

# Voluntary Investigation and Remediation Plan Application Form and Checklist

VRP APPLICANT INFORMATION					
COMPANY NAME					
CONTACT PERSON/TITLE					
ADDRESS					
PHONE		FAX		E-MAIL	
GEORGIA CERTIFIED PROFESSIONAL GEOLOGIST OR PROFESSIONAL ENGINEER OVERSEEING CLEANUP					
NAME				GA PE/PG NUMBER	
COMPANY					
ADDRESS					
PHONE		FAX		E-MAIL	
APPLICANT'S CERTIFICATION					
<p>In order to be considered a qualifying property for the VRP:</p> <p>(1) The property must have a release of regulated substances into the environment;</p> <p>(2) The property shall not be:</p> <p style="margin-left: 20px;">(A) Listed on the federal National Priorities List pursuant to the federal Comprehensive Environmental Response, Compensation, and Liability Act, 42 U.S.C. Section 9601.</p> <p style="margin-left: 20px;">(B) Currently undergoing response activities required by an order of the regional administrator of the federal Environmental Protection Agency; or</p> <p style="margin-left: 20px;">(C) A facility required to have a permit under Code Section 12-8-66.</p> <p>(3) Qualifying the property under this part would not violate the terms and conditions under which the division operates and administers remedial programs by delegation or similar authorization from the United States Environmental Protection Agency.</p> <p>(4) Any lien filed under subsection (e) of Code Section 12-8-96 or subsection (b) of Code Section 12-13-12 against the property shall be satisfied or settled and released by the director pursuant to Code Section 12-8-94 or Code Section 12-13-6.</p> <p>In order to be considered a participant under the VRP:</p> <p>(1) The participant must be the property owner of the voluntary remediation property or have express permission to enter another's property to perform corrective action.</p> <p>(2) The participant must not be in violation of any order, judgment, statute, rule, or regulation subject to the enforcement authority of the director.</p> <p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p> <p>I also certify that this property is eligible for the Voluntary Remediation Program (VRP) as defined in Code Section 12-8-105 and I am eligible as a participant as defined in Code Section 12-8-106.</p>					
APPLICANT'S SIGNATURE					
APPLICANT'S NAME/TITLE (PRINT)				DATE	

QUALIFYING PROPERTY INFORMATION (For additional qualifying properties, please refer to the last page of application form)			
HAZARDOUS SITE INVENTORY INFORMATION (if applicable)			
HSI Number		Date HSI Site listed	
HSI Facility Name		NAICS CODE	
PROPERTY INFORMATION			
TAX PARCEL ID		PROPERTY SIZE (ACRES)	
PROPERTY ADDRESS			
CITY		COUNTY	
STATE		ZIPCODE	
LATITUDE (decimal format)		LONGITUDE (decimal format)	
PROPERTY OWNER INFORMATION			
PROPERTY OWNER(S)		PHONE #	
MAILING ADDRESS			
CITY		STATE/ZIPCODE	
ITEM #	DESCRIPTION OF REQUIREMENT	Location in VRP (i.e. pg., Table #, Figure #, etc.)	For EPD Comment Only (Leave Blank)
1.	<b>\$5,000 APPLICATION FEE</b> IN THE FORM OF A CHECK PAYABLE TO THE GEORGIA DEPARTMENT OF NATURAL RESOURCES. (PLEASE LIST CHECK DATE AND CHECK NUMBER IN COLUMN TITLED "LOCATION IN VRP." PLEASE DO NOT INCLUDE A SCANNED COPY OF CHECK IN ELECTRONIC COPY OF APPLICATION.)		
2.	<b>WARRANTY DEED(S)</b> FOR QUALIFYING PROPERTY.		
3.	<b>TAX PLAT</b> OR OTHER FIGURE INCLUDING QUALIFYING PROPERTY BOUNDARIES, ABUTTING PROPERTIES, AND TAX PARCEL IDENTIFICATION NUMBER(S).		
4.	<b>ONE (1) PAPER COPY AND TWO (2) COMPACT DISC (CD) COPIES</b> OF THE VOLUNTARY REMEDIATION PLAN IN A SEARCHABLE PORTABLE DOCUMENT FORMAT (PDF).		
5.	The VRP participant's initial plan and application must include, using all reasonably available current information to the extent known at the time of application, a graphic three-dimensional preliminary conceptual site model (CSM) including a preliminary remediation plan with a table of delineation standards, brief supporting text, charts, and figures (no more than 10 pages, total) that illustrates the site's surface and subsurface setting, the known or suspected source(s) of contamination, how contamination might move within the environment, the potential human health and ecological receptors, and the complete or incomplete exposure pathways that may exist at the site; the preliminary CSM must be updated as the investigation and remediation progresses and an up-to-date CSM must be included in each semi-annual status report submitted to the director by the participant; a <b>PROJECTED MILESTONE SCHEDULE</b> for investigation and remediation of the site, and after enrollment as a participant, must update the schedule in each semi-annual status report to the director describing implementation of the plan		



**ADDITIONAL QUALIFYING PROPERTIES (COPY THIS PAGE AS NEEDED)**

<b>PROPERTY INFORMATION</b>			
TAX PARCEL ID		PROPERTY SIZE (ACRES)	
PROPERTY ADDRESS			
CITY		COUNTY	
STATE		ZIPCODE	
LATITUDE (decimal format)		LONGITUDE (decimal format)	
<b>PROPERTY OWNER INFORMATION</b>			
PROPERTY OWNER(S)		PHONE #	
MAILING ADDRESS			
CITY		STATE/ZIPCODE	

<b>PROPERTY INFORMATION</b>			
TAX PARCEL ID		PROPERTY SIZE (ACRES)	
PROPERTY ADDRESS			
CITY		COUNTY	
STATE		ZIPCODE	
LATITUDE (decimal format)		LONGITUDE (decimal format)	
<b>PROPERTY OWNER INFORMATION</b>			
PROPERTY OWNER(S)		PHONE #	
MAILING ADDRESS			
CITY		STATE/ZIPCODE	

<b>PROPERTY INFORMATION</b>			
TAX PARCEL ID		PROPERTY SIZE (ACRES)	
PROPERTY ADDRESS			
CITY		COUNTY	
STATE		ZIPCODE	
LATITUDE (decimal format)		LONGITUDE (decimal format)	
<b>PROPERTY OWNER INFORMATION</b>			
PROPERTY OWNER(S)		PHONE #	
MAILING ADDRESS			
CITY		STATE/ZIPCODE	