



**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
 Email danr.tanksectionicr@state.sd.us

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 DANR

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** _____