KANSAS REGISTRATION NOTIFICATION FOR UNDERGROUND STORAGE TANKS
- New Installs, Airport Hydrant Systems, and Field Constructed Tanks

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
www.kdheks.gov/tanks

I. Facility Information - Please Print Clearly or Type
A. Facility Name: _________________________________________________________________________
B. Facility Address: ______________________________________________________________________________
   (street)   (city)  (state)  (zip) (county)
C. Contact Person: _________________________________________Phone: (_____) ______ - ___________
D. Qtr. Section (to 4 quarters): _________________ Section _____ Township _____Range _____ E / W (circle one)

II. Tank Owner Information
A. Owner Name: ____________________________________________________________________________
B. Owner Address: _________________________________________________________________________________
   (street)     (city)  (state)  (zip)
C. Contact Person: _________________________________________Phone: (_____) ______ - ___________
D. Owner Type: State/Local Government: _____   Federal _____   Private _____   Retail_____   Farm_____
E. Number of tanks at this location: _____aboveground tanks (ASTs) _____underground tanks (USTs)

III. Tank Information
Please enter manufacturer and model # where appropriate.

<table>
<thead>
<tr>
<th>Tank Status: Currently in use, Temporarily out, or Permanently out</th>
<th>Tank # U</th>
<th>Tank # U</th>
<th>Tank # U</th>
<th>Tank # U</th>
<th>Tank # U</th>
</tr>
</thead>
<tbody>
<tr>
<td>In use</td>
<td>Temp Out</td>
<td>Perm Out</td>
<td>In use</td>
<td>Temp Out</td>
<td>Perm Out</td>
</tr>
</tbody>
</table>

Install date or age-yrs
Date of first use:
Tank capacity (gals)
Tank dimensions
Product stored*

*If product stored is hazardous substance, please give CERCLA Name or CAS #: _________________________________

IV. Product Piping Information

<table>
<thead>
<tr>
<th>Line construction: Steel, FRP, Flexible, Copper, Non-metal</th>
<th>Tank Construction: StiP3, FRP, ACT, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single wall piping or Double wall piping</td>
<td></td>
</tr>
<tr>
<td>Tank UL no. or ASTM no.:</td>
<td>1)</td>
</tr>
<tr>
<td>-------------------------</td>
<td>----</td>
</tr>
<tr>
<td>KDHE Tank #:</td>
<td>U00 - ________</td>
</tr>
</tbody>
</table>

Please mark an "X" in the boxes below for each applicable item.

<table>
<thead>
<tr>
<th>KDHE Tank/Line #</th>
<th>KDHE Tank/Line #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standby Tank (yes/no)</td>
<td>Corrosion Protection Tanks Test date:</td>
</tr>
<tr>
<td>Tank Release Detection Test date:</td>
<td>Sacrificial Anode Cathod. Prot.</td>
</tr>
<tr>
<td>Tightness Testing</td>
<td>Fiberglass</td>
</tr>
<tr>
<td>Automatic Tank Gauging</td>
<td>Steel Clad with Fiberglass</td>
</tr>
<tr>
<td>Vapor Monitoring</td>
<td>Interior Lining</td>
</tr>
<tr>
<td>Groundwater Monitoring</td>
<td>Interior Lining Installation / Inspection Date:</td>
</tr>
<tr>
<td>Interstitial Monitor DW Tank</td>
<td>Line Construction</td>
</tr>
<tr>
<td>Statistical Inventory Recon.</td>
<td>Copper</td>
</tr>
<tr>
<td>Other: ________________</td>
<td>Steel</td>
</tr>
</tbody>
</table>

Dispenser Type

- Fiberglass
- Safe Suction
- Double Wall
- Conventional Suction
- Flexible Nonmetallic
- Other: ________________

Product Line Release Detection Test date:

- Vapor Monitoring
- Sacrificial Anode Cathod. Prot
- Tightness Testing
- Interstitial Monitoring
- Fiberglass
- Statistical Inventory Recon.
- Double Wall
- Automatic Line Monitor
- Flexible Nonmetallic
- Other: ________________

Pressure Line Release Detect. Test Date:

- Mechanical Leak Detector (Flow Restrictor)
- Product line
- Dispenser
- (Indicate I if install, B if Boot)
- Positive Shutoff
- Spill Prevention
- Continuous Alarm w/Shutoff
- Spill Basins
- Automatic Line Monitor
- Other: ________________

Pump and Under Dispenser Containment

- Overfill Shutoff Device
- Submersible Pump
- Outside Audible Overfill Alarm
- Dispenser
- Drop Tube

☐ Installation of these tanks was done under the supervision of a KDHE licensed contractor and in accordance with all federal, state and local requirements:
Company: _____________________________   Company Lic #: ______________________

Signature of Installer: _______________________________  Indiv. Lic. #_______________________

V. Financial Responsibility Method: (40 CFR part 280 Subpart H and part 281)

*Must Provide Certificate of 3rd Party Liability Insurance to KDHE showing number of tanks covered and expiration date, or proof of alternate approved method.

☐ I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I have financial responsibility as specified in accordance with 40 CFR 280, Subpart I.

_________________________  ___________________________  ___________________________
Date      Signature   Name and official title of owner or owners’ representative