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: Clean All Cleaners

Address: 2149 Queens Chapel Rd.

City: Washington D.C. Quadrant: NE Zip Code: 20018

Square #: 4258 Lot #: 813 Acreage:

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) _N_

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) _N_

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.
II. Applicant

Name __ Nick Park __ Title __________________________

(please list principal if corporate entity)

Corporation/Organization __________________________

Legal Form of Business __ Sole Proprietorship __

Mailing Address __ 7301 McWhorter Place, Suite 322 __

City__ Annandale __ State__ VA __ Zip Code__ 22003 __

Telephone (703) 750-6700 __ Fax (703) 750-2033 __

E-mail __ Nick.park@OnyxfinancialInc.com __

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 __ Patrick Chyur Liu __ Title __________________________

(please list principal if corporate entity)

Corporation/Organization __________________________

Legal Form of Business __ Sole Proprietorship __

Mailing Address __ 2149 Queens Chapel Rd., N.E. __

City__ Washington __ State__ D.C. __ Zip Code__ 20018 __

Telephone (202) 269-9544 __ Fax (202) 269-9545__

E-mail __ Patrick@kkfloors.com __

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  Seung (Sandy) Oh  
Title  Attorney for applicant  
(please list principal if corporate entity)

Corporation/Organization

Mailing Address  7010 Little River TPKE, Ste 250  
City  Annandale  State  VA  Zip Code  22003

Telephone  (703) 658-4444  Fax  (703) 658-4445

E-mail  Seung.oh@washingtonsettlement.com

Project Manager

Name  N/A  
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)  N  
(Include copy of deed)

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

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)  Y  Date: 5/31/05

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

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

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.

__ X 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
x Commercial  ___ Idle/Inactive
___ Mixed-Use  ___ Other (explain)
___ Abandoned

Current operations on property: Dry Cleaning Plant

Current Operator: Patrick Chyur Liu  Title: Proprietor
(please list principal if corporate entity)

Number of Employees: 10  Type of work performed by employees: Dry cleaning operation

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): Y
If yes, explain: Generates small quantities of spent perchlorethylene and other dry cleaning filters.

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): N

If yes, explain:

Please list all categories of contaminants that are known to exist on the property (i.e. solvents, metals, inorganics, organics): Solvents

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
___ 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 Environmental Health Administration when billed.

Printed Name ____________________________

Company ____________________________ Title ____________________________

Signature ____________________________ Date ________________

OFFICE USE

Documents Received by: ____________________________ VCP Case No. ________________

Date: __________ Approved _____ Not Approved _____ Resubmit _____

Additional Information Required: ____________________________
Appendix I

Property