

**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  
51 N Street N.E., 6<sup>th</sup> 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.

**I. Property**

Property Name Senator Square

Address 3924-3968 Minnesota Ave.

City Washington, DC Quadrant NE Zip Code 20019 Ward 7

Square # 5044 Lot # 0812 Acreage 8.0

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 DDOE? (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 Robin Zeigler Title Chief Operating Officer

(please list principal if corporate entity)

Corporation/Organization Cedar-Senator Square LLC

Legal Form of Business Limited Liability Company

Mailing Address 44 South Bayles Ave.

City Port Washington State NY Zip Code 11050

Telephone ( 516 ) 767-6492 Fax (      )

E-mail rzeigler@cdrdt.com

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

\* The Applicant does not currently hold a D.C. business certificate for the property, but will obtain one prior to leasing the property or conducting any business on the property.

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\*\*  
\*\*There are no incentives in place or specifically being pursued at the moment, but Applicant will likely be exploring financial incentives in the future.

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 \_\_\_\_\_ Title \_\_\_\_\_

(please list principal if corporate entity)

Corporation/Organization Celia Properties Limited Partnership

Legal Form of Business Limited Partnership

Mailing Address Attn: David Burka, c/o Delbe Management Co., 5309 N. 8th Road

City Arlington State VA Zip Code 22205

Telephone ( 202 ) 237-0187 x-106 Fax (      )

E-mail dburka@delbe.com

**Please copy all correspondence to:**  
Grossberg, Yochelson, Fox & Beyda, LLP  
1200 New Hampshire Ave. N.W., Ste. 555  
Attn: Richard F. Levin, Esq.

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)

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

##### **Consultant**

Name Michael Beardsley Title Senior Project Manager  
(please list principal if corporate entity)

Corporation/Organization BL Companies

Mailing Address 4242 Carlisle Pike, Suite 260

City Camp Hill State PA Zip Code 17011

Telephone ( 717 ) 943-1687 Fax ( 717 ) 943-1687

E-mail mbeardsley@blcompanies.com

##### **Project Manager**

Name Same as above 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) 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) \_\_\_\_\_ Date: \_\_\_\_\_

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.

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 Retail stores and medical office

Current Operator David Burka Title Manager  
(please list principal if corporate entity)

Number of Employees Unknown Type of work performed by employees Retail and medical operations

Recorded deed restrictions on property (Y/N) Y If yes, explain deed restriction in connection with the removal of an underground storage tank that received NFA letters on 5/28/1998 and 10/21/2004

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

If yes, explain n/a

**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 **Prior dry cleaning operations (subject of this VCP application) and former gas station (received NFA in 1998 and 2004).**

Please list all categories of contaminants that are known to exist on the property (i.e. solvents, metals, inorganics, organics): **See Phase I and Phase II Reports in Appendix IX for additional information.**

**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

**(Note, future property use has not yet been fully defined and current conceptual plans are confidential. However, property will continue to be operated in its current condition for at least 2 years.)**

**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 ROBIN ZEIGLER

Company CEDAR REALTY TRUST, INC Title EVP, CHIEF OPERATING OFFICER

Signature  Date 8.7.18

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### OFFICE USE

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

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

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

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## CERTIFICATION OF FINANCIAL RESPONSIBILITY

\_\_\_\_\_ 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 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.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**District Department of the Environment**



Toxic Substances Division

Voluntary Cleanup Program

**Attachments and Supplementary Information**

Because there are numerous attachments that must be included with each section of the application, the Applicant must create an appendix that includes all required documents. A summary of the attachments along with their corresponding appendix numbers are as follows. If more space for an explanation is needed it may be added in the appendix for that section. Any additional attachments that are not mentioned elsewhere should be added thereafter.

**Appendix I. Property**

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

**Appendix II. Applicant**

- Copy of District of Columbia Corporation Certificate **OR** Copy of District of Columbia Business Certification.
- List of the financial incentives for which you are planning to apply.
- Permit number(s), date(s), name(s) of program(s), name of regulated entity and any other information known to the Applicant.

**Appendix III. Current Property Owner**

- Copy of District of Columbia Corporation Certificate **OR** Copy of District of Columbia Business Certification.

**Appendix IV. Other Contacts**

- Supplementary information for the Consultant and/or Project Manager.

**Appendix V. Applicant's Interest in Property**

**Appendix VI. Current Property Use**

- 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 of buildings and operations.

**Appendix VII. Historical Property Use**

- All historical information available 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.

**Appendix VIII. Future Property Use**

- Description of the future use of the property.
- Include timelines, types of operations, number of potential employees, occupants, or residents.
- Construction and site plans.

**Appendix IX. Phase I/II**

- Copy of the Phase I environmental report.
- Copy of the Phase II environmental report.

**Appendix X. Public Involvement Plan**

- Copy of the Site Community Involvement Plan.

**Appendix XI**

- A descriptive summary of a proposed cleanup action plan that conforms to EHA cleanup standards, which will include an outline of the response action plan for the site.  
Outline should include:
  - sources of contamination
  - exposure pathways
  - need for additional investigation (Phase II sampling, etc.)
  - proposed clean-up criteria
  - proposed clean-up alternatives
  - proposed institutional controls and activity use limitations
  - site map depicting areas to be remediated
  - summary of future use of the property