

Aboveground Storage Tank Change of Ownership

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

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| Change Processed By: _____ Date: _____ |
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***** YOUR OWNERSHIP CHANGE WILL ONLY BE PROCESSED WHEN KDHE RECEIVES A COPY OF YOUR REAL ESTATE PURCHASE AGREEMENT AND THIS FORM NOTORIZED. *****

KDHE Facility I.D. Number _____
Please Print Clearly or Type:

KDHE Facility I.D. Number _____
(Assigned by KDHE)

I. EXISTING FACILITY INFORMATION

Name _____

Address _____

Contact _____
Number of Aboveground tanks at this location:
Active* _____ Exempt* _____ Temporary
Out of Service _____

Previous Owner I.D. Number _____

Name _____

Address _____

New Owner Type:
State/Local Gov't _____ Federal _____
Private _____

Will the system be used for purposes of retail sales? Yes _____ No _____

Has property including tanks been sold? Yes _____ No _____

Have tanks only been sold and moved? Yes _____ No _____

Date of Sale _____

NEW FACILITY INFORMATION

Name _____

Address _____

24-hour contact _____

24-hour phone _____ - _____ - _____

II. EXISTING TANK OWNER INFORMATION

*Changes in ASTs being used or not being used should be submitted on a KDHE Change of Status form.

NEW OWNER INFORMATION

Owner I.D. Number _____
(if the new owner currently has other facilities)

Name _____

Address _____

Contact _____ Title _____

Phone: _____ - _____ - _____

E-Mail address: _____

OWNER CERTIFICATION

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

Owner's Signature

Date

STATE OF KANSAS, COUNTY OF _____ ss:
This instrument was acknowledged before me on this _____ day of _____, 20____,
by _____.

My appointment expires:

Notary Public