GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Energy and Environment <u>APPLICATION FOR</u> 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 (VCP) 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 DOEE, 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 DOEE.

INELIGIBLE APPLICANTS

If a determination is made that either Applicant or the site is ineligible for participation the application will be returned.

NOTIFICATION

DOEE, shall approve or deny the application within 90 business days upon receipt of an application fee of \$10,000.00 (Payable to DC Treasurer). A request by DOEE, for additional information shall toll the 90-day review period.

I. Property				
MLK Gateway Phase II				
Property Name				
Address1909 Martin Luther King Jr Avenue SE (S	ee Appendix I for additional parcel info)			
Washington, DC SE City Quadrant	Zip Code Ward Ward			
5770 0829 Square # Lot #				
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 <i>et seq</i> .? (Y/N) N				
Is the property subject of a current cleanup action by the Environmental Protection Agency or the DOEE,? (Y/N) N				
Please include:				
Permit numbers, dates, name(s) of program(s), name of regulated entity and				
	Applicant, and current pictures of the site.			

II. Applicant	
Name_ Whitney D.W. Smith	TitleVP Development & Finance
(please list principal if corporate entity)	
Corporation/Organization MLK Gateway Phase II Lan	nd LLC
Legal Form of Business Washington DC Limited Liability Comp.	any
Mailing Address 3401 8th Street NE	
CityWashington DC State	Zip Code20017
733-5467 Telephone ()Fax ())
Whit@menkitigroup.com E-mail	
District of Columbia Corporation (Y/N) Out of state entity $(Y \text{ (please attach copy of certificate)})$ (please attach copy of (Y/N))	Y/N) N of D.C. business certificate)
Is the Applicant applying for or does the Applicant plan to apply for the redevelopment of Brownfields in the District per Title VII (
Has the Applicant had any prior involvement with District or Fede notices of violation, orders, consent orders, enforcement actions, o copies of any information listed)	
Please include: List of the financial incentives for which y Permit numbers, dates, name(s) of progra entity and any other information kno	you are planning to apply. am(s), name of regulated

III. Current Property Owner	
Name Whitney D.W. Smith	Title VP Development & Finance
(please list principal if corporate entity)	
Corporation/Organization MLK Gate	eway Phase II Land LLC
Legal Form of Business Washington DC Limited 3401 8th Street NE Mailing Address	Liability Company
City_ Washington S	State Zip Code 20017
202 733-5467 Telephone ()	Fax ()
E-mailwhit@menkitigroup.com	_
District of Columbia Corporation (Y/N) Out of (please attach copy of certificate) (please	of state entity (Y/N)_N see attach copy of D.C. business certificate)

IV. Other Contacts			
Consultant			
Daniel Wilhelm Name		Title	Mid-Atlantic Regional Manager
(please list principal if corporate entity)			
Corporation/Organization Comstock Environme		C	
1900 Metro Center Plaza, 10th Mailing Address	Floor		
Reston City	VA State		20166 Zin Code
City	State		Zip Code
dwilhalm@aamataalranvinanmantal.aam)	
E-mail dwilneim@comstockenvironmental.com			
Project Manager		mial.	
Name(please list principal if corporate entity)		Title	
Corporation/Organization			
Mailing Address			
City			
Telephone ()	Fax ()	
E-mail			
V. <u>Applicant's Interest in Proper</u>	<u>:ty</u>		
Do you own this property? (Y/N) Y (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	1) <u>N</u>		
If under contract to sell or purchase the property,	has a settlement	date bee	en scheduled? (Y/N) N/A Date:
Are you renting or leasing the property? (Y/N) _			
Are you considering renting or leasing the proper	rty? (Y/N) N		
Are you a holder of a mortgage, deed, trust or oth	ner security intere	est in the	e property? (Y/N) N
Place an "X" in the appropriate blank. X Intend to develop site for personal or busine Intend to conduct an investigation of site pri Neighboring property owner who was unable	ior to acquisition		

VI. Current Property Use
Place an "X" in the appropriate blank. Residential Underutilized Industrial Undeveloped Commercial X Idle/Inactive Mixed-Use Other (explain) Abandoned
Current operations on property Construction company offices and storage areas (most recent), vacant land
Current Operator Title Title Title
Number of Employees N/A Type of work performed by employees
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).

WII. 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 Historic dry cleaner (1960s-1990s), railroad spur, construction company storage areas Please list all categories of contaminants that are known to exist on the property (i.e. solvents, metals, inorganics, organics): Petroleum contaminants including GRO, DRO, VOC, and SVOCs. 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. <u>Future Property Use</u>
Place an "X" in the appropriate blank. UnlimitedResidentialMixed UseXCommercialIndustrialUndetermined 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. Whitney D.W. Smith
Printed Name MLV Gotovov Phase II Land LLC VP Davidenment & Finance
Company MLK Gateway Phase II Land LLC VP Development & Finance Title
Signature
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]
[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.