## RECEIVED

JAN 06 2025

## **INCIDENT FOLLOW-UP REPORT**

(Page 1 of 2)

INSPECTION, COMPLIANCE

DANR CASE FILE #: 2024.176

RETURN **COMPLETED** FORM TO:

SOUTH DAKOTA DEPARTMENT OF AGRICULTURE AND NATURAL RESOURCES (DANR) INSPECTION, COMPLIANCE, AND REMEDIATION PROGRAM

JOE FOSS BUILDING

**523 EAST CAPITOL AVENUE** PIERRE SD 57501-3182

NAME/TYPE OF PRODUCT SPILLED: Full
TOTAL AMOUNT OF PRODUCT SPILLED:
POUNDS OF ACTIVE INGREDIENT SPILLED (fertilizer/pesticide spills):
AMOUNT OF PRODUCT RECOVERED: 984
WAS SURFACE WATER OR GROUND WATER IMPACTED BY THE SPILL?:
SPILL DATE: 12/10/24 DATE CLEANUP OCCURRED: 12-10,11-24
SPILL LOCATION (physical address, directions, distance to nearest intersection or landmark, etc.):  1800 Elevator Road Mitchell, SD
LATITUDE/LONGITUDE:
LAND USE (Residential, Commercial, Agricultural, Industrial, Other – describe):
RESPONSIBLE PARTY: Harms O. (
MAILING ADDRESS: 337 22 Ale 5
CITY/STATE: Brookings SD TELEPHONE NUMBER: 605-696-5000
PROPERTY OWNER: CHS Farmers Alliance
MAILING ADDRESS: 1800 Elevator Rd
CITY/STATE: Mitchell, 50 TELEPHONE NUMBER:
CONSULTANT / CLEANUP CONTRACTOR (if applicable):
MAILING ADDRESS
CITY/STATE:TELEPHONE NUMBER: (105 - 335 - 5512)
INSURANCE PROVIDER (if applicable):
NAME OF INSURED:
POLICY NUMBER:CLAIM NUMBER:
MAILING ADDRESS:
CITY/STATE: TELEPHONE NUMBER:

## **INCIDENT FOLLOW-UP REPORT** (Page 2 of 2) DANR CASE FILE #: WAS SOIL EXCAVATED?: DIMENSIONS OF EXCAVATION: CUBIC YARDS EXCAVATED: DISPOSAL SITE (Name of Facility): DISPOSAL DATE: \_\_\_\_\_ \*\*\*If soil was disposed, attach copies of disposal receipts\*\*\* FERTILIZER/PESTICIDE SPILLS ONLY WAS CONTAMINATED SOIL/MATERIAL LAND APPLIED?: APPLICATION DATE \_\_\_\_\_ \*\*\*Requires DANR Pre-Approval\*\*\* WAS SPILL CONTAINED TO IMMEDIATE AREA?: Yes Bulk plant dike DISTANCE TO AND NAME OF NEAREST SURFACE WATER (include currently dry perennial streams): DISTANCE TO NEAREST WATER WELL (if applicable): OWNER OF NEAREST WATER WELL (if applicable): DESCRIBE RESPONSE ACTION AND ADDITIONAL WORK PLANNED: eman DATE: 1/2/25 FORM COMPLETED BY: E-MAIL ADDRESS