Voluntary Remediation Program

### Louisiana Department of Environmental Quality

### VOLUNTARY REMEDIAL INVESTIGATION (VRI) APPLICATION

A complete Voluntary Remedial Investigation Application Packet includes:

1. Completed VRI Application (this form)
2. Legal Description of the Site (including site boundaries)
3. Voluntary Remedial Investigation Work Plan
4. Application Review Fee of $500 in a check or money order
5. All available historical assessment and or investigation information available for the site, including Phase 1 and 2 Assessments, analytical data, etc.

The remedial investigation workplan for this site and the application review fee must be included with this Voluntary Remedial Investigation Application form, as provided in LAC 33:VI.911.A, or this Voluntary Remedial Investigation Application will be considered incomplete and not be accepted for review.

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| I. Applicant Information*Note: Persons/ entities named in Section A will be listed on the Certificate of Completion and receive a release from liability if remediation is completed under the VRP.* | | | |
| Section A-1: Applicant | | | |
| Name/ Company Name: | | | |
| Mailing Address: | | | |
| City: | State: | | Zip Code: |
| Contact Person: | | | |
| Phone No: | | Fax No: | |
| Email Address: | | | |
| Interest in Property: | | | |
| Section A-2: Co-Applicant (if applicable) | | | |
| Name/ Company Name: | | | |
| Mailing Address: | | | |
| City: | State: | | Zip Code: |
| Contact Person: | | | |
| Phone No: | | Fax No: | |
| Email Address: | | | |
| Interest in Property: | | | |
| Section A-3: Co-Applicant (if applicable) | | | |
| Name/ Company Name: | | | |
| Mailing Address: | | | |
| City: | State: | | Zip Code: |
| Contact Person: | | | |
| Phone No: | | Fax No: | |
| Email Address: | | | |
| Interest in Property: | | | |
| Section B: Current Property Owner (if different from applicants) | | | |
| Name/ Company Name: | | | |
| Mailing Address: | | | |
| City: | State: | | Zip Code: |
| Contact Person: | | | |
| Phone No: | | Fax No: | |
| Email Address: | | | |
| II. Site Information | | | |
| Agency Interest Number(s) (if exist): | | | |
| Site Name: | | | |
| Parish: | | | |
| Property Size (acres): | | | |
| Physical address of site: | | | |
| If no physical address is assigned to the site, direction and distance from nearest intersection: | | | |
| Latitude:       o       ’       ”Longitude:       o       ’       ” | | | |
| Legal property description (must define boundaries of the VRP site):  Check Here if Attached**:** | | | |
| Current Property Use (Describe in detail. Use percentages if more than one use.): | | | |
| Past (historical) Property Use (Describe in detail): | | | |
| Future Property Use (Describe in detail. Use percentages if more than one use.): | | | |
| Current Land Use Surrounding Property: | | | |
| Contaminant Type(s) and Affected Media: | | | |

Applicant(s) must also attach to this form all available historical assessment and or investigation information available for the site, including Phase 1 and 2 Assessments, analytical data, etc.

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| III. Eligibility Information | | |
| Permitted Hazardous Waste Unit(s) on site? | Yes | No |
| Site Proposed for Listing on the NPL? | Yes | No |
| Site Listed on the NPL? | Yes | No |
| Any Pending Federal Environmental Enforcement Actions Associated with the Site? | Yes | No |
| If yes, explain | | |
| Any portion of the site UST Trust Fund Eligible? | Yes | No |
| If yes, explain | | |

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| IV. Certification | |
| All applicants must certify the following with their signature below: | |
| I (we) certify that all of the information I (we) have provided in this Voluntary Remedial Investigation Application is true and correct to the best of my information, knowledge, and belief. I (we) understand and agree that I (we) am obligate to update and notify this application if I (we) learn that information that I (we) have provided is misleading or no longer correct. I (we) further certify that I (we) understand I (we) am responsible for and agree to reimburse the Louisiana Department of Environmental Quality for all actual direct costs associated with reasonable and appropriate oversight activities of the Department conducted pursuant to LAC 33:VI. Chapter 9, including, but not limited to, review, supervision, investigation, and monitoring activities. | |
| Primary Applicant Signature: | Date: |
| Co-Applicant Signature: | Date: |
| Co-Applicant Signature: | Date: |