

GEORGIA BROWNFIELD PROGRAM Brownfield Eligibility Form

| REQUIRED ELEMENTS | | | |
|---|---|--------------------------------------|-------|
| <input type="checkbox"/> | Purchase date or closing date for real estate transaction <i>(mm/dd/yyyy)</i> _____ | | |
| <input type="checkbox"/> | Due date for submission of the final prospective purchaser compliance status report <i>(mm/dd/yyyy)</i> _____ | | |
| <input type="checkbox"/> | A \$3,000 application fee in the form of a check payable to the GA Department of Natural Resources . | | |
| <input type="checkbox"/> | A Legal Description for the subject property, or if not currently available, other documents such as a copy of a Tax Plat or other figure show property boundary. | | |
| <input type="checkbox"/> | Two (2) paper copies of the prospective purchaser corrective action plan (PPCAP) or prospective purchaser compliance status report (PPCSR) and one (1) disc (CD or DVD) copy in a searchable document, preferably a PDF (portable document format). | | |
| BROWNFIELD PROPERTY INFORMATION | | | |
| PROPERTY STREET ADDRESS | | | |
| CITY | | COUNTY | |
| TAX PARCEL NUMBER(s) | | PROPERTY NAME <i>(if applicable)</i> | |
| SIZE <i>(Acres)</i> | LATITUDE | LONGITUDE | |
| PLEASE CHECK ALL OF THE FOLLOWING THAT APPLY: | | | |
| <input type="checkbox"/> Underground Storage Tanks | | | |
| <div style="margin-left: 20px;"> <input type="checkbox"/> Currently on Site <i>(includes tanks that were closed in place)</i> <input type="checkbox"/> Removed – Provide date of “No further action” letter _____ </div> | | | |
| <input type="checkbox"/> Landfills or buried debris (past or present) | | | |
| <input type="checkbox"/> HSRA Release Notification Provide date Notification was filed _____ | | | |
| <div style="margin-left: 20px;"> <input type="checkbox"/> Date of non-listing letter <i>(if applicable)</i>, _____ OR </div> | | | |
| <input type="checkbox"/> Listing date _____ and HSI Site Number _____ | | | |
| PROSPECTIVE PURCHASER INFORMATION | | | |
| NAME | | TITLE | |
| COMPANY <i>(if applicable)</i> | | | |
| ADDRESS | | CITY | STATE |
| PHONE | | E-MAIL | |

GEORGIA BROWNFIELD PROGRAM

Brownfield Eligibility Form

PROPERTY QUALIFYING CRITERIA § 12-8-205 of the Brownfield Act

I certify that to the best of my knowledge:

- This property has a pre-existing release.
- This property is not listed on the National Priorities List pursuant to the federal Comprehensive Environmental Response, Compensation, and Liability Act.
- This property is not currently undergoing response activities as required by an order of the U.S. Environmental Protection Agency.
- This property is not currently subject to a hazardous waste facility permit as defined by Georgia Code Section 12-8-62.

PROSPECTIVE PURCHASER QUALIFYING CRITERIA § 12-8-206 of the Brownfield Act

I certify that to the best of my knowledge:

- I am not a person who has contributed or is contributing to a release at the property, or a relative by blood within the third degree of consanguinity or by marriage, an employee, shareholder, officer, or agent; or otherwise affiliated with the current owner of the property or any person who has contributed to a release at the property.
- The purchasing corporation or other legal entity, is not a current or former subsidiary, division, parent company, or partner; or employer or former employer; or otherwise affiliated with the current owner of the property or any person who has contributed to a release at the property.
- I certify that I am not in violation of any order, judgment, statute, rule, or regulation subject to the enforcement of the Director of the Georgia Environmental Protection Division.

I certify that this document and all attachments were prepared under my direction or supervision and the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Prospective Purchaser / Authorized Agent Signature

Prospective Purchaser / Authorized Agent Name (*print*)

Date

AUTHORIZED AGENT (*if applicable*)

NAME

TITLE

COMPANY

ADDRESS

CITY

STATE

ZIP

PHONE

E-MAIL

TECHNICAL CONTACT PERSON (CONSULTANT, CONTRACTOR, ETC.)

NAME

TITLE

COMPANY

ADDRESS

CITY

STATE

ZIP

PHONE

E-MAIL