



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES

BROWNFIELDS/VOLUNTARY CLEANUP PROGRAM (BVCP) APPLICATION

SITE LOCATION

SITE NAME

SITE ADDRESS (STREET, CITY, STATE, ZIP CODE)

COUNTY	SIZE OF SITE (ACRES)	U.S. CONGRESSIONAL DISTRICT	MO SENATE DISTRICT	MO HOUSE DISTRICT	TOWNSHIP, RANGE, SECTION
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COORDINATES (UTM): NORTHING	EASTING	DATA SOURCE
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PAST BUSINESS(ES) OPERATING AT THE SITE

PLEASE PROVIDE DRIVING DIRECTIONS TO SITE

BVCP APPLICANT INFORMATION

NAME

COMPANY

ADDRESS

TELEPHONE NUMBER WITH AREA CODE	FAX	EMAIL
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RELATIONSHIP TO PROPERTY

OWNER
 OPERATOR
 PROSPECTIVE PURCHASER
 OTHER _____

Owner information if Applicant is not owner:

NAME _____ COMPANY _____
 ADDRESS _____ TELEPHONE NUMBER WITH AREA CODE _____

BILLING CONTACT

NAME

ADDRESS

TELEPHONE NUMBER WITH AREA CODE	FAX	EMAIL
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TECHNICAL CONTACT (CONSULTANT, CONTRACTOR, ETC.) FOR CLEANUP RELATED ISSUES

NAME

ADDRESS

TELEPHONE NUMBER WITH AREA CODE	FAX	EMAIL
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ELIGIBILITY CRITERIA

YES NO UNKNOWN

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Do current site conditions constitute an imminent and substantial threat to public health or the environment? (Is the site under an emergency declaration by MDNR or the EPA?) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Is, or was, the site, or any part thereof, a permitted or interim status hazardous waste management facility regulated under the Resource Conservation and Recovery Act (RCRA)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Has the site, or any part thereof, been investigated for listing on the Superfund National Priorities List? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Is, or was the site, or any part thereof, the subject of an enforcement action, or does the site warrant an enforcement action under RCRA; Comprehensive Environmental Response, Compensation and Liability Act (CERCLA); the Missouri Hazardous Waste Management Law, or any other federal or state environmental law or statute? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Has remediation been conducted at the site? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Is or was the site or any part thereof, eligible for Petroleum Storage Tank Insurance Fund (PSTIF)? |

If you answered "yes" to any of the above questions, the site may not be eligible for cleanup under the BVCP.

Check here if an application is planned or has been made to the Missouri Brownfield Redevelopment Program for this site.

ASSESSMENT AND CLEANUP STATUS

Have any environmental site assessments, audits, sample collections or analyses been performed at the site? Yes No

If yes, please indicate below what site assessments have been performed:

Phase I Phase II Other _____

Hazardous substances have been detected in:

Soil Groundwater Building
 Not detected Not sampled Other _____

Has a remedial action plan been developed?

Yes No

Has implementation of the plan begun?

Yes No Does not apply

Is the site now or has it ever been listed on CERCLIS?

Yes No

If yes, indicate EPA CERCLIS identification number: _____

Other identification numbers (i.e., EPA RCRA ID number, DERT County/Plant Number, etc.) _____

Is there/was there a registered underground tank on-site? Yes No

If yes, give Petroleum Storage Tank Registration number (if known): _____

REQUIRED DOCUMENTATION AND ENCLOSURES

Please enclose the following with this application:

- **\$200 application fee** in the form of a check payable to the Missouri Department of Natural Resources.
- A copy of the **warranty deed** for the property, or, if not available, other documents giving the property legal description, as approved by BVCP.
- **Site map** - A current U.S. Geological Survey 7.5 minute Quadrangle Map or street maps for urban areas.
- A completed BVCP **Consent for Access to Property form**.
- Statement from PSTIF regarding eligibility.
- A brief **narrative background statement** giving history of manufacturing, commercial or other operations, and dates and nature of activities that may have caused contamination.
- A **narrative statement** describing all known or suspected **contaminant(s)**, contaminant sources and volumes present on the property. Also indicate if other contaminants are suspected and estimate their volume(s) and source(s).
- Copies of all existing and relevant **site assessment reports**. A Phase I report should be submitted with your application as a minimum. **Please submit any photographs as originals or high-resolution color copies.**
- A **remedial action plan**, if one has been prepared.

Please complete this application, sign in the appropriate space on page 4, and return, along with the above required documentation and a non-refundable \$200 application fee to:

Brownfields/Voluntary Cleanup Section
Environmental Remediation Program
Missouri Department of Natural Resources
P.O. Box 176
Jefferson City, MO 65102-0176

or
1730 E. Elm
Jefferson City, MO 65101

If you have questions, please contact the Brownfields/Voluntary Cleanup Section at 573-526-8913.

Following review and approval of your application, the BVCP will send you a Letter of Agreement (LOA) and request for oversight deposit. BVCP will begin technical review of the site when the LOA and deposit are returned.

INTENTION TO PARTICIPATE

The undersigned requests that the Missouri Department of Natural Resources provide oversight of investigation and cleanup of possible contamination at the property described above in accordance with Section 260.565, et seq., RSMo and 10 CSR 25-15.010.

Neither the department nor the undersigned will be bound to proceed unless a Brownfields/Voluntary Cleanup Program Letter of Agreement is executed. The Letter of Agreement will be sent to the undersigned applicant after the application has been reviewed and the site deemed appropriate for the Brownfields/Voluntary Cleanup Program. The agreement will describe the project activities of each party and will require the undersigned to reimburse the department for oversight costs, in accordance with Section 260.569.1, RSMo. With this application, the undersigned does not admit or assume liability for investigation or cleanup of the site. The undersigned may terminate their participation in the Brownfields/Voluntary Cleanup Program at any time.

The undersigned applicant certifies that he or she declares to the best of his or her knowledge and belief that the information herein is true, complete, correct, and accurate and furthermore certifies that he or she is fully authorized to request participation in the Missouri Department of Natural Resources' Brownfields/Voluntary Cleanup Program.

NOTICE

Acceptance of a site into the Brownfields/Voluntary Cleanup Program does not mean nor imply that the department has made a final determination regarding whether the site requires or warrants action under the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), the Resource Conservation and Recovery Act (RCRA), the Missouri Hazardous Waste Management Law, or other state or federal statutes. Acceptance into the Brownfields/Voluntary Cleanup Program is based solely on information related to the site that is known to the department at the time the application is submitted. The department reserves the right to exercise its authority under the referenced statutes should information in addition to that known to the department at the time the application is submitted become available which demonstrates that action under one or more of the referenced statutes is warranted, or should conditions at the site change resulting in a situation that warrants action under the referenced statutes.

SIGNATURES		
APPLICANT'S SIGNATURE	PRINT NAME	DATE
OWNER'S SIGNATURE (IF DIFFERENT FROM APPLICANT)	PRINT NAME	DATE
IF SIGNED BY AN AUTHORIZED AGENT, PLEASE INDICATE RELATIONSHIP TO OWNER, WORK TITLE, ADDRESS AND TELEPHONE NUMBER		
AUTHORIZED AGENT'S SIGNATURE	PRINT NAME	DATE
ADDRESS		
RELATIONSHIP TO OWNER	TITLE	TELEPHONE WITH AREA CODE