

KANSAS UST PROPERTY REDEVELOPMENT FUND. INSTALLATION OF DOUBLE WALL UNDERGROUND STORAGE TANK

SUBMIT COMPLETED APPLICATION TO:
Kansas Department of Health and Environment
Kansas UST Property Redevelopment Fund
1000 SW Jackson, Suite 410
Topeka, KS 66612-1367



Instructions for completing this application are included in this package. A separate application must be filed for each release incident. 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.

SECTION 1. FACILITY AND OWNER INFORMATION

A. Facility Name: _____ Facility Address: _____

B. City: _____ Zip Code: _____ County: _____

C. Are petroleum products sold from this facility? Currently: Yes: _____ No: _____

D. Applicant Name: _____

E. Contact Name: _____ Company Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

F. Is the applicant the current Tank Owner? Yes: _____ No: _____ Property Owner? Yes: _____ No: _____

1. When did the applicant acquire the property? _____ NA: _____ (Not the property owner)
(Month/day/year)

2. When did the applicant acquire ownership of the tanks? _____
(Month/day/year)

G. Is the applicant currently a petroleum marketer in the retail business? Yes: _____ No: _____

SECTION 2. STORAGE TANK SYSTEM INFORMATION

A. Number of petroleum storage tanks located at this facility? 1. UST: _____
(Include all active and inactive underground petroleum storage tanks.)

B. Date(s) the USTs were last used? 1. USTs: _____ NA: _____

C. Has the single wall UST system been removed? Yes: _____ Date(s) Removed: _____ No: _____

D. If "Yes", How many single wall UST's were removed? _____
If "Yes", Has a Permanent Tank Abandonment Form been submitted? Yes: _____ No: _____

E. Has a new double wall UST system been installed? Yes: _____ No: _____ If "Yes", date installed: _____
If "No", Projected date of installation? _____ (Month/day/year)
(Month/day/year)

SECTION 3. APPLICANT FINANCIAL INFORMATION

A. Can the applicant satisfy the federal criteria for self-insurance (see instructions)? Yes:____ No:____ NA: ____
Note: If the applicant's tangible net worth is less than ten million dollars, check No; otherwise see Application Form Instructions.

B. Does the applicant have financial responsibility for the third party liability (insurance or other allowable mechanisms) that is required for STs? Yes: _____ No: _____
If "Yes", provide the following: Insurer: _____ Number: _____ Exp. Date: _____

SECTION 4. COMPLIANCE INFORMATION

A. Owner I.D.: _____ 2. Facility I.D.: _____

B. Have all applicable annual tank fees been submitted? Yes: ____ No: ____

C. Is the facility in compliance with release detection and permitting requirements?
1. TANKS? Yes:____ No:____ NA:____ LINES? Yes:____ No:____ NA:____ 2. PERMITS? Yes:____ No:____ NA:____
2. If "NA" is checked are the tanks located at the facility in a "Temporary Out" of service status? Yes: _____No_____

SECTION 5. CORRECTIVE ACTION AND REIMBURSEMENT INFORMATION

A. If petroleum contamination is discovered during the environmental assessment of the site, does the property owner agree to make an application to the Underground Petroleum Storage Tank Trust Fund (Trust Fund) to perform corrective action to address the contamination? Yes: _____ NO: _____

B. 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 1D. SSN or FEIN of the applicant: _____

C. Attach copies of form W-9.

Submitting false information to obtain reimbursement from the Kansas UST Property Redevelopment Fund. Installation of Double Wall Underground Storage Tank may result in criminal prosecution. I certify all information in this application is correct and accurate to the best of my knowledge.

Print or Type Applicant's Name Date

Signature of Applicant or Applicant's Authorized Representative Title (If Authorized Representative)

Do not write below this line.

Reviewer's Signature: _____ Date: _____ APPROVED/DENIED