

MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
BROWNFIELDS ASSESSMENT APPLICATION

I. APPLICANT			
NAME			
CONTACT PERSON	AREA CODE /TELEPHONE NUMBER	EMAIL ADDRESS	
MAILING ADDRESS	CITY	STATE	ZIP CODE
II. SITE INFORMATION			
SITE NAME	PARCEL NUMBER (IF KNOWN)	CURRENT ASSESSED VALUE	
SITE ADDRESS	CITY	STATE	ZIP CODE
SITE ZONING	TOTAL ACREAGE OF SITE	<input type="checkbox"/> ATTACH SITE MAP	
III. SITE ASSESSMENT NEEDS			
<input type="checkbox"/> Area Wide Inventory <input type="checkbox"/> Suspected Asbestos <input type="checkbox"/> Suspected Lead Paint <input type="checkbox"/> Phase I Assessment <input type="checkbox"/> Phase I Update <input type="checkbox"/> Phase II Assessment <input type="checkbox"/> Phase II Addendum <input type="checkbox"/> Analysis of Cleanup Alternatives	Note: This program is for site assessment only, clean-up money is not being offered as part of this program. Prior Site Assessments: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Describe prior site assessment activities. Identify consultant, client, approximate date and attach "conclusion" section of all reports."		
Describe how perceived contamination has hindered reuse of the property.			
IV. CURRENT SITE OWNERSHIP			
<input type="checkbox"/> SAME AS APPLICANT		<input type="checkbox"/> DIFFERENT FROM APPLICANT	
OWNER NAME	AREA CODE /TELEPHONE NUMBER		
MAILING ADDRESS	CITY	STATE	ZIP CODE
If the property is not owned by applicant, A. Will the applicant obtain the property through: <input type="checkbox"/> Foreclosure <input type="checkbox"/> Purchase <input type="checkbox"/> Other (Specify) B. Will the applicant be able to obtain legal permission for the Missouri Department of Natural Resources' staff or the department's contractor to enter the property to conduct site assessment activities? Note: The department ensures that upon completion of the project, any department material and equipment will be removed from the site. <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain)			
V. PAST SITE USES (i.e., TYPE OF MANUFACTURING, COMMERCIAL BUSINESS, SERVICE STATION)			
PAST SITE USES – INCLUDING APPROXIMATE DATES			
BUILDINGS ON-SITE			
SQUARE FOOTAGE	CONDITION (USEABLE, GUTTED, UNSTABLE, RAZED, ETC.)		

VI. SITE HISTORY

Is there any reason to believe the property is contaminated with hazardous substances (i.e., solvents, pesticides, creosote, dry-cleaning products, petroleum, controlled substances or metals such as lead, mercury and arsenic) as defined in 40 CFR Part 30?

Yes (Describe below) No Unknown

If property is owned by applicant, did applicant generate or dispose of any of the contaminants? Yes No Unknown

Is applicant, or any other party, under order from the U.S. Environmental Protection Agency (EPA) or the department to conduct site assessment or cleanup? Yes (Describe below) No Unknown

Are there any federal, state or local agency inquiries or orders regarding any party's responsibility for contamination or hazardous waste at the property? Yes (Describe below) No Unknown

Is the property mine scarred? Yes No Unknown

Briefly describe the involvement or role of the department or EPA in enforcement or oversight of the assessment or cleanup of candidate site.

DESCRIPTIONS

VII. ANTICIPATED FUTURE USE

Residential Recreational Commercial Industrial Other

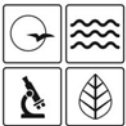
Describe the applicant's proposed reuse plan.

VIII. PUBLIC AND COMMUNITY INVOLVEMENT

Describe public interest and community involvement activities in site reuse planning.

IX. FUNDING SOURCES

Describe your sources of funding should cleanup be recommended. What additional funding sources and financial incentives are planned to complete redevelopment. (Loans, grants, tax credits, donations, fundraisers, in-kind services, etc.).



CONSENT FOR ACCESS TO PROPERTY FORM

SITE INFORMATION

SITE NAME	
SITE ADDRESS	
OWNER	OPERATOR (IF DIFFERENT FROM OWNER)

ACCESS AGREEMENT

I, as owner/authorized representative of _____ (“Owner”), authorize officers, employees, authorized representatives and persons acting at the request of the Missouri Department of Natural Resources (department) to enter and have access to the above named property at the stated location, for purposes of oversight of environmental investigation and remediation under the BVCP. Access shall include but not necessarily be limited to the following activities:

- Walkthroughs of the property, buildings, facilities and operations
- Evaluation and documentation of site conditions
- Verification of information contained in reports submitted to the BVCP
- Observation and oversight of sampling, testing, investigation and remediation activities
- Collection (and/or splitting) of samples of environmental media including soil, groundwater, waste or building components
- Other actions related to the investigation of hazardous substances under the BVCP

The department ensures that:

- Access will be upon reasonable notice, and will be typically (but not necessarily limited to) visits to observe site work planned and performed by the Owner, BVCP applicant or their contractors or agents, under department-approved work plans.
- Department personnel will follow industry standard health and safety practices appropriate for conditions and will abide by health and safety directives communicated by Owner or Applicant or their representatives or contractors, including the use of appropriate personal protective equipment such as hardhats, work boots and safety vests.
- Upon completion of the project, any department material and equipment will be removed from the site.
- This consent shall expire upon department’s issuance of a certificate of completion for this site, participant’s withdrawal from BVCP or termination of participation by the department.
- This consent shall not be construed as or deemed to be an admission of any fact, responsibility, fault or liability in connection with the site.

Owner ensures that:

- Owner shall hold the department harmless from any claims (including, but not limited to, property damage or personal injury) arising from activities, reviewed or overseen, by the department under this agreement and which have been approved by Owner and conducted under Owner’s supervision.

This Access Agreement may be executed in multiple counterparts, each of which will, for all purposes, be deemed an original, but which together will constitute one and the same instrument.

This Access Agreement is executed by duly authorized personnel of the parties to be effective as of the _____ day of _____ 20____ (the “Effective Date”).

SIGNATURES

SITE OWNER SIGNATURE	PRINTED NAME/TITLE	DATE
MISSOURI DEPARTMENT OF NATURAL RESOURCES	PRINTED NAME/TITLE	DATE