



**SECTION II. – FACILITY AND EQUIPMENT INFORMATION**

**A. FACILITY INFORMATION**

**Facility Identification Number:** \_\_\_\_\_ (7-digit number) *(For additional facilities a separate application must be submitted)*

Storage Tank Facility Name:

Facility Address:  
(Street )

(City) (Zip Code) (County)

**B. TYPE OF FACILITY**

Underground Storage Tank (UST) facility

Aboveground Storage Tank (AST) facility

Facility has both USTs and ASTs

**C. TYPE OF FUEL AND PERCENTAGE OF BIOFUEL STORED AT THIS FACILITY**

Gasoline blended with Ethanol < or = to 10% Ethanol >10%

Biodiesel blend < or = to 20% Biodiesel blend >20%

Biofuel (Other): \_\_\_\_\_ and percentage blended with regulated substance %  
(specify)

**D. TYPE OF PAYMENT BEING SOUGHT**

Repair Replacement Preventative Maintenance

For the question II.D., are you requesting payment for costs incurred between July 1, 2015 and June 30, 2019\*?

Yes No

*\*Note: this payment may not be disbursed for approved applications for such work until all purchase orders for previously approved applications have been paid and unless funds remain available for the fiscal year. Such payment is subject to a deductible of 25% of the cost of the scope of work approved by the Department.*

**E. ASSESSMENT OF EQUIPMENT**

Select the type of equipment that has damage requiring repair/replacement or is subject to damage requesting preventative maintenance (check all that apply):

Equipment	Repair	Replacement**	Preventative Maintenance	Date Installed***	UST	AST	QTY
Storage Tank(s)							
Integral Piping							
Dispenser Sump(s)							
Piping Sump(s)							
Spill Containment System(s)							
Hydrant Sump(s)							
Submersible Turbine Pump(s)							
Release Detection Equipment							
Overfill Protection Device(s)							
Other							

\*\*For any replacement request, per Chapter 2020-56, Laws of Florida, the PSSC must include in the application and affidavit the reasons why repair or other preventative measures are not technically or economically feasible or practical.

\*\*\*If more than one piece of equipment per equipment category applies, provide information on a separate attachment.

**F. RULE REQUIREMENTS**

Has the appropriate Storage Tank County or Local Program been notified?	Yes _____	No
	<small>Date Notified</small>	
Has the component been taken out-of-service and updated in Registration?	Yes _____	No
	<small>Date Notified</small>	
Was an Incident Notification Form (INF) submitted to the County Program?	Yes _____	No
	<small>Date Submitted</small>	
Was a Discharge Report Form (DRF) Submitted to the County Program?	Yes _____	No
	<small>Date Submitted</small>	

### SECTION III. – FACILITY OWNER/OPERATOR INFORMATION

#### A. FACILITY PAYMENT INFORMATION

Has the petroleum storage system owner or operator applied for payment under this program before for this facility?

Yes or No

If so, what is the date of the Purchase Order? \_\_\_\_\_

Under what Application Number (found on first page of form)? \_\_\_\_\_

How much was received for payment? \_\_\_\_\_

Do you own additional facilities that have received payment? Yes or No

If so, please attach a list including the following information:

1. Date of Purchase Order(s)
2. Additional facility identification numbers
3. Application Numbers

## SECTION IV. – DOCUMENTATION

This application package must include copies of documentation sufficient to demonstrate that the costs the applicant will incur or has incurred and paid, the costs for equipment repair, replacement, or preventative maintenance between July 1 and June 30 of the fiscal year for which the application is being submitted.

The documentation must clearly describe the type of equipment and associated costs that are being claimed in the application. Copies of documents for the replacement, repair, or preventative maintenance that are being claimed must be sufficient to demonstrate a link between the contractual records, the payment requests associated with the contractual records, and the payment records for the claimed portions of the payment requests, as required by each of the following paragraphs:

1. Documentation should include copies of inspection reports, pictures taken by the PSSC or the District or County Inspector of the damage caused by ethanol or biodiesel to the storage tank, piping, or system component, and any additional documentation identifying the damage caused by ethanol or biodiesel fuel.
2. Any costs associated with closure and/or sampling (as required by Chapter 62-761, Chapter 62-762, and Chapter 62-780, F.A.C.) are not included in the payment and must be itemized and clearly identified as costs that are not being claimed in the application.
3. Contractual records that describe the scope of work to be performed during the applicable time period. Examples include contracts, documentation of contract negotiations, proposals, work orders, task orders, and change orders; or
4. Contractual records that describe the scope of work performed and completed during the applicable time period. Examples include contracts, documentation of contract negotiations, proposals, work orders, task orders, and change orders;
5. Payment requests that describe the equipment repair, replacement, or preventative maintenance provided in support of the above scope of work. Examples include: invoices, sales tickets, and account statements. **Payment request documents that include costs for equipment repair, replacement, or preventative maintenance that are not being claimed in the application must clearly identify which costs are being claimed;** and
6. Payment records that describe the actual costs incurred and paid for the equipment repair, replacement, or preventative maintenance above. Examples include: cancelled checks, or other payment records from purchases, sales, leases, or other transactions.

The PSSC Affidavit and Certified PSSC Post-Work Certification located in Ethanol / Biodiesel Affidavit and Certifications (Part 2) are required to be submitted.

The Certified Public Accountant (CPA) Certification is required for storage tank and/or piping replacement.

## SECTION V. – APPLICANT CERTIFICATION

The undersigned applicant, pursuant to Section 376.302(1)(c), F.S., certifies that (s)he has read and understands the requirements of Sections 376.303, 376.302(1)(c) F.S., and Chapter 62-761, and/or Chapter 62-762, F.A.C., and that all information contained in this application, including all records of costs to be incurred or incurred and paid and claimed in Ethanol / Biodiesel Application were by the applicant, and are true and correct.

The following sections of this application have been completed and the appropriate documentation to support these claims is transmitted with this application.

### SEE ETHANOL / BIODIESEL APPLICATION (Part 1)

	<i>(Check all that apply)</i>	Section Title	Time Period Covered by the Application
<input type="checkbox"/>	<b>Section I.</b>	Applicant Information	
<input type="checkbox"/>	<b>Section II.</b>	Facility and Equipment Information	
<input type="checkbox"/>	<b>Section III.</b>	Facility Owner/Operator Information	
<input type="checkbox"/>	<b>Section IV.</b>	Documentation	
<input type="checkbox"/>	<b>Section V.</b>	Applicant Certification	

### SEE ETHANOL / BIODIESEL AFFIDAVIT AND CERTIFICATIONS (Part 2)

	<i>(Check all that apply)</i>	Section Title	Time Period Covered by the Application
<input type="checkbox"/>	<b>Section VI.</b>	Affidavit Requirements	
<input type="checkbox"/>	<b>Section VII.</b>	Affidavit	
<input type="checkbox"/>	<b>Section VIII.</b>	Certified PSSC Post-Work Certification	
<input type="checkbox"/>	<b>Section IX.</b>	Certified Public Accountant Statement <i>(only required with tank and piping replacement)</i>	

Pursuant to Section 376.302(1)(c), F.S., it is a violation to knowingly make any false statement, representation, or certification in any application, record, report, plan, or other document filed in this application.

Signature of Applicant

Date

Print Name

Print Title

Print Company Name (if applicable)

## SECTION VII. SUBMITTAL

Send Completed Applications Including Part 1 and Part 2 to:

[EthanolBioD\\_Program@FloridaDEP.gov](mailto:EthanolBioD_Program@FloridaDEP.gov)

- OR -

Department of Environmental Protection  
Division of Waste Management  
Ethanol/Biodiesel Application Form  
2600 Blair Stone Road, Mail Station 4505  
Tallahassee, Florida 32399-2400

- OR -

Hand Deliver to:

Department of Environmental Protection  
Division of Waste Management  
2600 Blair Stone Road  
Tallahassee, Florida  
*Attn.: Ethanol/Biodiesel Application Form*

**KEEP A COPY OF THE COMPLETED APPLICATION PART 1 AND 2 FOR YOUR RECORDS.**