

INCIDENT FOLLOW-UP REPORT

**RETURN
COMPLETED
FORM
TO**

SOUTH DAKOTA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
GROUND WATER QUALITY PROGRAM
JOE FOSS BUILDING
523 EAST CAPITOL AVENUE
PIERRE SD 57501-3182

SPILL LOCATION (Identify Either: Physical Address / Direction and Distance to Nearest Intersection / Direction and Distance to Nearest Landmark): _____

LATITUDE/LONGITUDE: _____

SURVEY LOCATION (Township/Range/Section/Quarter): _____

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

RESPONSIBLE PARTY: _____

MAILING ADDRESS: _____

CITY: _____

TELEPHONE NUMBER(S): _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____

CITY: _____

TELEPHONE NUMBER(S): _____

ENVIRONMENTAL CONSULTANT / CLEANUP CONTRACTOR: _____

MAILING ADDRESS _____

CITY: _____

TELEPHONE NUMBER(S): _____

INSURANCE PROVIDER: _____

NAME OF INSURED: _____

POLICY NUMBER AND CLAIM NUMBER: _____

MAILING ADDRESS: _____

CITY: _____

TELEPHONE NUMBER(S): _____

FOLLOW-UP REPORT CONTINUED

DENR CASE FILE #: _____

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TYPE / NAME OF PRODUCT SPILLED: _____

TOTAL AMOUNT OF PRODUCT SPILLED: _____

AMOUNT OF PRODUCT RECOVERED: _____

WAS SPILL CONTAINED TO IMMEDIATE AREA? _____

WAS SURFACE WATER OR GROUND WATER IMPACTED BY SPILL? _____

DISTANCE TO AND NAME OF NEAREST SURFACE WATER OR DRAINAGE:

DISTANCE TO NEAREST DRINKING WATER WELL: _____

OWNER OF NEAREST DRINKING WATER WELL: _____

IF EXCAVATED, DIMENSIONS OF EXCAVATION: _____

CUBIC YARDS EXCAVATED: _____

WERE THE EXCAVATED SUBSTANCES STOCKPILED? (If yes, describe how and where the substances were stockpiled.)

DATE MATERIAL (EXCAVATED AND/OR RECOVERED) WAS DISPOSED: _____

DISPOSAL SITE: (Name of Facility) _____

IF "LAND-APPLIED" **!!REQUIRES APPROVAL!!** : (Property Owner, address, telephone; Survey Location; Latitude/Longitude; Nearest Water Body; Distance to Nearest Water Body; Number of Acres)

NARRATIVE OF OTHER ACTIONS TAKEN AND ADDITIONAL WORK PLANNED:

ATTACH ANALYTICAL RESULTS AND DISPOSAL RECEIPTS, IF REQUIRED

FORM COMPLETED BY: _____ DATE: _____