


## Voluntary Investigation and Remediation Plan Application Form and Checklist

VRP APPLICANT INFORMATION					
COMPANY NAME	Textron Inc.				
CONTACT PERSON/TITLE	Jamie Schiff				
ADDRESS	40 Westminster Street, Providence, RI 02903				
PHONE	(401) 457-2422	FAX	(401) 457-6028	E-MAIL	jschiff@textron.com
GEORGIA CERTIFIED PROFESSIONAL GEOLOGIST OR PROFESSIONAL ENGINEER OVERSEEING CLEANUP					
NAME	Andrew Romanek	GA PE/PG NUMBER	PE029287		
COMPANY	CDM Smith Inc.				
ADDRESS	3715 Northside Parkway NW, Building 300, Suite 400, Atlanta, GA 30327				
PHONE	(404) 720-1400	FAX	(404) 467-4130	E-MAIL	romanekap@cdmsmith.com
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)	Jamie Schiff / Director Site Remediation			DATE	6/20/2012

QUALIFYING PROPERTY INFORMATION (For additional qualifying properties, please refer to the last page of application form)			
HAZARDOUS SITE INVENTORY INFORMATION (if applicable)			
HSI Number	10765	Date HSI Site listed	5/15/03
HSI Facility Name	Manchester Tank Company	NAICS CODE	
PROPERTY INFORMATION			
TAX PARCEL ID	024-014	PROPERTY SIZE (ACRES)	23
PROPERTY ADDRESS	811 West Avenue		
CITY	Cedartown	COUNTY	Polk
STATE	GA	ZIPCODE	30125
LATITUDE (decimal format)	34.012272 N	LONGITUDE (decimal format)	85.277758 W
PROPERTY OWNER INFORMATION			
PROPERTY OWNER(S)	Trinity Industries, Inc.	PHONE #	(214) 589-8409
MAILING ADDRESS	2525 Stemmons Freeway		
CITY	Dallas	STATE/ZIPCODE	TX 75207
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.)	<b>Items 1 through 5 were previously provided in the VRP Application dated April 22, 2010. The purpose of this application is to change the VRP applicant name and Georgia licensed PE / PG</b>	
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 during the preceding period. A Gantt chart format is preferred for the		

	<p>milestone schedule.</p> <p>The following four (4) generic milestones are required in all initial plans with the results reported in the participant's next applicable semi-annual reports to the director. The director may extend the time for or waive these or other milestones in the participant's plan where the director determines, based on a showing by the participant, that a longer time period is reasonably necessary:</p>		
5.a.	Within the first 12 months after enrollment, the participant must complete horizontal delineation of the release and associated constituents of concern on property where access is available at the time of enrollment;		
5.b.	Within the first 24 months after enrollment, the participant must complete horizontal delineation of the release and associated constituents of concern extending onto property for which access was not available at the time of enrollment;		
5.c.	Within 30 months after enrollment, the participant must update the site CSM to include vertical delineation, finalize the remediation plan and provide a preliminary cost estimate for implementation of remediation and associated continuing actions; and		
5.d.	Within 60 months after enrollment, the participant must submit the compliance status report required under the VRP, including the requisite certifications.		
6.	<p><b>SIGNED AND SEALED PE/PG CERTIFICATION AND SUPPORTING DOCUMENTATION:</b></p> <p>"I certify under penalty of law that this report and all attachments were prepared by me or under my direct supervision in accordance with the Voluntary Remediation Program Act (O.C.G.A. Section 12-8-101, <u>et seq.</u>). I am a professional engineer/professional geologist who is registered with the Georgia State Board of Registration for Professional Engineers and Land Surveyors/Georgia State Board of Registration for Professional Geologists and I have the necessary experience and am in charge of the investigation and remediation of this release of regulated substances.</p> <p>Furthermore, to document my direct oversight of the Voluntary Remediation Plan development, implementation of corrective action, and long term monitoring, I have attached a monthly summary of hours invoiced and description of services provided by me to the Voluntary Remediation Program participant since the previous submittal to the Georgia Environmental Protection Division.</p> <p>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><u>Andrew Romanek</u> PE029287 Printed Name and GA PE/PG Number</p> <p><u>6/19/12</u> Date</p> <p><u>Andrew Romanek</u> Signature and Stamp</p> 		

**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	

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