KANSAS REGISTRATION OF A NONREGULATED UNDERGROUND STORAGE TANK

Existing Tank(s) not associated with Airport Hydrant Systems or 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) 296-1678
Fax: (785) 559-4260
www.kdheks.gov/tanks

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)

II. Tank Owner Information
A. Owner Name: ______________________________________________________________________________
B. Owner Address: ____________________________________________________________________________________
   (street)     (city)  (state)  (zip)
C. Phone: (____) ______ - ___________ Email:  _____________________________________________________
D. Owner Type: State/Local Government: _____   Federal _____   Private _____   Retail_____     

III. Tank Information (If Known)

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

Install date or age-yrs (If Known)
Tank capacity (gals) (If Known)
Tank dimensions (if know)
Product stored*

<table>
<thead>
<tr>
<th>Single wall tank or</th>
<th>Single wall piping or</th>
</tr>
</thead>
<tbody>
<tr>
<td>Double wall tank</td>
<td>Double wall piping</td>
</tr>
</tbody>
</table>

Tank Construction:
StiP3, FRP, ACT, etc.

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

IV. Product Piping Information

<table>
<thead>
<tr>
<th>Line construction:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Steel, FRP, Flexible, Copper, Non-metal</td>
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</tbody>
</table>

IV. Voluntary registration of each nonregulated UST shall not bring the owner or operator under the mandatory provisions of the Kansas Storage Tank Act, KSA 65-34,101 et seq and amendments thereto.

I certify that the information above is true to the best of my knowledge.

Owner's Signature          (date)