

# 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: \_\_\_\_\_

**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**

**!!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 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FORM COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_