12/16 **UST013** **Underground Storage Tank Change of Ownership**

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

***** YOUR OWNERSHIP CHANGE WILL ONLY BE PROCESSED WHEN KDHE RECEIVES A COPY OF YOUR REAL ESTATE PURCHASE AGREEMENT AND THIS FORM NOTARIZED. *****

KDHE Facility I.D. Number_____ **KDHE Facility I.D. Number** _____

Please Print Clearly or Type:

I. CURRENT FACILITY INFORMATION

Name_____

Address_____

_____
(city) (zip)

II. NEW FACILITY INFORMATION

Name_____

Contact _____Title_____

Facility Phone (_____) _____-_____

III. CURRENT TANK OWNER (Seller)

Sellers Owner I.D. Number _____

Name_____

Address_____
(street)

_____
(city) (state) (zip)

IV. NEW TANK OWNER (Buyer)

Owner I.D. Number _____

Name _____

Address _____
(street)

_____
(city) (state) (zip)

Contact_____Title_____
Owner Phone (____) _____ - _____
Email _____

V. UNDERGROUND TANK Information
Number Active _____Inactive_____
Private____Federal_____State/Local_____

Will system to be used for retail sales? Yes _____No_____

Buyer assumes all of the Seller's right, title and interest in and to the personal property physically located at the facility address noted above effective the date of purchase, including, but not limited to, all underground storage tanks and related underground piping and product delivery systems.

_____ _____
(buyer printed name) (signature) (date)

STATE OF KANSAS, COUNTY OF ss:
This instrument was acknowledged before me on this _____day of _____, 20___,
by_____.

_____
Notary Public

My appointment expires: