

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
TARGETED BROWNFIELDS ASSESSMENT  
APPLICATION FORM**

Use only for Sites within Kansas

Applicant Information		
Applicant Name: <u>SCOTT SPARKS</u>		
Organization: <u>BROKER FOR OWNER</u>		
Address: <u>P.O. BOX 288 KINGMAN KS 67068</u>		
Contact Person: <u>SCOTT SPARKS</u>		
Phone: <u>620-532-3581</u>	Fax: <u>620-532-1228</u>	Email: <u>SCOTT@KINGMANRE</u>
Type of Eligible Applicant:		<u>• KS COX MAIL • COM</u>
(City, County, Village, Town, Tribe, Other)		
IS APPLICANT OR ANY OTHER PARTY UNDER ORDER FROM EPA OR KDHE TO CONDUCT SITE ASSESSMENT AND/OR CLEANUP?		
YES (Describe Below)	NO	<u>UNKNOWN</u>
Briefly describe involvement/role of KDHE in enforcement and/or oversight of assessment/cleanup of candidate site:		

Proposed Site Information		
Name/Title of Site/Facility:	Street Address: <u>131 AVE D WEST</u>	
City: <u>KINGMAN</u>	State: <u>KS</u>	Zip: <u>67068</u>
Size of Site in Acres: <u>0.2796 ACRES</u> <u>150' X 810'</u>	Current Use of Site/Facility (if any): <u>VACANT</u>	
Site Zoning: (attach site map, if available) <u>C-2- COMMERCIAL HIGHWAY</u>		
Number of Parcels: <u>1</u>	Parcel ID #: <u>0481030502004002.00 001</u>	

SECTION 1 Current Site Ownership		
Name: <u>ASSOCIATED PROPERTIES, LP</u>		
Address: <u>5070 MARK IV PARKWAY</u>		
City: <u>FORT WORTH, TEXAS</u>	State: <u>TX</u>	Zip: <u>76106</u>
Phone: <u>817-838-4742</u>	PH <u>817-838-4742</u>	
If property is not owned by applicant, the applicant must secure access to the property by having the appropriate property access form signed by the property owner. The property access form is included in the Brownfields Targeted Assessment Package.		

SECTION 2 Site History		
Is there any reason to believe the property is contaminated with CERCLA related hazardous substances?		
Yes (Describe Below)	No	<u>Unknown</u>
(as defined in 40 CFR Part 30, e.g., solvents, pesticides, creosote, metals (lead, mercury, arsenic, etc.), drycleaning products)		

**RECEIVED**  
MAY 24 2010  
BUREAU OF  
ENVIRONMENTAL REMEDIATION

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SECTION 2 CONT.		
<b>PAST SITE USES (Types of manufacturing, etc.):</b> QUICK TRIP STORE, FUEL SALES SERVICE STATION		<b>APPROXIMATE DATES</b> 1970's to 2004 1947 to 1970's
<b>BUILDINGS ON SITE:</b> Block + Storage Shed	<b>SQUARE FOOTAGE</b> 1269 sq ft Building	<b>CONDITION</b> (usable, gutted, razed, etc.) USEABLE
<b>PRIOR SITE ASSESSMENT ACTIVITIES:</b> Describe Conclusions of prior site assessment activities (or attach relevant portions of report(s)). If reports are unavailable, identify consultant, client, and approximate date of study.		NONE UNKNOWN
SITE CONTAINS 3 INACTIVE TANKS KDHE ID# 06402		

SECTION 3 FUTURE SITE ACTIVITIES			
<b>SITE ASSESSMENT NEEDS:</b> Describe difficulties related to perceived contamination that have hindered reuse of the property.			
<b>ANTICIPATED FUTURE USE:</b> RESIDENTIAL                  RECREATIONAL                  COMMERCIAL/RETAIL                  INDUSTRIAL OTHER: Describe applicant's proposed reuse plan:			
<b>DESCRIBE ANY FINANCIAL INCENTIVES PLANNED TO SPUR DEVELOPMENT AND/OR CLEANUP AND PROPOSED FUNDING SOURCES: (Tax incentives, etc.)</b> This program is for site assessment only, cleanup money is not being offered as part of this program.			
<b>DESCRIBE PUBLIC INTEREST AND/OR COMMUNITY INVOLVEMENT IN SITE REUSE PLANNING:</b>			
<b>Signature:</b> <i>Scott Sparks</i>		<b>Date:</b> 5-20-10	

PLEASE RETURN FORM TO:

RYAN WEISER, Brownfields Coordinator  
 Kansas Department of Health and Environment  
 Bureau of Environmental Remediation  
 1000 SW Jackson, Suite 410  
 Topeka, Kansas 66612  
 785-296-5519  
 rweiser@kdhhs.gov

Attention: Scott Sparks 1-620-532-1228  
 Kansas Department of Health and Environment

2008 UST Annual Registration Renewal Invoice and Emergency Planning and Community Right To Know Act Special UST Tier III Form.

REVIEW THIS FORM, COMPLETE THE SIGNATURE BLOCK, AND RETURN THIS FORM WITH YOUR PAYMENT BEFORE APRIL 30, 2008.

Kansas Department of Health and Environment (KDHE) records indicate that you have 3 active tank(s) registered at the Facility listed below. A total of \$30.00 must be submitted to KDHE at the address below with this Renewal Invoice.

Owner		Facility		
Owner ID: 06402 RECOVERY BUSINESS FUNDS, LLC P.O. BOX 161686 FORT WORTH, TX 76106		Facility ID: 06402 TRL #21 131 WEST 2 <sup>ND</sup> AVENUE KING MAN, KS 67068		
Tank Number	U001	U002	U003	
Status of Tank	Temp. Out	Temp. Out	Temp. Out	
Exempt?	No	No	No	
Year Installed	1978	1978	1978	
Capacity (Gallons)	8,000	8,000	8,000	
Product Stored	Gas (Incl Alcohol)	Gas (Incl Alcohol)	Gas (Incl Alcohol)	
Product (if different)				
CAS Number	8006-61-9	8006-61-9	8006-61-9	
Physical/Health Hazards*	F,C,A	F,C,A	F,C,A	
Tank Release Detection	ATG, SIR	ATG, SIR	ATG, SIR	
Dispenser Type	Pressure	Pressure	Safe Ejection	
Shutoff/Alarm/FR/ALM	FR	FR		
Line Release Detection	SIR	SIR	SIR	
Financial Responsibility	SI	SI	SI	

- (1) Average Daily Amount assumed to be 1/2 of the Total Capacity unless otherwise stated.
  - (2) Assume storage of liquid substances is 365 days at the listed facility unless otherwise indicated.
  - (3) Please cross out any USTs removed from your facility. Check to see if your licensed remover has submitted a Underground Storage Tank Permanent Abandonment (UST008) form to KDHE.
- \* Review what is listed, Fire (F), Chronic (C), Acute (A) to describe the tank contents. (This information is found on your MSDS sheets.)

If any of the above information is not correct, such as the Owner's Mailing address, or any information related to the storage tanks system, provide a written description of any needed changes on this invoice and submit it with your payment. If an incorrect owner mailing address is listed and corrections are not made, your permit(s) may be delayed. Failure to complete this invoice and submit it with the appropriate fees prior to April 30, 2008 will prevent you from obtaining the required Permits before July 31, 2008.

**Certification of Accuracy**

Owner Name (printed): M. L. ATCHLEY <sup>Member of</sup> Recovery Business Funds, LLC	Facility Phone: 817-838-4742 / 817-838-4751
Owner Signature: Gene Mabry - Employee of Owner	Date: 4/08/08
24-Hour Contact Name: M. L. ATCHLEY Gene Mabry	Cell Phone: 24-Hour Phone: 817-838-4742

Submit to:  
 Kansas Department of Health and Environment  
 Bureau of Environmental Remediation  
 Storage Tank Section  
 1000 SW Jackson, Suite 410  
 Topeka, KS, 66612-1367

Please direct questions concerning the underground storage tank program to 1-877-221-0325. <http://www.kdheks.gov/tanks/index.html>

Please direct questions concerning the Right-to-Know program to (785) 296-1688. Listings of LEPCs at: [http://www.eco.kansas.gov/kdhe/contacts\\_us/ocoordinator\\_lepclistin\\_g.shtml](http://www.eco.kansas.gov/kdhe/contacts_us/ocoordinator_lepclistin_g.shtml)

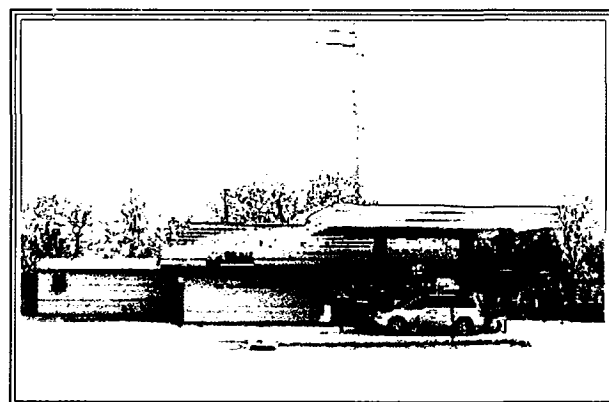
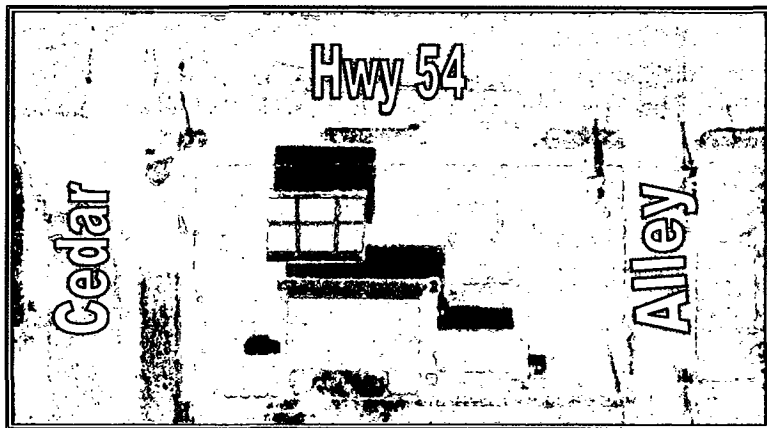
Please retain a copy of this invoice for your records. Send a copy to your Local Emergency Planning Committee(s).

## COMMERCIAL BUILDING

*High  
Traffic*

131 WEST D  
Kingman, KS  
\$26,000.00

*Take A Look!  
Super Location!*



Lot Size: 150' x 81.2' with 150' of Highway 54 frontage  
Main Bldg. 1350 sf w/12'x28' attached storage bldg w/336 sf.  
26'x34' canopy, Paved drive-way. Property is zoned commercial.  
Contains 3 underground fuel tanks and pumps. Newer high efficiency  
central heat and air, 1 restroom.

2009 Taxes: \$1,915.53

*If you would like more information &/or would like to view this listing, please feel free to call:*

***KINGMAN REAL ESTATE***

*146 North Main -- Kingman, Ks 67068*

*(620) 532-3581*

(This Information Deemed Correct But Not Guaranteed)

[www.kingmanksre.com](http://www.kingmanksre.com)