

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**District Department of the Environment**  
**APPLICATION FOR**  
**VOLUNTARY CLEANUP PROGRAM**

Please submit to:

Toxic Substances Division, Land Remediation and Development Branch  
1200 First Street, NE, 5th Floor, Washington D.C. 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, D.C. 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 DDOE, 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 DDOE.

**INELIGIBLE APPLICANTS**

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

**NOTIFICATION**

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

<p><b><u>I. Property</u></b></p> <p>Property Name _____</p> <p>Address <u>10 Q Street</u> _____</p> <p>City <u>Washington</u> _____ Quadrant <u>NW</u> Zip Code <u>20002</u> Ward _____</p> <p>Square # <u>615</u> Lot # <u>825,808,148-152</u> Acreage <u>0.28</u> <u>.75</u></p> <p>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) <u>N</u></p> <p>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 <i>et seq.</i>? (Y/N) <u>N</u></p> <p>Is the property subject of a current cleanup action by the Environmental Protection Agency or the DDOE? (Y/N) <u>N</u></p> <p align="center"><b>Please include:</b> 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.</p>
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## II. Applicant

Name Mr. Karanja Slaughter Title Supervisory Realty Specialist

(please list principal if corporate entity)

Corporation/Organization DC Department of Housing and Community Development (DHCD)

Legal Form of Business Government Agency

Mailing Address 1800 Martin Luther King, Jr. Ave., S.E.

City Washington State DC Zip Code 20020

Telephone ( ) 202 442-7282 Fax ( ) 202 645-6727

E-mail karanja.slaughter@dc.gov

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

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) N (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 Department of Housing and Community Development Title Supervisory Realty Specialist

(please list principal if corporate entity) C/O Karanja Slaughter

Corporation/Organization DC Department of Housing and Community Development

Legal Form of Business Government Agency

Mailing Address 1800 Martin Luther King, Jr. Ave., S.E.

City Washington State DC Zip Code 20020

Telephone ( ) 202 442-7282 Fax ( ) 202 645-6727

E-mail karanja.slaughter@dc.gov

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

#### **IV. Other Contacts**

##### **Consultant**

Name Dan Centofanti, PG Title Project Geologist/Technical Director  
(please list principal if corporate entity)  
Corporation/Organization Mill Creek Environmental, LLC  
Mailing Address 1818 Perimeter Road  
City Dawsonville State GA Zip Code 30534  
Telephone ( 706 ) 579-1607 Fax ( 706 ) 265-4916  
E-mail dcentofanti@millcreekenvironmental.com

##### **Project Manager**

Name Olushola Akinleye, CCM. Title Project Manager  
(please list principal if corporate entity)  
Corporation/Organization General Services, Inc.  
Mailing Address 3613 Georgia Avenue, NW  
City Washington State DC Zip Code 20010  
Telephone ( (202) ) 545-0127 ext 120 p Fax ( (202) ) 545-0202 f  
E-mail shola@gsidcworld.com

#### **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) NA Date: \_\_\_\_\_

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.

       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  Undeveloped  
 Commercial  Idle/Inactive  
 Mixed-Use  Other (explain) \_\_\_\_\_  
 Abandoned \_\_\_\_\_

Current operations on property None

Current Operator NA Title \_\_\_\_\_  
(please list principal if corporate entity)

Number of Employees NA Type of work performed by employees \_\_\_\_\_

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

If yes, explain Former dry cleaner existed on property, abandoned.

Please list all categories of contaminants that are known to exist on the property (i.e. solvents, metals, inorganics, organics): Tetrachloroethene (perchloroethene or perc.) Dry Cleaning solvent

**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.

- Unfinished
- Residential
- 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 DDOE when billed.**

**Printed Name** Karanja Slaughter

**Company** Department of Housing & Community Dvmt      **Title** Karanja Slaughter

**Signature** Karanja Slaughter      **Date** 12/2/2016

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**OFFICE USE**

Documents Received by: \_\_\_\_\_ VCP Case No. \_\_\_\_\_

Date: \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Resubmit \_\_\_\_\_

Additional Information Required: \_\_\_\_\_

\_\_\_\_\_

# CERTIFICATION OF FINANCIAL RESPONSIBILITY

DHCD \_\_\_\_\_ hereby certifies that he/she/it is in compliance with the financial  
[Applicant]

responsibility requirements of 20 DCMR Chapter 67.

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

[Type of mechanism(s)] \_\_\_\_\_

[Name of issuer] self-insured

[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] Karanja Slaughter Digitally signed by Karanja Slaughter  
DN: cn=Karanja Slaughter, o=Department of Housing and Community Development, ou=DCM, email=kslaughter@dhcd.state.ma.us

[Name of Applicant] Karanja Slaughter

[Title] Supervisory Realty Specialist

[Date] 12/2/2016

[Signature of witness or notary] Mae S. White-Jennings

[Name of witness or notary] Mae S. White-Jennings

[Date] December 2, 2016

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

