Underground Storage Tank Permanent Abandonment

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

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. Contractor Information
   A. Contractor Name: _________________________________ Lic. No. and Exp. Date:____________________
   B. Contractor Address: _______________________________________________________________________
      (street)     (city)  (state)  (zip)
   C. Contact Person: ________________________________________Phone: (______) _____ - ____________
      Email:_____________________________________________   Fax: (______) _____ - ____________

IV. Tank Information
   A. KDHE tank number (example: U001, U003 etc) U00______ U00______ U00______ U00______
   B. UL serial #
   C. Age of tank(s) in years
   D. Tank capacity (gals)
   E. Tank construction
   F. Substance last stored
   G. Tank removal date (month/day/year) / / / / / / /
   H. Abandonment method (filled or removed)
   I. If tanks were filled in place, indicate fill material: Sand ____ Cement ____ Gravel ____ Other(specify)__________
   J. Who performed the site assessment required by law? KDHE ____ Other (specify):  ______________________
   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: _____

V. Abandonment Certification:
   I certify that the above tanks were abandoned in accordance with all federal, state, and local regulations.

____________________________________________________________ Date:__________________________

KDHE Licensed Remover’s Signature    IO#

Please direct questions regarding tank abandonment to KDHE, Storage Tank Section, 785-296-8061. K.S.A. 65-34,110 (e) requires that contractors must have a license to remove underground storage tanks.