

# 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: September/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's Mailing Address: \_\_\_\_\_

Real Property Owner's Telephone Number (optional): \_\_\_\_\_

Real Property Owner's E-mail Address (optional): \_\_\_\_\_

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 supporting documentation)

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 pursuant to Rules 62-761-800(2) and 62-762.801(2)?

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) # (e.g. 1, 2, 3, etc.)	Size(s) gallons	Underground 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: \_\_\_\_\_

Under Florida law, all information provided on this application are subject to public records law.

