

OIL & HAZARDOUS MATERIALS REPORT FORM

Spill Number A124189

SUBJECT

Name (Last, First, MI): DRAGON CEMENT Kc
 Address: P.O. Box 191, etc 1 J Town: THOMASTON State: Me
 Zip: -04861 Telephone Number: (207) -594 -5555 (Optional)

SPILL INFORMATION

Location (Town): THOMASTON Spill type: E (Table A)
 Amount spilled: 0.99 (gals, yds3, lbs, or bbls)
 Type of spill: 8129 (Table B)
 Date of spill: 89/1/13 (Yr/Mo/Dy) Time of spill: 1000 (Military)
 Date reported: 89/1/13 (Yr/Mo/Dy) Time reported: 1000 (Military)
 Cause: 00 (Table C) Detection method: 6J (Table D)
 Incident code: ACMLU (Table E) DEP response time involved: 5 (Hours)
 No. of wells at risk: 0 No. of wells impacted: 0
 Investigators' names: 1. AI Mc NEILLY
 2. _____
 3. _____

PERSON REPORTING INCIDENT

Name (Last, First, MI): WALLACE, STEVE
 Address: DRAGON CEMENT Town: THOMASTON State: Me
 Zip: -04861 Telephone Number: (207) -594 -5555 (Optional)

CLEAN-UP INFORMATION

Total product recovered: 30 (gals, yds3, lbs, or bbls)
 Method: 6 (Table K) Non-recyclable: _____ (gals, or bbls)
 Solids combustible: 0 (yds3, or tons)
 Solids non-combustible 30 yds3
 Recyclable material: 0 (gals, yds3, lbs, or bbls)
 Number of filters installed: 0 Number of aerators installed: 0
 Disposal Information: 30 yds of slightly odorous diesel contaminated

OTHER ACTIONS

Soil removed and used by DRAGON CEMENT in their cement MAKING PROCESS

Reimbursement: to SF (surface water) Y (Y or N)
 to GF (ground water) Y (Y or N)
 to HWF (haz waste) Y (Y or N)
 Third party damage claim expected: Y (Y or N)
 Enforcement referral: Y (Y or N)

NAME(S) OF CHEMICAL(S) INVOLVED :

BRIEF REMARKS : (For more detailed Recommendations and Narratives use a separated sheet of paper.)