

Oil & Hazardous Materials Report Form
Spill Number: A/046/91

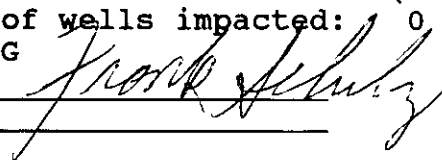
DP
PC

Subject:

Name (Last, First MI): DRAGON PRODUCTS COMPANY
Address: P. O. BOX 191 Town: THOMASTON
State: ME Zip-code: 04961 Telephone: 2075945555

Spill Information:

Location (Town): THOMASTON Spill Type: E
Amount spilled: _____ gals.N cu. yds.N lbs.N bbls.N
Type of spill: 00
Date of Spill: _____ (yy/mm/dd) Time of Spill: _____ (Military)
Date Reported: 91/01/24 (yy/mm/dd) Time Reported: _____ (Military)
Cause: 00 Detection method: 2I
Incident code: AIDSU DEP response time involved: 5.0 (hours)
Number of wells at risk: 0 Number of wells impacted: 0
Investigators' names: 1. FRANK GEHLING
2. _____
3. _____



Person Reporting Incident:

Name (Last, First MI): WALLACE, STEVE
Address: DRAGON PRODUCTS CO. Town: THOMASTON
State: ME Zip-code: 04953 Telephone: 2075945555

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Spill Number: A/046/91 (continued)

Clean-up Information:

Total product recovered: _____ gals.N cu. yds.N lbs.N bbls.N
Method: _____ Non-recyclable: _____ gals.N bbls.N
Solids: combustible: _____ cu. yds.N tonsN
non-combustible: _____ cu.yds.
Recyclable material: _____ gals.N cu. yds.N lbs.N bbls.N
Number of filters installed: 0 Number of aerators installed: 0
Disposal information:

ABANDONMENT IN PLACE APPROVED

Other Actions:

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