



ARKANSAS DEPARTMENT OF ENERGY AND ENVIRONMENT BROWNFIELD PROGRAM

TARGETED BROWNFIELD ASSESSMENT REQUEST FORM

APPLICANT INFORMATION

REQUESTOR'S ORGANIZATION: _____

REQUESTOR'S NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

STREET ADDRESS: _____

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

APPLICANT TYPE

LOCAL GOVERNMENT

STATE AGENCY

QUASI-GOVERNMENT ENTITY

ECONOMIC OR COMMUNITY DEVELOPMENT ORGANIZATION

501(C)(3) NON-PROFIT ORGANIZATION

PROPERTY INFORMATION

PROPERTY/SITE NAME: _____

STREET ADDRESS: _____

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

TAX PARCEL NUMBER(S): _____ PROPERTY SIZE (acres): _____

PROPERTY LEGAL DESCRIPTION (insert or attach):

CURRENT PROPERTY OWNER: _____

DATE OF LAST PROPERTY TRANSFER: _____

PREVIOUS OWNER(S) NAME: _____

PAST USES OF THE PROPERTY (if known): _____

SUSPECTED CONTAMINATION (if known): _____

Does the property have any associated permits or regulatory involvement?

YES

NO

UNKNOWN

If **YES**, please provide the details below:

Is the applicant aware of any underground storage tanks (USTs) or aboveground storage tanks (ASTs) installed at the property currently or in the past? **YES** **NO**

If **YES**, please provide additional information:

FACILITY NAME: _____

OWNER'S NAME: _____

NUMBER OF TANKS: _____ **DATE OF INSTALLATION:** _____

STATUS: **IN USE** **NOT IN USE** **REMOVED**

PREVIOUS INVOLVEMENT & PLANNED REUSE

Has the applicant been involved as an owner or operator of this property at any time?

YES **NO**

If **YES**, in what capacity?

Did the applicant have any business associations with previous owner or operators of the property?

YES **NO**

If **YES**, please describe:

How will the property be reused? (Check all that apply.)

RESIDENTIAL

COMMERCIAL

INDUSTRIAL

RECREATIONAL

PUBLIC

UNDETERMINED

Please provide additional details on reuse plans:

Have any environmental assessments been conducted at this property? **YES** **NO**

If **YES**, please describe the assessments that have been conducted and submit copies if available.

CERTIFICATION OF TRUTHFULNESS

By submitting this form, I certify under penalty of law that the information submitted is to the best of my knowledge and belief, and is true, accurate, and complete.

NAME: _____

TITLE: _____

ORGANIZATION NAME: _____

SIGNATURE: _____ **DATE:** _____

SUBMISSION

The application form and all attachments may be submitted by email to ee.brownfields@arkansas.gov or by mail to:

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

CONTACTS

ARKANSAS BROWNFIELD PROGRAM

t: 501.682.0616

e: ee.brownfields@arkansas.gov

www.adeq.state.ar.us/hazwaste/bf



**ENVIRONMENTAL
QUALITY**