

03/21 UST007A

KDHE Reference No.: Owner ID: \_\_\_\_\_ Facility ID: \_\_\_\_\_

# KANSAS REGISTRATION NOTIFICATION FOR UNDERGROUND STORAGE TANKS

## New Installs, Airport Hydrant Systems, and 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](http://www.kdheks.gov/tanks)

**Phone: (785) 296-8061**

**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)

C. Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

D. Qtr. Section (to 4 quarters): \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ E / W (circle one)

### II. Tank Owner Information

A. Owner Name: \_\_\_\_\_

B. Owner Address: \_\_\_\_\_  
(street) (city) (state) (zip)

C. Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

D. Owner Type: State/Local Government: \_\_\_\_\_ Federal \_\_\_\_\_ Private \_\_\_\_\_ Retail \_\_\_\_\_ Farm \_\_\_\_\_

E. Number of tanks at this location: \_\_\_\_\_ aboveground tanks (ASTs) \_\_\_\_\_ underground tanks (USTs)

### III. Tank Information Please enter manufacturer and model # where appropriate.

Tank Status:	Tank # U _____	Tank # U _____	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 _____	In use _____ Temp Out _____ Perm Out _____	In use _____ Temp Out _____ Perm Out _____
Install date or age- yrs					
Date of first use:					
Tank capacity (gals)					
Tank dimensions					
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					

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**Kansas Registration Notification Page 2 - Compliance Information**

<b>Tank UL no. or ASTM no.:</b>	1)	2)	3)	4)	5)
<b>KDHE Tank #:</b>	U00 - _____	U00 - _____	U00 - _____	U00 - _____	U00 - _____

Please mark an "X" in the boxes below for each applicable item.

<b>KDHE Tank/Line #</b>						<b>KDHE Tank/Line #</b>					
<b>Standby Tank (yes/no)</b>						<b>Corrosion Protection Tanks</b>	<b>Test date:</b>				
<b>Tank Release Detection</b>	<b>Test date:</b>					Sacrificial Anode Cathod. Prot.					
Manual Tank Gauging						Impress. Current Cathod. Prot.					
Tightness Testing						Fiberglass					
Automatic Tank Gauging						Steel Clad with Fiberglass					
Vapor Monitoring						Interior Lining					
Groundwater Monitoring						Interior Lining Installation / Inspection Date:					
Interstitial Monitor DW Tank						<b>Line Construction</b>					
Statistical Inventory Recon.						Copper					
Other: _____						Steel					
<b>Dispenser Type</b>						Fiberglass					
Safe Suction						Double Wall					
Conventional Suction						Flexible Nonmetallic					
Pressure						Other: _____					
<b>Product Line Release Detection</b>						<b>Corrosion Protection Lines</b>					
<b>Test date:</b>						<b>Test date:</b>					
Vapor Monitoring						Sacrificial Anode Cathod. Prot					
Tightness Testing						Impress. Current Cathod. Prot.					
Interstitial Monitoring						Fiberglass					
Statistical Inventory Recon.						Double Wall					
Automatic Line Monitor						Flexible Nonmetallic					
Other: _____						Other: _____					
<b>Pressure Line Release Detect.</b>						<b>Flex Connectors</b>					
<b>Test Date:</b>						<b>Corr. Protec. Test date:</b>					
Mechanical Leak Detector (Flow Restrictor)						Product line	(Indicate I if install, B if Boot)				
Positive Shutoff						Dispenser	(Indicate I if install, B if Boot)				
Continuous Alarm w/Shutoff						<b>Spill Prevention</b>					
Automatic Line Monitor						Spill Basins					
Other: _____						<b>Overfill Prevention</b>					
<b>Pump and Under Dispenser Containment</b>						Overfill Shutoff Device					
Submersible Pump						Outside Audible Overfill Alarm					
Dispenser						<b>Drop Tube</b>					
						Drop Tube					

Installation of these tanks was done under the supervision of a KDHE licensed contractor and in accordance with all federal, state and local requirements:

Company: \_\_\_\_\_

Company Lic #: \_\_\_\_\_

Signature of Installer: \_\_\_\_\_

Indiv. Lic. # \_\_\_\_\_

**V. Financial Responsibility Method: (40CFR part 280 Subpart H and part 281)**

**\*Must Provide Certificate of 3<sup>rd</sup> Party Liability Insurance to KDHE** showing number of tanks covered and expiration date, or proof of alternate approved method.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I have financial responsibility as specified in accordance with 40 CFR 280, Subpart I.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and official title of owner or owners' representative