

# Aboveground Storage Tank Change In Status

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: 785-559-4260

**For KDHE Use Only:**

Tank Numbers: _____	
Change Processed: _____	
Date: _____	By: _____

*Please Print Clearly or Type*

**I. Tank Owner Information**

A. Owner Name: \_\_\_\_\_

B. Owner Address: \_\_\_\_\_  
(street) (city) (state) (zip)

C. Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**II. Facility Information**

A. Facility Name: \_\_\_\_\_

B. Facility Address: \_\_\_\_\_  
(street) (city) (state) (zip)

C. Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**III. Tank Information**

A. <b>KDHE tank number</b> (example: A001, A003 etc)	A00__	A00__	A00__	A00__
B. Age of tank(s) in years				
C. Tank capacity (gals)				
D. Tank construction				
E. Substance stored				
F. Temporary Out of Service date (month/day/year)	/ /	/ /	/ /	/ /
G. Tank is EXEMPT date (month/day/year) <small>(tank is <b>empty and cleaned</b> but remains on site)</small>	/ /	/ /	/ /	/ /
H. Back in Service date (month/day/year)** <small>(temporary out of service to back in use)</small>	/ /	/ /	/ /	/ /
I. Permanent Out of Service date (month/day/year) <small>(tank has been <b>removed</b> from site)</small>	/ /	/ /	/ /	/ /

\*\* If the registration fees are not current, please include \$10.00 per tank that is changed to **Back in service** status.

J. How were tanks abandoned? (emptied/cleaned/removed from site/sold for scrap or reuse/rendered unusable, etc):  
 \_\_\_\_\_

K. Were tanks abandoned because of a release? Yes \_\_\_ No \_\_\_

L. Were these tanks registered with KDHE? Yes \_\_\_ No \_\_\_

M. How many **active (in use)** tank(s) remain at this facility? Aboveground tanks: \_\_\_\_\_ Underground tanks: \_\_\_\_\_

N. How many **temporary out of service** tank(s) remain at this facility? Aboveground tanks: \_\_\_\_\_ Underground tanks: \_\_\_\_\_

O. How many **exempt** tank(s) remain at this facility? Aboveground tanks: \_\_\_\_\_ Underground tanks: \_\_\_\_\_

**IV. Change in Status Certification**

I certify that the status of the above tanks were changed in accordance with all federal, state, and local regulations.

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_