

02/20 UST007

KDHE Reference No.: Owner ID: _____ Facility ID: _____

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

www.kdheks.gov/tanks

Phone: (785) 296-8061

Fax: (785) 559-4260

State of Kansas - Division of Environment
Acceptance

Date: _____

By: _____

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.

Tank Status:	Tank # U _____				
Currently in use, Temporarily out, or Permanently out	In use _____ Temp Out _____ Perm Out _____				
Install date or age- yrs					
Date of first use:					
Tank capacity (gals)					
Tank dimensions					
Product stored*					
Single wall tank or Double wall tank					
Tank Construction: StiP3, FRP, ACT, etc.					

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

IV. Product Piping Information

Line construction: Steel, FRP, Flexible, Copper, Non-metal					
Single wall piping or Double wall piping					

Company: _____

Company Lic #: _____

Signature of Installer: _____

Indiv. Lic. # _____

V. Financial Responsibility Method: (40CFR 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