



NOTIFICATION FOR UNDERGROUND STORAGE TANKS
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF WASTE MANAGEMENT - UST PROGRAM
 SFN-10980 (REV: 04/2018)

FOR STATE USE ONLY:
 Facility ID#: _____
 Log ID#: _____

I. TYPE OF NOTIFICATION First Amended Closure

II. 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 911 ADDRESS (REQUIRED) :	City	State: Zip Code:
Facility Latitude and Longitude in Decimal Degrees:		
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
ARE THE TANKS LOCATED ON INDIAN LANDS? <input type="checkbox"/> Yes <input type="checkbox"/> No Tribe/Nation:		

III. TANK OWNER INFORMATION

Name of Tank Owner:	Phone Number:
Owner Mailing Address:	City: State: Zip Code:
Type of Owner:	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Commercial <input type="checkbox"/> Private

IV. CONTACT PERSON INFORMATION

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

V. 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.

1. TANK INFORMATION							
Tank ID	Tank ____	Tank ____	Tank ____	Tank ____	Tank ____	Tank ____	Tank ____
Estimated total capacity of tank (gallons)							
Is the tank compartmented? Y/N							
Compartment ID (if applicable) i.e. 1a, 1b							
Size of compartment (gallons)							
Is the tank used for heating oil only?							
Is the tank used for an emergency power generator?							
Is the tank an aboveground tank (AST)?							
2. STATUS OF TANK OR COMPARTMENT							
Currently In Use							
Temporarily Out of Use							
Permanently Out of Use							
3. INSTALLATION							
Date of Installation (mm/dd/yy)							
4. SUBSTANCE STORED							
Gasoline							
Alcohol Blends >15% or E85							
Diesel							
Biodiesel >20%							
Heating Oil							
Used Oil							
Hazardous Substance							
Name of substance or CAS number							
Other (specify)							
5. TANK MATERIAL							
Bare Steel							
Cathodically Protected Steel							
Epoxy Coated Steel							
Fiberglass Reinforced Plastic							
Concrete							
Unknown							
Other (specify)							
6. CONSTRUCTION OF TANK							
Single-Walled							
Double-Walled							
Polyethylene Tank Jacket							
Lined Interior							
Excavation Liner							
7. CATHODIC PROTECTION FOR TANKS							
Sacrificial Anodes							
Impressed Current							
Not required							

Tank ID	Tank ____	Tank ____	Tank ____	Tank ____	Tank ____	Tank ____	Tank ____
Compartment ID (if applicable)							
8. LEAK DETECTION FOR TANKS AND COMPARTMENTS							
Manual Tank Gauging							
Tank Tightness Testing							
Automatic Tank Gauging							
Interstitial Monitoring							
Statistical Inventory Reconciliation							
Other method allowed by the state (specify)							

VI. DESCRIPTION OF SPILL AND OVERFILL SYSTEM

9. SPILL PREVENTION DEVICE (tank)							
Installation date							
Capacity of spill bucket (gallons)							
Delivery of product less than 25 gallons?							
Is containment double-walled?							
10. LEAK DETECTION USED ON SPILL BUCKET							
Interstitial Monitoring							
Tightness Testing							
Other method (specify)							
11. OVERFILL PREVENTION DEVICE (tank)							
Ball Float Valve							
High Level Alarm							
Automatic Shutoff (flapper valve)							
Other method allowed by the state							

VII. DESCRIPTION OF PIPING SYSTEM

12. DATE OF PIPING INSTALLATION							
13. PIPING MATERIAL							
Bare or Galvanized Steel							
Cathodically Protected Steel							
Fiberglass Reinforced Plastic							
Flexible Plastic							
Copper							
Unknown							
Other (specify)							
14. CONSTRUCTION OF PIPING							
Single-Walled							
Double-Walled							
Secondary Containment							

Tank ID	Tank ____	Tank ____	Tank ____	Tank ____	Tank ____	Tank ____	Tank ____
Compartment ID (if applicable)							
15. CATHODIC PROTECTION FOR PIPING							
Sacrificial Anodes							
Impressed Current							
Not required							
16. TYPE OF PIPING SYSTEM							
Pressurized							
Suction with no valve at tank (safe suction)							
Suction with valve at tank							
Gravity fed							
17. LEAK DETECTION FOR PIPING							
Interstitial Monitoring with Sump Alarms							
Interstitial Monitoring Visual Monitoring							
Annual Line Tightness Testing							
Electronic .2 gph Line Leak Detectors							
Mechanical 3 gph Line Leak Detectors							
Statistical Inventory Reconciliation							
Other method allowed by the state (specify)							
18. FOR PRESSURIZED PIPING SYSTEMS							
Make and Model of Line Leak Detector							
Automatic Flow Restriction							
Automatic Shut Off Device							
Continuous Alarm System (Sump Sensors)							
19. PIPING SUMP INFORMATION							
Installation date							
Capacity of piping sump (gallons)							
Is piping sump double-walled?							
Does the piping sump have sump alarms?							
Is the sump contained?							
20. CONSTRUCTION OF PIPING SUMP							
Fiberglass							
Plastic							
Metal							
Other (specify)							
21. LEAK DETECTION FOR PIPING SUMP							
Interstitial Monitoring							
Tightness Testing							
Other method (specify)							

VIII. DESCRIPTION OF DISPENSERS

22. DISPENSER INFORMATION								
Dispenser ID								
Installation date								
Is this a single hose dispenser?								
Does this dispenser only use credit card?								
Is the dispenser a blender dispenser?								
Is this a satellite dispenser?								
Does the dispenser have under dispenser containment?								
23. UNDER DISPENSER CONTAINMENT (UDC)								
Capacity of containment (gallons)								
Is the containment double-walled?								
Does the UDC have sump sensors?								
24. CONSTRUCTION OF UDC								
Fiberglass								
Plastic								
Other (specify)								
25. LEAK DETECTION USED ON UDC								
Interstitial Monitoring								
Tightness Testing								
Other method (specify)								

IX. ADDITIONAL INFORMATION

	Tank ID	Tank ____	Tank ____	Tank ____	Tank ____	Tank ____	Tank ____
26. FOR TANKS TAKEN OUT OF USE							
Date Last Used and Emptied (mm/dd/yy)							
Date Tank Removed from Ground (mm/dd/yy)							
Date Closed/Abandoned in Place (mm/dd/yy)							
27. CERTIFICATION OF FINANCIAL RESPONSIBILITY							
This facility meets the financial responsibility requirements in accordance with Sections 33-24-08-80 through 33-24-08-102 NDAC by:							
<input type="checkbox"/> ND Petroleum Release Compensation Fund PTRCF ID Number: _____				<input type="checkbox"/> Government <input type="checkbox"/> Railroad			
If the owner of this facility owns more than 100 tanks in the United States, this facility meets the financial responsibility requirements in accordance with Section 33-24-08-83.2b by:							
<input type="checkbox"/> Self-Insured <input type="checkbox"/> Insurance <input type="checkbox"/> Risk Retention Group <input type="checkbox"/> Guarantee				<input type="checkbox"/> Letter of Credit <input type="checkbox"/> Trust Fund <input type="checkbox"/> Surety Bond			

X. CERTIFICATION OF INSTALLATION

(Blocks 28, 29, 30 and 31 to be completed by installer)

<p>28. INSTALLATION (tank(s) and its associated piping have the same numbers; list all that apply)</p> <p style="text-align: center;">The installer has been certified by the tank and piping manufacturers</p> <p style="text-align: center;">The installer has been certified by the state</p> <p style="text-align: center;">The installation has been inspected by a registered professional engineer</p> <p style="text-align: center;">All work listed on the manufacturer’s installation checklists has been completed</p> <p style="text-align: center;">Another method was used as allowed by the state (please specify)</p>	Tank No(s).	Piping No(s).

29. 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 Code
Date of Start-Up Test			

<p>30. TYPE OF START-UP TEST</p> <p style="text-align: center;">Tightness test (with product)</p> <p style="text-align: center;">Monitoring of interstitial space</p> <p style="text-align: center;">Automatic tank gauging test</p> <p style="text-align: center;">Manual tank gauging (tanks less than 1000 gallons)</p>	Tank No(s).	Piping No(s).
		N/A
		N/A

31. OATH:

I (*Installer*) certify that the information concerning the installation provided in section X 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

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)		

HOW TO FILL OUT THIS FORM

Section I. TYPE OF NOTIFICATION - Check "First" for new facilities. Check "Amended" to update existing tank system information, facility information, or contact information. Check "Closure" for tank systems that have been closed.

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

Section V. DESCRIPTION OF UNDERGROUND STORAGE TANKS - A tank installer generally completes this information.

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					

Section VI. DESCRIPTION OF SPILL AND OVERFILL SYSTEM – This information is generally completed by the tank installer.

Section VII. DESCRIPTION OF PIPING SYSTEM - A tank installer generally completes this information.

Section VIII. DESCRIPTION OF DISPENSERS - A tank installer generally completes this information.

Block 22. A satellite dispenser is a second dispenser which is plumbed from the primary dispenser to a location on the opposite side of the vehicle which is usually intended to shorten the length of fueling saddle tanks on diesel trucks. Leak detection must be provided on the piping system from the primary dispenser to the satellite dispenser.

Section IX. ADDITIONAL INFORMATION

Block 26. Complete this information for tanks that are removed from the ground or closed in place.

Block 27. This block refers to financial responsibility. Call the North Dakota Petroleum Release Compensation Fund (PTRCF) office at 701.328.9600 for more information. Owners or operators of one hundred one or more petroleum underground storage tanks are required to provide **two million dollars** in annual financial responsibility in accordance with Section 33-24-08-83.2b

Section X. CERTIFICATION OF INSTALLATION - Blocks 28, 29 and 30 are to be completed by the tank installer.

GENERAL INFORMATION

The primary purpose of this notification form is to provide information about the installation, existence, changes to, and closure of underground storage tank systems (USTs) that store or have stored petroleum or hazardous substances. The information you provide will be based on reasonably available records, or in the absence of such records, your knowledge or recollection.

Federal law requires UST owners to use this notification form for all USTs storing regulated substances that are brought into use after May 8, 1986, or USTs in the ground as of May 8, 1986 that have stored regulated substances at any time since January 1, 1974.

Who Must Notify? Owners of USTs that store regulated substances (unless exempted) are required to notify the North Dakota Underground Storage Tank Program (NDUST) of the existence of their USTs. An owner is defined as:

- In the case of an UST in use on November 8, 1984, or brought into use after that date, any person who owns an UST used for storage, use, or dispensing of regulated substances; or
- In the case of an UST in use before November 8, 1984, but no longer in use on that date, any person who owned the UST immediately before its discontinuation.

Also, owners of previously deferred UST systems with field constructed tanks or airport hydrant fuel distribution systems in the ground as of October 13, 2015 must submit a one-time notification of existence by October 13, 2018. Owners of UST systems with field constructed tanks or airport hydrant fuel distribution systems brought into use after October 13, 2015 are considered new facilities and must follow the same notification requirements as all other UST owners.

What USTs Are Required to Notify? An UST system is defined as any one or combination of tanks that is used to contain an accumulation of regulated substances, and whose volume (including connected underground piping) is 10 percent or more beneath the ground. Regulated USTs store petroleum or hazardous substances (see *What Substances Are Covered* below). This includes UST systems with field-constructed tanks or airport hydrant fuel distribution systems.

What Tanks Are Excluded From Notification?

- Tanks removed from the ground before May 8, 1986;
- Farm or residential tanks of 1,100 gallons or less capacity storing motor fuel for noncommercial purposes;
- Tanks storing heating oil for consumptive use on the premises where stored;
- Septic tanks;
- Certain pipeline facilities regulated under chapters 601 and 603 of Title 49;
- Surface impoundments, pits, ponds, or lagoons;
- Storm water or wastewater collection systems;
- Flow-through process tanks;
- Liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
- Tanks on or above the floor of underground areas, such as basements or tunnels;
- Tanks with a capacity of 110 gallons or less;
- Wastewater treatment tank systems;
- UST systems containing radioactive material that are regulated under the Atomic Energy Act of 1954;
- UST systems that are part of an emergency generator system at nuclear power generation facilities regulated by the Nuclear Regulatory Commission under 10 CFR part 50.

What Substances Are Covered? The notification requirements apply to USTs containing a complex blend of hydrocarbons or certain hazardous substances. A complex blend of hydrocarbons includes gasoline, used oil, diesel fuel, ethanol, biodiesel, 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). Hazardous substances are those found in Section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980, with the exception of those substances regulated as hazardous waste under Subtitle C of the Resource Conservation and Recovery Act.

When And Who To Notify? Owners who bring USTs into use after May 8, 1986 must submit this notification form to the NDUST Program within 30 days of bringing the UST into use. Any changes to the facility or tank system, including ownership changes must be submitted to the NDUST Program within 30 days.

Where Must One Notify? Mailing Address: North Dakota Department of Health, Division of Waste Management, 918 E. Divide Ave. 3rd 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.)