



ARKANSAS DEPARTMENT OF ENERGY AND ENVIRONMENT BROWNFIELD PROGRAM

VOLUNTARY CLEANUP APPLICATION FORM

To apply to the voluntary cleanup program authorized under Arkansas Code Annotated § 8-7-1101 et seq. and 8 Code of Arkansas Rules (CAR) pt. 82, please complete the following:

APPLICANT INFORMATION

APPLICANT NAME: _____

CONTACT PERSON NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

STREET ADDRESS: _____

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

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 NAME: _____

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 environmental 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 AND 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: _____

COMPANY OR 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 of 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**