

APPLICATION FOR VOLUNTARY CLEANUP PROGRAM

Please submit by Email to:
kokeb.tarekegn@dc.gov

**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 rule-making 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 at (202) 535-1771.

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. Site Information

Property Name 1207 H Street NE
Address 1207 H Street NE
City Washington, D.C. Quadrant NE Zip Code 20002 Ward 6
Square # 1004 Lot # 0342 Acreage 0.76 (33,435 Sq Feet)

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 Benjamin Miller Title Managing Member
(please list principal if corporate entity)
Corporation/Organization WCP 1207 H Street LLC
Legal Form of Business Limited Liability Company (LLC)
Mailing Address 3333 Tennyson St. NW
City Washington State D.C. Zip Code 20015
Telephone (202) 584-0550 Fax ()
Email benjaminsmiller@gmail.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)

Enrolled Properties in VCP and Completed Program
No NOV's, CO's, or Enforcement Actions

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 Benjamin Miller Title Managing Member
(please list principal if corporate entity)
Corporation/Organization WCP 1207 H Street, LLC
Legal Form of Business Limited Liability Company (LLC)
Mailing Address 3333 Tennyson St. NW
City Washington State D.C. Zip Code 20015
Telephone (202) 584-0550 Fax ()
Email benjaminsmiller@gmail.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 John Diehl Title Sr. Project Manager
(please list principal if corporate entity)
Corporation/Organization ECC, Inc.
Legal Form of Business Corporation
Mailing Address 43045 John Mosby Highway
City Chantilly State Virginia Zip Code 20152
Telephone (703) 327-2900 Fax ()
Email john.diehl@eccfirst.com

Project Manager

Name _____ Title _____
(please list principal if corporate entity)
Corporation/Organization _____
Legal Form of Business _____
Mailing Address _____
City _____ State _____ Zip Code _____
Telephone () _____ Fax () _____
Email _____

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

___ Idle/Inactive

___ Mixed-Use

___ Other (explain) Currently occupied by an Autozone and an associated parking lot.

___ Abandoned

Current operations on property Commercial sale of new auto parts and other automotive related goods


Current Operator Autozone Title _____

(please list principal if corporate entity)

Number of Employees _____ 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 Used Oil and Used Anti-Freeze are stored on the Site and are regularly picked up for proper 

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 The current Tenant, Autozone, is identified as a RCRA Generator for D009 (mercury) and D00 

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

TPH-DRO, VOCs, PAHs, RCRA Metals, and Low PCBs in Soil. Petroleum- and Chlorinated Solvent-related VOCs in groundwater.

Please include:

All available historical information on the property.

Previous owners and lessors use 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 DOEE, when billed.

Printed Name Benjamin Miller

Company WCP 1207 H Street, LLC

Title Managing Member

Signature 

Date 6.23.23

OFFICE USE

Documents Received by: _____ VCP Case No. _____

Date: _____ Approved ☐ Not Approved ☐ Resubmit ☐

Additional Information Required: _____

CERTIFICATION OF FINANCIAL RESPONSIBILITY

Benjamin Miller

[Applicant]

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] **TBD**

[Name of issuer] **TBD**

[Mechanism number (if applicable)]

[Amount of coverage] **\$50,000**

[Effective period of coverage] **30 days prior to CAP implementation to 30 days after COC issuance.**

Whether mechanism covers “taking correction action” or compensating third parties for bodily injury and property damage caused by either “sudden accidental releases” or “non-sudden 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.