

Underground Storage Tank Facility Name Change or Lessee/Operator Change

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

***** A COPY OF THE LEASE AGREEMENT WILL NEED TO BE PROVIDED BEFORE LESSEE CONTACT INFORMATION WILL BE CHANGED *****

KDHE Owner I.D. Number _____

KDHE Facility I.D. Number _____

FILL OUT ONLY WHAT YOU WANT CHANGED

Please Print Clearly or Type:

I. CURRENT FACILITY - INFORMATION

Name _____

Address _____
(street)

(city) (state) (zip)

Facility Phone (____) _____ - _____

II. NEW FACILITY NAME - INFORMATION

NEW NAME: _____

III. NEW OPERATOR - INFORMATION

Operator Name _____

Facility Phone (____) _____ - _____

Operator Phone (____) _____ - _____

IV. NEW LESSEE - INFORMATION Lessee Contract Needed for Change

LESSEE NAME _____

Facility Phone (____) _____ - _____

Lessee Phone (____) _____ - _____

Email _____

Will the system be used for purposes of retail sales? Yes____ No____

(Lessee/Operator Printed Name)

(Signature)

(Date)