



**NOTIFICATION FOR UNDERGROUND STORAGE TANKS**  
 NORTH DAKOTA DEPARTMENT OF HEALTH  
 DIVISION OF WASTE MANAGEMENT - UST PROGRAM  
 SFN-10980 (REV: 05/2013)

FOR STATE USE ONLY: Facility ID#: _____ Log ID#: _____
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**I. TANK OWNER INFORMATION** (Note: make separate copies of this form for multiple facilities)

Name of Tank Owner:	County:	Phone Number:
Owner Mailing Address:	City:	State: Zip Code:

**II. CONTACT PERSON INFORMATION**

Name of Contact Person:	Title:	Phone Number:	Email Address:
Contact Person's Mailing Address:	City:	State:	Zip Code:

**III. FACILITY INFORMATION** ( check if new facility name)

Facility Name Where Tanks Are Located:	County:	Phone Number:
Facility Mailing Address ( or PO Box)	City:	State: Zip Code:
Facility <b>911 ADDRESS (REQUIRED)</b> :	City:	State: Zip Code:

**ND**

IV. TYPE OF NOTIFICATION	TYPE OF OWNER	ARE TANKS LOCATED ON INDIAN LANDS?
<input type="checkbox"/> First	<input type="checkbox"/> Federal <input type="checkbox"/> Commercial	<input type="checkbox"/> Yes
<input type="checkbox"/> Amended	<input type="checkbox"/> State <input type="checkbox"/> Private	<input type="checkbox"/> No
<input type="checkbox"/> Closure	<input type="checkbox"/> Local <input type="checkbox"/> Ownership Uncertain	Tribe/Nation:

**V. TYPE OF FACILITY**

<input type="checkbox"/> Gas Station	<input type="checkbox"/> Local Government	<input type="checkbox"/> Contractor
<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> State Government	<input type="checkbox"/> Truck/Transportation
<input type="checkbox"/> Air Taxi (Airliner)	<input type="checkbox"/> Federal Non-Military Installation	<input type="checkbox"/> Utilities
<input type="checkbox"/> Aircraft Owner	<input type="checkbox"/> Federal Military Installation	<input type="checkbox"/> Farm
<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
<input type="checkbox"/> Railroad	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other

**VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS**

Note: If there are more than seven underground storage tanks or tank compartments at this location, make additional copies of this form before filling in any information.

<b>1. TANK ID</b>		Tank ____					
Estimated total capacity of tank (gallons)							
Is the tank compartmented Y/N							
<b>COMPARTMENT ID</b> (if applicable) i.e. 1a, 1b							
Size of compartment (gallons)							
<b>2. STATUS OF TANK OR COMPARTMENT</b>							
Currently In Use							
Temporarily Out of Use							
Permanently Out of Use							
<b>3. DATE OF INSTALLATION (mm/dd/yy)</b>							
<b>4. SUBSTANCE STORED</b>							
Gasoline							
Diesel							
Alcohol Blends >15% or E85							
Heating Oil							
Used Oil							
Hazardous Substance							
Name of substance or CAS number							
Other (specify)							
Is the tank used only for heating oil?							
Is the tank only used for a stand-by generator?							
<b>5. TANK MATERIAL</b>							
Bare Steel							
Cathodically Protected Steel							
Epoxy Coated Steel							
Fiberglass Reinforced Plastic							
Concrete							
Unknown							
Other (specify)							
<b>6. CONSTRUCTION OF TANK</b>							
Single-Walled							
Double-Walled							
Polyethylene Tank Jacket							
Lined Interior							
Excavation Liner							
<b>7. CATHODIC PROTECTION FOR TANKS</b>							
Sacrificial Anodes							
Impressed Current							
Not Required							

TANK ID	Tank ____						
COMPARTMENT ID (if applicable)							
<b>8. LEAK DETECTION FOR TANKS AND COMPARTMENTS</b>							
Manual Tank Gauging							
Tank Tightness Testing							
Automatic Tank Gauging							
Interstitial Monitoring							
Statistical Inventory Reconciliation							
Other Method Allowed by State (specify)							
<b>9. PIPING MATERIAL</b>							
Bare or Galvanized Steel							
Cathodically Protected Steel							
Fiberglass Reinforced Plastic							
Flexible Plastic							
Copper							
Unknown							
Other (specify)							
<b>10. CONSTRUCTION OF PIPING</b>							
Single-Walled							
Double-Walled							
Secondary Containment							
<b>11. CATHODIC PROTECTION FOR PIPING</b>							
Sacrificial Anodes							
Impressed Current							
Not Required							
<b>12. TYPE OF PIPING SYSTEM</b>							
Suction with no valve at tank (safe suction)							
Suction with valve at tank							
Pressurized							
Gravity fed							
<b>13. LEAK DETECTION FOR PIPING</b>							
Interstitial Monitoring							
Mechanical 3 gph Line Leak Detectors with Annual Line Tightness Testing							
Electronic .2 gph Line Leak Detectors							
Statistical Inventory Reconciliation							
Other Method Allowed by State (specify)							
<b>14. PRESSURIZED PIPING SYSTEMS</b>							
Mechanical 3 gph Line Leak Detector							
Electronic .2 gph Line Leak Detector							
Make and Model of Line Leak Detector							
<b>15. SPILL PREVENTION DEVICE (TANK)</b>							
Catchment Basin (gallons)							
Other Method Allowed by the State							

TANK ID	Tank ____						
COMPARTMENT ID (if applicable)							
<b>16. OVERFILL PREVENTION DEVICE (tank)</b>							
Vent Flow Restrictor							
Fill Flow Restrictor							
High Level Alarm							
Automatic Shutoff							
Other Method Allowed by the State							
<b>17. ADDITIONAL INFORMATION</b>							
<i>For tanks taken out of use</i>							
Date Last Used and Emptied (mm/dd/yy)							
Date Tank Removed from Ground (mm/dd/yy)							
Date Closed/Abandoned in Place (mm/dd/yy)							

**VII. CERTIFICATION OF INSTALLATION**  
 (Blocks 18 and 19 to be completed by installer)

18. INSTALLATION (tank(s) and its associated piping have the same numbers; list all that apply)	Tank No(s).	Piping No(s).
The installer has been certified by the tank and piping manufacturers.		
The installer has been certified by the state.		
The installation has been inspected by a registered professional engineer.		
All work listed on the manufacturer's installation checklists has been completed.		
Another method was used as allowed by the state. Please specify:		
<b>19. OATH:</b>		
I ( <i>Installer</i> ) certify that the information concerning the installation provided in Item 18. is true to the best of my belief and knowledge.		
Installer:		
Signature	Position	Date (mm/dd/yy)
Name (print)	Company	Phone
Mailing Address		
City, State, Zip code		

**20. CERTIFICATION OF FINANCIAL RESPONSIBILITY**

I have financial responsibility in accordance with Sections 33-24-08-80 through 33-24-08-102 NDAC by:

- ND Petroleum Release Compensation Fund                       Government  
PTRCF ID Number: \_\_\_\_\_     Railroad

**21. INITIAL START-UP PRECISION TEST**

(Precision test to be done after tank(s) and piping have been covered with backfill and final cover.)

Completed By:

Signature	Position	Date (mm/dd/yy)
Name (print)	Company	Phone
Mailing Address		
City, State, Zip		

TYPE OF START UP TEST	Tank No(s).	Piping No(s).
Tightness test (with product)		
Monitoring of interstitial space		
Automatic tank gauging test		N/A
Manual tank gauging (tanks less than 1000 gallons)		N/A

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.

Signature	Title	Date (mm/dd/yy)
Name (print)		

## GENERAL INFORMATION

**Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, and that are in the ground as of May 8, 1986**

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum and 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?** Section 9002 of the Resource Conservation and Recovery Act (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. Owner means: **(1)** 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 the storage, use, or dispensing of regulated substances; and **(2)** 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 the discontinuation of its use.

**What Tanks Are Included?** Underground storage tank is defined as any one tank, or combination of tanks, that is used to contain an accumulation of "regulated substances" and whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are: **(1)** underground tanks storing gasoline, used oil or diesel fuel; **(2)** underground tanks storing industrial solvents, pesticides, herbicides or fumigants; and **(3)** underground tanks no longer in operation but which stored regulated substances (petroleum or hazardous substances) since January 1, 1974.

**What Tanks Are Excluded?** Tanks excluded from notification are: **(1)** farm or residential tanks of 1,100 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; and **(9)** storage tanks situated in an underground area, (such as a basement, cellar, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

**What Substances Are Covered?** The notification requirements apply to underground storage tanks that contain regulated substances. 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. It also includes petroleum, for example, 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).

**When Must One 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, and **(2)** Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tank(s) into use.

**\*\*\* Where Must One Notify? Mailing Address:** North Dakota Department of Health, Division of Waste Management, 918 E. Divide Ave. 3<sup>rd</sup> Floor, Bismarck, ND 58501-1947. Phone: (701) 328-5166, Fax: 701-328-5200. (Office is located at: 918 E. Divide Avenue - 3rd Floor, Bismarck, ND 58501-1947.)

## HOW TO FILL OUT THIS FORM

**Section II. CONTACT PERSON INFORMATION** - This is the person who the Department will contact with any questions regarding the UST system(s).

**Section III. FACILITY INFORMATION** - This section contains information on the actual location of the tanks. You must use the correct 911 street address so that the facility can easily be located.

**Section IV. TYPE OF NOTIFICATION** - Check "First" if this is the first time you have filled out this notification form for the tank(s). Check "Amended" if you are filling out this form to update information. Check "Closure" if you are filling out this form when a tank has been closed.

**Section VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS** - This information is generally completed by a tank installer.

Block 1. Tank ID is an ID that you use to identify the tank. Typically the ID is numeric such as Tank 1, Tank 2, etc. If the tank has compartments, you must also use an ID for each compartment such as 1a, 1b, etc where the number "1" identifies the tank number and the letters "a" and "b" represent the different compartments.

Example:

1. TANK ID	Tank <u>1</u>	Tank <u>1</u>	Tank <u>2</u>	Tank <u>3</u>	Tank ____	Tank ____	Tank ____
Estimated total capacity of tank (gallons)	10,000		8,000	8,000			
Is the tank compartmented Y/N	yes	yes	no	no			
COMPARTMENT ID (if applicable) i.e. 1a, 1b	1a	1b	-	-			
Size of compartment (gallons)	5,000	5,000					

Block 8. Other methods of leak detection allowed by the state can include vapor monitoring and groundwater monitoring.

Block 13. Other methods of leak detection allowed by the state can include vapor monitoring and groundwater monitoring.

Block 14. Complete information in this block only if your UST system uses pressurized piping.

Block 17. Complete this information for tanks that are removed from the ground or closed in place.

**Section VII. CERTIFICATION OF INSTALLATION** - Blocks 18, 19 and 21 are to be completed by the tank installer. Block 20 refers to financial responsibility. Call the North Dakota Petroleum Release Compensation Fund (PTRCF) office at 701.328.9600 if you do not know your PTRCF ID number.