



## Alternative Fuel Compatibility Notification Form

**Instructions:** This form is to be completed and submitted to the South Dakota Department of Agriculture and Natural Resources at least 30 days prior to changing the contents of an underground storage tank (UST) to alternative fuels greater than 10% ethanol or greater than 20% biodiesel. This form will be used to verify the compatibility of UST system with the substance stored. The tank, pipe, and dispenser information should be completed by someone knowledgeable of the tank system in question.

**Note:** Tanks with interior lining will not be approved for alternative fuel storage.

A completed form can be submitted to the DANR by mail, email, or fax:

South Dakota Department of Agriculture and Natural Resources  
Inspection, Compliance, and Remediation Program  
523 East Capitol Avenue, Pierre, SD 57501

Phone: (605) 773-3296;  
Fax: (605) 773-6035  
Email: danr.tanksectionicr@state.sd.us

### Facility Information

Facility ID#: \_\_\_\_\_ Name: \_\_\_\_\_  
Facility Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip code: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
County: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Owner Information

### Contractor Information

Contractor Name: \_\_\_\_\_ Size (gal.): \_\_\_\_\_  
Address: \_\_\_\_\_ Manufacturer: \_\_\_\_\_  
City: \_\_\_\_\_ Tank material: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Tank single /double wall: \_\_\_\_\_  
Phone: \_\_\_\_\_ Installation date (year): \_\_\_\_\_

### Tank Information

### Tank leak detection method

- ☐ Automatic Tank Gauge ☐ Interstitial Monitoring ☐ Inventory Control  
☐ Manual Tank Gauging ☐ Statistical Inventory Control

Ethanol percentage: \_\_\_\_\_ % Biodiesel percentage: \_\_\_\_\_ %

Identify the Manufacturer, Model/Brand, and whether the piece of equipment is Underwriters Laboratories (UL) listed or Manufacturer approved for utilization with the alternative fuel indicated above.

#### UL/Manufacturer approved?

Tank	Manufacturer	Model/Brand	UL (Y/N)	UL number	Man. (Y/N)
Spill Bucket			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Overfill Device			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Drop Tube			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Submersible Pump/ Suction Pump			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
ATG Probes			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Liquid Sensors			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Piping

Manufacturer: \_\_\_\_\_ Model/Brand: \_\_\_\_\_

Pipe Material single/double wall: \_\_\_\_\_ Installation date (year): \_\_\_\_\_

### UL/Manufacturer approved?

Pipe construction material	Manufacturer	Model/Brand	UL (Y/N)	UL number	Man. (Y/N)
Pipe Fittings/ Valve Material			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Gaskets/Seals			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pipe Sealant/ Adhesive			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Flex Connector			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Line Leak Detector			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Restrictor			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

### UL/Manufacturer approved?

Dispenser Information	Manufacturer	Model/Brand	UL (Y/N)	UL number	Man. (Y/N)
Dispenser Piping			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Dispenser Sump			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Dispenser Sump Sensor			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Gaskets/Seals			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Blending Valve			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Meter			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency/ Shear Valve			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fuel Filters			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Break-Away			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Nozzle(s)/Swivel(s)			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Hose(s)			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Comments (Maximum 750 characters approximately):**

## Certification

*I hereby certify that I have personally examined the tank system components and/or reviewed installation documentation, verifying the type of equipment installed.*

☐ **agree** - By agreeing, you certify the above statements to be true and correct, to the best of your knowledge, and that this information can be used for the purpose of processing this form.

**Name of owner or owner's authorized representative:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_

**Tank Contractor:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_