02/18 UST012 KDHE Reference No.: Owner ID:_____Facility ID:_____

UST Upgrade/Modification Application

(Petroleum Products and Hazardous Substances)

Submit to: **Kansas Department of Health and Environment**
Bureau of Environmental Remediation
Storage Tank Section
1000 SW Jackson, Suite 410 Phone #: 785-296-8061
Topeka KS 66612-1367 Fax #: 785-559-4260

KDHE USE ONLY

State of Kansas - Division of Environment
APPROVED
When constructed to conform with Art. 44
Date: _____
By: _____

Please Print Clearly or Type

Proposed Upgrade/Modification **Date**:_____

I. Facility Information

A. Facility Name: _____

B. Facility Address:_____

(street) (city) (state) (zip)

II. Tank Owner Information

A. Owner Name: _____

B. Owner Address:_____

(street) (city) (state) (zip)

C. Contact Person: _____Phone: (_____) _____ - _____

Email_____ Fax: (_____) _____ - _____

III. Contractor Information

A. Contractor Name: _____CO#_____

B. Contractor Address:_____

(street) (city) (state) (zip)

C. Contact Person: _____Phone: (_____) _____ - _____

Email_____ Fax: (_____) _____ - _____

IV. KDHE tank numbers to be upgraded or modified: KDHE tank # _____, _____, _____, _____, _____.

A. Have tank or line failures lead to this proposed upgrade or modification? ____ Yes ____ No.

B. If yes, to whom was leak reported? _____.

C. If failures have occurred, please briefly describe the incident: _____

D. Is the facility in the State Trust Fund for environmental cleanup? ____ Yes ____No

V. ***Current*** Tank/Line Information -before upgrade (Please enter manufacturer and model # where appropriate.)

KDHE Tank #					
Tank capacity (gals)					
Tank Construction FRP/ACT/StiP3/steel					
Tank Protection DW/Internal Lining					
Line Construction					
Product stored					
Tank Release Det. ATG/SIR/TT/IM/VM					
Dispenser type press./ safe/conven.					
Line Release Det. ALM/SIR/TT/IM/VM					
Press. lines, Rel Det FR/SO/AL/ALM					
Containment Pump/Dispenser					

V. *Current* Tank/Line Information -before upgrade is continued on the next page.

V. *Current* Tank/Line Information -before upgrade (Continued)

KDHE Tank #					
Flex Connectors CP Boots/sac. an./Imp c					
Tank Corros. Prot. Imp. curr./ sac. an.					
Line Corros. Prot. Imp. curr/ sac. an.					
Overfill Prevention SO/AL/BFV					
Spill Prevention					

VI. Tank upgrades/modifications to be performed:

A. ____ **Adding/Changing Tank Release Detection** _____
(type, manufacturer, and model number)

B. ____ **Adding Corrosion Protection** (Submit engineered drawing and report as per Kansas Checklist attached.)

1.____ Cathodic Protection for **tanks under 10 yrs old.** A tightness test must be performed within 90 days prior to upgrade. Tightness test may be waived if proof of adequate inventory control records or monthly monitoring records for 90 days preceding upgrade confirm the soundness of tanks. Submit inventory records and monthly monitoring printouts to KDHE.

2. ____ Cathodic Protection for **tanks 10 yrs old and older.** Attach Certification of Tank Integrity. Tanks upgraded in accordance with **ASTM G158-98** must conduct monthly monitoring as release detection.

3. ____ Internal Lining. Product used (manufacturer and brand name): _____

C. ____ **Adding Overfill Prevention.** Manufacturer and model number_____

1. ____ Automatic Shutoff Device 2. ____ Overfill Alarm 3. ____ Ball Float Valve

D. ____ **Adding Spill Prevention.** Manufacturer and model number:_____

E. ____ **Other (specify):**_____

VIII. Line upgrade/modification to be performed: KDHE Tank/Line Nos: _____,_____,_____,_____,_____.

A.____ **Adding Leak Detection to new/existing lines** (none required for Safe Suction)

**** Release detection methods must meet requirements of 40 CFR part 280.44**

1. All lines: (Check one) Manufacturer, and model number_____

a. ____Electronic Line Monitor b._____Interstitial Monitor c. _____Vapor Monitor

d. ____Tightness test/Inv. Control e.____Statistical Inventory Reconciliation

f. ____Other(describe):_____

2. Pressurized lines only: Manufacturer, and model number_____

a. ____Flow Restrictor b. ____ Shutoff Device c. ____Electronic line monitor d.____Continuous alarm

B.____**Adding Line Corrosion Protection**(provide site-specific design details from a corrosion expert.)

1. Describe method_____

C.____**Adding or Replacing lines:**

1. ____Adding lines: New Line construction _____ Line dia. ____ Length_____

2. ____Replacing lines: New Line construction _____ Line dia. ____Length_____

D. ____**Changing dispenser/line(s) to** (check one):

1.____**Pressurized** (submersible pump) 2.____**Safe Suction** (check valve below dispenser**)**

3.____**Conventional Suction** (check valve at tank or foot valve)

E. ____ **Adding Dispenser(s)/Pans(s)** (List Number and Manufacturer)

1.____ **Dispensers** Number___ Manufacturer_____

2.____ **Dispenser Pans** (Required if new dispensers are installed)

IX. Testing: A tightness test must be performed within thirty (30) days of upgrading any fuel system.

A. UST System Tightness: Required if the integrity of that system may have been compromised by the upgrade. Only the portion of the system upgraded must be tested. A printout from an automated monthly monitoring device may be substituted for a volumetric tightness test.

B. Cathodic Protection Upgrades: CP system tests must be completed within six months of installation.

X. Applicant's Certification: I certify that the information above is true to the best of my knowledge and that all equipment will be installed in compliance with the manufacturers' installation instructions, if applicable. The installation will be performed in compliance with all federal, state, and local regulations.

_____**IO#**_____ _____

Contractor's Signature/ Printed Name **(date)**

_____ _____

Owner's Signature **(date)**

Please direct questions regarding upgrades and modifications to KDHE Storage Tank Section 785-296-8061**.**