Garage/Auto Dealer, Repair Shop<br><input type="checkbox"/> Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler<br><input type="checkbox"/> Public Property (city, state, church, school, etc.)<br><input type="checkbox"/> Utility Co, Power Generating/Transfer Facility<br><input type="checkbox"/> Private Property (home/farm)<br><input type="checkbox"/> Construction,Excavation,Wrecking,Quarry,Mine<br><input type="checkbox"/> Airport Facility, Railroad Facility<br><input type="checkbox"/> Other: |  |                                    |                              |  |  |  |   |                                      |  |   |  |                                |   |
| <b>Injuries?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   If Yes, how many? _____   |  | <b>Has an evacuation occurred?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Potential? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                                    |                              |  |  |  |   |                                      |  |   |  |                                |   |
| <b>Are there any resource damages?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential   What Kinds?  |  |  |  |                                    |                              |  |  |  |   |                                      |  |   |  |                                |   |
| <b>Other Agencies Notified? (✓ first column if notified) (✓ both columns if on the scene)</b><br><table style="width: 100%;"> <tr> <td><input type="checkbox"/> Fire Department</td> <td><input type="checkbox"/> Local DNR</td> <td><input type="checkbox"/> EPA</td> </tr> <tr> <td><input type="checkbox"/> Local Law Enforcement</td> <td><input type="checkbox"/> Div. Emer. Mgt.</td> <td><input type="checkbox"/> Nat'l Resp. Ctr. 800-442-8802</td> </tr> <tr> <td><input type="checkbox"/> LEPC or Local Emer. Mgt.</td> <td><input type="checkbox"/> Coast Guard</td> <td><input type="checkbox"/> Chemtrec 800-424-9300</td> </tr> <tr> <td><input type="checkbox"/> Level A/Level B Team</td> <td><input type="checkbox"/> DHFS 608-258-0099</td> <td><input type="checkbox"/> Other</td> </tr> </table> |  |  | <input type="checkbox"/> Fire Department   | <input type="checkbox"/> Local DNR | <input type="checkbox"/> EPA | <input type="checkbox"/> Local Law Enforcement | <input type="checkbox"/> Div. Emer. Mgt. | <input 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 | <b>Incident Commander, if known:</b><br><br><b>Phone:</b> ( ) - |
| <input type="checkbox"/> Fire Department   | <input type="checkbox"/> Local DNR               | <input type="checkbox"/> EPA   |  |                                    |                              |  |  |  |   |                                      |  |   |  |                                |   |
| <input type="checkbox"/> Local Law Enforcement   | <input type="checkbox"/> Div. Emer. Mgt.         | <input 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   |  |                                    |                              |  |  |  |   |                                      |  |   |  |                                |   |
| <b>Prepared By: (print)</b> Tom Solin  | <b>(Phone)</b> (608) 266-8574                    | <b>Date:</b> 12-30-00  | <b>Reported to DATCP</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                    |                              |  |  |  |   |                                      |  |   |  |                                |   |
| <b>Person Notified:</b> Chris Groth  | <b>(Phone)</b> (920) -8582                       | <b>Date:</b> 12-30-00  | <b>Time:</b> 900 PM  |                                    |                              |  |  |  |   |                                      |  |   |  |                                |   |
| <b>Investigated By: (print)</b>  | <b>(Sign)</b>                                    | <b>Date:</b>   | <b>Incident Closed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Date:</b> |                                    |                              |  |  |  |   |                                      |  |   |  |                                |   |



**Packerland  
Packing**



November 27, 2002

Ms. Roxanne Nelezen-Chronert  
**WISCONSIN DEPARTMENT OF NATURAL RESOURCES**  
1125 North Military Avenue  
Green Bay, WI 54307-0448

Re: Packerland Packing, Inc. Sodium Silicate release on December 30, 2000.

Dear Ms. Nelezen-Chronert:

Enclosed with this correspondence is a Superior Special Services, Inc. report describing the details of a Sodium Silicate release and cleanup at Packerland Packing, Inc.- Green Bay, WI.

The information in the enclosed report suggests that the soil and water of Wisconsin was not impacted. Packerland Packing, Inc. is respectfully requesting a *No Further Response Action* decision per Wisconsin Administrative Code NR 708.09.

Please contact me at 406.2247 with any questions, concerns, additional requirements or clarifications.

Sincerely,  
**PACKERLAND PACKING, INC.**

Larry R. Collins II  
Environmental Supervisor

## INCIDENT RESPONSE REPORT

PREPARED FOR

Rich Coast

Bernie Scheff

PREPARED BY

Paul Vigue-PROJECT MANAGER

SUPERIOR SPECIAL SERVICES, INC.

P.O. BOX 1323

FOND DU LAC, WI 54936-1323

SUPERIOR JOB #490157B.01.003

Response Date: December 30<sup>th</sup>, 2000

## TABLE OF CONTENTS

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### I. INCIDENT SUMMARY

### II. INCIDENT NARRATIVE

### III. ATTACHMENTS

Appendix A.....Disposal Documetation

Appendix B.....Map of Site

**INCIDENT SUMMARY**

**NOTIFICATION DATE:** December 30<sup>th</sup>, 2000

**TIME NOTIFIED:** 12:05 PM

**NOTIFIED BY:** Bernie Scheff-Rich Coast

**INCIDENT LOCATION:** Packerland Packing

1330 Lime Kiln Rd.

Green Bay, WI

Site Contact: Bernie Scheff

**INCIDENT TYPE:** Chemical Spill inside of containment

**SUBSTANCE:** Sodium Silicate

**SOURCE:** Suspected Spill From broken joint in pipe

**STATUS:** Spill was caused by a broken pvc pipe located at the bottom of Sodium Silicate tank. Most of the product was held within the containment around the tank. The product that leaked through the containment and contaminated the snow in the immediate area was removed and placed into drums.

**WASTE GENERATED:** Estimated 5000 gallons of Caustic Alkali (Sodium Silicate)



## INCIDENT NARRATIVE

On December 30, 2000 Superior Special Services, Inc. (Superior) received a telephone call from Bernie Scaff of Rich Coast regarding a suspected leaking sodium silicate tank leaking. The leaking tank was located at Packerland Packing, 1330 Lime Kiln Road in Green Bay, WI. Superior was notified to respond, remove the product from containment, remove snow that was contaminated from the sodium silicate that made it outside of the containment, and to dispose of the product.

Superior dispatched 4 personnel to assess the site and establish cleanup procedures. The contaminated snow was removed and placed into 8 drums provided by Superior. The product from within the containment was removed using the vacuum tanker. Approximately 2500 gallons of sodium silicate was removed from containment. The product was disposed of at Superior Special Services FT. Atkinson Facility.

On January 3, 2001 Superior was called back to site. The remainder of the sodium silicate in the holding tank had drained into the containment. Water was used to break apart the sodium silicate. The water and the sodium silicate were removed using a small vacuum truck.

The Sulfuric Acid containment had a combination of water and sodium bicarbonate that also needed to be removed. This was also removed using the small vacuum truck. The remainder of the sodium bicarbonate was left within the containment for Rich Coast to remove. The approximately 5000 gallons was all disposed of at Superior's Ft. Atkinson Facility.

The following week Superior returned on January 11, 2001 to remove the remainder of the sodium bicarbonate from the Sulfuric acid tank containment. This was accomplished using a hydraulic pump. The water was pumped into the on site wastewater treatment facility. This concludes of our activities in regards to

this project.

All information has been submitted with good intent and is accurate to the best of my knowledge.

REPORT COMPLETED BY: Paul Vigue-Project Manager

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REPORT REVIEWED BY: Jon Zielieke- Response Manager

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## Appendix A

**STRAIGHT BILL OF LADING - SHORT FORM - Original - Not Negotiable**

(Carrier) Superior Special Service SCAC. \_\_\_\_\_ Shipper's No. \_\_\_\_\_  
 Received, subject to the classifications and tariffs in effect on the date of this Bill of Lading: Carrier's No. \_\_\_\_\_

at \_\_\_\_\_ date 01/03/01 from \_\_\_\_\_  
 the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own road or its own water line, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained (as specified in Appendix B to Part 1035) which are hereby agreed to by the shipper and accepted for himself and his assigns.

|   |   |
|---|---|
| <b>TO:</b> (Mail or street address of consignee for purposes of notification only.) | <b>FROM:</b>                                |
| Consignee <u>Superior Special Service</u>   | Shipper <u>RICH COAST</u>                   |
| Street <u>Klement Drive</u>   | Street <u>1330 Lindella Rd</u>              |
| Destination <u>Fort Atkinson, WI</u> Zip _____                                      | Origin <u>Green Bay WI</u> Zip <u>54301</u> |
| Route: _____  |   |

|                    |                        |                             |
|--------------------|------------------------|-----------------------------|
| Delivering Carrier | Trailer Initial/Number | U.S. DOT Hazmat Reg. Number |
|--------------------|------------------------|-----------------------------|

| No. of packages | HM | Description of articles, special marks, and exceptions | Hazard Class | I.D. Number | Packing Group | *Weight (subject to correction) | Class or rate | Labels required (or exemption) | Check column |
|-----------------|----|--|--------------|-------------|---------------|---------------------------------|---------------|--------------------------------|--------------|
| 1-1             |    | <u>Sodium Silicate, liquid, alkaline</u>               | —            | —           | —             | <u>2500 lb</u>                  |               |                                |              |
|                 |    | <u>Job # 49051 B.OI.003</u>                            |              |             |               |                                 |               |                                |              |
|                 |    | <u>Tally before</u>                                    |              |             |               |                                 |               |                                |              |

Remit C.O.D. to:

Address:

City:

State:

Zip:

**COD**

AMT:

\$

Charges Advanced

\$

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:  
 The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor)

**C. O. D. FEE:**Prepaid ☐Collect ☐ \$**FREIGHT CHARGES**☐ Prepaid ☐ Collect

\*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight".  
 Note: - where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.  
 The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

PLACARDS REQUIRED

NO

PLACARDS SUPPLIED

☐ YES ☐ NO - FURNISHED BY CARRIER  
 DRIVER'S SIGNATURE: \_\_\_\_\_
**SPECIAL INSTRUCTIONS:**

SHIPPER:

PER: Rich Coast DATE: 01/03/01CARRIER: Superior Special ServicePER: Rich Coast DATE: 01/03/01**EMERGENCY RESPONSE**TELEPHONE NUMBER: 800 688-4005

Permanent post office address of shipper

Monitored at all times the Hazardous Material is in transportation including storage incidental to transportation (§172.904).

## Shipper's No. \_\_\_\_\_

Carrier's No. \_\_\_\_\_

Received, subject to the classifications and tariffs in effect on the date of this Bill of Lading:

at \_\_\_\_\_, date 12/30/00 from \_\_\_\_\_

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to the usual place of delivery at said destination, if on its own road or its own water line, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained (as specified in Appendix B to Part 1036) which are hereby agreed to by the shipper and accepted for himself and his assigns.

**TO:** (Mail or street address of consignee for purposes of notification only.)

**FROM:**

**Shipper****Street**

## Origin

Zip 54301

### Delivering Carrier

Trailer Initial/Number

U.S. DOT Hazmat Reg. Number

| No. of packages | HM | Description of articles, special marks, and exceptions        | Hazard Class | I.D. Number | Packing Group | *Weight (subject to correction) | Class or rate | Labels required (or exemption) | Check column |
|-----------------|----|---|--------------|-------------|---------------|---------------------------------|---------------|--------------------------------|--------------|
| but             | ✓  | Caustic Alkali<br>(Sodium Silicate)<br><i>Liquors, No. 5.</i> | 8            | UN1719      | II            | 2500                            | gallon        | Corrosive                      |              |
|                 |    | ERG # 154   |              |             |               |                                 |               |                                |              |
|                 |    | Sub# 4901567B 01.003  |              |             |               |                                 |               |                                |              |
|                 |    | 1800-688-4005   |              |             |               |                                 |               |                                |              |
|                 |    | Ted Maher<br>SSDME<br>F. H. Anderson<br>01-03-2001            |              |             |               |                                 |               |                                |              |

**Remit C.O.D. to:****Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**COD**

**AMT:**

**9**

### Charges Advanced

15

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

**C. O. D. FEE:**Prepaid ☐

Collect ☐ S

### FREIGHT CHARGES

☐ Prepaid    ☐ Collect

(Signature of consignor)

PLACARDS  
SUPPLIED

☐ YES ☐ NO - FURNISHED BY CARRIER  
DRIVER'S SIGNATURE:

**SPECIAL INSTRUCTIONS:**

SHIPPER: Superior Storage Services

PER: David A. Rich DATE: 12/30/00

CARRIER: Superior Social Services

PER: Tom West DATE: 1/25/64

## EMERGENCY RESPONSE

TELEPHONE NUMBER: (800) 688-4005

Permanent post office address of shipper

Monitored at all times the Hazardous Material is in transportation including storage incidental to transportation (\$172.604)

## Appendix B

---

# 490157B.01.003 Rich Coast



Packerland Packing  
1330 Lime Kiln Rd  
Location of Leaking Tank

© 1997 DeLorme, Street Atlas USA

Mag 15.00  
Mon Feb 05 14:14 2001  
Scale 1:15,625 (at center)  
1000 Feet  
500 Meters

- Local Road
- Major Connector
- US Highway
- Railroad
- Point of Interest
- Park/Reservation
- Water
- River/Canal
- City Park

# State of Wisconsin Substance Release Notification Form

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

Form 4400-91 Rev. 9-99

Date and Military Time of Incident:

12-30-00 AM 1030

Responsible Party:

Packerland Packing

☐ additional Comments on Following Sheet(s)

**Additional Comments:** Superior Special Services Contracted to clean up spill. All sodium Silicate recovered. Mike Bond phone and extension at packerland is 920-468-4000 ext 2509

Case Activity Report: ☐ Yes ☒ No CAR #:

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

Enforcement Action: ☐ Yes ☐ No (explain below)

Explanation: