VCP2006-010
Copy 1

ORIGINAL

DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH ADMINISTRATION
BUREAU OF HAZARDOUS MATERIAL & TOXIC SUBSTANCES

APPLICATION FOR VOLUNTARY CLEANUP PROGRAM

Please submit to: Bureau of Hazardous Material & Toxic Substances
51 N Street, NE, 3rd Floor, Washington DC 20002-3315
(Please submit either by mail or in person)

A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH PARCEL OR EACH PARCEL OWNED BY A SEPARATE LEGAL ENTITY

This application will be used to submit a request to participate in the Voluntary Clean-up Program. The information in this application will be used to determine eligibility of the Applicant and the site as provided for under Title III of the Brownfields Revitalization Amendment Act of 2000, DC Law 13-312, effective June 15, 2001.

Please type. Please answer each question completely. Please indicate "N/A" where a question is not applicable to the Applicant. Please include a cover letter for the application package.

Until the District has promulgated a final policy or final rulemaking the following interim fee procedure will be adopted. To offset the time spent by the EHA, in review of ALL site information transmitted along with meetings and site visits, the Applicant will reimburse the District on a preset hourly fee. Time for each project will be recorded using the "Voluntary Cleanup Staff Accounting" form. The Voluntary Cleanup Program Coordinator will maintain this time accounting.

If you have any questions please contact EHA.

INELIGIBLE APPLICANTS
If a determination is made that either Applicant or the site is ineligible for participation the application will be returned.

NOTIFICATION
EHA shall approve or deny the application within 90 business days of its receipt. A request by EHA for additional information shall toll the 90-day review period.

I. Property

Property Name **H and 3rd Street, N.E., Site**

Address **306 H Street, N.E., ("Lot 53") & 316, 322, 326, 328, and 332 H Street, N.E., and 317, 319, and 323 I (Eye) Street, NE, ("Remaining Lots")**

City **Washington** Quadrant **NE** Zip Code **20002** Ward **6**

Square # **0776** Lot # **53, and Lots 9, 25, 26, 27, 29, 51, 52, 800, 814, 815, 816, 817, and 821** Acreage **0.44**

Has the site had any prior involvement with District or Federal environmental regulatory programs including notices of violation, orders, consent orders, enforcement actions, or environmental permits? (Y/N) **Y**

Is the property listed on the National Priority List pursuant to the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, 42 U.S.C. 9601 *et seq.*? (Y/N) **N**

Is the property subject of a current cleanup action by the Environmental Protection Agency or the EHA? (Y/N) **Y** No

Please include:
Permit numbers, dates, name(s) of program(s), name of regulated entity and any other information known to the Applicant, and current pictures of the site.

RECEIVED
4/28/06

II. Applicant

Name Mr. John R. Clark III Title President
(please list principal if corporate entity)

Corporation/Organization Steuart Investment Company (as to Lot 53) and
Steuart - H Street, LLC (as to the Remaining Lots)

Legal Form of Business Corporation (as to Steuart Investment Company) and
Limited Liability Company (as to Steuart-H Street, LLC)

Mailing Address 5454 Wisconsin Avenue, Suite 1600

City Chevy Chase State MD Zip Code 20815

Telephone (301) 951-2725 Fax (301) 951-2717

E-mail clark@steuart.com

District of Columbia Corporation (Y/N) N
(please attach copy of certificate)

Out of state entity (Y/N) Y
(please attach copy of D.C. business certificate)

Is the Applicant applying for or does the Applicant plan to apply for grants, loans or property tax credits available for the redevelopment of Brownfields in the District per Title VII Cleanup Incentives of the Act? (Y/N) Y (if available)

Has the Applicant had any prior involvement with District or Federal environmental regulatory programs including notices of violation, orders, consent orders, enforcement actions, or environmental permits? (Y/N) Y (but not this site)
(please attach copies of any information listed)

Please include:
List of the financial incentives for which you are planning to apply.
Permit numbers, dates, name(s) of program(s), name of regulated entity and any other information known to the Applicant.

III. Current Property Owner

Name Mr. John R. Clark III Title President
(please list principal if corporate entity)

Corporation/Organization Steuart Investment Company (as to Lot 53) and
Steuart - H Street, LLC (as to the Remaining Lots)

Legal Form of Business Corporation (as to Steuart Investment Company) and
Limited Liability Company (as to Steuart-H Street, LLC)

Mailing Address 5454 Wisconsin Avenue, Suite 1600

City Chevy Chase State MD Zip Code 20815

Telephone (301) 951-2725 Fax (301) 951-2717

E-mail clark@steuart.com

District of Columbia Corporation (Y/N) N
(please attach copy of certificate)

Out of state entity (Y/N) Y
(please attach copy of D.C. business certificate)

IV. Other Contacts

Consultant

Name Mr. Thomas VanBlaricom Title President
(please list principal if corporate entity)

Corporation/Organization Environmental Consultants and Contractors, Inc.

Mailing Address 43045 John Mosby Highway

City Chantilly State VA Zip Code 20152

Telephone (703) 327-2900 Fax (703) 327-2777

E-mail tvb@eccfirst.com

Project Manager

Name _____ Title _____
(please list principal if corporate entity)

Corporation/Organization _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

E-mail _____

V. Applicant's Interest in Property

Do you own this property? (Y/N) Y
(Include copy of deed)

Are you under contract to purchase the property? (Y/N) N

Are you under contract to sell the property? (Y/N) N

If under contract to sell or purchase the property, has a settlement date been scheduled? (Y/N) N/A Date: N/A

Are you renting or leasing the property? (Y/N) N

Are you considering renting or leasing the property? (Y/N) N

Are you a holder of a mortgage, deed, trust or other security interest in the property? (Y/N) N

Place an "X" in the appropriate blank.

X Intend to develop site for personal or business purposes.

____ Intend to conduct an investigation of site prior to acquisition or development.

____ Neighboring property owner who was unable to obtain relief from the responsible party.

VI. Current Property Use

Place an "X" in the appropriate blank.

____ Residential ____ Underutilized
____ Industrial __X__ Undeveloped
____ Commercial __X__ Idle/Inactive
____ Mixed-Use __X__ Other (explain) **A short-term license has been granted to temporarily allow construction workers to park on the property.**
____ Abandoned

Current operations on property **N / A**

Current Operator **N / A** Title **N / A**
(please list principal if corporate entity)

Number of Employees **N / A** Type of work performed by employees **N / A**

Recorded deed restrictions on property (Y/N) __N__ If yes, explain _____

Are hazardous substances used, generated, treated, stored, disposed or released at the property? (Y/N) ____N____
If yes, explain _____

Please include:
Permits for release of hazardous substances.
Copies of Toxic Release Inventory (TRI).
Copies of permits for hazardous waste generation.
Any other relevant local and federal registrations.
Site map that describes the location(s) of building(s) and operation(s).

VII. Historical Property Use

Have there ever been any hazardous substances used, generated, treated, stored, disposed of, or discharged at the property? (Y/N) **Y (as to Lot 53)**

If yes, explain **Petroleum underground storage tanks were located on Lot 53**

Please list all categories of contaminants that are known to exist on the property (i.e. solvents, metals, inorganics, organics): **Petroleum and chlorinated solvents in soil and groundwater (see attached Phase I / Phase II Environmental Site Assessment)**

Please include:
All available historical information on the property.
Previous owners and lessors, uses and dates of transfer of ownership of the property.
Results of a title search for the property.

VIII. Future Property Use

Place an "X" in the appropriate blank.

____ Unlimited
__X__ Residential
__X__ Mixed Use
____ Commercial
____ Industrial
____ Undetermined

Please include:
Description of the future use of the property.
Include timelines, types of operations, number of potential employees.
Construction and site plans.

Statement of Certification

I certify under penalty of law that the information provided in this application is, to the best of Applicant's knowledge and belief, accurate and complete.

I certify that I am the Applicant or an authorized representative of the Applicant.

I certify that all information on environmental conditions relevant to the site and known to the Applicant is included in this application.

By signing below the Applicant, or the authorized representative acting on behalf of the Applicant, agrees to pay all invoices for the costs of services provided by the Environmental Health Administration when billed.

Printed Name Mr. John R. Clark, III

Company Steuart Investment Company **Title** President

Signature _____ **Date** 4/25/06

OFFICE USE

Documents Received by: _____ VCP Case No. 2006-010

Date: July 13, 2006 Approved ✓ Not Approved_____ Resubmit_____

Additional Information Required:_____

CERTIFICATION OF FINANCIAL RESPONSIBILITY

Steuart Investment Company and Steuart - H Street, LLC, hereby certify that they will be in compliance with the financial responsibility requirements of 20 DCMR Chapter 67 prior to performing any remedial work on the property.

The financial assurance mechanism(s) used to demonstrate financial responsibility under 20 DCMR Chapter 67 are as follows:

[Type of mechanisms]_____

[Name of issuer]_____

[Mechanism number (if applicable)]_____

[Amount of coverage]_____

[Effective period of coverage]_____

Whether mechanism covers "taking correction action" or compensating third parties for bodily injury and property damage caused by either "sudden accidental releases" or "nonsudden accidental releases."

_____

_____

_____

[Signature of Applicant]_____

[Name of Applicant]_____

[Title]_____

[Date]_____

[Signature of witness or notary]_____

[Name of witness or notary]_____

[Date]_____

The Applicant must update this Certification whenever the financial assurance mechanism(s) used to demonstrate financial responsibility changes.