

# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

DEP Form: 62-769.800A  
Form Title: Abandoned Tank Restoration  
Program Application  
Effective Date: August/2020  
Incorporated Rule: 62-769.800

## ABANDONED TANK RESTORATION PROGRAM (ATRP) APPLICATION Pursuant to Section 376.305(6), Florida Statutes

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Real Property Owner: \_\_\_\_\_

Real Property Owner Address: \_\_\_\_\_

Real Property Owner's Telephone No.: Business: \_\_\_\_\_

Home: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of discovery of contamination from the petroleum storage system(s): \_\_\_\_\_  
(Attach a copy of the Discharge Reporting Form, per 62-761.900(1) or 62-762.901(1), F.A.C.)

Date that **all** petroleum storage system(s) were taken out of service/last used: \_\_\_\_\_  
(Attach tangible evidence)

Have the petroleum storage system(s) from which a discharge occurred been properly closed and comply with the Department's petroleum storage system closure requirements? \_\_\_\_\_

If yes, date of proper closure: \_\_\_\_\_

Is the facility registered with DEP? \_\_\_\_\_ If yes, DEP Facility Identification Number: \_\_\_\_\_

Fill in the information listed below for **each** tank at the facility. Use second page for additional tank information.

| Tank(s) | Size(s)<br>gallons | Underground<br>Aboveground | Tank Contents When in Service | Date of Last Use |
|---------|--------------------|----------------------------|-------------------------------|------------------|
|         |                    |                            |                               |                  |
|         |                    |                            |                               |                  |
|         |                    |                            |                               |                  |
|         |                    |                            |                               |                  |

To the best of my knowledge and belief, all information on this form is true, accurate and complete.

Signature of Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

Name Typed or Printed: \_\_\_\_\_ Title: \_\_\_\_\_

