



**Kansas Department of Health and Environment  
Application for Renewal of a Brine Pond Associated  
with an Underground Storage Facility**

In conformity with the provision of K.S.A. 55-1,117 through K.S.A. 55-1,119, and K.A.R. 28-45-22 through K.A.R. 28-45-30, the undersigned, representing

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(Name of company, corporation or person applying)

hereby makes application to the Kansas Department of Health and Environment for a permit to continue to operate a brine pond associated with an underground storage facility. This application shall be submitted and signed by both the facility owner and the facility operator. This application shall be signed by an Executive Officer equivalent to or higher than a Vice-President. Signature statements are attached.

The applicant shall submit the completed brine pond application not less than 180 days prior to the expiration date of the existing permit..

The brine pond permit shall be re-authorized for a term not to exceed ten years.

Submit the application to:

Kansas Department of Health and Environment  
Bureau of Water, Geology Section  
Underground Hydrocarbon Storage Unit  
1000 SW Jackson St., Suite 420  
Topeka, KS 66612-1267

**PERMIT RENEWAL APPLICATION  
BRINE POND ASSOCIATED WITH AN UNDERGROUND  
HYDROCARBON STORAGE FACILITY**

**Name of Facility:**

\_\_\_\_\_

**Brine Pond Permit #** \_\_\_\_\_ **Brine Pond Name:** \_\_\_\_\_

**Brine Pond Location (legal description)** \_\_\_\_\_

**Location of Facility:**

**Street:**

\_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Facility Mailing Address:**

**Street:**

\_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Facility Contact Person:**

**Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Facility Operator:**

**Company Name:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Facility Owner: (if different than operator)**

**Name:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

1. Provide an updated contingency plan for brine containment issues associated with brine pond maintenance and dewatering due to liner failure, repair, replacement or expansion of the brine pond.
2. Provide an updated flood response plan if the brine pond is located in a floodplain or flood-prone area.
3. Provide a description of any significant updates, repairs, or improvements made to the brine pond since the original permit was issued. Include a map or plan showing the brine pond in its current configuration.
4. Provide a description of any changes to the gas vapor control system to ignite or capture hydrocarbon vapors at the brine pond since the initial brine pond permit was issued. Provide a schematic for the system.
5. Provide updated financial assurance for the decommissioning and abandonment of the brine pond pursuant to KAR 28-45-27.
6. Submit a letter designating signatories approved to sign permit applications and reports.

**SIGNATORY CERTIFICATION**

*I certify, under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

Company \_\_\_\_\_

Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_