

# KANSAS UST PROPERTY REDEVELOPMENT FUND APPLICATION FORM

## SUBMIT COMPLETED APPLICATION TO:

Kansas Department of Health and Environment  
Kansas UST Property Redevelopment Fund  
1000 SW Jackson, Suite 410  
Topeka, Kansas 66612-1367



Instructions for completing this application are included in this package. A separate application must be filed for each underground storage tank facility. ALL BLANKS MUST BE FILLED IN. If an item does not apply, mark the NA block or write "NA" in the appropriate field. INCOMPLETE FORMS WILL BE RETURNED. Attach an extra sheet for explanations if needed. PLEASE TYPE OR PRINT CLEARLY. The submitted application must have an original signature.

An underground petroleum storage tank system (UST) is defined as any storage tank containing petroleum in which 10% or more of the tank volume, including the piping, is below the surface of the ground.

## SECTION 1. PROPERTY AND PROPERTY OWNER INFORMATION

A. Facility Name: \_\_\_\_\_ Property Address: \_\_\_\_\_

B. City: \_\_\_\_\_ County: \_\_\_\_\_

C. Applicant Name: \_\_\_\_\_

D. Contact Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

(if applicable)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

E. Does the applicant own the real property on which an abandoned UST(s) is located? Yes \_\_\_\_\_ No \_\_\_\_\_

F. When did the applicant acquire ownership of the property? \_\_\_\_\_ (Provide copy of purchase agreement)  
(month/day/year)

G. Has the property owner ever placed petroleum in the UST(s) or withdrawn petroleum from the UST(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

H. Indicate if petroleum products are currently stored or have been previously stored in the UST(s) Yes \_\_\_\_\_ No \_\_\_\_\_

I. Is the property owner the United States government or any of its agencies? Yes \_\_\_\_\_ No \_\_\_\_\_

J. Is the property owner the current or former owner of the UST(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

## SECTION 2. ABANDONED UST INFORMATION

A. Has the UST(s) been used in the last three months? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Does the UST(s) have a current tank permit issued by KDHE? Yes \_\_\_\_\_ No \_\_\_\_\_

C. Has the UST(s) been temporarily closed, in accordance with KDHE guidelines for more than 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

## SECTION 3. COMPLIANCE INFORMATION

A. If petroleum contamination is discovered during the environmental assessment of the site, does the property owner agree to make application to the Underground Petroleum Storage Tank Trust Fund (Trust Fund) to perform corrective action to address the contamination? Applicant will be responsible for the applicable deductible and registration of the tanks. Yes \_\_\_\_\_ No \_\_\_\_\_

**SECTION 3. COMPLIANCE INFORMATION - continued**

B. Upon application approval does the property owner agree to place a deed restriction on the property prohibiting the installation of UST's for ten (10) years following the date the UST(s) were removed and provide a notarized copy of the recorded deed restriction for the property with the seal of the register of deeds to KDHE? Yes \_\_\_\_\_ No \_\_\_\_\_

C. Is the property owner in substantial compliance with the Kansas storage tank act. Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_  
If the answer is Yes or No supply your Owner ID Number \_\_\_\_\_ and Facility ID Number \_\_\_\_\_

D. Does the property owner agree to grant access to the property to KDHE or any of its agents and vendors?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete attached access agreement form.

E. If the UST(s) have not been registered on or after May 1, 1981 does the property owner agree to register the UST's located on the property? Yes \_\_\_\_\_ No \_\_\_\_\_

**SECTION 4. REIMBURSEMENT INFORMATION**

A. Reimbursement checks must be made out to the applicant or the applicant's business. The KDHE is required to submit all reimbursement information to the IRS; therefore, the name on the check should reflect the Social Security Number of the person or the Federal Identification Number of the company who will be reporting reimbursements to the IRS. This number should correspond to the answer provided in Section 1C. SSN or FEIN \_\_\_\_\_

B. Attach copies of Form W-9.

**SECTION 5. APPLICANT'S SIGNATURE**

**Submitting false information to obtain reimbursement from the Kansas UST Property Development Fund may result in criminal prosecution. I certify all information in this application is correct and accurate to the best of my knowledge.**

\_\_\_\_\_  
Applicant's name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant or Applicant's Authorized Representative

\_\_\_\_\_  
Title (If Authorized Representative)

*Send this application and accompanying documents to:*

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
KANSAS UST PROPERTY REDEVELOPMENT FUND  
1000 SW JACKSON, SUITE 410  
TOPEKA, KS 66612-1367**

**Refer questions to:  
(785) 296-1677 OR (785) 296-1684**

Do not write below this line.

Reviewer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

APPROVED/DENIED: \_\_\_\_\_