	EVALUATED?	ADEQUATE?	
9. Closure Plan:	9A. ☐ NA ☐ NE Date 10/29/84 (M D Y)	9B. ☐ Yes ☒ No	
10. Closure Cost Estimate:	10A. ☐ NA ☐ NE Date 10/29/84 (M D Y)	10B. ☐ Yes ☒ No	10C. Amount: $ 16000 UNKNOWN ☐
11. Closure Assurance Instrument(s):	11A. ☐ NA ☐ NE Date 7/30/84 (M D Y)	11B. ☒ Yes ☐ No	[illegible]
	11C. Instrument type(s): ☒ Trust Fund ☐ Financial Bond ☐ Performance Bond ☒ Letter of Credit ☐ Insurance ☐ Financial Test ☐ Corporate Guarantee ☐ State Guarantee ☐ Other State Mechanism		
12. Post-closure Plan:	12A. ☒ NA ☐ NE Date / / (M D Y)	12B. ☐ Yes ☐ No	
13. Post-closure Cost Estimate:	13A. ☒ NA ☐ NE Date / / (M D Y)	13B. ☐ Yes ☐ No	13C. Amount: $ UNKNOWN ☐
14. Post-closure Assurance Instrument(s):	14A. ☒ NA ☐ NE Date / / (M D Y)	14B. ☐ Yes ☐ No	
	14C. Instrument type(s): ☐ Trust Fund ☐ Financial Bond ☐ Performance Bond ☐ Letter of Credit ☐ Insurance ☐ Financial Test ☐ Corporate Guarantee ☐ State Guarantee ☐ Other State Mechanism		
15. Sudden Liability Instrument(s):	15A. ☐ NA ☐ NE Date 08/17/84 (M D Y)	15B. ☒ Yes ☐ No	15C. Amount? $ 1 million per occurrence; $ 2 million annual aggregate
	15D. Instrument type(s) ☒ Insurance Policy ☐ Financial Test ☐ State Guarantee ☐ Other State Mechanism		
16. Non-sudden Liability Instrument(s):	16A. ☒ NA ☐ NE Date / / (M D Y)	16B. ☐ Yes ☐ No	16C. Amount? $ _____ per occurrence; $ _____ annual aggregate
	16D. Instrument type(s): ☐ Insurance Policy ☐ Financial Test ☐ State Guarantee ☐ Other State Mechanism		

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17. Closure Process:	17A. Process begun?		☒ No	Date Begun ___/___/___ M D Y
	17B. In accordance with approved plan and required procedures?	☐ Yes	☐ No	
	17C. Closure certifications received?		☐ No	Date Received ___/___/___ M D Y
	17D. Facility released from closure assurance and liability requirements?	☐ NA	☐ No	Date Released ___/___/___ M D Y
18. Post-Closure Process:	18A. Process begun?	☒ NA	☐ No	Date Begun ___/___/___ M D Y
	18B In accordance with approved plan and required procedures?	☐ Yes	☐ No	
	18C. Survey plat/record of wastes received?		☐ No	Date Received ___/___/___ M D Y
	18D. Post-closure period completed?		☐ No	Date Completed ___/___/___ M D Y
	18E. Facility released from post-closure assurance requirements?	☐ NA	☐ No	Date Released ___/___/___ M D Y
19. Permit Application:	19A. Called In?		☐ No	Date Called 9/27/82 M D Y
	19B. Reason for permit application call-in: ☐ Groundwater ☐ Financial Assurance ☐ Closure ☐ Liability Coverage ☒ Other ROUTINE CALL			
20. Comments:	NOD/LOW LETTER TO RIED SELLT NOV. 6, 1984 CANNOT FIND INSURANCE DOCUMENTS. AUGUST 17, 1984 LETTER FROM STEVE CATER INDICATES RIED IS IN COMPLIANCE.			

Facility Status Sheet

FORM SUBMITTED:
BY: JSR
DATE: 11 / 6 / 84 (M / D / Y)

A. FACILITY ID: KS D 010 172 161 814 61
FACILITY NAME: RIED SUPPLY COMPANY WICHITA, KANSAS

A1. Entry type: ☐ New ☒ Change

A2. Facility type: ☒ Major ☐ Non-major

1. GROUNDWATER MONITORING

Status: 1A. ☐ Detection (Go on to 2) ☐ Assessment (Go on to 2) ☐ Waiver (Skip to 6) ☒ NA (Skip to 8)

	EVALUATED?	ADEQUATE?	
2. Groundwater Monitoring Well System:	2A. ☐ NE Date M / D / Y	2B. ☐ Yes ☐ No	
3. Groundwater Sampling, Analysis and Evaluation Program:	3A. ☐ NE Date M / D / Y	3B. ☐ Yes ☐ No	
4. Notice of Significant Increase in Parameter Concentrations:			4. Submitted? ☐ No M / D / Y
5. Groundwater Quality Assessment Report:			5A. Submitted? ☐ NA ☐ No M / D / Y
	5B. ☐ NE Date M / D / Y	5C. ☐ Yes ☐ No	5D. Showed hazardous constituents in ground water? ☐ Yes ☐ No
6. Waiver Demonstration:	6A. ☐ NA ☐ NE Date M / D / Y	6B. ☐ Yes ☐ No	
7. Groundwater Monitoring Records:	7A. ☐ NA ☐ NE Date M / D / Y	7B. ☐ Yes ☐ No	

8. Activities Subject to CLOSURE/POSTCLOSURE:
☐ Landfill
☐ Surface Impoundment
☐ Land Treatment/Application
☐ Incinerator
☐ Waste Pile
☒ Other (Specify) DRUM AND TANK STORAGE