



DEPARTMENT OF ENVIRONMENT
and NATURAL RESOURCES

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

denr.sd.gov



January 22, 2014

Tim Harriman
TH Trucking
130 S Main
Tappen, ND 58487

Subject: Department of Environment and Natural Resources File Number 2014.013
Pertaining to the diesel spill on Interstate 90 near Mitchell, SD

Dear Mr. Harriman:

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:

- By February 24, 2014, please complete and return the attached Written Contamination Incident Follow Up Report 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 http://denr.sd.gov/des/gw/Spills/Incident_Follow_Up_Report.aspx
- Please contact a sanitation company of your choice to pick up the garbage bags of absorbents from the side of the Interstate. A few companies are listed below:

Miedema Sanitation (605)-996-4701

OR

Petrik Sanitation (605) 990-3116

Kelsey Newling has been assigned as the project manager of this case. Once Kelsey has reviewed all of the information on this case she 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 Kelsey Newling 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

South Dakota Spill Report Form

Dept. of Ag. Case No. _____

 State Case No.: 2014.013

Reported: (mm/dd/yy) <u>11/21/14</u>		Time: _____		Recorded By: <u>Newling</u>			
A. REPORTER	Reported By: <u>Marc Maly - OEM</u>						
	Organization Name: _____						
	Organization: <input type="checkbox"/> discharger <input type="checkbox"/> public <input type="checkbox"/> state <input type="checkbox"/> local <input type="checkbox"/> federal						
	Address: _____						
	City: _____		County: _____		State: _____		
Zip: _____		Phone: _____					
B. DISCHARGER <small>(Responsible Party)</small>	Name: <u>Curtis Curham TH Trucking</u>						
	Address: <u>130 South Main</u>						
	City: <u>TAPPEN</u>		County: _____		State: <u>ND</u>		
	Zip: _____		Phone: <u>701-212-3766</u>				
C. INCIDENT LOCATION	As Above in B Street or Approx. Location: _____						
	<u>43° 41' 39.53" N</u>						
	<u>98° 05' 13.16" W</u>						
Survey Description: _____ Sec _____ T _____ R _____							
City: <u>Mitchell</u>		County: <u>Dawson</u>		State: <u>SD</u>			
D. DATE	Spill Date: (mm/dd/yy) <u>11/19/14</u>			Spill Time: _____			
	E. MATERIAL	Material Type (Code/Name): <u>Diesel</u>		Quantity Spilled: <u>~60</u>	Spilled in Water: _____		
		<input type="checkbox"/> hazardous substance <input type="checkbox"/> material unknown <input type="checkbox"/> oil <input type="checkbox"/> other		Units (Check 1)			
				<input type="checkbox"/> lb. <input type="checkbox"/> bbl. <input checked="" type="checkbox"/> gal. <input type="checkbox"/> oth.			
		<input type="checkbox"/> lb. <input type="checkbox"/> bbl. <input type="checkbox"/> gal. <input type="checkbox"/> oth.					
		<input type="checkbox"/> lb. <input type="checkbox"/> bbl. <input type="checkbox"/> gal. <input type="checkbox"/> oth.					
F. SOURCE	Source of Spill: <input type="checkbox"/> AST <input type="checkbox"/> UST <input type="checkbox"/> railway <input type="checkbox"/> vessel <input type="checkbox"/> fixed facility <input type="checkbox"/> pipeline <input type="checkbox"/> highway <input type="checkbox"/> air transport						
	Description: <u>semi-trailer struck an object, ruptured one of his fuel tanks.</u>						
G. MED.	Medium Affected: <input type="checkbox"/> air <input checked="" type="checkbox"/> land <input type="checkbox"/> water <input type="checkbox"/> groundwater <input type="checkbox"/> within facility only						
	Waterway Affected: _____						
H. CAUSE	Reported Cause: <input checked="" type="checkbox"/> transportation accident <input type="checkbox"/> operational error <input type="checkbox"/> dumping <input type="checkbox"/> Other <input type="checkbox"/> equipment failure <input type="checkbox"/> natural phenomenon <input type="checkbox"/> unknown						
	Description: _____						
I. D A M.	Damages: No. of injuries _____ No. of deaths _____ Property damage > \$50,000 _____						
	<input type="checkbox"/> Evacuation Response Action Taken: _____						
K. NOTI- FIED	Responding Agency: <input type="checkbox"/> DENR <input type="checkbox"/> DOA <input type="checkbox"/> discharger <input type="checkbox"/> federal <input type="checkbox"/> EPA <input type="checkbox"/> local						
	Agencies Notified: _____						
L. COMMENTS	Comments: <u>Mitchell FD used absorbant pillows to soak up the fuel but left them on the side of interstate. TH trucking needs to pick them up.</u>						