



REMEDIAL ACTION PLAN MONITORING ACT / VCP APPLICATION FORM

FACILITY/OPERATION INFORMATION				NDEQ ID :		NDEQ PROGRAM ID :							
1	Name:												
2	Facility Phone Number:												
3	NAICS:												
FACILITY/OPERATION LOCATION INFORMATION													
4	Address:												
5	City:				State:	NE	Zip Code:			County:			
6	Legal Description:		¼ of		¼ of		¼ of	Section		Township		Range	
FACILITY/OPERATION MAILING INFORMATION													
7	Address:												
8	City:						State:	NE	Zip Code:				
FACILITY/OPERATION CONTACT INFORMATION													
9	Person:												
10	Phone Number:												
11	Cell Number:												
12	Fax Number:												
13	Email Address:												

14	Certification Statement								
<p>I/we (the undersigned) certify that the foregoing information on this application and accompanying documents, estimates, and schedules is true and accurate to the best of my knowledge and belief. I/we understand that participation in the Voluntary Cleanup Program is voluntary, and I/we agree to comply with all state and federal standards and regulations.</p> <p>I/we also certify that if additional funds beyond the fee submitted with this application are required to cover oversight costs for NDEQ, I/we will provide these additional funds.</p>									
<input type="checkbox"/> This form has been completed and reviewed by the person(s) noted and signatures applied below.									
<input type="checkbox"/> In completing this form, the following is understood: <ul style="list-style-type: none"> • \$2,000 non-refundable Application Fee attached. • Signed Written Agreement attached. • \$3,000 refundable initial Deposit attached. 									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Typed or Printed Name of Authorized Individual</td> <td style="width: 30%; border-bottom: 1px solid black;">Title</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of Authorized Individual</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Typed or Printed Name of Authorized Individual</td> <td style="border-bottom: 1px solid black;">Title</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of Authorized Individual</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> </table>		Typed or Printed Name of Authorized Individual	Title	Signature of Authorized Individual	Date	Typed or Printed Name of Authorized Individual	Title	Signature of Authorized Individual	Date
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INSTRUCTIONS:

- Please type or print legibly. Incomplete applications and/or applications not accompanied by the non-refundable \$2,000 application fee, and the signed Written Agreement with the \$3,000 initial deposit, will not be processed and will be returned to the applicant.
- If any of the information requested is not applicable, enter "NA" in the blank provided.

More detailed instructions and a list of abbreviations follow the application form.

SECTION A – ADDITIONAL SITE INFORMATION

Latitude: _____ Longitude: _____

Latitude/Longitude Source: _____

Latitude/Longitude Reference Location (e.g., center of property): _____

Lot or Subdivision (if applicable): _____

Property Size (acres): _____

Current Land Use: _____

Future Land Use: _____

Will this project protect human health and the environment? Yes No Please explain.

Will this project promote economic development? Yes No Please explain.

Will this project enable the creation or, preservation of, or addition to parks, greenways, undeveloped property, other recreational property, or other property used for nonprofit purposes? Yes No Please explain.

➔ Note: Attach a map and/or site diagram.

SECTION B – APPLICANT INFORMATION

Name: _____ Title: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
E-mail: _____
Applicant's Relationship to or Interest in the Site: _____

SECTION C – CURRENT OWNER/OPERATOR

If Applicant is Facility Owner, check box and skip to Land Owner subsection (below).

Facility Owner

Name: _____ Title: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
E-mail: _____

If Applicant is Land Owner, check box and skip to Section D.

Land Owner

Name: _____ Title: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
E-mail: _____

SECTION D – DESIGNATED POINT OF CONTACT

If Applicant is Designated Point of Contact, check box and skip to Section E.

Name: _____ Title: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
E-mail: _____

SECTION E – NATURE OF POTENTIAL CONTAMINATION

Current and historical land use with corresponding years of operation and dates of known releases

Check all known or potential sources of contamination on site:

Feature and land use	Dates of operation
<input type="checkbox"/> Aboveground Storage Tank	_____
<input type="checkbox"/> Underground Storage Tank	_____
<input type="checkbox"/> Drum	_____
<input type="checkbox"/> Other Container	_____
<input type="checkbox"/> Aboveground Pipeline	_____
<input type="checkbox"/> Underground Pipeline	_____
<input type="checkbox"/> Lagoon or Pond	_____
<input type="checkbox"/> Seepage Pit or Dry Well	_____
<input type="checkbox"/> Septic Tank or Lateral Field	_____
<input type="checkbox"/> Surface Spill or Discharge	_____
<input type="checkbox"/> Adjacent Property	_____
<input type="checkbox"/> Drip Tank	_____
<input type="checkbox"/> Pit	_____
<input type="checkbox"/> Grain Storage Facility	_____
<input type="checkbox"/> Formerly Used Defense Site	_____
<input type="checkbox"/> Salvage Yard	_____
<input type="checkbox"/> Dry Cleaners	_____
<input type="checkbox"/> Landfill	_____
<input type="checkbox"/> Former Manufactured Gas Plant	_____
<input type="checkbox"/> Gas Station	_____
<input type="checkbox"/> Methamphetamine Laboratory	_____
<input type="checkbox"/> Mine Scarred Land	_____
<input type="checkbox"/> Source Unknown	_____
<input type="checkbox"/> Other	_____

Check all known chemical products, hazardous substances, pollutants or contaminants used, managed or released, on site:

<input type="checkbox"/> Acids/Bases	<input type="checkbox"/> Paint/Paint Wastes	<input type="checkbox"/> Sludge
<input type="checkbox"/> Fertilizers	<input type="checkbox"/> PCBs	<input type="checkbox"/> Solvents/Degreasers
<input type="checkbox"/> Inorganics	<input type="checkbox"/> Pesticides	<input type="checkbox"/> Fumigants
<input type="checkbox"/> Metals	<input type="checkbox"/> Petroleum Products	<input type="checkbox"/> Other _____

Check all known and potentially contaminated media on site:

Surface Soil (0-3')	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Potential
Subsurface Soil	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Potential
Surface Water	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Potential
Sediment	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Potential
Groundwater	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Potential

Identify known contaminants, maximum concentration detected, and media impacted (attach additional pages as needed):

<i>Contaminant</i>	<i>Maximum Concentration</i>	<i>Units</i>	<i>Media</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION F – REGULATORY HISTORY

1. Does the property meet the following CERCLA §101(39) brownfield site definition? Yes No Unknown
 “Real property, the expansion, redevelopment, or reuse of which may be complicated by the presence or potential presence of a hazardous substance, pollutant or contaminant.”
2. Is or was the property, or any part thereof, a permitted or interim status hazardous waste management facility regulated under RCRA? If so, complete the permit information at the end of this section. Yes No Unknown
3. Has a CERCLA investigation (Preliminary Assessment and/or Site Inspection) been conducted at the property? If so, provide explanation at the end of this section. Yes No Unknown
4. Is the property subject to a planned, or ongoing CERCLA removal action? Has a CERCLA removal occurred at the site? If so, provide explanation at the end of this section Yes No Unknown
5. Is or was the property, or any part thereof, investigated for, proposed for, or listed on the Superfund National Priorities List, as established under CERCLA? If so, provide explanation at the end of this section. Yes No Unknown
6. Is or was the property, or any part thereof, subject to (enforcement action) a unilateral administrative order, court order, administrative order on consent, or consent decree under CERCLA? If so, provide explanation at the end of this section. Yes No Unknown
7. Is or was the property, or any part thereof, subject to (enforcement action) a unilateral administrative order, court order, administrative order on consent, consent decree, or permit under RCRA, CWA, TSCA or SWDA? If so, provide explanation at the end of this section. Yes No Unknown
8. Is or was the property, or any part thereof, subject to enforcement action under city, county, state, federal or other environmental laws? If so, provide explanation at the end of this section. Yes No Unknown
9. Is or was the property, or any part thereof, the subject to corrective action under RCRA 3004(u) or 3008(h) to which a corrective action permit or order has been issued or modified requiring the implementation of corrective measures? If so, provide explanation at the end of this section. Yes No Unknown

10. Is or was the property, or any part thereof, the subject of environmental orders or agreements with city, county, state, or federal environmental agencies? If so, provide explanation at the end of this section. Yes No Unknown
11. Is or was the property, or any part thereof, a land disposal unit(s) with closure notification submitted and closure plan or permit? If so, provide explanation at the end of this section. Yes No Unknown
12. Is or was the property, or any part thereof, subject to the jurisdiction, custody, or control of federal government? If so, provide explanation at the end of this section. Yes No Unknown
13. Does or did the property, or any part thereof, have PCB contamination subject to remediation under TSCA? If so, provide explanation at the end of this section. Yes No Unknown
14. Has the property owner received assistance from the EPA Leaking Underground Storage Tank program for a response activity on this property, or any part thereof? Yes No Unknown
15. Are or were activities conducted at the property, or any part thereof, requiring classification as a Nebraska or EPA Hazardous Waste Generator? If so, provide the hazardous waste generator identification number at the end of this section. Yes No Unknown
16. Has the property ever been a Nebraska Title 118 investigation site? Yes No Unknown

Use the following space for additional information related to the questions listed in Section F. Begin answers with the question number to which it relates. List any identification numbers and permits, with dates of permit issuance and expiration.:

SECTION G – INVESTIGATION/REMEDIAL ACTION STATUS

Identify the type of environmental investigations performed to date at the site.

Date	Title	Type of Investigation	Investigator

Does contamination at the site pose an immediate risk to human health or the environment?

Yes

No

Unknown

Does contamination at the site impact or threaten to impact public or private drinking water supplies?

Yes

No

Unknown

Identify and briefly describe any institutional controls that are already in place or proposed for the site.

Identify any other remedial actions already implemented at the site.

SECTION H – ACCESS CERTIFICATION

The undersigned certify that the applicant holds or can acquire title to all lands or has the necessary easements and right-of-way for the project and related lands. Yes No

Facility Owner Signature: _____ Date: _____

Land Owner Signature: _____ Date: _____

SECTION I – APPLICATION SUBMITAL

\$2,000 NON-REFUNDABLE APPLICATION FEE ATTACHED Yes No
SIGNED WRITTEN AGREEMENT ATTACHED Yes No
\$3,000 REFUNDABLE INITIAL DEPOSIT ATTACHED Yes No

Mailing Address

Return completed application, application fee, written agreement and initial deposit, and any other attachments to:

**VCP/Brownfields Coordinator
Remediation Section
Nebraska Department of Environmental Quality
Suite 400, the Atrium Bldg.
1200 N Street
P.O. Box 98922
Lincoln, NE 68509-8922**

If you have questions or need additional information, please contact the VCP/Brownfields Coordinator by phone at (402) 471-4210 or via e-mail at NDEQ.VCPBrownfield@nebraska.gov

Application Instructions

COVER SHEET

Top of page	Optional, if applicable, provide the NDEQ Facility ID and Program ID numbers.
Item #1	The name of the facility.
Item #2	The phone number for contacting the facility, not necessarily tied to a person/individual.
Item #3	If known, please provide the North American Industry Classification System (NAICS) code(s) that best represent facility operation(s).
Item #4	The facility's physical address (physical location of the facility).
Item #5	Facility City – the City or nearest city to the physical location of facility. Facility State – prefilled with NE Facility Zip Code – zip code of the physical location of the facility. Facility County – the county of the physical location of the facility (this could be a different county than that for the facility city).
Item #6	The legal description of the physical location of the facility.
Item #7	The mailing address for the facility.
Item #8	Facility mailing city. Facility mailing state. Facility mailing zip code.
Item #9	The name of the person to be listed as the contact for the facility.
Item #10	Land line phone number for the contact.
Item #11	The cell phone number for the contact.
Item #12	The fax number for the contact.
Item #13	A current e-mail address for the contact.
Item #14	Complete the Certification Statement section of the form.

SECTION A – ADDITIONAL SITE INFORMATION

Lat. and Long.	Provide latitude and longitude, source of lat./long. (i.e., 7 1/2 min. Quad. Map, GPS coordinate, etc.) and reference location from which the lat./long. coordinate are taken (center of property, entrance, etc.). Provide the subdivision and lot if applicable. Provide the approximate property acreage.
Current Land Use	Provide a summary of current business operations on site, with an emphasis on identifying possible contaminant source areas. If operations have ceased at the site, provide the date.
Future Land Use	Describe the intended future use of the property.
Health & Environment Protectiveness, Economic Development Promotion & Greenspace Creation	Explain if the project will be protective of human health and the environment, will promote economic development, and/or will enable the creation or, preservation of, or addition to park, greenways, undeveloped property, or other recreational property, or other property used for nonprofit purposes. This information is necessary to determine financial assistance eligibility on a site-by site basis to otherwise excluded CERCLA §101(39) brownfield sites.

Map(s)/Diagrams Attach site map(s) and/or diagram(s) that include the entire area to be addressed under the VCP and that clearly identify site boundaries. Also include a map that identifies known or suspected primary source areas, such as process and storage areas, and secondary source areas, such as contaminated soils.

SECTION B – APPLICANT INFORMATION

Name/Title Provide the name of the individual completing the application to the VCP. Provide the applicant's title as representative.

Organization Provide the name of the organization represented by the applicant.

Address/Telephone Provide the applicant's mailing address and direct telephone number. Provide the applicant's fax number and e-mail address, if available.

Applicant's Relationship Describe the applicant's relationship to or interest in the site. State whether the applicant is a current, past, or prospective owner of the site; is a current, past, or prospective facility operator on the site; has disposed of contaminants on the site; or has acquired the site by default, as through bankruptcy, tax delinquency, or abandonment.

SECTION C – CURRENT OWNER/OPERATOR

Owner/Operator Info If the applicant is not the owner of the land or facility, provide the owner contact information as described above under Section B.

SECTION D – DESIGNATED POINT OF CONTACT

Contact Information **If the Applicant is the designated POC, skip and go onto Section E.** Provide contact information for the person who will be the designated point of contact for the site. This may or may not be the person identified for Item 9 of the Cover Sheet as the current **primary** property owner/operator.

SECTION E – NATURE OF POTENTIAL CONTAMINATION

Current & Historic Land Use; Sources of Contamination Provide a summary of current and historical business operations on site, with an emphasis on identifying possible contaminant source areas. Check the boxes identifying all known or suspected facility operations that could have been a sources of contamination on site. Provide the dates/years during which specific activities were conducted. Provide the dates of operation for each.

Chemical Products Check the boxes indicating the general categories of chemical products or hazardous substances, pollutants or contaminants used, managed, stored, handled, released, or disposed on site. Check boxes for all categories applicable to the site, even if the chemical category is not known to be a source of contamination. If an applicable chemical category is not provided, check the "Other" box and list the applicable chemical products, hazardous substances, pollutants or contaminants.

Contaminated Media	Check the boxes indicating the environmental media confirmed to be contaminated on site. If a medium is identified as potentially contaminated, check the box to indicate that the contamination is potentially present. Surface soils are defined as 0-3' below ground surface.
Contaminants' Information	Identify all known contaminants, the maximum concentration of each contaminant detected (with measurement units), and the media impacted by each contaminant. Provide additional pages if necessary.

SECTION F – REGULATORY HISTORY & BROWNFIELD FUNDING ELIGIBILITY

Questions posed offer insight into the regulatory history of the property. They also help determine property eligibility for EPA Brownfield financial assistance. Extra space is provided at the end of this section for additional details; specify respective question numbers.

Brownfield Definition	Check the box indicating whether the property meets the definition of a brownfield site as defined by CERCLA §101(39)
RCRA	Check the box indicating whether the property has, or has ever had, a RCRA permit or RCRA interim status. If the answer is yes, please provide the following information at the end of the section: (1) the type of units; (2) the EPA identification number; (3) if applicable, the date the permit was issued; and (4) the permit expiration date.
CERCLA Investigation	Check the box indicating whether any investigations have been conducted relative to the property under CERCLA, also referred to as Superfund. EPA, the State of Nebraska, or their contractors typically conduct these Preliminary Assessments, Site Inspections, and Expanded Site Investigations.
CERCLA Removal	Check the box indicating whether any removal actions have been conducted, are planned or ongoing relative to the property under CERCLA. EPA typically conducts such removals.
NPL Listing	Check the box indicating whether the property, or any portion of the property, has ever been listed or proposed for listing on the NPL established under CERCLA. Contaminated sites that have been listed on the NPL are usually referred to as Superfund sites.
CERCLA Enforcement Action	Check the box indicating whether the property, or any part thereof, is currently or has previously been subject to an enforcement action pursuant to CERCLA. Enforcement actions may include unilateral administrative orders, court orders, administrative orders on consent, or consent decrees under CERCLA.
RCRA, CWA, TSCA or SWDA Enforcement Action	Check the box indicating whether the property, or any part thereof, is currently or has previously been subject to an enforcement action pursuant to RCRA, CWA, TSCA or SWDA. Enforcement actions may include unilateral administrative orders, court orders, administrative orders on consent, consent decrees or permits under these specific federal laws.

Environmental Enforcement Action	Check the box indicating whether the property, or any part thereof, is currently or has previously been subject to an enforcement action pursuant to city, county, state, or federal environmental laws (not previously mentioned). Enforcement actions include orders and civil lawsuits issued by government entities that require remedial action for non-compliance with environmental laws.
RCRA Corrective Action	Check the box indicating whether the property, or any part thereof, is currently or has previously been subject to a corrective action under RCRA 3004(u) or 3008(h) to which a corrective action permit or order has been issued or modified requiring the implementation of corrective measures.
Orders or Agreements	Check the box indicating whether the property, or any part thereof, is currently or has previously been subject of environmental orders or agreements with city, county, state, or federal environmental agencies.
Land Disposal	Check the box indicating whether the property, or any part thereof, is currently or has previously been, a land disposal unit(s) with closure notification submitted and closure plan or permit.
General	Check the box indicating whether the property, or any part thereof, is currently or has previously been subject to the jurisdiction, custody, or control of the federal government.
PCB	Check the box indicating whether the property, or any part thereof, has PCB contamination subject to remediation under TSCA.
LUST	Check the box indicating whether the property owner has received assistance from the EPA Leaking Underground Storage Tank program for a response activity relative to this property, or any part thereof.
Waste Generator	Check the box indicating whether any past or current activities conducted on site require classification as an EPA or Nebraska Hazardous Waste Generator. If the facility or operation on the site was or is classified as a hazardous waste generator, provide the identification number in the blank provided.
Title 118	Check the box indicating whether the site has ever been the subject of a Nebraska Title 118 groundwater investigation.
Orders or Agreements	Check the box indicating whether the site is currently subject to an environmental order or agreement with a city, county, state, or federal government agency. This question does not pertain to permits issued by governmental entities to conduct regulated activities at a site. Examples of agreements include consent, interim, and letter agreements.

SECTION G – INVESTIGATION/REMEDIAL ACTION STATUS

Investigations Performed	Identify the dates, titles, and types of investigations performed to date.
Risk to Health/Environment	Check the box indicating whether contamination at the site poses an immediate risk to human health or the environment.
Risk to Water Supply	Check the box indicating whether contamination at the site currently impacts or threatens to impact public or private drinking water supplies.

Institutional Controls	Identify and describe any institutional controls, already in place or proposed for the site. Institutional controls are intended to restrict land use or notify potential landowners of contamination or land use concerns. Institutional controls may include government controls (such as zoning laws and ordinances), legal controls (such as restrictive covenants and deed notices), and informational controls (such as public notices and warnings).
Remedial Actions	Identify and describe any remedial actions already implemented at the site. These may include interim remedial actions, removals, engineering controls and/or long term monitoring.

SECTION H – ACCESS CERTIFICATION

Owner Signature	The owner of the site must sign the access agreement to certify that the applicant holds or can acquire title to the property in order to complete the project as required by the RAPMA statute, or has the necessary easements and right-of-way for the project and related lands. The facility owner’s signature indicates that they have knowledge of the intended project and approve access for the purposes of completing the project.
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SECTION I – APPLICATION SUBMITTAL

Attachments	Check the boxes to indicate that the following are attached: <ul style="list-style-type: none"> • \$2,000 non-refundable Application Fee. • Signed Written Agreement. • \$3,000 refundable initial Deposit.
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Incomplete applications and/or applications not accompanied by the required \$2,000 application fee, signed Written Agreement and \$3,000 Initial Deposit will not be processed and will be returned to the applicant.

If you have additional questions, please call the VCP/Brownfields Coordinator at: **(402) 471-4210** or send e-mail to NDEQ.VCPBrownfield@nebraska.gov

ABBREVIATIONS

CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act
CWA	Clean Water Act
EPA	Environmental Protection Agency (U.S.)
NDEQ	Nebraska Department of Environmental Quality
NPL	National Priority List
PCB	Polychlorinated Biphenyl
RAP	Remedial Action Plan
RAPMA	Remedial Action Plan Monitoring Act
RCRA	Resource Conservation and Recovery Act
SWDA	Solid Waste Disposal Act
TSCA	Toxic Substance Control Act
VCP	Voluntary Cleanup Program