



**DEPARTMENT of AGRICULTURE
and NATURAL RESOURCES**

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

Notification for Aboveground Stationary Storage Tanks

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		STATE USE ONLY	
TYPE OF NOTIFICATION		FACILITY ID NUMBER:	
		DANR P&S NUMBER:	
		DATE RECEIVED:	
<input type="checkbox"/> A. NEW	<input type="checkbox"/> B. AMENDED	<input type="checkbox"/> C. CLOSURE	
No. of tanks _____ at facility	No. of continuation sheets attached _____		
INSTRUCTIONS			
Please <u>type or print in ink</u> all items. This form must be completed for each location containing aboveground storage tanks. If more than five (5) tanks are owned at this location, photocopy the following sheets, and staple continuation sheets to the form.			
		A. Date Entered into Computer _____ B. Data Entry Clerk Initials _____ C. Owner was contacted to clarify responses, comments: _____ _____ _____	

GENERAL INFORMATION

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).

The primary purpose of this notification program is to locate and evaluate aboveground stationary tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or in the absence of such records, your knowledge, belief, or recollection.

Who Must Notify? Chapter 74:56:03 of the Administrative Rules of South Dakota requires that, unless exempted, owners of aboveground stationary tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means--

- (a) **in the case of an aboveground stationary storage tank in use on November 30, 1987, or brought into use after that date, any person who owns an aboveground stationary storage tank used for storage, use, or dispensing of regulated substances, and**
- (b) **in the case of any aboveground stationary storage tank in use before November 30, 1987, but no longer in use on that date, any person who owned such tank immediately before discontinuation of its use.**

What Tanks Are Included? Aboveground stationary storage tanks defined as ASTs which do not move, such as tanks fixed permanently in place on foundations, racks, cradles or stilts, or on the ground. The term does not include tanks mounted on wheels, trolleys, skids, pallets, or rollers and vessels such as a 55-gallon drum or smaller vessels or produced substance storage tanks directly related to oil and gas production and gathering operations or tanks located within a building structure meeting requirements in Chapter 74:56:03:11. An aboveground storage tank system is defined as "an aboveground storage tank or combination of ASTs, including connected piping".

What Tanks Are Excluded? Tanks excluded from notification are:

1. farm or residential tanks used for storing motor fuel for noncommercial purposes;
2. tanks used for storing heating oil or motor fuels 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 Resource Conservation and Recovery Act (RCRA). It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

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

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

(if same as Section I, mark box here)



Street Address

City

State

Zip Code

County

Phone Number (include Area Code)

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

- ☐ Gas Station
- ☐ Petroleum Distributor
- ☐ Air Taxi (Airline)
- ☐ Aircraft /Airport Owner
- ☐ Auto Dealership/Repair Shop
- ☐ Railroad
- ☐ Federal - Non-Military
- ☐ Federal - Military
- ☐ Industrial
- ☐ Contractor
- ☐ Trucking/Transport
- ☐ Utilities
- ☐ Residential
- ☐ Farm
- ☐ Other (Explain)

VI. CONTACT PERSON IN CHARGE OF TANKS

Name:

Job Title:

Address:

Phone Number (Include Area Code):

VII. FINANCIAL RESPONSIBILITY

Check All that Apply

- ☐ Self Insurance
- ☐ Commercial Insurance
- ☐ Risk Retention Group
- ☐ Guarantee
- ☐ Surety Bond
- ☐ Letter of Credit
- ☐ State Funds
- ☐ Trust Fund
- ☐ 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"/>

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DANR ID NUMBER
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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 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"/>

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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.
1. Installation					
A. Installer certified by tank and piping manufacturers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Installer certified by other state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Installation inspected by a registered engineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Installation inspected by DANR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Plan & Specification approved by DANR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Manufacturer's installation checklists have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Another method allowed by DANR Please specify	_____	_____	_____	_____	_____
2. Release Detection (Mark all that apply)	TANK	PIPING	TANK	PIPING	TANK
A. Manual tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
B. Tank tightness testing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
C. Inventory Controls	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
D. Automatic tank gauging	<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"/>
F. Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Interstitial monitoring/secondary containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Automatic line leak detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Line tightness testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Other method allowed by DANR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify	_____	_____	_____	_____	_____
3. Corrosion Protection (if applicable)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
List Tank Potentials					
4. Spill and Overfill Protection	_____	_____	_____	_____	_____
A. Overfill device installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify					
B. Spill device installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 _____

Position Company