

INCIDENT FOLLOW-UP REPORT

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DANR CASE FILE #: _____

**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: _____

TOTAL AMOUNT OF PRODUCT SPILLED: _____

POUNDS OF ACTIVE INGREDIENT SPILLED (fertilizer/pesticide spills): _____

AMOUNT OF PRODUCT RECOVERED: _____

WAS SURFACE WATER OR GROUND WATER IMPACTED BY THE SPILL?: _____

SPILL DATE: _____ DATE CLEANUP OCCURRED: _____

SPILL LOCATION (physical address, directions, distance to nearest intersection or landmark, etc.): _____

LATITUDE/LONGITUDE: _____

LAND USE (Residential, Commercial, Agricultural, Industrial, Other – describe): _____

RESPONSIBLE PARTY: _____

MAILING ADDRESS: _____

CITY/STATE: _____ TELEPHONE NUMBER: _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____

CITY/STATE: _____ TELEPHONE NUMBER: _____

CONSULTANT / CLEANUP CONTRACTOR (if applicable): _____

MAILING ADDRESS _____

CITY/STATE: _____ TELEPHONE NUMBER: _____

INSURANCE PROVIDER (if applicable): _____

NAME OF INSURED: _____

POLICY NUMBER: _____ CLAIM NUMBER: _____

MAILING ADDRESS: _____

CITY/STATE: _____ TELEPHONE NUMBER: _____

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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****!!REQUIRES DANR PRE-APPROVAL!!**

WILL THE CONTAMINATED SOIL/MATERIAL BE LAND APPLIED?: _____

WHAT CROP IS/WILL BE GROWN ON THE LAND APPLICATION SITE?: _____

LEGAL DESCRIPTION OF THE LAND APPLICATION SITE: _____

TOTAL ACRES SOIL/MATERIAL WILL BE APPLIED TO: _____

YARDS/POUNDS/ETC. OF SOIL/MATERIAL TO BE APPLIED: _____

CONCENTRATION OF CHEMICAL IN THE SOIL/MATERIAL TO BE APPLIED?: _____

THIS SECTION**FOR DANR**

LAND APPLICATION APPROVAL DATE: _____

OFFICE USE

APPLICATION APPROVED BY: _____

ONLY

WAS SPILL CONTAINED TO IMMEDIATE AREA?: _____

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: _____

Spill investigation found that the primary source of the spill was from operator error not attaching the chain anchor between the loading pipe and the railcar. Operators have reviewed SOP's for retraining. All contamination and spilled product has been cleaned up and properly disposed of and replaced with new rock and material.

FORM COMPLETED BY: _____ DATE: _____

E-MAIL ADDRESS: _____