

**DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH ADMINISTRATION
BUREAU OF HAZARDOUS MATERIAL & TOXIC SUBSTANCES**

**APPLICATION FOR
VOLUNTARY CLEANUP PROGRAM**

Please submit to: Bureau of Hazardous Materials & Toxic Substances
51 N. Street N.E., 3rd Floor, Washington D.C. 20002-3315
(Please submit either by mail or in person)

**A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH
PARCEL OR EACH PARCEL OWNED BY A SEPARATE LEGAL ENTITY**

This application will be used to submit a request to participate in the Voluntary Clean-up Program. The information in this application will be used to determine eligibility of the Applicant and the site as provided for under Title III of the Brownfields Revitalization Amendment Act of 2000, D.C. Law 13-312, effective June 15, 2001.

Please type. Please answer each question completely. Please indicate "N/A" where a question is not applicable to the Applicant. Please include a cover letter for the application package.

Until the District has promulgated a final policy or final rulemaking the following interim fee procedure will be adopted. To offset the time spent by the EHA, in review of ALL site information transmitted along with meetings and site visits, the Applicant will reimburse the District on a preset hourly fee. Time for each project will be recorded using the "Voluntary Cleanup Staff Accounting" form. The Voluntary Cleanup Program Coordinator will maintain this time accounting.

If you have any questions please contact EHA.

INELIGIBLE APPLICANTS

If a determination is made that either Applicant or the site is ineligible for participation the application will be returned.

NOTIFICATION

EHA shall approve or deny the application within 90 business days of its receipt. A request by EHA for additional information shall toll the 90-day review period.

I. Property

Property Name - Camp Simms Residential

Address - 1500 Mississippi Ave., SE - The parcel is bounded by a wooded slope on the north, 15th St. on the west, Mississippi Ave. on the south, and Stanton Rd. on the east

City - Washington, DC Quadrant SE Zip Code - 20032 Ward 8

Square # 5912 Lot# 804 Acreage 17.54

Has the site had any prior involvement with District or Federal environmental regulatory programs including notices or violations, orders, consent orders, enforcement actions, or environmental permits? (Y/N) Y

Is the property listed on the National Priority List pursuant to the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, 42 U.S.C. 9601 *et seq.*? (Y/N) N

Is the property subject of a current cleanup action by the Environmental Protection Agency or the EHA? (Y/N) N

Please include:

Permit numbers, dates, name(s) or program(s), name of regulated entity and any other information known to the Applicant, and current pictures of the site.

II. Applicant

Name W. Christopher Smith, Jr. Title Member
(please list principal if corporate entity)

Corporate/Organization - Smith Camp Simms Residential, LLC

Legal Form of Business - Limited Liability Company

Mailing Address - c/o William C. Smith & Co., Inc. 1220 L St., NW, Suite 300

City - Washington State - DC Zip Code - 20005-4022

Telephone - (202) 682-3480 Fax - (202) 682-5840

Email - jsmith@wsmith.com (Jeffrey Smith, Financial Analyst)

District of Columbia Corporation (Y/N) Y Out of state entity (Y/N) N
(please attach copy of certificate) (please attach copy of DC business certificate)

Is the Applicant applying for or does the Applicant plan to apply for grants, loans or property tax credits available for the redevelopment of Brownfields in the District per Title VII Cleanup Incentives of the Act? (Y/N) N

Has the Applicant had any prior involvement with District or Federal environmental regulatory programs including notices of violation, orders, consent orders, enforcement actions, or environmental permits? (Y/N) N (please attach copies of any information listed)

* Please see **Appendix II** for additional contact information

Please include:

List of financial incentives for which you are planning to apply.
Permit numbers, dates, names(s) of program(s), name of regulated entity and any other information known to the Applicant.

III. Current Property Owner

Name See Below Title _____
(please list principal if corporate entity)

Corporation/Organization - DC Department of Housing & Community Development, Development Finance Division

Legal Form of Business - Government

Mailing Address - 801 North Capitol Street, NE, 2nd Floor

City - Washington State - DC Zip Code - 20002

Telephone - (202) 442-7200 Fax - (202) 442-7078

Contact - Stanley Jackson, Dir., DHCD Email - stan.jackson@dc.gov

District of Columbia Corporation (Y/N) N/A Out of state entity (Y/N) N/A
(please attach copy of certificate) (please attach copy of DC business certificate)

IV. Other Contacts

Consultant

Name - Thomas R. VanBlaricom Title President
(please list principal if corporate entity)

Corporation / Organization - Environmental Consultants and Contractors, Inc. (ECC)

Mailing Address - 43045 John Mosby Highway

City - Chantilly State - VA Zip Code - 20152

Telephone - (703) 327-2900 Fax - (703) 327-2777

Email - trvanblaricom@eccfirst.com

Project Manager

Name - Jeffrey Smith Title - Financial Analyst
(please list principal if corporate entity)

Corporation/Organization - William C. Smith & Co., Inc.

Mailing Address - 1220 L Street, NW, Suite 300

City - Washington State - DC Zip Code - 20005

Telephone - (202) 682-3480 Fax - (202) 682-5840

Email - jsmith@wcsmith.com

V. Applicant's Interest in Property

Do you own this property? (Y/N)
(Include copy of deed)

Are you under contract to purchase the property? (Y/N) (See **Appendix V**)

Are you under contract to sell the property? (Y/N)

If under contract to sell or purchase the property, has a settlement date been scheduled? (Y/N)

Are you renting or leasing the property? (Y/N)

Are you considering renting or leasing the property? (Y/N)

Are you a holder of a mortgage, deed, trust or other security interest in the property? (Y/N)

Place an "X" in the appropriate blank

Intend to develop site for personal or business purposes

Intend to conduct an investigation of site prior to acquisition or development

Neighboring property owner who was unable to obtain relief from the responsible party

VI. Current Property Use

Place an "X" in the appropriate blank

Residential Underutilized
 Industrial Undeveloped
 Commercial Idle/Inactive
 Mixed Use Other (explain) _____
 Abandoned

Current operations on property - None

Current Operator - See Appendix III for current owner information Title _____
(please list principal (if corporate entity))

Number of Employees N/A Type of work performed by employees N/A

Recorded deed restrictions on property (Y/N) N If yes, explain _____

Are hazard substances used, generated, treated, stored, disposed or released at the property? (Y/N)

Not to our knowledge. Applicant does not own property. Property is owned by DC DHCD

Please include:
Permits for release of hazardous substances.
Copies of Toxic Release Inventory (TRI).
Copies of permits for hazardous waste generation.
Any other relevant local and federal registrations.
Site map that describes the location(s) of building(s) and operations(s).

VII. Historical Property Use

Have there ever been any hazardous substances used generated, treated, stored, disposed of, or discharged at the property? (Y/N) Y

If yes, explain Please see Appendix VII

Please list all categories of contaminants that are known to exist on the property (i.e. solvents, metals, inorganic, organics): Please see Appendix VII

Please include:
All available historical information on the property.
Previous owners and lessors, uses and dates of transfer of ownership of the property.
Results of a title search for the property.

VIII. Future Property Use

Place an "X" in the appropriate blank

- Unlimited
- Residential
- Mixed Use
- Commercial
- Industrial
- Undetermined

Please include:
Description of the future use of the property.
Include timelines, types of operations, number of potential employees.
Construction and site plans.

Statement of Certification

I certify under penalty of law that the information provided in this application is, to the best of Applicant's knowledge and belief, accurate and complete.

I certify that I am the Applicant or an authorized representative of the Applicant.

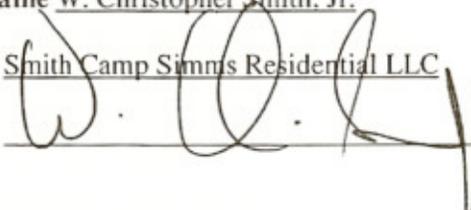
I certify that all information on environmental conditions relevant to the site and known to the Applicant is included in this application.

By signing below the Applicant, or authorized representative acting on behalf of Applicant, agrees to pay all invoices for the costs of services provided by the Environmental Health Administration when billed.

Printed Name W. Christopher Smith, Jr.

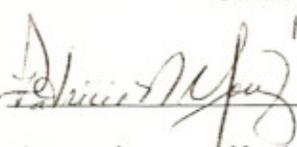
Company Smith Camp Simms Residential LLC

Title Member

Signature 

Date 12/1/03

OFFICE USE

Documents Received by:  12/31/03 (Application Package Completed) VCP Case No. VCP 2003-002

Date: _____ Approved _____ Not Approved _____ Resubmit _____

Additional Information Required: _____

CERTIFICATION OF FINANCIAL RESPONSIBILITY

Smith Camp Simms Residential hereby certifies that it will be in
(Applicant)

compliance with the financial responsibility requirements of 20 DCMR Chapter 67 prior to performing any remedial work on the Property.

The financial assurance mechanism(s) used to demonstrate financial responsibility under 20 DCMR Chapter 67 will be provided prior to performing any remedial work on the Property.

[Type of mechanisms] _____

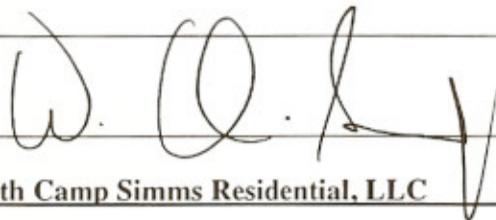
[Name of issuer] _____

[Mechanism number (if applicable)] _____

[Amount of coverage] _____

[Effective period of coverage] _____

Whether mechanism covers "taking correction action" or compensating third parties for bodily Injury and property damage caused by either "sudden accidental releases" or "nonsudden accidental releases."

[Signature of Applicant]  _____

[Name of Applicant] **Smith Camp Simms Residential, LLC** _____

[Title] **W. Christopher Smith, Member**

[Date] _____

[Signature of witness or notary] _____

[Name of witness or notary] _____

[Date] _____

The Applicant must update this Certification whenever the financial assurance mechanism(s) used to demonstrate financial responsibility changes.