



ENERGY AND ENVIRONMENT CABINET (EEC)
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
SUPERFUND BRANCH
300 SOWER BLVD, 2ND FLOOR
FRANKFORT, KENTUCKY 40601
502-564-6716

APPLICATION TO ENTER
**VOLUNTARY ENVIRONMENTAL
REMEDIATION PROGRAM**

DEP 6059
January, 2020 Version

The EEC does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in the employment or provision of services. Upon request, the EEC will provide reasonable accommodations including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in programs and activities. To request an alternate format for this registration, contact the Superfund Branch at 502-564-6716.

INSTRUCTIONS

Carefully read each of the following application requirements.
Type or print your responses legibly in indelible ink.

Eligibility Requirements:

Check the applicable box for each item below. If you answer yes to any of the five (5) questions below, this property is **not** eligible to enter into the Voluntary Environmental Remediation Program.

Is this property a radioactive material facility licensed under KRS 211.842 to 211.852 and the administrative regulations promulgated under these sections? ☐ Yes ☐ No

Is this property part of or does it contain a site which is on the National Priorities List established by the United States Environmental Protection Agency? ☐ Yes ☐ No

Is this property part of or does it contain a hazardous waste treatment, storage, or disposal facility for which a permit has been issued, or the site is otherwise the subject of hazardous waste closure or corrective action pursuant to KRS 224.46-520 or KRS 224.46-530? ☐ Yes ☐ No

Is this property or site the subject of state or federal environmental enforcement action relating to the release, for which the application is submitted? ☐ Yes ☐ No

Does this property or site present an environmental emergency,
as defined in KRS 224.01-400? ☐ Yes ☐ No

Check each box provided to ensure the requirements are met as you complete them.

Application Requirements:

☐ All items in the application must be answered. Failure to answer any item will result in the return of this application for completion. If an item is not applicable to your facility, write "N/A".

☐ All attachments must be numbered and submitted with this application to prevent delays in processing.

☐ The statutes and regulations that apply to the Voluntary Environmental Remediation Program include, but are not limited to, the following: KRS 224.01-400 and KRS 224.01-405. Copies of statutes and regulations can be ordered by calling the Program Planning and Administration Branch at (502) 564-6716. Statutes and regulations are also available at the following website address: <http://lrc.ky.gov>

☐ Include a check or money order, if required, for the application fee.

**Submit the original and two copies of the completed application and
all attachments to the Superfund Branch.**

All signatures on the original application must be original.

**** FOR OFFICE USE ONLY ****

Incident ID _____

Check # _____

MARS Function Code _____

Project Manager _____

Amount \$ _____

**APPLICATION TO ENTER
VOLUNTARY ENVIRONMENTAL REMEDIATION PROGRAM**

Section 1. Property Name and Location

1. This application is a: ☐ New Submittal ☐ Resubmittal
2. Property Name _____
3. Property Location _____
(street or physical location only – no P. O. Box numbers)
4. City _____ 5. Zip _____ 6. County _____
7. Enter the Latitude and Longitude of the property using degrees, minutes, seconds, and/or decimal degrees to 6 places to the right of the decimal point. Use the following hierarchy to determine where to obtain the reading:
 - First Choice: Near the front door of the facility's on-property, main office;
 - Second Choice: If there is not a main office on the property, then at the facility's front entrance (gate);
 - Last Choice: If there is not a main office on the facility's property or an identifiable front entrance, then the lat/long should be collected at the approximate center of all of property (determined by using best judgment).

Degrees, Minutes, Seconds

Latitude _____ ° _____ ' _____ " Longitude – _____ ° _____ ' _____ "

AND/OR

Decimal Degrees

Latitude _____ . _____ Longitude – _____ . _____

8. Indicate the method used to determine Latitude and Longitude by checking the appropriate box below.

Check only one box.

- | | |
|--|---|
| ☐ ADD – Street Segment Geocoding | ☐ G90 – GPS +/- 90 Meters |
| ☐ DOQ – Digital Aerial Photo | ☐ GP0 – DGPS +/- <5 Meters |
| ☐ DRG – Digital Topo Map | ☐ INT – Map Interpolation |
| ☐ G40 – GPS Point Average +/- 40 Meters | ☐ SUR - Survey |

9. Include one (1) current U.S.G.S. 7.5 minute topographic map (or a copy of a portion thereof) with an outline of the property with each copy of the application. If a portion of a map is submitted, it should be produced at the same scale (1:24,000) as the original, and should include the name of the USGS topographical map from which it comes.

Do not send aerial photographs in lieu of topographic maps. **LABEL AS ATTACHMENT 1.**

Maps may be ordered by calling Map Sales at 859-257-5500.

10. Indicate the intended future land use(s) for this property. _____

Section 2. Contact Information

Applicant

11. Applicant Name (print) _____
(Person applying to enter a property into the program.)

12. Contact Person (print) _____

13. Mailing Address _____

14. City _____ 15. State _____ 16. Zip _____

17. Phone Number ____ - ____ - ____ 18. Fax Number ____ - ____ - ____

19. E-Mail Address _____

20. Relationship of applicant to property (**check only one box**):

☐ owner ☐ lessee ☐ prospective purchaser ☐ other (specify) _____

21. If the applicant is not the owner, provide documentation that the applicant has legal right of access to the property. **LABEL AS ATTACHMENT 2.**

Current Owner

22. Current Owner (print) _____

23. Contact Person (print) _____

24. Mailing Address _____

25. City _____ 26. State _____ 27. Zip _____

28. Phone Number ____ - ____ - ____ 29. Fax Number ____ - ____ - ____

30. E-Mail Address _____

Environmental Consultant (if applicable)

31. Consulting Firm (print) _____

32. Contact Person (print) _____

33. Mailing Address _____

34. City _____ 35. State _____ 36. Zip _____

37. Phone Number ____ - ____ - ____ 38. Fax Number ____ - ____ - ____

39. E-Mail Address _____

Legal Representative (if applicable)

40. Consulting Firm (print) _____

41. Contact Person (print) _____

42. Mailing Address _____

43. City _____ 44. State _____ 45. Zip _____

46. Phone Number ____ - ____ - ____ 47. Fax Number ____ - ____ - ____

48. E-Mail Address _____

Section 3. Site History

List the known history of the site, beginning with the current use and continuing chronologically backwards. Indicate any known use, storage or disposal of commercial chemical products, hazardous materials, hazardous substances, petroleum or petroleum products on the property.

49. Name of Owner/Operator _____

Dates of Usage ____/____/____ TO **PRESENT**

State what the property was used for _____

NAICS Code(s) _____

Commercial chemical products, hazardous materials, hazardous substances, petroleum or petroleum products used, stored or disposed on the property _____

50. Name of Owner/Operator _____

Dates of Usage ____/____/____ TO ____/____/____

State what the property was used for _____

NAICS Code(s) _____

Commercial chemical products, hazardous materials, hazardous substances, petroleum or petroleum products used, stored or disposed on the property _____

51. Name of Owner/Operator _____

Dates of Usage ____/____/____ TO ____/____/____

State what the property was used for _____

NAICS Code(s) _____

Commercial chemical products, hazardous materials, hazardous substances, petroleum or petroleum products used, stored or disposed on the property _____

52. Name of Owner/Operator _____

Dates of Usage ____/____/____ TO ____/____/____

State what the property was used for _____

NAICS Code(s) _____

Commercial chemical products, hazardous materials, hazardous substances, petroleum or petroleum products used, stored or disposed on the property _____

If additional space is needed, provide the information and **LABEL AS ATTACHMENT 3.**

Section 4. Regulatory Classification

53. Was hazardous waste generated or otherwise managed on the property? ☐ Yes ☐ No
If yes, provide EPA ID # _____

54. Are there known petroleum storage tanks on the property that fall under Subchapter 60 of KRS Chapter 224 and 401 KAR Chapter 42? ☐ Yes ☐ No

If so, list UST ID numbers.

UST ID # _____ UST ID # _____
UST ID # _____ UST ID # _____

If there are more than four (4) UST ID numbers, provide the additional information and **LABEL AS ATTACHMENT 4.**

55. Publish a notice using the public notice **ADDENDUM**. Provide a tear sheet and affidavit of publication and **LABEL AS ATTACHMENT 5.**

56. Have the chief executives of the local government units, in which the property or site is located, been notified of this application? ☐ Yes ☐ No If so, write in the names below.

Name of city chief executive _____

Name of county chief executive _____

Include copies of the cover letters used to convey the documents to the chief executives and **LABEL AS ATTACHMENT 6.**

57. Has a copy of the application been placed in the local public library? ☐ Yes ☐ No

SECTION 5. PRELIMINARY CHARACTERIZATION PLAN

58. Provide a map of the facility, which shall be of sufficient detail and accuracy to show a distance of at least 1,000 feet around the property at a scale no smaller than one inch equal to 200 feet. The map shall include:

- Map scale, north arrow orientation, date, and symbol legend
- Boundary lines of the property, with the owners of adjacent properties clearly indicated, if reasonably identifiable
- Surrounding land uses (e.g., residential property, industrial/commercial property, agricultural property, and conservation property)
- Structures on the property
- Neighboring roads
- Surface water bodies
- Underground Storage Tanks
- Aboveground Storage Tanks
- Known areas of concern on the property that represent confirmed, suspected, or potential releases
- Other natural or man-made features relevant to the characterization of the property.

LABEL AS ATTACHMENT 7.

Section 5. Preliminary Characterization Plan (continued)

59. For each identified area of concern, state

- Activities conducted at that location on the property
- Products used for said activities
- Resulting waste material from said activities
- If the release is confirmed or not. If the release is a confirmed release, include documentation.

LABEL AS ATTACHMENT 8.

60. Include entire copies of any environmental investigations already conducted of the property.

LABEL AS ATTACHMENT 9.

Section 6. Application Fee

61. What is the total area of the property? _____ acres

62. A political subdivision of the state, and its agencies and instrumentalities, shall be exempt from paying the fee for properties that are publicly owned. Is the applicant a public entity that is exempt from paying the application fee for this property? ☐ Yes ☐ No

If yes, submit a copy of the deed and **LABEL AS ATTACHMENT 10.**

63. Based on KRS 224.1-514, include the appropriate, non-refundable application fee of \$5,000 by attaching a check or money order to the application. **Check or money order made payable to Kentucky State Treasurer.**

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Section 7. Certification Statement

"I certify under penalty of law that:

- This property is not a radioactive material facility licensed under KRS 211.842 to 211.852 and the administrative regulations promulgated under these sections.**
- This property is not part of nor does it contain a site which is on the National Priorities List established by the United States Environmental Protection Agency.**
- This property is not part of nor does it contain a hazardous waste treatment, storage, or disposal facility for which a permit has been issued, or the site is otherwise the subject of hazardous waste closure or corrective action pursuant to KRS 224.46-520 or KRS 224.46-530.**
- This property or site is not the subject of state or federal environmental enforcement action relating to the release, for which the application is submitted.**
- This property or site does not present an environmental emergency, as defined in KRS 224.01-400.**

I certify under penalty of law that the information contained in this document and all attachments is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information."

Applicant or legally authorized representative (print) _____

Signature _____

Subscribed and sworn to before me this _____ day of _____ Year _____

Notary Public Signature _____

State of _____ County of _____, My commission expires _____

"I certify under penalty of law that the information contained in this document and all attachments is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information."

Property Owner (if different from applicant) (print) _____

Signature _____

Subscribed and sworn to before me this _____ day of _____ Year _____

Notary Public Signature _____

State of _____ County of _____, My commission expires _____

ADDENDUM

1. Fill in all blanks.
2. Submit this notice for publication to the newspaper of largest circulation in the county in which the property is located.
3. Inform the newspaper that the public notice shall be of a size to include not less than two (2) column widths for advertising and shall be in a display format.
4. Request a tear sheet and affidavit of publication from the newspaper publishing the notice. The tear sheet and affidavit must be submitted to the Division of Waste Management along with your completed application. **LABEL AS ATTACHMENT 5.**

PUBLIC NOTICE

_____ is applying to the Kentucky Division of
(applicant)
Waste Management to enter Kentucky's Voluntary Environmental Remediation Program for a
parcel of land, known as

_____, located at _____,
(property name) (street address) (city)

_____ intends to submit an application to the Division in
(applicant)

_____ of 20 _____.
(month) (year)

A copy of the application will be available for review at the Division of Waste Management's Frankfort office between 8:30 a.m. and 4:00 p.m. weekdays by appointment only. To make an appointment, submit a written request to: Records Custodian, Division of Waste Management, 200 Fair Oaks Lane, 1st Floor, Frankfort, KY 40601 at least 72 hours prior to the desired review date. The application can also be reviewed at the

(name of library)
located at _____,
(library street address) (city)

Comments or questions may be submitted to VERP Coordinator, Superfund Branch, Division of Waste Management, 200 Fair Oaks Lane, 2nd Floor, Frankfort, KY 40601, 502-564-6716 (voice), 502-564-5096 (fax).

The Kentucky Division of Waste Management does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in the employment or provision of services. Upon request, the Division of Waste Management will provide reasonable accommodations including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in programs and activities. To request auxiliary aids or services to participate in public review and comment on the application referenced in this notice, contact the Superfund Branch at 502-564-6716.