

**INSTRUCTIONS FOR  
KANSAS UST PROPERTY REDEVELOPMENT TRUST FUND.  
INSTALLATION OF DOUBLE WALL UNDERGROUND STORAGE TANK  
APPLICATION**

**SECTION 1. FACILITY AND OWNER/OPERATOR INFORMATION**

- A. Provide the name and street address of the facility.
- B. Provide the name of the city and county in which the facility is located.
- C. Indicate if petroleum products are sold at this facility. .
- D. Provide the name of the person or company who is making application to the program.
- E. Provide the name, title, mailing address, phone number, fax number and email of the applicant or the name of the person and company (if applicable) who is coordinating the installation of the double wall UST system. This person must be a legal agent that is authorized to enter into contracts and sign any other documents on behalf of the applicant. Please keep the KDHE informed of any changes related to the contact person.
- F. To qualify the applicant must be the current tank owner. Check the appropriate item(s) to indicate whether the applicant is the current tank owner and if the applicant is the current property owner.
- G. To qualify the applicant must be a petroleum marketer in the retail business. Check the appropriate item to indicate if the applicant is in the petroleum marketer retail business.

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

- A. Provide the number of storage tanks at this facility. Include all active and inactive underground petroleum storage tanks that were located at this facility.
- B. Provide the date the storage tanks were last used at this facility.
- C. Provide the date the single wall UST tank was removed. Check no if it has not been removed.
- D. If checked yes, provide how many single wall UST's were removed and if a Permanent Tank Abandonment form was submitted.
- E. Check yes if a new double wall UST system has been installed. Provide date if yes was checked. If no is checked, provide projected date installation date if known.

**SECTION 3. APPLICANT FINANCIAL INFORMATION**

- A. If an applicant can meet the criteria for self-insurance under the federal act (40CFR 280.95) check yes. This does not mean the applicant has to use self-insurance as a method to meet the federal financial responsibility requirements.
- B. Check yes if the applicant has coverage for third party liability. If yes, provide the name of insurance company and policy numbers or other allowable methods (such as bonds, letter of credits, self insurance and guarantee) the applicant may have employed to satisfy the financial responsibility requirements for third party liability.

#### **SECTION 4. COMPLIANCE INFORMATION**

- A. Indicate whether the tanks at this facility have been registered with the Kansas Department of Health and Environment (KDHE). All registered tanks have been assigned an owner identification number and a facility identification number. These numbers can be found on your annual Storage Tank registration renewal form.
- B. Check yes if all annual tank fees have been paid. Check no if they have not been paid.
- C. 1. Check yes if the storage tank system is in compliance at the time the application was signed by the applicant. Check no if the storage tank system was not in compliance. Check NA for the storage tank system if the underground storage tanks are in a "Temporary Out" of service status. NOTE: The underground storage tank(s) currently at the facility must be in compliance at the time the application is submitted to KDHE.

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

- A. Check yes if the applicant agrees to apply to the Underground Storage Tank Trust Fund (Trust Fund) if contamination was discovered during the storage tank removal.
- B. 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 or the Federal Employers Identification Number of the person or company who will be reporting the cleanup expenditures and reimbursements to the IRS.

Print or type the name and title of the individual submitting the application, then sign and date it.

The application and all supporting documents are to be sent to:

Kansas Department of Health & Environment  
Redevelopment Trust Fund  
1000 SW Jackson, Suite 410  
Topeka KS 66612-1367

Questions concerning the Trust Fund application process can be directed to the KDHE at (785) 296-1678.