Voluntary Remediation Program

Louisiana Department for Environmental Quality

VRP Oversight Cost Waivers are available at the discretion of the Administrative Authority and are subject to available alternate funding. **VRP Waivers are available only to applicants that are government (non-federal) and qualified non-profit entities\* and who are non-responsible parties** as defined in the LA Voluntary Remediation Regulations (LAC 33:VI.Chapter).

**Please note that the $500 application fee is NOT waived and must accompany any application** **upon submission. This fee covers the first $500 of direct oversight costs.**

Waivers are limited to $5,000 for Voluntary Remedial Investigation Applications and $5,000 for Voluntary Remediation Applications. The applicant is fully responsible for additional oversight costs as provided in the VRP Regulations and will be invoiced quarterly for additional expenses after the waived $5,000 in direct oversight costs have been incurred for each application. This form must be completed and accompany each application for which an Oversight Cost Waiver is sought. ***Please note that any fees or oversight costs already paid to DEQ will not be refunded through this program.***

**oversight cost waiver request**

Please complete form and mail to: Estuardo Silva, P.G., Administrator

Remediation Division

P.O. Box 4314

Baton Rouge, LA 70821-4314

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| **I. Application Information** | | |
| DEQ Agency Interest Number (if one exists): | |  |
| Name of Government or Non-Profit Entity: | |  |
| Type of Entity (check one): Government  Qualified Non-Profit | | |
| Mailing Address: |  | |
| City: |  | |
| State: |  | |
| Zip Code: |  | |
| Contact Person: |  | |
| Phone No: |  | |
| E-mail: |  | |
| **II. Type of Action Proposed (ONLY SELECT ONE OF THE FOLLOWING)** | | |
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| **III. Site Information** | | |
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| Physical Address (or distance from nearest intersection): | | |
| Parish: | | |
| **IV. Applicant Eligibility** | | |
| **A. Answer the following question by checking the appropriate box.** | | |
| 1. Were you a generator who generated a hazardous substance or hazardous waste that was disposed of or discharged at the site?   Yes  No | | |
| 1. Were you a transporter who disposed of or discharged a hazardous substance or hazardous waste at the site?   Yes  No | | |
| 1. Were you a disposer who disposed of or discharged a hazardous substance or hazardous waste at the site?   Yes  No | | |
| 1. Did you contract with someone for transportation or disposal at the site?   Yes  No | | |
| **B. If you are or were the owner or operator of the site subsequent to the disposal or hazardous waste, answer the following question by checking the appropriate box.** | | |
| 1. Were you engaged in the business of generating, transporting, storing, treating, or disposing of a hazardous substance or hazardous waste on or in the site, or knowingly permitted others engaged in such business on the property?   Yes  No | | |
| 1. Did you knowingly permit any person to make regular use of the site for the disposal of waste?   Yes  No | | |
| 1. Did you knowingly permit any person to use the site for disposal of a hazardous substance?   Yes  No | | |
| 1. Did you know or should you have reasonably known that a hazardous substance was located in or on the site at the time right, title, or interest in the site was first acquired by the person and engaged in conduct associating that person with the discharge or disposal?   Yes  No | | |
| 1. Did you take action that significantly contributed to the discharge or disposal after that person knew or reasonably should have known that a hazardous substance was located in or on the site?   Yes  No | | |
| ***IF YOU ANSWERED YES TO ANY OF THE QUESTIONS IN PART IV, YOU ARE NOT ELIGIBLE FOR THE OVERSIGHT COST WAIVER.*** | | |

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| **V. Eligibility Certification** | |
| I certify that this applicant is (check one) a government entity  / qualified non-profit entity\*  and is eligible to receive this Oversight Cost Waiver pursuant to the DEQ Office of Environmental Assessment Memorandum dated 8/17/2006 and is not a responsible party as defined in LAC 33:VI.Chapter 9. I further certify that I am authorized and qualified to sign for the aforementioned organization and that all information presented in this application is true and correct. ***I understand that this waiver is subject to available alternate funding and may be withdrawn at any time.*** | |
| Authorized Signatory: | |
| Date: | |
| DEQ Assistant Secretary: | Waiver Approved: |
| Date: | Waiver Not Approved: |
| \*For the purposes of the VRP oversight cost waivers, a ***qualified non-profit organization*** is defined in accordance with Section 4(6) of the Federal Financial Assistance Management Improvement Act of 1999, Public Law 106-107, as any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized principally for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. | |