



Florida Department of Environmental Protection

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

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 copy of Discharge Reporting Form)

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) gallons | Underground Aboveground | Tank Contents When in Service | Date of Last Use |
|---------|--------------------|----------------------------|-------------------------------|------------------|
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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: _____

