

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

(Page 2 of 2)

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: \_\_\_\_\_