



DEPARTMENT of ENVIRONMENT
and NATURAL RESOURCES

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

denr.sd.gov

February 23, 2015

Marion Fortin
POET Biorefining
40509 247th Street
Mitchell, SD 57301

Subject: Department of Environment and Natural Resources File Number – 2015.030
Pertaining to an sodium hydroxide (5%) rinsate release, Loomis Facility

Dear Mr. Fortin:

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 March 20, 2015 please complete and return the enclosed 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 include a written narrative of actions taken in response to this spill event to include: cause, actions taken to prevent a reoccurrence, photos, and waste disposal information.

Trish Kindt has been assigned as the project manager of this case. Once Trish 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 Trish Kindt or Kim McIntosh at 605.773.3296. Thank you for your cooperation.

Sincerely,

Bill Markley
Administrator

Enclosures

cc/e Jeff Bathke, Davison County Emergency Management, Mitchell
Al Spangler, DENR Surface Water Quality Program, Pierre

South Dakota Spill Report Form

Dept. of Ag. Case No. _____

 State Case No.: 2015.030

Reported: (mm/dd/yy) <u>02/20/15</u>		Time: <u>AM</u>		Recorded By: <u>R. LANCASTER</u>	
A. REPORTER	Reported By: <u>MARTIN FONTEN</u>				
	Organization Name: <u>PRAIRIE ETHANOL (DBA POET MITCHELL)</u>				
	Organization: <input type="checkbox"/> discharger <input type="checkbox"/> public <input type="checkbox"/> state <input type="checkbox"/> local <input type="checkbox"/> federal				
	Address: <u>40509 247TH STREET</u>				
	City: <u>MITCHELL</u>		County: _____		State: <u>SD</u>
	Zip: <u>57301</u>		Phone: <u>605 995 4203</u>		
B. DISCHARGER <small>(Responsible Party)</small>	Name: <u>POET MITCHELL</u>				
	Address: _____				
	City: _____		County: _____		State: _____
	Zip: _____		Phone: _____		
C. INCIDENT LOCATION	As Above in B Street or Approx. Location: _____				
	Survey Description: _____ Sec _____ T _____ R _____ <u>57301</u>				
	City: <u>LOOMIS</u>		County: <u>DAWSON</u>		State: <u>SD</u>
D. DATE	Spill Date: (mm/dd/yy) <u>02/20/15</u>			Spill Time: _____	
	E. MATERIAL	Material Type (Code/Name): <input type="checkbox"/> hazardous substance <input type="checkbox"/> material unknown <input type="checkbox"/> oil <input type="checkbox"/> other		Quantity Spilled	Spilled in Water
<u>SODIUM HYDROXIDE RENSATC (5%)</u>		<u>80</u>		<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>PEPENK SYSTEM</u>				
G. MED.	Medium Affected: <input type="checkbox"/> air <input checked="" type="checkbox"/> land <input type="checkbox"/> water <input type="checkbox"/> groundwater <input checked="" type="checkbox"/> within facility only				
	Waterway Affected: _____				
H. CAUSE	Reported Cause: <input type="checkbox"/> transportation accident <input type="checkbox"/> operational error <input type="checkbox"/> dumping <input checked="" type="checkbox"/> Other <input type="checkbox"/> equipment failure <input type="checkbox"/> natural phenomenon <input type="checkbox"/> unknown				
	Description: _____				
I. DAMA	Damages: No. of injuries _____ No. of deaths _____ Property damage > \$50,000 _____				
	<input type="checkbox"/> Evacuation Response Action Taken: <u>SYSTEM CLEANUP PROCESS - MIXED SPILL WITH DRY GRAIN SOLIDS.</u>				
K. NOTIFIED	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: _____				