



# Florida Department of Environmental Protection

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

## PETROLEUM CLEANUP PARTICIPATION PROGRAM (PCPP) AFFIDAVIT Pursuant to Section 376.3071(13), Florida Statutes

FDEP Facility ID Number: \_\_\_\_\_

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

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

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

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

Real Property Owner Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Responsible Party's Name: \_\_\_\_\_

Responsible Party's Mailing Address: \_\_\_\_\_

Responsible Party's Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date(s) of Petroleum or Petroleum Product Discharge: \_\_\_\_\_

Date Discharge Report Form was submitted to the Department: \_\_\_\_\_

Date Owner/Operator's Written Report of the Contamination Incident was submitted to the Department: \_\_\_\_\_

If petroleum is no longer stored at the above referenced facility, what is the date that petroleum or petroleum product was last stored? \_\_\_\_\_

Is the above referenced site identified by the U.S. EPA to be on, or qualify for listing on the National Priorities List under SUPERFUND? \_\_\_\_\_

Has the above referenced site been declared by the Department to be eligible to participate in any other Florida Inland Protection Trust Fund cleanup programs (Early Detection Incentive Program (EDI), Abandoned Tank Restoration Program (ATRP), the Florida Petroleum Liability and Restoration Insurance Program (FPLRIP), or the Innocent Victim Petroleum Storage System Restoration Program (IVPSSRP))? If so, which one? \_\_\_\_\_

Was the facility owned by the Federal government when the discharge occurred? \_\_\_\_\_

## PETROLEUM CLEANUP PARTICIPATION PROGRAM (PCPP) AFFIDAVIT

### CONDITIONS OF PARTICIPATION:

I understand that eligibility to participate in PCPP is not an entitlement or vested right, but is contingent upon available State funding.

I understand that to fulfill the Department's responsibilities under PCPP and the PCPP site rehabilitation agreement the real property owner must grant to the Department access to the facility property upon the Department's request.

I understand that participation in the PCPP does not modify any obligations to comply with any Departmental rules, including Chapters 62-761 and 62-762, Florida Administrative Code.

I understand that PCPP sites are eligible for only \$400,000 of site funding rehabilitation assistance in priority order. Supplemental funding may be available under certain circumstances.

I understand that no site rehabilitation work performed in advance of an executed PCPP site rehabilitation agreement will be eligible for funding assistance.

I understand that at the time State funding is available for the above referenced facility the property owner, operator or person otherwise responsible for site rehabilitation (owner/RP) must:

a). Pay for the preparation of a limited contamination assessment report (LCAR) to be submitted to the Department, unless there is a demonstrated financial inability to pay for an LCAR: and

b). Enter into a PCPP site rehabilitation agreement with the Department to meet the required 25% copayment, unless there is a demonstrated financial inability to pay for the 25% co-payment or LCAR, in which case the owner/RP must still enter into an agreement with the Department where the co-payment or LCAR requirement is reduced or eliminated.

I understand that the Department will notify me in writing at the above address regarding whether the above referenced discharge is eligible to participate in the PCPP program.

I UNDERSTAND THAT I MAY NOT RECEIVE ANY REMUNERATION (i.e., anything of value), IN CASH OR IN KIND, DIRECTLY OR INDIRECTLY, FROM A PETROLEUM SITE REHABILITATION CONTRACTOR (AGENCY TERM CONTRACTOR (ATC)) PERFORMING SITE CLEANUP ACTIVITIES IN THE PETROLEUM RESTORATION PROGRAM. This prohibition does not allow accepting free assistance from an ATC to gain entrance into an eligibility program. If an ATC assisted you with this application, please provide a copy of the cancelled check or other proof of payment to that contractor for the services provided.

This two page affidavit hereby notifies the Florida Department of Environmental Protection of my intention to participate in the PCPP program.

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Signature of Owner/RP

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Print Name of Owner/RP

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Title & Relationship to Facility  
(Owner/operator/responsible party)

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Date