

# Underground Storage Tank System Impressed Current Cathodic Protection Certification

**FOR INSTALLER USE ONLY:**

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**

Date of Test _____
Installer I.D. _____
Company I.D. _____

### I. Facility Information

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

B. Facility Address: \_\_\_\_\_  
(street) (city) (state) (zip)

C. Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### II. Owner Information

A. Owner Name: \_\_\_\_\_

B. Owner Address: \_\_\_\_\_  
(street) (city) (state) (zip)

C. Owner Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### III. CP System Information.

A. Year of installation of affected tank(s): \_\_\_\_\_, \_\_\_\_\_ lines(s) \_\_\_\_\_, \_\_\_\_\_

B. Line type: (circle) Bare steel Galv Flex Connector Other

**IV. Sketch Map.** Show locations of tanks, pipes, and dispensers. Indicate where you made contact with the cathodically protected structure (bottom of the tank, pipes at the submersible pump pit, or dispensers) and where you placed the reference cell to measure structure to soil potentials. KDHE requires three readings per tank. Cathodic protection testing of flex connectors is not a Permit Item but is required by federal and state regulations.

North is up;  
East is to  
the right

