



DEPARTMENT of AGRICULTURE and NATURAL RESOURCES

JOE FOSS BUILDING
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PIERRE SD 57501-3182
danr.sd.gov

Notification for Underground Storage Tanks

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
STATE USE ONLY
FACILITY ID NUMBER:
DANR P&S NUMBER:
DATE RECEIVED:
TYPE OF NOTIFICATION
A. NEW B. AMENDED C. CLOSURE
No. of tanks at facility
No. of continuation sheets attached
INSTRUCTIONS
Please type or print in ink all items. This form must be completed for each location containing underground storage tanks.

GENERAL INFORMATION

Notification is required by Federal law as well as by the Administrative Rules of South Dakota (ARSD) Chapter 74:56:01:11, for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986.
The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances.
Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks.
(a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for storage, use, or dispensing of regulated substances, and
(b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before discontinuation of its use.
What Tanks Are Included? Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground.
What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:
1. farm or residential tanks of 1100 gallons or less capacity used for storing motor fuel for noncommercial purposes;
2. tanks used for storing heating oil for consumptive use on the premises where stored;
3. septic tanks;
4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
5. surface impoundments, pits, ponds, or lagoons;
6. storm water or waste water collection systems;
7. flow-through process tanks;
8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
9. storage tanks situated in an underground area (such as a basement, cellar, mineworking, drift, shaft, or tunnel) if the storage tank is situated upon or above the surface floor;
10. pipes connected to any tank which is exempt;
11. tanks used for storing pesticides regulated under the SD Codified Law Chapter 38-21, except those regulated pursuant to subtitle I of the Federal Hazardous and Solid Waste amendments of 1984.
What Substances Are Covered? This includes any substance defined as hazardous in Section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA.
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
When To Notify? 1. Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use.
Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

I. OWNERSHIP OF TANK(S)
Owner Name (Corporation, Individual, Public Agency, or Other Entity)
Street Address
City State Zip Code
County
Phone Number (include Area Code)
II. LOCATION OF TANK(S)
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
Facility Name or Company Site Identifier, as applicable
Street Address
City State Zip Code
County
Phone Number (include Area Code)

Notification for Underground Storage Tanks

III. TYPE OF OWNER

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> State Government | <input type="checkbox"/> Private |
| <input type="checkbox"/> Local Government | |

IV. INDIAN LANDS

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

Tribe or Nation:

V. TYPE OF FACILITY

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

I have met the financial responsibility requirements
 in accordance with 40 CFR Subpart H

Check All that Apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Self Insurance | <input type="checkbox"/> Guarantee | <input type="checkbox"/> State Funds |
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Trust Fund |
| <input type="checkbox"/> Risk Retention Group | <input type="checkbox"/> Letter of Credit | <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 Underground Storage Tanks

IX. DESCRIPTION OF UNDERGROUND 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)					
Asphalt Coated or Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufactured Cathodically Protected Steel (sti-P ₃ Tank)	<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"/>
Epoxy Coated Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel with Fiberglass)	<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"/>
Lined Interior	<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"/>
Polyethylene Tank Jacket	<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)					
Suction: no valve at tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction: valve at tank	<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"/>

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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 closed in ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Tank filled with inert material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
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"/>

