South Dakota Spill Report Form

PRCF No.	Case No.

Reported: (mm/dd/yy)		Time:		Recorded By:				
A. REPORTER	Reported By:							
	Organization Name:							
	Organization:	discharger	public	state	local	federal		
	Address:							
	City:			County:		State:		
	Zip:			Phone:				
B. DISCHARGER (Responsible Party)	Name:							
	Address:							
	City:			County:		State:		
	Zip:			Phone:				
C. INCIDENT LOCATION	Street or Approx. Location: As Above in B:							
	0 5 : "							
	Survey Description:	<u></u>		T		L		
	City:	Zip:		County:		State:		
Ö □ ∢ ⊢ Ⅲ	Spill Date: (mm/dd/yy) Material Type haza	rdous substance	oil	Spill Time:				
CE MATERIAL	lia i iii iii iii iii ii ii ii ii ii ii i	rial unknown	other	Quantity Spilled	Spilled in Water	Units	(Check 1)	
	,					lb. bbl.	gal. oth.	
						lb. bbl.	gal. oth.	
				6 16 111		lb. bbl.	gal. oth.	
	Source of Spill: AST Description:	UST railwa	y transport	fixed facility	pipeline	highway	other	
F. SOURCE								
<i>S</i>	Regulated Tank:							
H. G.	Medium Affected:	air	land	water	groundwater	within facilities	only	
	Waterway Affected: Reported Cause: transportation accident operational error dumping equipment failure							
	natural phenomenon unknown Other:							
	Description:							
I. DAM- AGES	No. of injuries: No. of deaths:							
	Response Action Taken:							
J. ACTIONS								
A AC								
K. FIED A	Responding Agency:	DANR	Local	discharger	federal	EPA	Other	
	Agencies Notified: Comments:							
L. COMMENTS	Comments.							
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