



VOLUNTARY REMEDIATION PROGRAM APPLICATION

State Form 47271 (R5 / 4-22)
 Approved by State Board Accounts, 2022
 Indiana Department of Environmental Management

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 Accounts Receivable
 100 N. Senate Ave. Room N1340
 Indianapolis, IN 46204

INSTRUCTIONS This application form shall be used to apply to the Voluntary Remediation Program pursuant to Indiana Code 13-25-5-2. When completed, please return this form and support documents to the address given in the box above.

CONFIDENTIAL

Project Number: 6	VRP Account #: 2680-110000-421400
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Pursuant to Indiana Code 13-25-5-2, this application to the Voluntary Remediation Program (VRP) will remain confidential until the Voluntary Remediation Agreement (VRA) is signed by both parties. Neither this application nor any information which comes from this application will be made available to the public until the VRA is signed. However, any material submitted to or generated by the VRP including this application will be considered IDEM public record after the VRA is signed.

Section 1 - VRP Project Information

Voluntary Remediation Applicant

Applicant Billing Contact

(IDEM's cost recovery invoices will be mailed to the individual/entity identified. The application will not be complete without this information)

Applicant Name: <small>Name to appear on the Covenant Not To Sue</small>	Billed Company:
Contact Name:	Contact Name:
Mailing Address:	Mailing Address:
City, State, ZIP:	City, State, ZIP:
Telephone:	Telephone:
E-Mail:	Billing E-Mail:

VRP Project Name and Location

Applicant's Registered Agent

or person accepting legal service if not a corporation

Facility Name:	Company:
Site Address:	Contact Person:
City:	Mailing Address:
ZIP:	City, State, ZIP:
County:	Telephone:
EPA ID Number:	E-Mail:

Project Consultant

Company:	<p style="text-align: center;">Current Site Status (Check all that apply.)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Undergoing Property Transfer <input type="checkbox"/> Active Operations <input type="checkbox"/> Commercial/Industrial </div> <div style="width: 45%;"> <input type="checkbox"/> Inactive Operations <input type="checkbox"/> Residential </div> </div>
Contact Person:	
Mailing Address:	
City, State, ZIP:	
Telephone - office and cellular:	
E-Mail:	

<p>Anticipated Future Facility Use:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential </div> <div style="width: 45%;"> <input type="checkbox"/> Recreational <input type="checkbox"/> Currently Undetermined </div> </div>	<p>Years of Current Facility Operation:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> ____ Years (Current Operation) ____ Total years site has been in use (Current and Historic) </div> <div style="width: 45%;"> <input type="checkbox"/> Unknown </div> </div>
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Applicable Facility Standard Industry Code(s) and Description(s):
 SIC Number: _____
 Description: _____
**Please provide information on an additional page if there are not enough spaces for entries.*

Other IDEM Offices:

Does this site have a previous history with the Voluntary Remediation Program? Yes No (If yes, please attach appropriate page from Section 3 of this application.)

Has a spill for this site been reported to IDEM's Emergency Response/Remedial Response Program? Yes No (If yes, please provide the incident number below and attach the appropriate page from Section 3 of this application.)

Please be advised that if an appropriate remedial response is not completed in the Voluntary Remediation Program, IDEM will refer the site to the appropriate remedial program to determine if further action is required.

Emergency Response/ Remedial Response Program incident number _____

Is this application the result of a referral from, or under the jurisdiction of, another IDEM office? Participation in the VRP does not affect a person's obligations under federal law including RCRA and TSCA.

Yes (If yes, indicate which office and complete the appropriate page in Section 3.) No

- Brownfields Program
- RCRA / Corrective Action
- Leaking Underground Storage Tanks (LUST) / Underground Storage Tanks (UST)
- State Cleanup Section
- Office of Enforcement
- Office of Solid Waste (Landfills)
- Site Investigations (SI)
- Other Office: Office: _____ Incident number (if applicable) _____

IDEM Contact Name: _____ Telephone number: _____

Contaminant Source Size (defined to IDEM Remediation Closure Guide Residential Screening Levels): <input type="checkbox"/> Currently Undetermined <input type="checkbox"/> less than or equal to 0.50 acre <input type="checkbox"/> greater than 0.50 acre	Project Investigation Status: <input type="checkbox"/> Ongoing <input type="checkbox"/> Complete	Project Remediation Status: <input type="checkbox"/> None <input type="checkbox"/> Ongoing <input type="checkbox"/> Complete
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Known or Anticipated VRP Project Hazards / Conditions:

- None Infectious Materials Radioactivity Confined Spaces Explosive Conditions
 Reactive Materials Known Off-Site Contamination Other: _____

Property Ownership

Do you own this property? Yes No (If no, answer the following questions.)

Name and address of the current owner _____

Do you have legal access rights to this property from that owner? Yes No

Local Drinking Water Supply: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Surface</td> <td style="width: 50%; text-align: center;">Ground Water</td> </tr> <tr> <td>Municipal <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Private/Residential <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Surface	Ground Water	Municipal <input type="checkbox"/>	<input type="checkbox"/>	Private/Residential <input type="checkbox"/>	<input type="checkbox"/>	Local Drinking Water Supply Distance From Facility: <p style="text-align: center;">_____ Feet _____ Mile(s)</p> Is the site in a designated Wellhead Protection Area? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the site in a designated Sole Source Aquifer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Surface	Ground Water						
Municipal <input type="checkbox"/>	<input type="checkbox"/>						
Private/Residential <input type="checkbox"/>	<input type="checkbox"/>						
Local Surface Water Bodies Near Facility: <i>(Check closest.)</i> <input type="checkbox"/> Wetland(s) <input type="checkbox"/> Stream(s) <input type="checkbox"/> River(s) <input type="checkbox"/> Lake(s) <input type="checkbox"/> Pond(s)	Local Surface Water Bodies Distance From Facility: <p style="text-align: center;">_____ Feet _____ Mile(s)</p>						
On- site Water Supply and Usage: <input type="checkbox"/> Well(s) - <input type="checkbox"/> Drinking <input type="checkbox"/> Production <input type="checkbox"/> Both <input type="checkbox"/> Municipal - <input type="checkbox"/> Drinking <input type="checkbox"/> Production <input type="checkbox"/> Both <input type="checkbox"/> No Water at Site <input type="checkbox"/> Agricultural	Site Specific Depth to Ground Water: <p style="text-align: center;">_____ feet <input type="checkbox"/> Currently Unknown</p> Site Specific Principal Ground Water Flow Direction: <input type="checkbox"/> Unknown <input type="checkbox"/> NW <input type="checkbox"/> N <input type="checkbox"/> NE <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W						

Site History and Conditions

Facility Operational History:

Source Area/Contaminant Information:
 Provide a description of the known or suspected source area(s) that will be addressed in this VRP project by answering the questions below. This project must address all constituents and media related to each source identified, including offsite contamination. Only the actual source area(s) on the property and the area that is appropriately investigated under the Remediation Closure Guide (RCG) will be included in the VRP project area. If multiple source areas are being addressed in this project, this page may be duplicated to provide the information requested for each source area.

What is the known or suspected source of contamination that will be the subject of this VRP project?

Briefly describe any efforts undertaken to remediate contamination.

Soil Impacts:
 What contaminants have been detected in soil, and what is the maximum concentration (or range of concentrations) detected? If several contaminants within the same class have been detected (VOCs, SVOCs, etc.), list the primary contaminants of concern within each class. A map showing boring locations is required in Attachment A.

Has the extent of soil contamination been defined to RCG Residential Screening Levels?
 Yes No

Ground Water Impacts:
 What contaminants have been detected in ground water and what is the maximum concentration (or range of concentrations) detected? If several contaminants within the same class have been detected (VOCs, SVOCs, etc.), list the primary contaminants of concern within each class. A map showing ground water sample locations is required in Attachment A.

Has the extent of ground water contamination been defined to RCG Residential Screening Levels? Yes No

Is ground water contamination known or suspected to have migrated offsite? Yes No Uncertain

Describe any efforts to evaluate offsite contamination.

Threat To Human Health Or The Environment:

Are contaminants from this release believed to pose an imminent or substantial threat to human health or the environment? Yes No
If the answer is **Yes**, describe below and take immediate steps to mitigate the release.

Potential For Human Exposure:

Does contamination from the site have the potential for human exposure? Possible pathways include: drinking water wells, vapor intrusion into occupiable structures, and contaminated surface soil in occupied locations. Yes No Uncertain If yes, describe.

Ecological Exposure:

Does contamination from the site have the potential for ecological exposure? Yes No Uncertain

Is it likely contamination has extended to surface water, sediments, wetlands, karst bedrock, or any other sensitive area? Yes No Uncertain
If you answered yes to either question, describe potential exposure.

Past Spill History: (If no previously reported incidents have occurred, please mark here:)

Geologic Information:

Hydrogeologic Information:

Additional Environmental Information:

Previous Facility Studies *(Please include Title, Author and Date.):*

Other *(Please include Title, Author and Date.):*

-
- U.S. Geological Survey State Reports Soil Conservation Service Past Voluntary Site Specific Data Collection
 Regulatory Reporting Other Governmental Agencies Other:

Section 2 - Statement of Certification

Pursuant to Indiana Code 13-25-5-2, this application to the Voluntary Remediation Program (VRP) will remain confidential until the Voluntary Remediation Agreement (VRA) is signed by both parties. Neither this application, nor any information which comes in addition to this application, will be made available to the public until the VRA is signed. However, material submitted to or generated by the VRP will be considered IDEM public record after the VRA is signed.

I, _____, certify that I am authorized to submit this information and that this document and all
(Print or Type Name of Applicant.)

attachments were prepared under my direction or supervision by qualified personnel. Based on my inquiry of the persons who gathered the information, it is, to the best of my knowledge, true, accurate, and complete. I further certify that I am authorized to submit this information.

Applicant's Signature (See application instructions for appropriate signatory.)

Date (month, day, year)

By signing this Application, the Applicant understands and agrees that the entire VRP process must be completed to IDEM's satisfaction in order to remain an active participant in the VRP. Necessary progress for participation in the VRP is contingent upon a reliable source of funding for site investigation activities and implementation of an approvable remedial strategy, as well as the timely payment of IDEM oversight costs. Delays in payment of IDEM oversight costs or project progress delays caused by third parties, such as insurers, will not excuse any failure of the project to make progress. Therefore, if IDEM determines that the Applicant has not made good faith efforts to execute the Voluntary Remediation Agreement, or fails to provide the required documents and information to IDEM for evaluation of the site and work performed to determine whether or not the Remediation Work Plan has been successfully completed, the Voluntary Remediation Agreement will terminate.

Attachment Information:

This application **will not** be considered complete, and may be rejected, unless the following Attachments are included:

Attachment A: Please attach a *detailed* site map illustrating identified area(s) targeted for VRP efforts. For an explanation of a detailed site map, please see Attachment A instructions.

Attachment B: Attachment B: Legal Description--A certified copy of the warranty deed with a legal description and the property owner's name. The deed must identify the owner AND the name on the deed MUST match the name of the current owner. If the names do not match, additional information must be provided to clarify ownership. For example, if a corporation owns the property, then proof that the corporation on the deed is the predecessor to the current corporation must be submitted.

If the deed does not adequately describe the property due to the occurrence of multiple land transactions, a new legal description MUST be prepared by a professional land surveyor and the professional seal/certification must be stamped on the new legal description.

Attachment C: Please check Application Form Instructions and provide the pertinent Facility Universal Transverse Mercator (UTM) coordinates information and include as Attachment C.

Attachment D: Additional pages from Section 3 (if applicable).

Section 3- Application Attachment Pages

CO-APPLICANT ATTACHMENT

If more than one party is applying to the VRP, use this attachment to provide information about co-applicant(s). Please be advised that at the successful conclusion of this project, only applicants to the VRP will receive the Certificate of Completion and Covenant Not to Sue.

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Section 1 - VRP Facility Declarations

Voluntary Remediation Applicant

Applicant's Registered Agent
or person accepting legal service if not a corporation

Applicant Name:		Company:	
Contact Person:		Contact Person:	
Mailing Address:		Mailing Address:	
City, State, ZIP:		City, State, ZIP:	
Telephone and Fax:		Telephone and Fax:	
E-Mail:		E-Mail:	

I, _____, certify that this document and all attachments were prepared under my direction
(Print or Type Name of Applicant.)

or supervision by qualified personnel. Based on my inquiry of the persons who gathered the information, it is, to the best of my knowledge, true, accurate, and complete. I further certify that I am authorized to submit this information.

Applicant's Signature (See application instructions for appropriate signatory.)

Date (month, day, year)

By signing this Application, the Applicant understands and agrees that the entire VRP process must be completed to IDEM's satisfaction in order to remain an active participant in the VRP. Necessary progress for participation in the VRP is contingent upon a reliable source of funding for site investigation activities and implementation of an approvable remedial strategy, as well as the timely payment of IDEM oversight costs. Delays in payment of IDEM oversight costs or project progress delays caused by third parties, such as insurers, will not excuse any failure of the project to make progress. Therefore, if IDEM determines that the Applicant has not made good faith efforts to execute the Voluntary Remediation Agreement, or fails to provide the required documents and information to IDEM for evaluation of the site and work performed to determine whether or not the Remediation Work Plan has been successfully completed, the Voluntary Remediation Agreement will terminate.

VOLUNTARY REMEDIATION PROGRAM

1. Does this site currently have any other VRP applications submitted/approved for this same site?

Yes

No

If yes, VRP Project Number(s) _____

VRP Project Manager(s): _____

2. Was this site the subject of a VRP project at anytime in the past? Yes

No

If yes, VRP Project Number(s) _____

VRP Project Manager(s): _____

3. Please provide details below explaining why another application for this same site is/was necessary:

BROWNFIELDS PROGRAM

- 1. Is this site currently in Indiana's Brownfields Program? Yes No
- 2. Has this site previously been in Indiana's Brownfields Program? Yes No
- 3. Is this Brownfields site to be addressed in the VRP? Yes No
- 4. If this site is to be addressed in the VRP, has the Brownfields Project Manager been notified in writing?
 Yes *(If yes, please attach copy of the letter.)* No
- 5. Is this site going to make use of Brownfields money (grants, loans, assessment money, etc.)? Yes No

6. What is the Brownfield Project Number *(if applicable)*? _____

7. Who is the Brownfield contact person and their telephone number?

Brownfield Contact: _____

Telephone Number: _____

8. Please provide summary of the Brownfields issues below: *(If applicable)*

RCRA / CORRECTIVE ACTION

1. Are you interested in addressing RCRA Corrective Action Requirements for this source area through this VRP Project? Yes No

2. Has the RCRA Corrective Action Project Manager been notified in writing that a VRP application has been submitted to address this contamination? Yes No

3. What is the facility EPA ID number? _____

4. What is the date of Notification of Hazardous Waste Activity? _____

5. Have you submitted a RCRA Part A application for Interim Status? Yes No

If Yes, date (*month, day, year*): _____

6. Have you lost Interim Status or gone through an EPA Policy 121 closure for Mistaken and Protective Filings? Yes No

If Yes, please attach a copy of the letter.

7. Does this facility have a RCRA Part B Operating Permit? Yes No

If Yes, date issued (*month, day, year*): _____

Expiration date (*month, day, year*): _____

8. Have any permitted units undergone closure? Yes No

Were those units cleaned closed? Yes No

Were any land-based units closed in place? Yes No

If Yes, check all boxes that are applicable:

Lined (*describe type of liner: _____*)

Unlined

Capped (*describe type of cap: _____*)

Not Capped

9. Is this facility currently under any enforcement action, Agreed Order, Commissioner's Order, or any other type of required action by any government agency? Yes (*If Yes, describe below.*) No

EMERGENCY RESPONSE / REMEDIAL RESPONSE PROGRAM

1. Has this spill / release been reported to IDEM? Yes No

If yes, what is the Spill Incident Number(s): _____

IDEM contact person(s): _____

Contact's telephone number: _____

2. Is this spill / release to be addressed in the VRP? Yes No

3. Has the IDEM contact person been notified in writing that this spill / release will be addressed in the VRP?

Yes (If yes, please attach copy of the letter.) No

4. If this spill / release is to be addressed in the VRP, please provide a summary of the spill / release below:

LEAKING UNDERGROUND STORAGE TANKS (LUST) AND UNDERGROUND STORAGE TANKS (UST)

1. Is the UST(s) the source of the contamination to be addressed as part of the VRP? Yes No

2. Did / Does the UST contain petroleum products? Yes No

3. Is the UST regulated? Yes No

4. Has the regulated UST been registered with IDEM? Yes No N/A

If yes, indicate the UST Facility I.D. Number: _____

5. Has a UST petroleum release ever been reported to IDEM? Yes No N/A

If yes, indicate the LUST Incident Number: _____

6. Has the LUST section been notified in writing that you are applying to the VRP?

Yes (*If yes, please attach copy of the letter.*) No

7. Do you intend to apply for Excess Liability Trust Fund (ELTF) reimbursement with respect to this cleanup?

Yes No N/A

8. If you have already applied for ELTF reimbursement, indicate ELTF number. _____

9. Please provide a summary of the site issues to be addressed below:

STATE CLEANUP SECTION

- 1. Is this site under an Agreed Order or Commissioner Order with IDEM? Yes No
- 2. What is the State Cleanup Project I.D. Number? _____
- 3. Is this State Cleanup site to be addressed in the VRP? Yes No
- 4. If this site is to be addressed in the VRP, has the State Cleanup Project Manager been notified in writing?
 Yes *(If yes, please attach copy of the letter.)* No
- 5. Who is the State Cleanup Project Manager and what is their telephone number?

Project Manager: _____

Telephone Number: _____

6. Provide a summary of the site issues below:

OFFICE OF ENFORCEMENT (OE)

1. Is the site / facility that is subject to enforcement to be addressed in the VRP?

Yes No (*If No, skip all other questions on this page.*)

2. Is the site under any of the following types of enforcement:

Formal

Informal

Notice of Violation

Violation Letter

Agreed Order

Commissioner's Order

3. What is the Case Number(s)? _____

4. Who is the OE contact person and what is their telephone number?

Contact Name: _____

Telephone Number: _____

5. If this enforcement site is to be addressed in the VRP, has the OE contact person been notified in writing?

Yes (*If yes, please attach copy of the letter.*)

No

6. Provide a summary of the site issues to be addressed below:

OFFICE OF SOLID WASTE (Landfills and Processing Facilities)

(Due to IDEM requirements, it is unlikely that facilities with significant amounts of waste left in place will receive a Covenant Not to Sue from VRP as a closure mechanism.)

1. Is this a solid waste landfill Site? Yes No *(If No, skip to question #7.)*

2. Is this landfill active? Yes No
 If Yes, what year did the landfill begin accepting waste? _____

3. Is this landfill inactive? Yes No
 If Yes, what year did the landfill begin accepting waste? _____
 If Yes, what year did the landfill cease accepting waste? _____

4. Is the landfill lined? Yes No
 If Yes, what type of liner does it have? _____

5. Is the landfill capped? Yes No
 If Yes, what material(s) is the cap constructed of? _____

6. Were hazardous or petroleum constituents placed into the landfill at any time? Yes No

7. What type of solid waste site is it and what does it contain? _____

8. Is this a solid waste permitted facility? Yes *(If Yes, provide following information.)* No
 What is the facility Identification number: _____
 Permit type: _____
 Permit number _____
 Date issued (*month, day, year*): _____
 Date it expires (*month, day, year*): _____
 IDEM Solid Waste Contact (*Name and Telephone number*): _____

9. Is this facility being required to conduct a cleanup by or under an enforcement action with any government agency? Yes No
 If Yes, provide details:

10. Has the solid waste contact person been notified in writing that a VRP application for this facility has been submitted? Yes *(If Yes, attach a copy of this letter.)* No

SITE INVESTIGATIONS (SI)

- 1. Is this site currently in IDEM's Site Investigation Program? Yes No
- 2. Has this site previously been in IDEM's Site Investigation Program? Yes No
- 3. Is this Site Investigation issue to be addressed in VRP? Yes No
- 4. If this site is to be addressed in the VRP, has the Site Investigation Project Manager been notified in writing?
 Yes (*If yes, please attach copy of the letter.*) No
- 5. What is the EPA ID Number for this site (*if applicable*)? _____
- 6. What is the name and address of this site?

- 7. Who is the IDEM contact person and their telephone number?
 IDEM Contact: _____
 IDEM Telephone Number: _____

- 8. Please provide summary of the Site Investigation issues below: (*If applicable*)

Indiana Department of Environmental Management Voluntary Remediation Program Application Instructions

How Is the Information I Submit Used?

The information provided on the application is used to determine an Applicant's eligibility for participation in the Voluntary Remediation Program (VRP). It also serves as an initial summary of site conditions, defines the scope of the investigation/remediation, and identifies the release(s) targeted for remediation efforts. **The Application assumes that the applicant(s) have already performed an Environmental Site Assessment or similar investigation.**

These instructions pertain to the Voluntary Remediation Program Application, State Form 47271. The VRP application must be completed providing all requested information as currently known to the applicant. Failure to provide the requested information is grounds for application rejection. The application and its information will be confidential and not released to the public until and unless the Voluntary Remediation Agreement (VRA) is signed. Once the VRA is signed, the application and any other information submitted will be made available to the public.

The application may be filled out by hand, typewriter or word processor. At this time, the VRP cannot accept applications on-line due to the signature requirement.

Application Fee

Indiana Code 13-25-5-2 establishes a \$1,000.00 fee that must be submitted along with the completed Application Form. However, a political subdivision is not required to submit an application fee. The VRP cannot process the application until a program applicant submits the fee. Please make checks payable to the *Voluntary Remediation Program Fund* and reference Account # 2680-110000-421400 in the check memo blank.

Where Should I Send My Application?

Send a brief cover letter, two (2) copies of the completed Application Form (both with original signature) and the application fee to:

**Indiana Department of Environmental Management
Accounts Receivable
100 N. Senate Ave. Room N1340
Indianapolis, IN 46204
(317) 234-0967**

If you require assistance in filling out the application, please contact the Voluntary Remediation Program at (317) 234-0967 or (800) 451-6027.

What Happens to the Application?

Upon receipt, the Accounts Receivable Office will process the application fee. They will generate and provide a receipt to the applicant, and assign a unique project number to the application. The application is then sent to the VRP to begin an internal enforcement check. This enforcement check consists of contacting other IDEM programs and inquiring about the proposed VRP project and any enforcement actions which may be pending.

If any of the following apply to the proposed VRP project, then the application may be rejected:

- A state or federal enforcement action concerning the proposed cleanup is pending;
- A federal grant compels IDEM to take enforcement action;
- Conditions at the site are considered an imminent and substantial threat to human health or the environment;
- The application is incomplete.

How Long Will it Take to Process My Application?

VRP has thirty (30) days to determine the eligibility of an applicant. Incomplete applications will be returned to the applicant within forty-five (45) days of receipt with the missing information identified. After revisions, applicants may resubmit the form. Upon approval, the VRP will send a formal letter identifying the assigned VRP project manager and project number to the applicant as listed on the application.

Voluntary Remediation Program Application Instructions

Mailing Information (located in the upper right hand corner)

Project Number - For IDEM Internal Use Only, please leave blank.

Section 1 - VRP Project Information

Voluntary Remediation Applicant - The applicant is the person or group who is guiding the remedial activities at the site and will receive the Certificate of Completion and Covenant Not To Sue upon completion of remediation activities. Indicate the applicant name, contact name, mailing address, city, state, zip code, telephone number, fax number and e-mail address of the applicant. (If this site has multiple applicants, please supply a Co-Applicant Attachment page from Section 3 **for each additional applicant.**) Please be accurate: the Certificate of Completion and Covenant Not To Sue will be issued under the name **exactly** as it appears on the application form. All official correspondence from IDEM will be sent to the person identified in this section.

Applicant's Billing Contact - Complete this section with the proper billing address for the applicant. This contact will receive the cost recovery invoices from IDEM for payment. The application will not be considered complete without this information.

VRP Project Name and Location - This is the name and address of the facility that will be the subject of the remediation as listed in official records (Examples: Smith Chemical; Former Jones Service Station; or Metals-R-Us Waste Lagoon #2). If a precise street address is unavailable, enter a brief direction identifier, e.g., NW jct I-295 & US23. **Also provide the EPA ID# in the space provided.** Provide any existing facility federal identification number (EPA hazardous waste generator or CERCLIS). This should be a 9 digit number starting with IND. If unknown or does not apply, please so state.

Applicant's Registered Agent or person accepting service if not a corporation - A registered agent is a corporation's agent for service of process, notice, or demand required or permitted by law to be served on the corporation. For non-corporate entities, identify the person who will accept this service on behalf of the applicant. This would not typically be the environmental consultant.

Applicable Facility Standard Industry Code and Description - Identify the Standard Industrial Classification (SIC) associated with the facility's operations along with a written description (SIC Code Descriptions can be provided).

Anticipated Future Facility Use - If known, indicate the most likely future use of the site.

Years of Current Facility Operation - If known, provide the years of current facility operation. If known, provide the total years the site has been utilized by current and historic operations or activities. Check "Unknown" if years of operation are unknown.

Current Site Status - Indicate the site's current operational and transactional status. Check all that apply.

Official State Date Stamp - Please leave blank.

Other IDEM Offices - Identify if the site in question has any current or past involvement with other IDEM offices. If yes, please fill in the corresponding attachment page(s) in Section 3 and supply as Attachment D.

Contaminant Source Size - If known, indicate the horizontal source area. This information is useful for determining the level of investigative effort.

Project Investigation Status - Indicate status of any site investigation related to contaminants and/or areas to be voluntarily remediated at the time of program application.

Project Remediation Status - Indicate status of any site remediation related to contaminants and/or areas to be voluntarily remediated at the time of program application.

Known or Anticipated VRP Project Hazards/Conditions - Check the appropriate box(es) to indicate the hazards posed by the VRP project, or its contaminant(s). If the VRP project or its contaminant(s) pose no unusual hazard, check "None".

Documents Anticipated To Be Submitted for VRP Review - Please indicate the anticipated documents that will be reviewed by the VRP. The requested level of VRP effort will be reflected in the VRP oversight cost estimate provided with the Voluntary Remediation Agreement.

Property Ownership - Please indicate if the applicant owns this site and if not, whether the applicant has legal access to it.

Local Drinking Water Supply - Indicate the source(s) of local drinking water used at or closest to the facility. This must include, at a minimum, all adjoining properties and communities. Indicate whether municipal and/or private/residential water supplies. Questions about a facilities location in a Wellhead Protection Area can be sent to IDEM at: <http://www.in.gov/idem/programs/water/swp/whpp/documents/proxform.pdf>.

Local Drinking Water Supply Distance From Facility - Please identify the distance from the facility to the previously identified *closest* drinking water source.

Local Surface Water Bodies Near Facility - Indicate the closest type of surface water body to the facility.

Local Surface Water Bodies Distance From Facility - Please identify the distance of this water body from the facility.

On-Site Water Supply and Usage - Please identify the types of on-site water supply and usage.

Site Specific Depth to Ground Water - Use information already gathered from previous site investigation(s). If unknown, please check the box.

Site Specific Principle Ground Water Flow Direction - Use information already gathered from previous site investigation(s). If unknown, please check the box.

Site History and Conditions

Provide the following information in as much detail as space allows. Answer all questions. A lack of a response will jeopardize the application's acceptance.

Facility Operational History - Indicate past operational activities associated with the facility. If known, please identify all companies, years of operation and type of operations.

Source Area/Contaminant Information - Provide a complete description of the known or suspected source area(s) that will be addressed in this VRP project and the known impacts to each media (surface soils, subsurface soils, ground water, sediments, and indoor air) and any impacts off-site. **The VRP will only provide liability protection for the actual source area(s) that are appropriately addressed under IDEM's current remediation guidance. The VRP will not provide "site-wide" coverage where there is no information to suggest a release (or threat of a release) has occurred on larger areas of real property.** Maximum contaminant concentrations or a range of concentrations for all media must be provided.

Indicate if an imminent or substantial threat resulting from the contaminants described in the application is present. If an imminent or substantial threat exists, provide an explanation and proceed with appropriate steps to mitigate the threat. Indicate if a potential ecological exposure exists. Identify all known and potential off-site contaminant migration and preferential migration pathways (utility lines, sand seams, etc.). If no off-site impacts are known, mark the oval. Provide a brief explanation of any efforts to evaluate offsite contamination.

Past Spill History - Identify all past spill incidents associated with the facility that relate to the contaminant(s) targeted for this project. Please include dates and IDEM incident numbers assigned to the spill and cleanup status. If the facility has no spill history, check the box.

Geologic Information - Provide basic site geologic information; at a minimum include the following items: site soil stratigraphy, lithologic descriptions or USDA soil textures, and a description of area fill or drainage improvements.

Hydrogeologic Information - Provide basic site hydrogeologic information, at a minimum include the following items: depth to ground water, flow direction, hydraulic conductivity, confined or un-confined conditions, porosity, and regional aquifer, etc.

Additional Environmental Information - Please check the boxes that identify informational resources that were used to assist in completing this application. Include report titles and dates. If additional space is necessary, please attach a bibliography as an Attachment.

Section 2 - Statement of Certification

Statement Of Certification - Before signing the application, please read the highlighted box. All applications must be signed and dated in ink. No signature photocopies will be accepted. Applications should be signed as follows: (1) For corporations, by a responsible corporate officer; (2) for a partnership or sole proprietorship, by a general partner or the proprietor, respectively; (3) for a municipality, state, federal, or other public agency or political subdivision, by either a principal executive office or ranking elected official.

Attachment Information:

Attachment Information - The application will not be considered complete unless the information asked for in the following attachments is provided.

Attachment A: VRP Project Map - Applications must include a map of the facility with the following information: illustrated legends and compass directions; known or potential source area(s) that will be the subject of this VRP project; identified above-ground features (buildings, roadways, property lines, etc.); representative sample locations along with concentrations. Additional information to include if available; horizontal and vertical plume identification; geologic cross sections showing the water table and vertical plume identification; ground water flow direction. If preferred, contaminant concentrations corresponding to sample locations identified on the map can be provided on a separate table.

Attachment B: Legal Description - Attachment B: Legal Description--A certified copy of the warranty deed with a legal description and the property owner's name. The deed must identify the owner AND the name on the deed MUST match the name of the current owner. If the names do not match, additional information must be provided to clarify ownership. For example, if a corporation owns the property, then proof that the corporation on the deed is the predecessor to the current corporation must be submitted.

If the deed does not adequately describe the property due to the occurrence of multiple land transactions, a new legal description MUST be prepared by a professional land surveyor and the professional seal/certification must be stamped on the new legal description.

Attachment C: Facility UTM Coordinates - IDEM staff request that contractors, consultants and/or responsible parties submit coordinates in Universal Transverse Mercator projection (easting and northing), datum NAD83 Zone 16N for each VRP facility. All facilities are asked to provide coordinates for at least one *property access point* (i.e. driveway, property gate) along the property boundary. This information will be used in IDEM's Geographic Information System and is required to meet EPA's Locational Data Policy. The coordinates can be collected using: 1) Global Positioning System (GPS) mapping grade equipment, 2) GPS survey grade equipment, 3) Topographic map interpolation, or 4) traditional surveying.

If GPS equipment is used, the following information must be provided by the contractor and reflected in Attachment C: 1) How the coordinates were collected (i.e. GPS); 2) Where the coordinates were collected (at common property access point - front gate); 3) Accuracy of the coordinates; 4) Date the coordinates were collected; 5) GPS Model used; 6) GPS data postprocessed (yes or no); 7) Manufacturer's GPS accuracy specifications; 8) Datum (should be NAD83); and 9) Zone (should be 16).

Accuracy information should be provided for all coordinates regardless of how they are collected. This information is required to meet the Federal Spatial Data Transfer Standard (SDTS) and IDEM's Method Accuracy Description (MAD) Information Coding guidance.

Attachment D: Include any additional pages required by the application from Section 3. This could include the co-applicant page(s), or any of the pages supplying information on other IDEM offices that may be connected to this site.