



**DEPARTMENT of AGRICULTURE  
and NATURAL RESOURCES**

JOE FOSS BUILDING  
523 E CAPITOL AVE  
PIERRE SD 57501-3182  
danr.sd.gov

**Regulated Storage Tank Removal Notification Form**

**GENERAL INFORMATION**

**STATE USE ONLY**

If an UST system is taken out of service for longer than 12 months and if an AST system taken out of service for longer than 24 months, it shall be permanently closed. State and Federal laws require notification at least 30 days before permanent closure. If more than five (5) tanks are owned at this location, photocopy this form, and staple the photocopy to the original form.

**Where To Notify?** Send completed forms to:  
Inspection, Compliance, and Remediation Program; Storage Tank Section  
523 East Capitol, Pierre, SD 57501  
Phone # (605) 773-3296, Fax # (605) 773-6035  
danr.sd.gov/tanks

FACILITY ID NUMBER: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

A. Date Entered into Computer \_\_\_\_\_

B. Data Entry Clerk Initials \_\_\_\_\_

C. Date Faxed to PRCF \_\_\_\_\_

**I. OWNERSHIP OF TANK(S)**

**II. LOCATION OF TANK(S)**

**Owner Name** (Corporation, Individual, Public Agency, or Other Entity) \_\_\_\_\_

If known, give the geographic location of tanks by degrees, minutes, and seconds.  
Examples Lat. 42, 36, 12 N Long. 85, 24, 17 W

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

**Street Address** \_\_\_\_\_

**Facility Name** \_\_\_\_\_

(if same as Section I, mark box here)

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**County** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**Phone Number** (include Area Code) \_\_\_\_\_

**County** \_\_\_\_\_

**Phone Number** (include Area Code) \_\_\_\_\_

**Tank Identification Number**

**Tank No. 1**

**Tank No. 2**

**Tank No. 3**

**Tank No. 4**

**Tank No. 5**

**UST (underground) or AST (aboveground) Tank**

**Capacity**

**Date Last Use**

**Type of Fuel Stored**

**Will this tank system be replaced ? If yes, Describe**

**Have plans been approved by DENR**

**Scheduled removal date**

**Has pre-removal assessment been performed ?**

**Date performed**

**Name of Environmental Consultant to be present during removal** \_\_\_\_\_

**Name of State or Local Official to be Present** \_\_\_\_\_

**Volume of tank bottoms** \_\_\_\_\_ **Volume of Product** \_\_\_\_\_ **Volume of Water** \_\_\_\_\_  
(sludge)

**Disposal of tank, tank bottoms, and water** \_\_\_\_\_

Note: Wastes must be appropriately identified, determine if they exhibit hazardous characteristics and be disposed of properly. Tanks not recycled or salvaged must also be disposed of properly. Receipts or waste manifests may be required by the DANR Waste Management Program upon disposal. Please call (605) 773-3153 for questions regarding the waste disposal.

**Form completed by** \_\_\_\_\_ **Date** \_\_\_\_\_