 KDHE Reference No.: Owner ID:_____Facility ID:_____

KANSAS REGISTRATION NOTIFICATION FOR UNDERGROUND STORAGE TANKS

Submit to: **Kansas Department of Health and Environment**
Bureau of Environmental Remediation
Storage Tank Section
1000 SW Jackson, Suite 410 **Phone: 785-296-8061**
Topeka, KS 66612-1367 **Fax: 785-559-4260**

Please Print Clearly or Type

State of Kansas - Division of Environment
Acceptance
Date: _____
By: _____

I. Facility Information

A. Facility Name: _____

B. Facility Address: _____
(street) (city) (state) (zip) (county)

C. Contact Person: _____Phone: (_____) _____ - _____

D. Qtr. Section (to 4 quarters): _____ Section _____ Township _____Range _____ E / W (circle one)

II. Tank Owner Information

A. Owner Name: _____

B. Owner Address: _____
(street) (city) (state) (zip)

C. Contact Person: _____Phone: (_____) _____ - _____

D. Owner Type: State/Local Government: _____ Federal _____ Private _____ Retail_____

E. Number of tanks at this location: _____aboveground tanks (ASTs) _____underground tanks (USTs)

III. Tank Information Please enter manufacturer and model # where appropriate.

Tank Status: **Currently in use, Temporarily out, or Permanently out**	Tank # U _____ In use _____ Temp Out _____ Perm Out _____	Tank # U _____ In use _____ Temp Out _____ Perm Out _____	Tank # U _____ In use _____ Temp Out _____ Perm Out _____	Tank # U _____ In use _____ Temp Out _____ Perm Out _____	Tank # U _____ In use _____ Temp Out _____ Perm Out _____
Install date or age-yrs					
Date of first use:					
Tank capacity (gals)					
Tank dimensions					
Product stored*					
Single wall tank **Double wall tank**					
Tank Construction: StiP3, FRP, ACT, etc.					

*If product stored is hazardous substance, please give CERCLA Name or CAS #:_____

IV. Product Piping Information

Line construction: Steel, FRP, Flexible, Copper, Non-metal					
Single wall piping **Double wall piping**					

V. Financial Responsibility Method: (40CFR part 280 Subpart H and part 281)

***Must Provide Certificate of 3rd Party Liability Insurance to KDHE** showing number of tanks covered and expiration date, or proof of alternate approved method.

☐ 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. I have financial responsibility as specified in accordance with 40 CFR 280, Subpart I.

_____ _____ _____
Date Signature Name and official title of owner or owner=s representative

KDHE Reference No.: Owner ID: _____Facility ID: _____

Kansas Registration Notification Page 2 - Compliance Information

Tank UL no. or ASTM no.:	1)	2)	3)	4)	5)
KDHE Tank #:	U00 - _____	U00 - _____	U00 - _____	U00 - _____	U00 - _____

Please mark an "X" in the boxes below for each applicable item.

KDHE Tank/Line #						**KDHE Tank/Line #**					
Standby Tank (yes/no)						**Corrosion Protection Tanks** **Test date:**					
Tank Release Detection **Test date:**						Sacrificial Anode Cathod. Prot.					
Manual Tank Gauging						Impress. Current Cathod. Prot.					
Tightness Testing						Fiberglass					
Automatic Tank Gauging						Steel Clad with Fiberglass					
Vapor Monitoring						Interior Lining					
Groundwater Monitoring						Interior Lining Installation / Inspection Date:					
Interstitial Monitor DW Tank						**Line Construction**					
Statistical Inventory Recon.						Copper					
Other: _____						Steel					
Dispenser Type						Fiberglass					
Safe Suction						Double Wall					
Conventional Suction						Flexible Nonmetallic					
Pressure						Other: _____					
Product Line Release Detection **Test date:**						**Corrosion Protection Lines** **Test date:**					
Vapor Monitoring						Sacrificial Anode Cathod. Prot					
Tightness Testing						Impress. Current Cathod. Prot.					
Interstitial Monitoring						Fiberglass					
Statistical Inventory Recon.						Double Wall					
Automatic Line Monitor						Flexible Nonmetallic					
Other: _____						Other: _____					
Pressure Line Release Detect. **Test Date:**						**Flex Connectors** **Corr. Protec. Test date**:					
Mechanical Leak Detector (Flow Restrictor)						Product line **(Indicate I if install, B if Boot)**					
Positive Shutoff						Dispenser **(Indicate I if install, B if Boot)**					
Continuous Alarm w/Shutoff						**Spill Prevention**					
Automatic Line Monitor						Spill Buckets					
Other: _____						**Overfill Prevention**					
Pump and Dispenser Containment						Drop Tubes ***and***					
Submersible Pump Pan						Overfill Shutoff Device ***or***					
Dispenser Pan						**Outside Audible Overfill Alarm *or***					
						Ball Float Valve					

☐ Installation of these tanks was done under the supervision of a KDHE licensed contractor and in accordance with all federal, state and local requirements:

Company: _____ Company Lic #:_____ ____

Signature of Installer:_____ Indiv. Lic. #_____