

03/21 UST007B

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

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**

www.kdheks.gov/tanks

Phone: (785) 296-1678

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)

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)

Tank Status:	Tank # U _____	Tank # U _____	Tank # U _____
Currently in use, Temporarily out, or Permanently out	In use _____ Temp Out _____ Perm Out _____	In use _____ Temp Out _____ Perm Out _____	In use _____ Temp Out _____ Perm Out _____
Install date or age-yrs (If Known)			
Tank capacity (gals) (If Known)			
Tank dimensions (if know)			
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			

v. 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)