

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 SPILL CONTAINED TO THE IMMEDIATE AREA?: _____

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: _____

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
OFFICE USE
ONLY**

LAND APPLICATION APPROVAL DATE: _____

APPLICATION APPROVED BY: _____

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

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: _____

FORM COMPLETED BY: _____ DATE: _____

E-MAIL ADDRESS: _____