

KANSAS ESSENTIAL FUELS SUPPLY TRUST FUND APPLICATION FORM

MOTOR VEHICLE FUELS LICENSE NUMBERS:

(Attach a copy to this application.)

MOTOR VEHICLE FUELS DISTRIBUTOR LICENSE No. _____

MOTOR VEHICLE FUELS RETAILER LICENSE No. _____



SUBMIT COMPLETED APPLICATION TO:

Kansas Department of Health and Environment
ESSENTIAL FUELS SUPPLY 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 aboveground storage tank facility. **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.

ELIGIBILITY CRITERIA AND DEADLINES

Upgrade expenses are limited to reasonable and necessary to the installation or improvement of equipment systems required for compliance with 40 CFR 112. Eligible upgrading or decommissioning costs include but are not limited to: 1) secondary containment, 2) integrity testing, 3) corrosion protection, 4) loss prevention, 5) engineering costs, 6) security, 7) drainage, and 8) removal of noncompliant tanks. Such costs must be incurred after August 1, 2001, and not later than July 1, 2009. Application to the Kansas Essential Fuel Supply Trust Fund must be made on or before **January 1, 2011.**

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: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

E. The Essential Fuels Supply Trust Fund applicant must either be the current or former Tank Owner. Check one of the following to indicate the applicant's status:

Tank Owner: Current: _____ Former: _____

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

G. Applicant's Business Type: 1. Local Govt: _____ 2. State: _____ 3. Federal: _____ 4. Private: _____ 5. Other: _____

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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 aboveground petroleum storage tanks at this facility. AST:_____
(Include all active and temp out aboveground petroleum storage tanks.)

C. Date(s) the ASTs were last used: _____ NA:____

D. Is the total volume of oil stored at your facility in storage tanks 1,320 gallons or greater? Yes:____ No:____

SECTION 3. COMPLIANCE INFORMATION

A. Are the aboveground 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 of installation, upgrading, or decommissioning, was this facility in compliance with registration and permitting requirements?

1. REGISTRATION: Yes:____ No:____ NA:____ 2. PERMITS: Yes:____ No:____ NA:____

E. Are all other facilities owned or operated by the applicant in compliance with registration and permitting requirements?

1. REGISTRATION: Yes:____ No:____ NA:____ 2. PERMITS: Yes:____ No:____ NA:____

F. Do you have a Spill Prevention, Containment, Countermeasures (SPCC) Plan?

Yes: ____ No: ____ (If Yes, attach a copy to this application.)

G. Is the storage tank system in compliance with the Kansas State Fire Marshall's regulations (Art. 7)? Yes:____ No:____ NA:____

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SECTION 4. APPLICANT'S SIGNATURE

Submitting false information to obtain reimbursement from the Kansas Essential Fuels Trust Fund may result in criminal prosecution. I certify all information in this application is correct and accurate to the best of my knowledge.

Applicant's name (Printed)

Signature of Applicant or Applicant's Authorized Representative

Title

Send this application and accompanying documents to:

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
ESSENTIAL FUELS TRUST FUND
1000 SW JACKSON, SUITE 410
TOPEKA, KS 66612-1367**

**Refer questions to:
(785) 296-8061 OR (877) 221-0325**

Do not write below this line.

Reviewer's Signature: _____

Date: _____

APPROVED/DENIED: _____