

**APPLICATION FOR 2018-2019
TARGETED SITE INVESTIGATION PROGRAM**



Department of
Toxic Substances
Control

SUBMIT BY JULY 13, 2018

If more space is needed, include additional pages as attachments.

SECTION 1: APPLICANT INFORMATION

| | | |
|--|-------|----------|
| APPLICANT | | |
| CONTACT PERSON | TITLE | |
| STREET ADDRESS | CITY | ZIP CODE |
| PHONE | EMAIL | |
| PRIMARY CONTACT PERSON (IF DIFFERENT THAN ABOVE) | TITLE | |
| PHONE | EMAIL | |

SECTION 2: PROPERTY OWNER INFORMATION

| | | |
|---|-------|----------|
| CURRENT PROPERTY OWNER | | |
| STREET ADDRESS | CITY | ZIP CODE |
| PHONE | EMAIL | |
| <p>If you are not the current property owner, do you have written authorization and legal permission to enter the property and provide access to DTSC staff and its contractor to conduct site assessment and investigation activities, including a site visit and field work? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | | |

SECTION 3: SITE INFORMATION

| | | |
|---|---------------|-------------|
| 1. SITE NAME | | |
| 2. STREET ADDRESS | 3. CITY | 4. ZIP CODE |
| 5. COUNTY | 6. SITE ACRES | |
| 7. ASSESSOR'S PARCEL NUMBER(S) | | |
| <p>8. CURRENT ZONING OF THE SITE</p> <p><input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial</p> <p><input type="checkbox"/> Other, please specify:</p> | | |
| 9. TYPE OF BUSINESS | | |

10. BRIEFLY DESCRIBE THE PHYSICAL CONDITIONS/FEATURES, STRUCTURES, AND CURRENT USE OF SITE

11. CONSTRAINTS

Are there specific time or physical constraints or accessibility issues that could impact DTSC's ability to conduct field activities? YES NO

If yes, please describe the steps that will be taken to facilitate field activities.

12. CHRONOLOGICAL HISTORY OF SITE BUSINESSES

| Time Period (from/to) | Business Name | Operations (manufacturing, process, etc.) | Associated Hazardous Substances |
|-----------------------|---------------|---|---------------------------------|
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13. CONTAMINATION

Is there known contamination on the property? YES NO

Did you cause the contamination? YES NO

Did you own the property while it was being contaminated? YES NO

Are you affiliated with the person or entity who caused the contamination? YES NO

17. REGULATORY OVERSIGHT

Is this site now, or has historically been, under regulatory oversight for environmental issues or under enforcement to conduct assessment and/or cleanup? YES NO

If yes, please provide details:

18. PREVIOUS SITE ASSESSMENTS/INVESTIGATIONS/CLEANUP

Briefly describe the conclusions from any previous site assessment activities, or attach conclusion sections from reports. Please identify approximate dates of past studies.

19. REDEVELOPMENT

What is the anticipated use for the site?

Is there funding, in place or anticipated, for redevelopment?

YES

NO

If yes, please explain:

20. FUNDING FOR ADDITIONAL INVESTIGATION OR CLEANUP

If the TSI indicates that further investigation or cleanup is needed, how will the work be funded?

21. PUBLIC HEALTH CONCERNS

Describe any public health concerns related to the site.

22. PUBLIC INTEREST/COMMUNITY INVOLVEMENT

Describe the public interest in or community involvement with the site.

23. FIGURES AND PHOTOGRAPHS

Attach figures and photographs showing the site location, site layout with relevant physical features, areas of historical operation, etc.

SECTION 4: SERVICES BEING REQUESTED

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|--|
| 1. What services are being requested under the TSI? |
| 2. What is the expected outcome of the TSI? |
| 3. What are your expectations regarding timing of the TSI? |
| 4. How much funding is being requested? |

SECTION 5: NARRATIVE

Please provide a narrative on why funding under the TSI program is needed for this property and how addressing environmental issues will benefit the community.

SECTION 6: SIGNATURE OF AUTHORIZED REPRESENTATIVE

The signatory below is an authorized representative of the Applicant and certifies to the best of his/her knowledge and belief that the information contained in this application, including any attachments, is true and complete and accurately describes the Applicant, Site, and related conditions. The Applicant agrees to promptly inform the agency of any changes that occur in the information contained in this application.

Applicant Representative Signature

Title

Date