

RISK MANAGEMENT PROGRAM APPLICATION FORM

SUBMIT COMPLETED APPLICATION TO:

Kansas Department of Health and Environment
 Long-term Stewardship and Information Management Unit
 1000 SW Jackson, Suite 410
 Topeka, Kansas 66612-1367



Section 1: Applicant Information

Participant:			
Address:	City:	State:	Zip Code:
Contact Person:			
Primary Phone:	Alternate Phone:	Email:	

Section 2: Site Information

Site/Facility Name:			
Address:			
City (or Township):		County:	Zip:
Township:	Range:	Section Quarter(s):	
Tax Lot # or Parcel Identification #:		Property Size (in acres):	
KDHE Project Code:			
KDHE Bureau of Environmental Remediation Program in which the Site is enrolled (check one):			
<input type="checkbox"/> State Cooperative <input type="checkbox"/> Voluntary Cleanup <input type="checkbox"/> Brownfields <input type="checkbox"/> Orphan Sites <input type="checkbox"/> Dry Cleaner Trust Fund <input type="checkbox"/> Above/Underground Storage Tank <input type="checkbox"/> Other _____			
Contaminant Type (check all that apply):			
<input type="checkbox"/> Solvents/degreasers <input type="checkbox"/> Pesticides (herbicides, insecticides, etc.) <input type="checkbox"/> Metals <input type="checkbox"/> Petroleum products <input type="checkbox"/> Inorganics (salt, soda ash, etc.) <input type="checkbox"/> PCBs <input type="checkbox"/> Acids/bases <input type="checkbox"/> Fertilizer (nitrate, ammonia) <input type="checkbox"/> Sludge <input type="checkbox"/> Paint/paint wastes <input type="checkbox"/> Other (list) _____			
Affected Media (check all that apply):			
<input type="checkbox"/> Surface Soil (< 2ft) <input type="checkbox"/> Subsurface Soil (≥ 2ft) <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Sediments <input type="checkbox"/> Indoor Air			
Does the potential exist for vapor intrusion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Approximate size of the risk management plan boundary (acres or mile radius):			
Number of Parcels/Properties Affected:			
Have the following maps been attached?			
Site Location <input type="checkbox"/> Yes <input type="checkbox"/> No		Parcel/Property Map <input type="checkbox"/> Yes <input type="checkbox"/> No	
List of Property Owner(s) and Occupant(s) if different from Owner(s) (attached additional list as necessary):			
Name	Property Address	Owner/Occupant	Proof of Notice Attached
		<input type="checkbox"/> Owner <input type="checkbox"/> Occupant	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Owner <input type="checkbox"/> Occupant	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Owner <input type="checkbox"/> Occupant	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Owner <input type="checkbox"/> Occupant	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Owner <input type="checkbox"/> Occupant	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Owner <input type="checkbox"/> Occupant	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3: Risk Management Plan

Receptors: for the risk management plan boundary.

Sensitive receptor land use (check all that apply):

- School (K-12)
 Childcare Facility
 Healthcare Facility
 Recreational
 Residential
 Public Water Supply
 Industrial Water Supply
 Wetlands
 Ecological
 Other (specify): _____

Abutting Land Use (check all that apply):

- Industrial
 Commercial
 Residential
 Agriculture
 Other _____

Has a groundwater plume that originated on-site migrated off-site? Yes No

Groundwater Class:

- potable
 non-potable*
 Not Applicable

* - per BER Policy No. BER-RS-045

Depth to Groundwater:

Water supply well receptor survey* completed: Yes No

If yes, number of water supply wells impacted:

If no, what is the distance to the nearest public or domestic water supply well: _____ feet

* - per BER Policy No. BER-RS-056

Permanent potable water supply provided:

Water Main

Date:

Treatment

Date:

Monitoring Frequency

Other (specify): _____

Distance to nearest downgradient surface water body: _____ feet/miles (circle one)

Provide name of water body and surface water classification:

Were potential impacts to ecological receptors evaluated including exposure pathways affecting aquatic and terrestrial life: Yes No Not Applicable

If yes, what level of evaluation was completed: Scoping Screening Risk Assessment

was the ecological receptor(s) impacted: Yes No

If yes, was the impact mitigated: Yes No

A draft Risk Management Plan has been attached: Yes No

Section 4: Application Terms and Signature

The undersigned has voluntarily applied to the Kansas Department of Health and Environment (KDHE) Bureau of Environmental Remediation (BER) Risk Management Program to manage residual contamination above regulatory requirements for unrestricted site closure or no further action. The undersigned acknowledges they are the authority to sign this application and enter into the Risk Management Program. The undersigned further acknowledges and agrees to reimburse KDHE for the costs incurred to review and process the application, including review of the draft risk management plan (RMP) even if KDHE and the applicant are unable to agree on an appropriate RMP.

By signing this document, the undersigned certifies that the information provided herein is true, accurate, and complete to the best of their knowledge at the time of submittal. The undersigned agrees to provide immediate notification to BER in the event new information becomes available that may be contrary to that provided herein. Providing false, inaccurate, or incomplete information to BER or failing to provide updated information as required may render the Site ineligible for participation in the program.

Execution of this application form does not constitute an RMP, and the undersigned may terminate this application at any time by notifying BER.

The application should be submitted to:
Risk Management Program
Bureau of Environmental Remediation
Kansas Department of Health and Environment
1000 SW Jackson, Suite 410
Topeka, KS 66612-1367

Name (print or type): _____ **Title:** _____

Signature: _____ **Date:** _____