



# APPLICATION FORM ADEQ Brownfield Program

Instructions: Please type or print clearly. Pages may be added for any additional information where space is limited.

## Applicant Information

Applicant Name: \_\_\_\_\_

Applicant Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Contact Name (if different than Applicant Name): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Property / Facility Information

Property / Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Property Size (acres): \_\_\_\_\_

Latitude: \_\_\_\_\_ Degrees \_\_\_\_\_ Minutes \_\_\_\_\_ Seconds

Longitude: \_\_\_\_\_ Degrees \_\_\_\_\_ Minutes \_\_\_\_\_ Seconds

Location of Property / Facility: \_\_\_\_\_

\_\_\_\_\_

Legal Description of Property / Facility: \_\_\_\_\_

\_\_\_\_\_

Are there any storage tanks located at this property? \_\_\_\_\_

If YES, please complete the information requested below:

- |                             |   |
|-----------------------------|---|
| 1. Owner's name: _____      | 5. Capacity: _____  |
| 2. Facility name: _____     | 6. Substance stored: _____                                |
| 3. Number of tanks: _____   | 7. Status of tank(s) ("in<br>use" or "not in use"): _____ |
| 4. Date(s) installed: _____ |   |

### Previous Involvement with Property and Planned Usage

Has the applicant been actively involved as owner/operator of the facility at any time? \_\_\_\_\_

If YES, in what capacity? \_\_\_\_\_

Did the applicant generate any hazardous substances disposed of at the facility? \_\_\_\_\_

Did the applicant transport any hazardous substances disposed of at the facility? \_\_\_\_\_

Did the applicant have any business associations with previous owner/operators of the facility? \_\_\_\_\_

If YES, please describe: \_\_\_\_\_

What is the intended use for this property? \_\_\_\_\_

Has a site assessment (Phase I or Phase II) been completed on this property? \_\_\_\_\_

If YES, please provide dates: \_\_\_\_\_

### Historic Uses of the Property

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### Ownership History (If Known)

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### Waste Types (If Known)

e.g., chemicals used at the site or waste produced at the site

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**Regulatory Involvement (If Known)**

Has the facility ever held an environmental permit (e.g., hazardous or solid waste, air, water)? Was there any enforcement or investigation activity?

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**Schedule of Events**

Letter of Intent to set forth the applicant's desire to purchase the property and retain their eligibility for participation in the Arkansas Voluntary Cleanup Program (Date): \_\_\_\_\_

Property acquisition schedule (list of activities and dates): \_\_\_\_\_

Tentative Comprehensive Site Assessment start date: \_\_\_\_\_

**Certification of Truthfulness**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision according to a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information in this application, the information submitted is to the best of my knowledge and belief true, accurate, and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Corporation Name

**Please Return This Form To:** **For More Information, Please Contact:**

Arkansas Department of Environmental Quality  
Hazardous Waste Division, Brownfield Program  
5301 Northshore Drive  
N. Little Rock, AR 72118-5317

**ADEQ Brownfield Coordinator**  
**Terry Sligh**  
Phone: (501) 682-0867  
E-mail: [brownfields@adeq.state.ar.us](mailto:brownfields@adeq.state.ar.us)