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.

I. Property

Property Name Skyland Town Center

Address 2626 Naylor Road

City Washington Quadrant SE Zip Code 20020 Ward 7

Square # 5633 Lot # 22 Acreage 18.69

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)____ The Applicant is committed to performing actions required by DDOE under LUST 2015010.

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 Emily Struck Title Senior Development Manager

(please list principal if corporate entity)

Corporation/Organization Skyland Holdings, LLC

Legal Form of Business Limited Liability Company

Mailing Address 8405 Greensboro Drive, 8th Floor

City McLean State VA Zip Code 22102

Telephone (571) 382-1236 Fax (____)_____

E-mail estruck@rappaportco.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)

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_____ Title_____

(please list principal if corporate entity)

Corporation/Organization District of Columbia

Legal Form of Business_____

Mailing Address C/O Rodney George, DMPED: 2025 M Street, NW, Suite 600

City Washington State D.C. Zip Code 20036

Telephone (202) 531-5448 Fax (____)_____

E-mail rodney.george@dc.gov

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

IV. Other Contacts

Consultant

Name John P. Diehl, CPG Title Senior Project Manager
(please list principal if corporate entity)

Corporation/Organization ECC, Inc.

Mailing Address 43045 John Mosby Highway

City Chantilly State VA Zip Code 20152

Telephone (703) 327-2900 Fax (____)_____

E-mail John.Diehl@eccfirst.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: 4/20/15

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	___ Undeveloped
X Commercial	X Idle/Inactive
___ Mixed-Use	___ Other (explain) _____
___ Abandoned ___	_____

Current operations on property CVS Retail

Current Operator CVS Title _____
(please list principal if corporate entity)

Number of Employees not known Type of work performed by employees retail

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 See attached Phase I and II Reports.

Please list all categories of contaminants that are known to exist on the property (i.e. solvents, metals, inorganics, organics): See attached Phase I and II Reports.

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
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 DDOE when billed.

Printed Name Emily Struck

Company Skyland Holdings LLC **Title** Sr Devel. Mgr

Signature [signature] **Date** 4·13·15

OFFICE USE

Documents Received by: J.P. Sweeney VCP Case No. VCP2015-033

Date: 4/15/15 Approved ___ Not Approved ___ Resubmit ___

Additional Information Required: ___