

# KANSAS PETROLEUM STORAGE TANK RELEASE TRUST FUND APPLICATION FORM

## CHECK APPROPRIATE FUND:

(Only one fund per application)

\_\_\_ ABOVEGROUND STORAGE TANK (AST)

\_\_\_ UNDERGROUND STORAGE TANK (UST)



## SUBMIT COMPLETED APPLICATION TO:

Kansas Department of Health and Environment

STORAGE TANK TRUST FUND

1000 SW Jackson, Suite 410

Topeka, Kansas 66612-1367

Instructions for completing this application are included in this package. A separate application must be filed for each release incident. **ALL BLANKS MUST BE FILLED IN.** If an item does not apply, mark the NA block or write "NA" in the appropriate field. **INCOMPLETE FORMS WILL BE RETURNED.** Attach an extra sheet for explanations if needed. **PLEASE TYPE OR PRINT CLEARLY.** The submitted application must have an original signature.

## SECTION 1. FACILITY AND OWNER/OPERATOR INFORMATION

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

B. City: \_\_\_\_\_ County: \_\_\_\_\_

C. Are petroleum products sold from this facility? Currently: Yes: \_\_\_ No: \_\_\_ Previously: Yes: \_\_\_ No: \_\_\_

D. Applicant Name: \_\_\_\_\_

E. Name, title, phone number, and address of person who is to sign the Consent Agreement:

Name	Title	Phone Number
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Mailing Address	City	State	Zip Code
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F. The Trust Fund applicant must be the current or former Tank Owner, Tank Operator, or Property Owner. Check one or more of the following to indicate the applicant's status:

*Tank Owner:* Current: \_\_\_ Former: \_\_\_ *Tank Operator:* Current: \_\_\_ Former: \_\_\_ *Property Owner:* Current: \_\_\_ Former: \_\_\_

G. Provide the following contact information of the individual that will be coordinating the cleanup on behalf of the applicant:

(This individual must be a legal agent that is authorized to enter into contracts and sign any other documents on behalf of the applicant.)

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
(If applicable)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
(Please notify the KDHE, in writing, at the address listed above (top right hand corner of this page) if there are any changes to the contact information. When notifying the KDHE of such changes, list the KDHE project code for all the Trust Fund facilities affected by the change in the contact information.)

H. If applicant is the property or tank owner:

1. When did the applicant acquire the property? \_\_\_\_\_ NA: \_\_\_ (Not the property owner)  
(month/day/year)

2. When did the applicant acquire ownership of the tanks? \_\_\_\_\_ NA: \_\_\_ (Not the tank owner)  
(month/day/year)

I. Applicant's Business Type: 1. Local Govt: \_\_\_ 2. State: \_\_\_ 3. Federal: \_\_\_ 4. Private: \_\_\_ 5. Other: \_\_\_\_\_

J. If the applicant is the owner, have the tanks ever been used during their ownership? Yes: \_\_\_ No: \_\_\_ Not Owner: \_\_\_

K. Did the applicant inherit the tanks located at the property of this facility? Yes: \_\_\_ No: \_\_\_ NA: \_\_\_ (Not the property owner)

## SECTION 2. STORAGE TANK (ST) SYSTEM INFORMATION

A. Is the system located at a refinery or a facility that produces petroleum products? Yes: \_\_\_ No: \_\_\_

B. Number of petroleum storage tanks located at this facility **at the time contamination was discovered:** 1. AST: \_\_\_ 2. UST: \_\_\_  
(Include all active and inactive aboveground **and** underground petroleum storage tanks.)

C. Date(s) the ASTs or USTs were last used: 1. USTs: \_\_\_\_\_ NA: \_\_\_ 2. ASTs: \_\_\_\_\_ NA: \_\_\_

D. Has the suspected leaking ST system(s) been properly removed? Yes: \_\_\_ Date(s) Removed: \_\_\_\_\_ No: \_\_\_ NA: \_\_\_  
If yes, has a Permanent Tank Abandonment Form been submitted? Yes: \_\_\_ No: \_\_\_

E. Has the suspected leaking ST system(s) been properly repaired? Yes: \_\_\_ Date Repaired: \_\_\_\_\_ No: \_\_\_ NA: \_\_\_

F. Is or was the ST volume equal to or less than 1,100 gallons **and** used on a farm or residence for noncommercial uses? Yes: \_\_\_ No: \_\_\_

G. Is or was the ST used for storing heating oil for use at a single family residence? Yes: \_\_\_ No: \_\_\_

H. Is or was the ST of less than 660 gallons capacity? Yes: \_\_\_ No: \_\_\_

**SECTION 3. APPLICANT FINANCIAL INFORMATION**

- A. Can the applicant satisfy the federal criteria for self-insurance (see instructions)? Yes:\_\_\_ No:\_\_\_ NA:\_\_\_
Note: If the applicant's tangible net worth is less than ten million dollars, check No; otherwise see Application Form Instructions.
B. Did or does the applicant have the financial responsibility for the third party liability (insurance or other allowable mechanisms) that is required for STs? Yes:\_\_\_ No:\_\_\_ NA:\_\_\_
Policy Expiration
If yes, provide the following: Insurer:\_\_\_ Number:\_\_\_ Date:\_\_\_
or other mechanisms - Specify method/name:\_\_\_ Exp. Date:\_\_\_
C. Is part or all cleanup work covered under an insurance policy, a guarantee, a warranty or other means (other than the state trust fund)? Yes:\_\_\_ No:\_\_\_ If yes, describe:\_\_\_

**SECTION 4. COMPLIANCE INFORMATION**

- A. Are the storage tanks registered with the Kansas Department of Health and Environment (KDHE)? Yes:\_\_\_ No:\_\_\_
If yes, give the Owner and Facility Identification Numbers (these numbers must be provided).
1. Owner I.D.:\_\_\_ 2. Facility I.D.:\_\_\_
B. Have all storage tanks owned by the applicant been registered with the KDHE? Yes:\_\_\_ No:\_\_\_ NA:\_\_\_
C. Have all applicable annual tank fees been submitted? Yes:\_\_\_ No:\_\_\_ NA:\_\_\_
D. At the time contamination was discovered, was this facility in compliance with release detection and permitting requirements?
1. TANKS: Yes:\_\_\_ No:\_\_\_ LINES: Yes:\_\_\_ No:\_\_\_ NA:\_\_\_ 2. PERMITS: Yes:\_\_\_ No:\_\_\_ NA:\_\_\_
E. Are all other facilities owned or operated by the applicant in compliance with release detection and permitting requirements?
1. TANKS: Yes:\_\_\_ No:\_\_\_ LINES: Yes:\_\_\_ No:\_\_\_ NA:\_\_\_ 2. PERMITS: Yes:\_\_\_ No:\_\_\_ NA:\_\_\_
F. Was the petroleum release reported to the KDHE? Yes:\_\_\_ No:\_\_\_
(If reported to the KDHE or if a state official (KDHE staff) was at the facility during tank removal, check yes.)
If yes, give the date it was detected and the date it was reported. 1. Detected:\_\_\_ 2. Reported:\_\_\_
(month/day/year) (month/day/year)
G. Was an environmental site assessment conducted? Yes:\_\_\_ No:\_\_\_
(If reported to the KDHE, or if a state official (KDHE staff) or consultant was at the facility during tank removal, check yes.)
If yes, who performed the assessment? (Submit the results or report of the assessment.)
1. KDHE Staff Member:\_\_\_ OR 2. Consultant:\_\_\_
H. Is or was inventory control performed each day the tanks were operated at this facility? Yes:\_\_\_ No:\_\_\_ NA:\_\_\_
If yes, submit all daily inventory control records for the last twelve months of operation.
I. Is the storage tank system in compliance with the Kansas State Fire Marshall's regulations (Art. 7)? Yes:\_\_\_ No:\_\_\_ NA:\_\_\_
J. Complete the following only if required. Please read 4J of the Application Form Instructions.
Facility Name Owner I.D. Number Facility I.D. Number Location (City)
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 5. CORRECTIVE ACTION AND REIMBURSEMENT INFORMATION**

- A. Was the contamination from a petroleum storage tank system? Yes:\_\_\_ No:\_\_\_
(This includes leaks from storage tanks, lines, and overfills.)
B. Has corrective action at the site been completed (see instructions)? Yes:\_\_\_ No:\_\_\_
If no, has the extent of the contamination been determined? Yes:\_\_\_ No:\_\_\_
C. Do you want the KDHE to assist you in obtaining bids for additional corrective action necessary to address contamination detected at your facility (see instructions)? Yes:\_\_\_ No:\_\_\_
D. Reimbursement checks must be made out to the applicant or the applicant's business. The KDHE is required to submit all reimbursement information to the IRS; therefore, the name on the check should reflect the Social Security Number of the person or the Federal Identification Number of the company who will be reporting the cleanup expenditures and reimbursements to the IRS. This number should correspond to the answer provided in Section 1D. SSN or FEIN of the applicant:\_\_\_
E. Attach copies of the following: 1. Investigation reports 2. Tank System Tightness Tests 3. Inventory records 4. Form W-9

**Submitting false information to obtain reimbursement from the Petroleum Storage Tank Release Trust Fund may result in criminal prosecution. I certify all information in this application is correct and accurate to the best of my knowledge.**

Print or Type Applicant's Name Applicant's Title Applicant's Signature Date
Do not write below this line.

Reviewer's Signature:\_\_\_ Date:\_\_\_ APPROVED/DENIED