

## DEPARTMENT of ENVIRONMENT and NATURAL RESOURCES

JOE FOSS BUILDING 523 EAST CAPITOL PIERRE, SOUTH DAKOTA 57501-3182

denr.sd.gov

May 12, 2017

Barb Johnson Westy's One Stop PO Box 24 Mt. Vernon, SD 57363

Subject: Department of Environment and Natural Resources File Number 2017.061 Pertaining to the diesel spill at Westy's One Stop in Mt. Vernon, SD

Dear Ms. Johnson:

The Department of Environment and Natural Resources is contacting you regarding the above referenced event. This office has recorded the information provided about this event on an initial spill report form (enclosed for your review). The procedures for assessment and remediation of a release such as this were developed to prevent pollution of the waters of the State. In this situation, the following steps must be taken:

- Remove any contaminated materials from the containment area;
- By June 12, 2017, please complete and return the attached <u>Written Contamination</u> <u>Incident Follow Up Report</u> form (this is a standard form so some questions will not apply to this situation, just skip those questions). Electronic options for completing the form can be found at <u>https://www.state.sd.us/eforms/secure/eforms/E0486V4-</u> <u>SpillsFollowUpReport.pdf</u>
- Please also provide a written narrative detailing the actions taken in response to this event, to include the final disposition of recovered material, disposal receipts, and post cleanup sample results and pictures.

Nayyer Syed has been assigned as the project manager of this case. Once Nayyer has reviewed all of the information on this case he will contact you to discuss any further actions that may be needed. If you have any questions or need additional information, please do not hesitate to contact Nayyer Syed or me at 605.773.3296. Thank you for your cooperation and assistance in protecting the quality of South Dakota's natural resources.

Sincerely,

Kim McIntosh Environmental Manager

cc: Jeff Bathke, Davison County Emergency Management, Mitchell, SD

## Environmental Events Database - Initial Report Form

| Dept. of Ag. Ca                                    | se No.                                                                                                         | DENR Case                     |                       |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|
| Reported: (mm/dd/yy 5-9-17 Time: 4 DM Recorded By: |                                                                                                                |                               | Newling               |
|                                                    | Reported By: Mark Jenniges                                                                                     |                               |                       |
| <b>A.</b><br>REPORTER                              | Organization Name: Dawison County EM- Deputy Director                                                          |                               |                       |
|                                                    | Organization: discharger public state local federal                                                            |                               |                       |
|                                                    | Address:                                                                                                       |                               |                       |
|                                                    | City: Mitchell Cou                                                                                             | nty: Davison                  | State: SD             |
|                                                    | Zip: Pho                                                                                                       | ne:                           |                       |
| α Ê                                                | Name: Westy's One Stod-Barb Johnson                                                                            |                               |                       |
| B.<br>DISCHARGER<br>(Responsible Party)            | Address PO Box 24                                                                                              |                               |                       |
|                                                    | city: Mf. Vernon Cou                                                                                           | nty: Davison                  | State:                |
|                                                    | Zip 57363 Pho                                                                                                  | 1                             | 539/                  |
|                                                    | As Above in B Street or Approx. Location                                                                       |                               |                       |
| ⊢₽                                                 |                                                                                                                |                               |                       |
| IDEN<br>ATIO                                       | 25351 397th Ave                                                                                                |                               |                       |
| <b>C.</b><br>INCIDENT<br>LOCATION                  | Survey Description: Sec                                                                                        | T R                           |                       |
|                                                    | City: Mt- Vernon Cou                                                                                           | nty: Davison                  | State:                |
| 0 O V F H                                          | Spill Date: $(mm/dd/yy) \leq 19/1/7$                                                                           | Spill Time:                   |                       |
| E.<br>Material                                     | Material Type (Code/Name): hazardous substance material unknown                                                | Quantity Spilled Spilled in V | Vater Units (Check 1) |
|                                                    | Oli Odler                                                                                                      |                               |                       |
|                                                    | Nese                                                                                                           | 37                            | lb. bbl. gal. oth.    |
|                                                    |                                                                                                                |                               | lb. bbl. gal. oth.    |
|                                                    |                                                                                                                |                               | Ib. bbl. gal. oth.    |
| <b>F.</b><br>Source                                | Source of Spill: AST UST railway vessel                                                                        | fixed facility pipeline       | highway air transport |
|                                                    | Description:                                                                                                   |                               |                       |
|                                                    |                                                                                                                |                               |                       |
|                                                    |                                                                                                                | within facility only          |                       |
| MED.                                               |                                                                                                                |                               |                       |
|                                                    | Waterway Affected:                                                                                             | dumping Other                 |                       |
| H.<br>CAUSE                                        | Reported Cause: transportation accident operational error<br>equipment failure natural phenomenon              | dumping Other<br>unknown      |                       |
|                                                    | Description:                                                                                                   |                               |                       |
| - O K Z                                            | Damages: No. of injuries No. of deaths Property damage > \$50,000                                              |                               |                       |
|                                                    | Evacuation Response Action Taken                                                                               |                               |                       |
| J.<br>ACTIONS                                      |                                                                                                                |                               |                       |
|                                                    |                                                                                                                |                               |                       |
|                                                    | Responding Agency: DENR DOA discharger federal EPA local                                                       |                               |                       |
| NOTI-<br>FIED                                      | (coberend)                                                                                                     |                               |                       |
|                                                    | comments Dessible over fill all in Cantainment ADDrox. 1 inch                                                  |                               |                       |
| L.<br>COMMENTS                                     | VOSDIBIE OVEL I'' OM IN (ONTAID) TIETT APPIOX. Linch                                                           |                               |                       |
|                                                    | Agencies Notified:<br>Comments Possible over fill all in containment. Approx. Linch<br>deep in containment.    |                               |                       |
|                                                    | Und                                                                                                            |                               |                       |
|                                                    | The second s |                               |                       |
|                                                    |                                                                                                                |                               |                       |
|                                                    |                                                                                                                |                               |                       |

Department of Environment and Natural Resources Ground Water Quality Program 523 East Capitol Avenue Pierre, South Dakota 57501-3182 Business Hours M thru F 8:00 – 5:00pm Normal business hours – (605) 773-3296 After business hours – (605) 773-3231