

Underground Storage Tank Permanent Abandonment

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**

State of Kansas - Division of Environment
Acceptance
Date: _____
By: _____

Please Print Clearly or Type

I. Tank Owner Information

A. Owner Name: _____

B. Owner Address: _____
(street) (city) (state) (zip)

C. Contact Person: _____ Phone: (____) ____ - _____

II. Facility Information

A. Facility Name: _____

B. Facility Address: _____
(street) (city) (state) (zip)

C. Contact Person: _____ Phone: (____) ____ - _____

III. Contractor Information

A. Contractor Name: _____ Lic. No. and Exp. Date: _____

B. Contractor Address: _____
(street) (city) (state) (zip)

C. Contact Person: _____ Phone: (____) ____ - _____

Email: _____ Fax: (____) ____ - _____

IV. Tank Information

A. KDHE tank number (example: U001, U003 etc)	U00_____	U00_____	U00_____	U00_____
B. UL serial #				
B. Age of tank(s) in years				
C. Tank capacity (gals)				
D. Tank construction				
E. Substance last stored				
F. Tank removal date (month/day/year)	/ /	/ /	/ /	/ /
G. Abandonment method (filled or removed)				

H. If tanks were filled in place, indicate fill material: Sand ____ Cement ____ Gravel ____ Other(specify) _____

I. If tank(s) was(were) removed, describe tank disposal: _____

J. Who performed the site assessment required by law? KDHE ____ Other (specify): _____

K. Were tanks abandoned because of a release? Yes ____ No ____

L. Were these tanks registered with KDHE? Yes ____ No ____

M. How many **active (in use)** tank(s) remain at this facility? Aboveground tanks: _____ Underground tanks: _____

V. Abandonment Certification:

I certify that the above tanks were abandoned in accordance with all federal, state, and local regulations.

KDHE Licensed Remover's Signature

IO#

Date: