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: Capital Area Food Bank Facility

Address: 4900 Puerto Rico Avenue, NE

City: Washington Quadrant NE Zip Code: 20017 Ward: 5

Square #: 3788 Lot #: 0813 Acreage: 8

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) 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  Lynn Brantley  Title  President and CEO

(please list principal if corporate entity)

Corporation/Organization  Capital Area Food Bank

Legal Form of Business  Distribution/Warehouse

Mailing Address  645 Taylor Street NE

City  Washington  State  DC  Zip Code  20017

Telephone  (202) 526-5344  Fax  (202) 529-1767

E-mail  smithb@cfoodbank.org

District of Columbia Corporation (Y/N)  Y  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  Lynn Brantley  Title  President and CEO

(please list principal if corporate entity)

Corporation/Organization  Capital Area Food Bank

Legal Form of Business  Distribution/Warehouse

Mailing Address  645 Taylor Street NE

City  Washington  State  DC  Zip Code  20017

Telephone  (202) 526-5344  Fax  (202) 529-1767

E-mail  smithb@cfoodbank.org

District of Columbia Corporation (Y/N)  Y  Out of state entity (Y/N)  N

(please attach copy of certificate)  (please attach copy of D.C. business certificate)
VI. Current Property Use

Place an “X” in the appropriate blank.

- Residential
- Industrial
- Commercial
- Mixed-Use
- Abandoned

Current operations on property: Plumbing Supply Company

Current Operator: Thomas Sumerville, Inc.
Title: 
(please list principal if corporate entity)

Number of Employees: approx. 25
Type of work performed by employees: Warehousing

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: Five USTs were removed from the site in August 1989

Please list all categories of contaminants that are known to exist on the property (i.e. solvents, metals, inorganics, organics):
- Petroleum hydrocarbons and select metals (arsenic)

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.
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: Plumbing Supply Company

Current Operator: Thomas Sumerville, Inc
Title: (please list principal if corporate entity)

Number of Employees: approx. 25
Type of work performed by employees: Warehousing

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: Five USTs were removed from the site in August 1989

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

Please include:
All available historical information on the property.
Previous owners and lessees, 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
X ___ 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    LYNNE BRANTLEY
Company          Capital Area Federal Bank
Title            CEO
Signature         LYNNE BRANTLEY
Date             3/5/08

OFFICE USE

Documents Received by: __________________________ VCP Case No. ______________________
Date: ___________ Approved _____ Not Approved _____ Resubmit _____

Additional Information Required: ____________________________