

# 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:

<input type="checkbox"/>	Saskatchewan Agriculture (787-2150)	_____	(name)
<input type="checkbox"/>	Spill Control Centre (1-800-667-7525)	_____	(name)
<input type="checkbox"/>	Rural Municipality	_____	(name)
<input type="checkbox"/>	Landowner	_____	(name)
<input type="checkbox"/>	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:	<input type="checkbox"/>		

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