Voluntary Remediation Program

### Louisiana Department of Environmental Quality

### VOLUNTARY REMEDIATION PROGRAM APPLICATION

### REMEDIATION PHASE

Note: Only sites that have an LDEQ-approved Voluntary Remediation Investigation Report are eligible for remediation under the VRP.

A complete Voluntary Remedial Action Application Packet includes:

1. Completed Voluntary Remedial Application (this form)
2. Legal Description of the Site (including site boundaries)
3. Voluntary Remedial Action Work Plan
4. Application Review Fee of $500 in a check or money order
5. LDEQ-approved VRP Investigation Report (Required by LAC 33:VI.911.B.3)
6. Table of Contiguous Property Owners (see Section II)
7. Map of surrounding properties showing property addresses
8. Partial Remedial Action Supplemental Application Form (If Applicable)

The voluntary remedial action plan for this site and the application review fee must be included with this Voluntary Remedial Action Application form, as provided in LAC 33:VI.911.B, or this Voluntary Remedial Application will be considered incomplete and not be accepted for review.

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| I. Applicant Information*List all applicants wishing to receive a Certificate of Completion.* | | | |
| Section A: Applicant | | | |
| Name/ Company Name: | | | |
| Mailing Address: | | | |
| City: | State: | | Zip Code: |
| Contact Person: | | | |
| Phone No: | | Fax No: | |
| Email Address: | | | |
| Interest in Property: | | | |
| Section B: Co-Applicant (if applicable) | | | |
| Name/ Company Name: | | | |
| Mailing Address: | | | |
| City: | State: | | Zip Code: |
| Contact Person: | | | |
| Phone No: | | Fax No: | |
| Email Address: | | | |
| Interest in Property: | | | |
| Section C: Co-Applicant (if applicable) | | | |
| Name/ Company Name: | | | |
| Mailing Address: | | | |
| City: | State: | | Zip Code: |
| Contact Person: | | | |
| Phone No: | | Fax No: | |
| Email Address: | | | |
| Interest in Property: | | | |
| Section D: Current Property Owner (if different from applicants) | | | |
| Name/ Company Name: | | | |
| Mailing Address: | | | |
| City: | State: | | Zip Code: |
| Contact Person: | | | |
| Phone No: | | Fax No: | |
| Email Address: | | | |
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| II. Site Information | | | |
| Site Name: | | | |
| Parish: | | | |
| Agency Interest Number(s) (if exist):      Property Size (acres): | | | |
| Physical address of site: | | | |
| If no physical address is assigned to the site, direction and distance from nearest intersection: | | | |
| Latitude:       o       ’       ”Longitude:       o       ’       ” | | | |
| Legal property description (must define boundaries of the VRP site):  Check Here if Attached**:** | | | |
| Current Property Use (Describe in detail. Use percentages if more than one use.): | | | |
| Past (historical) Property Use (Describe in detail): | | | |
| Future Property Use (Describe in detail. Use percentages if more than one use.): | | | |
| Current Land Use Surrounding Property: | | | |
| Contaminant Type(s) and Affected Media: | | | |
| Attach table of all Contiguous Property Owners (persons listed as owners of the adjacent properties on the rolls of the parish tax assessor as of the date on which the voluntary remediation application is submitted) including:  * Name * Property Address * Mailing Address   Attach **map** showing adjacent property addresses.  *“Contiguous”, for the purposes of the VRP, are those properties directly adjacent to the site AND those properties across a street if the VRP site is bordered by a public street.* | | | |

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| III. Eligibility Information | | |
| Permitted Hazardous Waste Unit(s) on site? | Yes | No |
| Site Proposed for Listing on the National Priorities List (NPL)? | Yes | No |
| Site Listed on the NPL? | Yes | No |
| Any Pending Federal Environmental Enforcement Actions Associated with the Site? | Yes | No |
| If yes, explain | | |
| Any portion of the site eligible for the Motor Fuel Underground Storage Tank (UST) Trust Fund? | Yes | No |
| If yes, explain | | |

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| IV. Type of Voluntary Remedial Action Proposed |
| Voluntary Remedial Action |
| Partial Voluntary Remedial Action (See note below) |

If Partial Voluntary Remedial Action is checked, the applicant and co-applicants must each complete and attach a Partial Remedial Action Supplemental Application Form.

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| V. Certification | |
| All applicants must certify the following with their signature below: | |
| I (we) certify that all of the information I (we) have provided in this Voluntary Remediation Application is true and correct to the best of my (our) information, knowledge, and belief. I (we) understand and agree that I (we) am obligated to update and notify this application if I (we) learn that information that I (we) have provided is misleading or no longer correct. I (we) further certify that I (we) understand I (we) am responsible for and agree to reimburse the Louisiana Department of Environmental Quality for all actual direct costs associated with reasonable and appropriate oversight activities of the Department conducted pursuant to LAC 33:VI. Chapter 9, including, but not limited to, review, supervision, investigation, and monitoring activities. | |
| Primary Applicant Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |
| Printed Name:  Printed Organization: | |
| Co-Applicant Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |
| Printed Name:  Printed Organization: | |
| Co-Applicant Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |
| Printed Name:  Printed Organization: | |