

Aboveground Storage Tank Change of Ownership

Submit to: **Kansas Department of Health and Environment
Bureau of Environmental Remediation**

**Storage Tank Section
1000 SW Jackson, Suite 410
Topeka, KS 66612-1367**

Phone: 785-296-8061
Fax: 785-296-6190

| |
|-----------------------|
| Change Processed: |
| _____ |
| Date: _____ By: _____ |

KDHE Facility I.D. Number _____

Please Print Clearly or Type:

I. EXISTING FACILITY INFORMATION

Name _____

Address _____
(street)

(city) (state) (zip)

Contact _____

Number of Aboveground tanks at this location:

Active* _____ Exempt* _____ Temporary _____
Out of Service _____

Previous Owner I.D. Number _____

Name _____

Address _____
(street)

(city) (state) (zip)

New Owner Type:

State/Local Gov't _____ Federal _____

Private _____

Will the system be used for purposes of retail sales? Yes _____ No _____

Has property including tanks been sold? Yes _____ No _____

Have tanks only been sold and moved? Yes _____ No _____

Date of Sale _____

KDHE Facility I.D. Number _____

(Assigned by KDHE)

NEW FACILITY INFORMATION

Name _____

Address _____
(street)

(city) (state) (zip)

24-hour contact _____

24-hour phone (_____) _____ - _____

II. EXISTING TANK OWNER INFORMATION

*Changes in ASTs being used or not being used should be submitted on a KDHE Change of Status form.

NEW OWNER INFORMATION

Owner I.D. Number _____
(if the new owner currently has other facilities)

Name _____

Address _____
(street)

(city) (state) (zip)

Contact _____ Title _____

Phone(_____) _____ - _____

OWNER CERTIFICATION

I certify that the information above is true to the best of my knowledge.

Owner's Signature

Date