

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 Street N.E., 5th Floor, Washington D.C. 20002
(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 DGS Headquarters Senator Square

Address 3924 Minnesota Avenue

City Washington Quadrant NE Zip Code 20019 Ward 7

Square # 5044 Lot # 813 Acreage 1.5

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) Y

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. ApplicantName Robin Zeigler Title Chief Operating Officer

(please list principal if corporate entity)

Corporation/Organization Cedar-Senator Square LLCLegal Form of Business Limited Liability CompanyMailing Address 44 South Bayles Ave.City Port Washington State NY Zip Code 11050Telephone (516) 767-6492 Fax ()E-mail rzeigler@cdrirt.comDistrict 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) YHas 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 Robin Zeigler Title Chief Operating Officer

(please list principal if corporate entity)

Corporation/Organization Cedar-Senator Square LLCLegal Form of Business Limited Liability CompanyMailing Address 44 South Bayles Ave.City Port Washington State NY Zip Code 11050Telephone (516) 767-6492 Fax ()E-mail rzeigler@cdrirt.comDistrict 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 Amy L. Edwards Title Attorney
 (please list principal if corporate entity)

Corporation/Organization Holland & Knight, LLP

Mailing Address 800 17th Street, NW

City Washington State DC Zip Code 20006

Telephone (202) 457-5917 Fax (202) 955-5564

E-mail amy.edwards@hklaw.com

Project Manager

Name Michaela Humby Title Project Manager
 (please list principal if corporate entity)

Corporation/Organization ECS Mid Atlantic Services, LLC

Mailing Address 14026 Thunderbolt Place, Suite 100

City Chantilly State VA Zip Code 20151

Telephone (703) 410-8400 Fax (703) 834-5527

E-mail mhumby@ecslimited.com

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) N Date: N/A

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

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) Y

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.

| | |
|--|--|
| <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 None. (Former Medical Operations vacated property in Dec. 2020)Current Operator _____ Title _____
(please list principal if corporate entity)Number of Employees N/A Type of work performed by employees N/ARecorded deed restrictions on property (Y/N) Y If yes, explain _____Deed restriction associated with No Further Action (NFA)-Institutional Control in October 2004.Are hazardous substances used, generated, treated, stored, disposed or released at the property? (Y/N) NIf 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 UseHave there ever been any hazardous substances used, generated, treated, stored, disposed of, or discharged at the property? (Y/N) YIf yes, explain 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): Please see attached Phase II Report and Groundwater Characterization (Appendix I and II)**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.

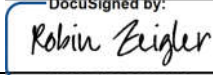
I certify that I am the Applicant or an authorized representative of the Applicant.

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 DDOE when billed.

Printed Name Robin Zeigler

Company Cedar-Senator Square LLC Title Sr.EVP, Chief Operating Officer

Signature  Date 2/4/2021

DocuSigned by:
E289D85C7A764F6...

OFFICE USE

Documents Received by: _____ VCP Case No. _____

Date: _____ Approved _____ Not Approved _____ Resubmit _____

Additional Information Required: _____

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