GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Energy and 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 (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 __________________________________________________________

Address 1909 Martin Luther King Jr Avenue SE (See Appendix I for additional parcel info)

City Washington, DC Quadrant SE Zip Code 20020 Ward ____________

Square # 5770 Lot # 0829 Acreage 0.84 (total)

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 DOEE? (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: Whitney D.W. Smith  
Title: VP Development & Finance

(please list principal if corporate entity)

Corporation/Organization: MLK Gateway Phase II Land LLC

Legal Form of Business: Washington DC Limited Liability Company

Mailing Address: 3401 8th Street NE

City: Washington  
State: DC  
Zip Code: 20017

Telephone: (202) 733-5467
Fax: ______

E-mail: whit@menkitigroup.com

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)

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: Whitney D.W. Smith  
Title: VP Development & Finance

(please list principal if corporate entity)

Corporation/Organization: MLK Gateway Phase II Land LLC

Legal Form of Business: Washington DC Limited Liability Company

Mailing Address: 3401 8th Street NE

City: Washington  
State: DC  
Zip Code: 20017

Telephone: (202) 733-5467
Fax: ______

E-mail: whit@menkitigroup.com

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_________________________________________________ Title__________________________________
(please list principal if corporate entity)
Corporation/Organization_________________________________________________________
Mailing Address ________________________________________________________________
City____________________________________ State_______________________ Zip Code_________________
Telephone (_____)____________________________ Fax (_____)____________________________________
E-mail____________________________________

Mid-Atlantic Regional Manager
Name_________________________________________________ Title__________________________________
Corporation/Organization_________________________________________________________
Mailing Address ________________________________________________________________
City____________________________________ State_______________________ Zip Code_________________
Telephone (_____)____________________________ Fax (_____)____________________________________
E-mail____________________________________

Project Manager
Name_________________________________________________ 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) __
(Include copy of deed)
Are you under contract to purchase the property? (Y/N) __
Are you under contract to sell the property? (Y/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) __
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) __

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___________________________________________________________

Current Operator________________________________________ Title________________________________
(please list principal if corporate entity)

Number of Employees___________________Type of work performed by employees______________________
________________________________________________________________________________________

Recorded deed restrictions on property (Y/N) ____ If yes, explain__________________________________
________________________________________________________________________________________

Are hazardous substances used, generated, treated, stored, disposed or released at the property? (Y/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)____
If yes, explain___________________________________________________________

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. Future Property Use

Place an “X” in the appropriate blank.

___ Unlimited
___ Residential
___ Mixed Use
X 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.

Whitney D.W. Smith

Printed Name

Company MLK Gateway Phase II Land LLC Title VP Development & Finance

Signature ___________________________ Date 02/17/2021

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 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.