

**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 Benco Shopping Center

Address 4510 - 4528 Benning Road, S.E.

City Washington, D.C. Quadrant SE Zip Code 20019 Ward 7

Square # 5346 Lot # 0011 Acreage .95 ac.

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 Christopher LoPiano Title Director of Development

(please list principal if corporate entity)

Corporation/Organization Benco Center LLC

Legal Form of Business Limited Liability Company

Mailing Address 3050 K Street, NW, Suite 205

City Washington State D.C. Zip Code 20007

Telephone (202) 944-4710 Fax (202) 944-4704

E-mail clopiano@cityinterests.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 Alan Novak Title Managing Member

(please list principal if corporate entity)

Corporation/Organization Benco Center LLC

Legal Form of Business Limited Liability Company

Mailing Address 3050 K Street, NW, Suite 205

City Washington State D.C. Zip Code 20007

Telephone (202) 944-4710 Fax (202) 944-4704

E-mail anovak@cityinterests.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)

IV. Other Contacts

Consultant

Name _____ Title _____
(please list principal if corporate entity)

Corporation/Organization Island Environmental, Inc.

Mailing Address 819 W. Diamond Ave., Suite 110

City Gaithersburg State MD Zip Code 20878

Telephone (301) 869-1175, ext.202 Fax (301) 869-1197

E-mail nleitner@islandenv.com

Project Manager

Name Nancy Leitner Title President
(please list principal if corporate entity)

Corporation/Organization Island Environmental, Inc.

Mailing Address 814 W. Diamond Avenue, Suite 110

City Gaithersburg State MD Zip Code 20878

Telephone (240) 285-1502 (cell) Fax (301) 869-1197

E-mail nleitner@islandenv.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) _____

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) _____

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.

<input type="checkbox"/> Residential	<input type="checkbox"/> Underutilized
<input type="checkbox"/> Industrial	<input type="checkbox"/> Undeveloped
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Idle/Inactive
<input type="checkbox"/> Mixed-Use	<input type="checkbox"/> Other (explain) _____
<input type="checkbox"/> Abandoned _____	

Current operations on property 10 retail tenants

Current Operator see attached list of tenant Title _____
(please list principal if corporate entity)

Number of Employees unknown Type of work performed by employees sales

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 Dry cleaning and gasoline station

Please list all categories of contaminants that are known to exist on the property (i.e. solvents, metals, inorganics, organics): Petroleum, gasoline, chlorinated organic 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 Christopher LoPiano

Company Benco Center LLC **Title** Director of Development

Signature  **Date** 8/27/07

OFFICE USE

Documents Received by: _____ VCP Case No. _____

Date: _____ Approved _____ Not Approved _____ Resubmit _____

Additional Information Required: _____
