APPLICATION TO ENTER
VOLUNTARY ENVIRONMENTAL REMEDIATION PROGRAM

DEP 6059
October 22, 2003

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.
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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)


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 ________________________________________________


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 ________________________________________________


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

DEP6059
• 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 the chart below, include the appropriate, non-refundable application fee by attaching a check or money order to the application. Check or money order made payable to Kentucky State Treasurer.

<table>
<thead>
<tr>
<th>A political subdivision of the state, and its agencies and instrumentalities, for publicly owned properties.</th>
<th>Exempt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Properties up to three acres in size</td>
<td>$1000</td>
</tr>
<tr>
<td>Properties greater than three acres but less than 10 acres in size</td>
<td>$2500</td>
</tr>
<tr>
<td>Properties greater than 10 or larger</td>
<td>$3000</td>
</tr>
</tbody>
</table>

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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

____________________________________________

(applicant) is applying to the Kentucky Division of 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.