

South Dakota Spill Report Form

PRCF #:

Case #:

Reported (MM/DD/YY):		Time:		Recorded By:			
A. REPORTER	Reported By:						
	Organization Name:			Discharger Public State Local Federal			
	Phone:			Email:			
	Address:						
	City:			State:		Zip:	
B. DISCHARGER (Responsible Party) As Above in A	Name:						
	Address:						
	City:			State:		Zip:	
	Phone:			Email:			
C. INCIDENT DATE & LOCATION As Above in B	Spill Date: (MM/DD/YY)			Spill Time:			
	Street or Approx. Location:						
	Survey Description:						
	City:		County:		State:		Zip:
D. MATERIAL	Material type (Code/Name):	Hazardous Substance Material Unknown	Oil Other	Quantity Spilled	Spilled in Water	Units (Check one)	
						lb.	bbl. gal. oth.
						lb.	bbl. gal. oth.
						lb.	bbl. gal. oth.
E. SOURCE	Source of Spill: AST UST Railway Transport Fixed Facility Pipeline Highway Other						
	Description:						
	Regulated Tank Facility: Tank Facility ID #:						
F. MEDIUM	Medium Affected: Air Land Water Groundwater Within Facilities Only						
	Waterway Affected:						
G. CAUSE	Reported Cause:	Transportation Accident Natural Phenomenon		Operational Error Unknown		Dumping Other	Equipment Failure
	Description:						
H. DAM- AGES	# of Injuries:			# of Fatalities:			
I. ACTIONS	Response Action Taken:						
K. NOTIFIED	Responding Agency: DANR Local Discharger Federal EPA Other						
	Agencies Notified:						
K. COMMENTS	Comments:						

Department of Agriculture and Natural Resources
 Inspection, Compliance, and Remediation Program
 523 East Capitol Avenue
 Pierre, South Dakota 57501

Business Hours M – F 8:00-5:00 pm
 Normal Business Hours- (605)773-3296
 After Business Hours- (605) 773-3231