



DEPARTMENT of AGRICULTURE and NATURAL RESOURCES

JOE FOSS BUILDING
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Notification for Aboveground Stationary Storage Tanks

Form section containing: Inspection, Compliance, and Remediation Program; STATE USE ONLY; TYPE OF NOTIFICATION; INSTRUCTIONS; and a list of items to be notified (septic tanks, pipeline facilities, etc.).

GENERAL INFORMATION

Form section containing: Notification is required by State law for all aboveground stationary tanks that have been used to store regulated substances; The information requested is required by Chapter 74:56:03 of the Administrative Rules of South Dakota (ARSD); What Tanks Are Included?; What Tanks Are Excluded?; What Substances Are Covered?; and Where To Notify?.

Form section containing: I. OWNERSHIP OF TANK(S) and II. LOCATION OF TANK(S) with fields for Owner Name, Street Address, City, State, Zip Code, Facility Name, and Phone Number.

## Department of Agriculture and Natural Resources

Pierre, SD 57501

**DANR ID NUMBER**  
(STATE USE ONLY)

### Notification for Aboveground Stationary Storage Tanks

#### III. TYPE OF OWNER

- Federal Government       Commercial  
 State Government       Private  
 Local Government

#### IV. INDIAN LANDS

- Tanks are located on land within an   
 Indian Reservation or on other trust land.  
  
 Tanks are owned by native   
 American nation, tribe, or individual

Tribe or Nation:

\_\_\_\_\_

\_\_\_\_\_

#### V. TYPE OF FACILITY

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Gas Station<br><input type="checkbox"/> Petroleum Distributor<br><input type="checkbox"/> Air Taxi (Airline)<br><input type="checkbox"/> Aircraft /Airport Owner<br><input type="checkbox"/> Auto Dealership/Repair Shop | <input type="checkbox"/> Railroad<br><input type="checkbox"/> Federal - Non-Military<br><input type="checkbox"/> Federal - Military<br><input type="checkbox"/> Industrial<br><input type="checkbox"/> Contractor | <input type="checkbox"/> Trucking/Transport<br><input type="checkbox"/> Utilities<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Farm<br><input type="checkbox"/> Other (Explain) |
|---|---|--|

#### VI. CONTACT PERSON IN CHARGE OF TANKS

Name:	Job Title:	Address:	Phone Number (Include Area Code):
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#### VII. FINANCIAL RESPONSIBILITY

Check All that Apply

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Self Insurance<br><input type="checkbox"/> Commercial Insurance<br><input type="checkbox"/> Risk Retention Group | <input type="checkbox"/> Guarantee<br><input type="checkbox"/> Surety Bond<br><input type="checkbox"/> Letter of Credit | <input type="checkbox"/> State Funds<br><input type="checkbox"/> Trust Fund<br><input type="checkbox"/> Other Method Allowed - Specify |
|---|---|--|

#### VIII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's  
authorized representative (Print)

**Notification for Aboveground Stationary Storage Tanks**

**IX. DESCRIPTION OF ABOVEGROUND STORAGE TANKS (Complete for each tank at this location.)**

Tank Identification Number	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
1. Status of Tank (mark only one)					
Currently In Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation (mo./year)					
3. Estimated Total Capacity (gallons)					
4. Material of Construction (mark all that apply)					
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufactured Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Installed Impressed Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coated Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horizontal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vertical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please specify	_____	_____	_____	_____	_____
Has tank been repaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping (Material) (mark all that apply)					
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify	_____	_____	_____	_____	_____
6. Piping (Type) (mark all that apply)					
Underground piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aboveground piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has piping been repaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Notification for Aboveground Stationary Storage Tanks**

Tank Identification Number	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
7. Substance Currently or Last Stored in Greatest Quantity by Volume					
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aviation Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jet Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E85	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please Specify	_____	_____	_____	_____	_____
Hazardous Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERCLA name and/or	_____	_____	_____	_____	_____
CAS number	_____	_____	_____	_____	_____
Mixture of Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please Specify	_____	_____	_____	_____	_____

**X. TANKS OUT OF USE, OR CHANGE IN SERVICE**

1. Closing of Tank					
A. Estimated date last used (mo./day/year)					
B. Estimated date tank closed (mo./day/year)					
C. Tank was removed from ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Tank was abandoned in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Other, please describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
F. Change in service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Site Assessment Completed (DANR Spill Number, if known)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Evidence of a leak detected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Notification for Aboveground Storage Tanks

**XI. CERTIFICATION OF COMPLIANCE (COMPLETE FOR ALL NEW AND UPGRADED TANKS AT THIS LOCATION)**

Tank Identification Number	Tank No.		Tank No.		Tank No.		Tank No.		Tank No.																																																																																																																																					
<b>1. Installation</b> A. Installer certified by tank and piping manufacturers <span style="float: right;"><input type="checkbox"/></span> B. Installer certified by other state <span style="float: right;"><input type="checkbox"/></span> C. Installation inspected by a registered engineer <span style="float: right;"><input type="checkbox"/></span> D. Installation inspected by DANR <span style="float: right;"><input type="checkbox"/></span> E. Plan & Specification approved by DANR <span style="float: right;"><input type="checkbox"/></span> F. Manufacturer's installation checklists have been completed <span style="float: right;"><input type="checkbox"/></span> G. Another method allowed by DANR Please specify _____																																																																																																																																														
<b>2. Release Detection (Mark all that apply)</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;"></th> <th>TANK</th> <th>PIPING</th> <th>TANK</th> <th>PIPING</th> <th>TANK</th> <th>PIPING</th> <th>TANK</th> <th>PIPING</th> <th>TANK</th> <th>PIPING</th> </tr> </thead> <tbody> <tr> <td>A. Manual tank gauging</td> <td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td> </tr> <tr> <td>B. Tank tightness testing</td> <td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td> </tr> <tr> <td>C. Inventory Controls</td> <td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td> </tr> <tr> <td>D. Automatic tank gauging</td> <td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td> </tr> <tr> <td>E. Vapor monitoring</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>F. Groundwater monitoring</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>G. Interstitial monitoring/secondary containment</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>H. Automatic line leak detectors</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>I. Line tightness testing</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>J. Other method allowed by DANR</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Please specify</td> <td colspan="2">_____</td> <td colspan="2">_____</td> <td colspan="2">_____</td> <td colspan="2">_____</td> <td colspan="2">_____</td> </tr> </tbody> </table>												TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING	A. Manual tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		B. Tank tightness testing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		C. Inventory Controls	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		D. Automatic tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		E. Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. 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Please specify	_____		_____		_____		_____		_____																																																																																																																																					
<b>3. Corrosion Protection (if applicable)</b> List Tank Potentials <span style="float: right;"><input type="checkbox"/></span>																																																																																																																																														
<b>4. Spill and Overfill Protection</b> A. Overfill device installed <span style="float: right;"><input type="checkbox"/></span> Please specify _____ B. Spill device installed <span style="float: right;"><input type="checkbox"/></span>																																																																																																																																														

OATH: I certify the information concerning installation that is provided in section XI is true to the best of my belief and knowledge.

Installer: \_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_ Position \_\_\_\_\_  
 Company \_\_\_\_\_