



APPLICATION FORM

APPLICANT INFORMATION

APPLICANT NAME: _____

ALT. CONTACT NAME (if applicable): _____

APPLICANT BUSINESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

PROPERTY/FACILITY INFORMATION

PROPERTY/FACILITY NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

PROPERTY SIZE (acres): _____

PROPERTY/FACILITY LOCATION:

PROPERTY/FACILITY MEASUREMENT (decimal degrees):

Latitude: _____ Longitude: _____

PROPERTY/FACILITY LEGAL DESCRIPTION:

Are there any storage tanks located at this property? YES NO UNKNOWN

If YES, please complete the information requested below:

OWNER'S NAME: _____

FACILITY NAME: _____

NUMBER OF TANKS: _____ DATE(S) INSTALLED: _____ CAPACITY: _____

SUBSTANCE STORED: _____ STATUS OF TANK(S): IN USE NOT IN USE

PREVIOUS INVOLVEMENT WITH PROPERTY & PLANNED USAGE

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

YES NO If YES, in what capacity? _____

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

YES NO

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

YES NO

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

YES NO

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?

YES NO If YES, please provide dates: _____

HISTORIC USES OF THE PROPERTY

OWNERSHIP HISTORY (IF KNOWN)

WASTE TYPES (IF KNOWN)

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

REGULATORY INVOLVEMENT (IF KNOWN)

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

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.

NAME: _____

TITLE: _____

CORPORATION NAME: _____

SIGNATURE: _____ **DATE:** _____

PROCESS COMPLETION

Send completed application to:

Arkansas Energy & Environment, Division of Environmental Quality,
Office of Land Resources, Brownfield Program
5301 Northshore Drive, North Little Rock, AR 72118

CONTACTS

ARKANSAS BROWNFIELD PROGRAM
t: 501.682.0872
e: Brownfields@adeq.state.ar.us
www.adeq.state.ar.us/hazwaste/bf



**ENVIRONMENTAL
QUALITY**