

MANURE SPILL REPORT

Name of Operator: _____

Address: _____

Home phone number: _____

Work number: _____ Cell number: _____

Operation land location: _____ _____ _____ _____ _____ _____
 Quarter Section Township Range Meridian R.M. #

Spill land location: _____ _____ _____ _____ _____ _____
 Quarter Section Township Range Meridian R.M. #

The following parties have been contacted:

Saskatchewan Agriculture (787-4680) _____ (name)

Spill Control Centre (1-800-667-7525) _____ (name)

Rural Municipality _____ (name)

Landowner _____ (name)

Owner of manure _____ (name)

Date of Spill: _____ Time of Spill: _____

Volume of Spill: _____ Type of Manure: _____

Proximity of watercourses or other receptors: _____

Describe method of stopping and containing spill: _____

Describe method of clean-up: _____

Describe any further proposed action: _____

Describe details of spill site: _____

Photographs attached:

Please provide a sketch of the spill site on the back of this form. Include relevant items like roads, watercourses, residences and wells. If space on this form is insufficient include attachment.

Date: _____ Name: _____ Signature: _____