

SECTION II. – FACILITY AND EQUIPMENT INFORMATION

A. FACILITY INFORMATION

Facility Identification Number: _____ (A separate application must be submitted for each Facility ID)
(7-digit Facility Identification Number)

Storage Tank Facility Name:

Facility Address:

(Street)

(City)

,FL

(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 (All payments are subject to a 25% deductible of the cost of the scope of work approved by the Department)

Repair

Time Period of Repair Maintenance Plan

Replacement

Time Period of Replacement Maintenance Plan

For repair or replacement, the proposal must include provisions for any preventative measures needed to prevent a recurrence of the damage such as the use of corrosion inhibitors, the application of coatings compatible with ethanol or biodiesel, and the adoption of a maintenance plan.

Preventative Maintenance Contract

Time Period Requested for Preventative Maintenance:

(Time period must be between July 1 - June 30 of the fiscal year the applicant is requesting payment. The applicant can reapply for preventative maintenance each fiscal year as needed)

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

Yes No

**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. The Department will begin assessing if funds remain available for the current fiscal year to make payment on some or all of approved applications which incurred costs between July 1, 2015 and June 30, 2019. Any approved applications that cannot be paid will be carried to the next fiscal year and will maintain their place in line for payment. Payment will be made if funds are available after all purchase orders for that fiscal year are accounted for.*

E. ASSESSMENT OF EQUIPMENT

Select from the list below the type of equipment that is damaged requiring repair or replacement or is subject to damage and requesting a preventative maintenance contract (check all that apply):

EQUIPMENT	Repair	Replacement*	Preventative Maintenance Contract	Installation Date	UST	AST	QTY**
Storage Tank(s)							
Integral Piping							
Dispenser Sump(s)							
Piping Sump(s)							
Spill Containment System(s)							
Hydrant Sump(s)							
STP Sumps(s)							
Release Detection Equipment							
Overfill Protection Device(s)							
Other							

*For any replacement request, per s. 376.3071(15), F.S., the owner/operator and PSSC must include in the application and/or affidavit the reasons why repair or other preventative measures are not technically or economically feasible or practical.

**If QTY is more than one per equipment category, provide information on each piece of equipment selected for repair, replacement, or a preventative maintenance contract in the scope of work.

F. RULE REQUIREMENTS (as applicable)

Does this facility currently have open violations?	Yes	No					
Has the appropriate Storage Tank County or Local Program been notified if repair or replacement is proposed?	Yes	No	N/A	Date Notified			
Has the component been taken out-of-service and updated in Registration?	Yes	No	N/A	Date Notified			
Was an Incident Notification Form (INF) submitted to the County Program?	Yes	No	N/A	Date Submitted			
Was a Discharge Report Form (DRF) submitted to the County Program?	Yes	No	N/A	Date Submitted			

Financial Responsibility Mechanism: Insurance Other N/A
Type of Mechanism

Name of Financial Responsibility Provider:

Financial Responsibility Mechanism Effective Date:

Expiration Date:

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 Yes, then provide the information requested in the table below:

	Date of Purchase Order(s)	Additional Facility Identification Number(s)	Application Number(s)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

For additional facilities, provide information on a separate attachment.

SECTION IV. – DOCUMENTATION

This application package must include copies of documentation sufficient to demonstrate the costs the applicant will incur or has incurred and paid, for equipment repair, replacement, or a preventative maintenance contract between July 1 and June 30 of the fiscal year for which the application is being submitted or for reimbursement, costs incurred between July 1, 2015 - June 30, 2019.

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 a preventative maintenance contract 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 must include a signed and notarized affidavit by the PSSC (see Ethanol/Biodiesel Affidavit and Certifications Part 2 for details);
2. Applicant name must be the same on the affidavit, the scope of work, and additional documentation;
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. 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;
6. 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;
7. Payment requests that describe the equipment repair, replacement, or a preventative maintenance contract 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 a preventative maintenance contract that are not being claimed in the application must clearly identify which costs are being claimed;** and
8. Payment records that describe the actual costs incurred and were paid for the equipment repair, replacement, or a preventative maintenance contract above. Examples include: canceled checks, or other payment records from purchases, sales, leases, or other transactions; and
9. The Applicant must demonstrate reasonableness of costs per s. 376.3017(15)(a)2., F.S. This can be demonstrated by:
 - a. Providing scopes of work and cost proposals from three different PSSCs;
 - b. Providing scopes of work and associated costs from completed work with similar scope; or
 - c. Supplying an average or range of standard industry costs for a similar or comparable scope of work. Please note that the information provided to demonstrate reasonableness of cost and scope of work should include a thorough description of the scope of work and a detailed list of labor, equipment, and other associated costs.
10. For storage tank and/or piping replacement, the Certified Public Accountant (CPA) Certification must be included with the package (see Ethanol/Biodiesel Affidavit and Certifications Part 2).

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"/>	Section I.	Applicant Information	
<input type="checkbox"/>	Section II.	Facility and Equipment Information	
<input type="checkbox"/>	Section III.	Facility Owner/Operator Information	
<input type="checkbox"/>	Section IV.	Documentation	
<input type="checkbox"/>	Section V.	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"/>	Section VI.	Affidavit Requirements	
<input type="checkbox"/>	Section VII.	Affidavit	
<input type="checkbox"/>	Section VIII.	Certified PSSC Post-Work Certification	
<input type="checkbox"/>	Section IX.	Certified Public Accountant Statement <i>(only required for tank and/or piping replacement)</i>	

TYPE AND AMOUNT OF PAYMENT REQUESTED

Repair	Replacement	Preventative Maintenance Contracts	Reimbursements (7/1/15 - 6/30/19)	TOTAL AMOUNT REQUESTED

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)

SUBMITTAL INFORMATION

Send Completed Applications Including Part 1 and Part 2 to:

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.