



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
BROWNFIELDS ASSESSMENT APPLICATION

APPLICANT			
NAME			
CONTACT PERSON	TELEPHONE NUMBER WITH AREA CODE	E-MAIL ADDRESS	
MAILING ADDRESS	CITY	STATE	ZIP CODE
SITE NAME			
SITE NAME		PARCEL NUMBER (IF KNOWN)	
SITE ADDRESS	CITY	STATE	ZIP CODE
CURRENT SITE OWNERSHIP			
OWNER NAME		TELEPHONE NUMBER WITH AREA CODE	
MAILING ADDRESS	CITY	STATE	ZIP CODE
If the property is not owned by applicant, will the applicant obtain the property through: <input type="checkbox"/> Foreclosure <input type="checkbox"/> Purchase <input type="checkbox"/> Other (Specify):			
If the property is not owned by applicant, will the applicant be able to obtain legal permission for department staff or department's contractor to enter the property to conduct site assessment activities? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain):			
Note: The department ensures that upon completion of the project, any department material and equipment will be removed from the site.			
SITE HISTORY			
Is there any reason to believe the property is contaminated with hazardous substances, (e.g., solvents, pesticides, creosote, metals - lead, mercury, arsenic -, dry-cleaning products, petroleum or controlled substances), as defined in 40 CFR Part 30? <input type="checkbox"/> Yes (Describe below) <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Is the property mine scarred? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Is applicant, or any other party, under order from the EPA or the Missouri Department of Natural Resources to conduct site assessment or cleanup? <input type="checkbox"/> Yes (Describe below) <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Briefly describe the involvement or role of EPA or the department in enforcement or oversight of the assessment or cleanup of candidate site:			
If property is owned by applicant, did applicant generate or dispose of any of the contaminants? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is applicant aware of any federal, state or local agency inquiry or order regarding any party's responsibility for contamination or hazardous waste at the property? <input type="checkbox"/> Yes (Describe below) <input type="checkbox"/> No			
SITE ZONING		TOTAL ACREAGE OF SITE (ATTACH SITE MAP)	

IF APPLICABLE – PAST SITE USES (e.g., TYPE OF MANUFACTURING)

PAST SITE USES		APPROXIMATE DATES
BUILDINGS ON-SITE	SQUARE FOOTAGE	CONDITION (USEABLE, GUTTED, RAZED, ETC.)

PRIOR SITE ASSESSMENT ACTIVITIES

Yes No Unknown

Describe conclusions of prior site assessment activities (or attach "conclusion" section of report(s)). If reports are unavailable, identify consultant, client and approximate date of study:

SITE ASSESSMENT NEEDS

Describe how perceived contamination has hindered reuse of the property:

ANTICIPATED FUTURE USE

Residential Recreational Commercial Industrial Other

Describe the applicant's proposed reuse plan:

FUNDING SOURCES

Describe any financial incentives planned to spur development and proposed funding sources, like tax incentives:

Note: This program is for site assessment only, cleanup money is not being offered as part of this program.

PUBLIC OR COMMUNITY INVOLVEMENT

Describe public interest or community involvement in site reuse planning:



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CONSENT FOR ACCESS TO PROPERTY AGREEMENT

I, as owner/authorized representative of (site name) _____ authorize officers, employees, authorized representatives and persons acting at the request of the Missouri Department of Natural Resources to enter and have access to the above named property at the stated location for the following purposes:

- The on-site observation and oversight of environmental investigation and remediation activities.
- The detection of surface or subsurface hazardous substances and subsequent marking or otherwise identifying on-site locations of any such hazardous substances detected.
- The drilling of holes for subsurface investigation including the use of drilling rigs.
- The taking of such waste, soil, water and air samples as may be necessary.
- Other actions related to the investigation of surface or subsurface contamination.

This consent shall expire upon the department's issuance of a summary letter for this assessment for this site. This consent shall not be construed as or deemed to be an admission of any fact, responsibility, fault or liability in connection with the site. The site owner shall hold the department harmless from any claims (including, but not limited to, property damage or personal injury) arising from activities reviewed or overseen by the department under this agreement.

SIGNATURES

SITE OWNER SIGNATURE	DATE
SITE OWNER PRINTED NAME	DATE

RETURN THIS FORM TO:

Missouri Department of Natural Resources
Hazardous Waste Program
Brownfields/Voluntary Cleanup Program
P.O. Box 176
Jefferson City, MO 65102-0176
www.dnr.mo.gov
www.missouribrownfields.com