ATTENTION: Please do not submit this application without attaching a CORE Data Form (TNRCC-10400). If you do not submit this form, TCEQ will not be able to process the application in a timely manner. You may find this form at:

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
INNOCENT OWNER/OPERATOR PROGRAM

Program Application

Please complete this form and Texas Commission on Environmental Quality (TCEQ) Form 10400 to request certification from the TCEQ’s Innocent Owner/Operator Program (IOP) pursuant to Subchapter V of the Texas Solid Waste Disposal Act (SWDA) and the IOP Certification Rules (30 Texas Administrative Code - Subchapter B). Please enclose a Site Investigation Report (SIR) with this form which conforms to the information requested in the IOP SIR Checklist. You may download this document, TCEQ Form 10400 and all other IOP forms via the Internet at http://www.tceq.state.tx.us/permitting/remed/vcp/iop.html.

Complete all applicable sections. The TCEQ may deny issuance of an Innocent Owner/Operator Certificate (IOC) if this application is incomplete. Please refer to the IOP Application Instructions or call the TCEQ’s Voluntary Cleanup Section at (512) 239-5891 with any questions concerning the completion of this form.

General Site Information

Site Name ____________________________________________
Site Size (acres) ____________________________________
Regulated Entity Reference No. (if issued): CN- ____________________________

Applicant(s)

Applicant A (The person or entity requesting issuance of an IOC from TCEQ. Applicant A will be the primary contact person for receipt of TCEQ correspondence, unless the TCEQ IOP Project Manager is notified otherwise in writing. Applicant A is responsible for payment of TCEQ costs of review and oversight, unless indicated otherwise on page 3 of this form).

Applicant __________________________________________
Contact Person ______________________________________ Title ____________________________
Customer Reference No. (if issued): CN- ___________ Phone ( ) Fax ( )
Organization ___________________________ Phone ( ) Fax ( )
Interest in Site (please check): Current owner _____ Current operator _____ Prospective owner _____
Prospective operator _____ Source property owner _____ Source property operator _____
Other (please describe): _____________________________ To receive copies of TCEQ correspondence? Yes _____ No _____

March 1, 2001 Version 3.0
Applicant B (An additional person or entity requesting issuance of an IOC from the TCEQ).

Applicant________________________________________ Title ________________________________
Contact Person__________________________________ Title ________________________________
Customer Reference No. (if issued): CN-________________________
Organization __________________________ Phone (   ) Fax (   )
Interest in Site (please check): Current owner ___ Current operator ___ Prospective owner ___
Prospective operator ___ Source property owner ___ Source property operator ___
Other (please describe): ________________________________
To receive copies of TCEQ correspondence? Yes ___ No ___

Applicant C (An additional person or entity requesting issuance of an IOC from the TCEQ).

Applicant________________________________________ Title ________________________________
Contact Person__________________________________ Title ________________________________
Customer Reference No. (if issued): CN-________________________
Organization __________________________ Phone (   ) Fax (   )
Interest in Site (please check): Current owner ___ Current operator ___ Prospective owner ___
Prospective operator ___ Source property owner ___ Source property operator ___
Other (please describe): ________________________________
To receive copies of TCEQ correspondence? Yes ___ No ___

Current Site Owner (if different from an Applicant)

Owner(s)________________________________________ Title ________________________________
Contact Person__________________________________ Title ________________________________
Organization __________________________ Phone (   ) Fax (   )
To receive copies of TCEQ correspondence? Yes _____ No _____

IMPORTANT - Please attach a completed form TCEQ-10400 for each applicant and the current site owner.

Other Contacts (Consultant/Attorney)

Name(s)________________________________________ Title ________________________________
Organization __________________________ Phone (   ) Fax (   )
Address ________________________________
City __________________________ State __________ Zip Code __________________________
To receive copies of TCEQ correspondence? Yes _____ No _____

Name(s)________________________________________ Title ________________________________
Organization __________________________ Phone (   ) Fax (   )
Address ________________________________
City __________________________ State __________ Zip Code __________________________
To receive copies of TCEQ correspondence? Yes _____ No _____
Billing Information

If billing should be directed to a person other than Applicant A, please enter the required information below and include their signature consenting to payment of TCEQ review and oversight costs.

Name(s) ___________________________________ Title ___________________________
Organization ______________________________ Phone ( ) Fax ( )
Address ____________________________________________
City ___________________ State ___________ Zip Code ________________
Federal Taxpayer Identification Number ______________________________________

Signature of Consent: _______________________________________________________

Current Site Use (Use percentage if site is divided into different use categories)

Residential _____ Agricultural _____ Other ________________
Commercial Industrial _____ Recreational _____

Latitude/Longitude

Latitude (degrees, min., sec., N or decimal degrees) ________________________________
Longitude (degrees, min., sec., W or decimal degrees) _____________________________

Date of collection ___________ Organization providing collection data ______________

Check the method used to determine latitude and longitude:

___ GPS - Real Time Differentially Corrected _________________________________
___ GPS - Post Processed Differentially Corrected _____________________________
___ Map Interpolation - Manual _____________________________
___ Map Interpolation - Digital _________________________________
___ DOQQ _____________________________

If using GPS, please state professional unit brand name, model number and accuracy tolerances.
If using Map Interpolation, please state which USGS quad map was used for interpolation.
If using DOQQ Interpolation, please state which DOQQ was used for interpolation.

Does the latitude/longitude listed above refer to the:

___ Center of the property?
___ Main entrance to the property
___ Other, please describe ___________________________________________________
Contaminated Media and Contaminants Present

Please check the chemicals of concern within each contaminant category and the media which have been affected:

<table>
<thead>
<tr>
<th>Contaminant Category</th>
<th>Soil</th>
<th>Groundwater</th>
<th>Surface Water</th>
<th>Sediment</th>
</tr>
</thead>
<tbody>
<tr>
<td>*VOCs</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>*SVOCs</td>
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<tr>
<td>*Heavy Metals</td>
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<tr>
<td>*Chlorinated Solvents</td>
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<td>Pesticides</td>
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<td>TPH</td>
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<td>PCBs</td>
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<tr>
<td>Other</td>
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</tr>
</tbody>
</table>

*Please describe ___________________________________________

Involvement With Other Regulatory Programs

Please describe all prior involvement with any state or federal environmental regulatory programs or agencies, including any orders, permits, notices of violations or inspections. Also provide all state and federal identification numbers related to the site, including any solid waste, Leaking Petroleum Storage Tank, Comprehensive Environmental Response Compensation and Liability Information System, Resource Conservation Recovery Information System, Voluntary Cleanup Program, etc., registration numbers which have been assigned. Attach additional sheets as necessary. Indicate NONE if no prior involvement has occurred.

__________________________________________

__________________________________________

__________________________________________

Site Investigation Report (SIR)

Two copies of the SIR conforming with the information requested in the attached IOP SIR Checklist must be enclosed with the application.
Owner/Operator Status

The following statements relate to Applicant A’s basis for requesting an IOC. If Applicant A is applying as the billing party only and is not requesting an IOC, please check here: ______. If this is the case, you may skip the remaining statements in this subsection. Each applicant in addition to Applicant A, if any, must complete a separate Supplemental Owner/Operator Status Form and attach it to this application.

Please place an “X” in the blank next to the most applicable scenario:

_____ The Site has become contaminated as a result of a release or migration of contaminants from a source or sources not located at the Site, and I did not cause or contribute to the off-site source or sources of the contamination [SWDA §361.751(2)], OR

_____ In addition to the above SWDA §361.751(2) scenario, I am the owner of the Site and I acquired it from the person who caused the release while it was still a portion of the tract on which the source of a release of contaminants is located. Before acquiring the tract, I completed an appropriate inquiry consistent with good commercial practice and as a result I did not know or have reason to know of the contamination at the Site [SWDA §361.752(b)]. I have included a copy of the “appropriate inquiry” site assessment as Attachment “A” of the SIR.

Please mark “True”, “False”, or “NA” for each of the following statements. A detailed discussion of each applicable issue should be included in the IOP SIR.

<table>
<thead>
<tr>
<th>True</th>
<th>False</th>
<th>NA</th>
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</thead>
<tbody>
<tr>
<td>Q</td>
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</table>

The Site has become contaminated exclusively as a result of a release or migration of contaminants from a source or sources of contamination not located on or at the site.

Q Q Q

Contamination is present on the site from on-site sources but has been demonstrated to be distinct or divisible from the contamination that has originated from the off-site source.

Q Q Q

I presently own, operate or have economic interests in land or operations within ¼ mile of the site.

Q Q Q

I formerly owned, operated or had economic interests in land or operations within ¼ mile of the site.

Q Q Q

I have conducted activities on property adjacent to the site that may have caused or contributed to contamination on the site.
Adjacent Property Owner Information

Pursuant to 30 TAC §333.36(a) of the IOP rules, the Applicant shall notify all adjacent property owners of the Applicant’s intent to obtain an IOC. The rules state that the Applicant shall mail notice of the application by certified mail, return receipt requested, to property owners adjacent to the site within 14 days of submitting the IOP application form to the TCEQ. Please refer to the IOP Application Instructions for more details regarding the notification process.

Please complete the following contact information and submit a vicinity map or aerial photograph with a description of each adjacent property’s location relative to the site. Additional space is provided in the attachment titled “Supplemental Adjacent Property Information.”

Property A located _______ (direction from the site)

Owner(s)______________________________________________________________

Contact Person_________________________________ Title ____________________________

Organization __________________________ Phone (    )   Fax (    )

Address ________________________________

City __________________________ State __________ Zip Code ________________

Type of land use/business ________________________________

Property B located _______ (direction from the site)

Owner(s)______________________________________________________________

Contact Person_________________________________ Title ____________________________

Organization __________________________ Phone (    )   Fax (    )

Address ________________________________

City __________________________ State __________ Zip Code ________________

Type of land use/business ________________________________

Property C located _______ (direction from the site)

Owner(s)______________________________________________________________

Contact Person_________________________________ Title ____________________________
Property D located _______ (direction from the site)

Owner(s)______________________________________________________________
Contact Person____________________________ Title __________________________
Organization ___________________________________ Phone (    ) Fax (    )
Address __________________________________________________________________
City __________________________ State ___________ Zip Code ________________
Type of land use/business ________________________________________________
Intent to Participate

The undersigned requests certification by the TCEQ that the site has become contaminated as a result of a release or migration of contaminants from a source or sources not located on or at the Site and that the Applicant(s) identified as owner(s) and/or operator(s) requesting an IOC have not contributed to the source or sources of the contamination referred to above. In order for the TCEQ to issue an IOC, the Applicant must provide adequate information to describe the specific contaminants which were released or migrated from a source or sources not located on or at the site. By completing and signing this Application, the Applicant or other responsible billing party designated herein agrees to pay for all TCEQ oversight costs, and state that they have the financial capability to perform actions necessary to affirm their Innocent Owner/Operator status. The TCEQ may request additional information to support this affirmation.

The Applicant does not admit or assume liability for investigation of the site. In addition, the Applicant may withdraw this Application at any time. If the TCEQ denies the Application, it will notify the Applicant and explain the reasons for denial.

Deposit of Oversight Costs

The Applicant must submit with this Application a deposit in the amount of one thousand dollars ($1,000.00) made payable to the TCEQ. Deposits may be made in the form of company or personal checks. Cash deposits will not be accepted.

Please execute this Intent to Participate in the space below and return it to:

Attention: Cashier
Texas Commission on Environmental Quality
MC- 214
P.O. Box 13088
Austin, Texas  78711-3088

For overnight or express mail please use the following street address:

Attention: Cashier
Texas Commission on Environmental Quality
MC-214
12100 Park 35 Circle
Austin, Texas 78753

In order to expedite the application with attachments, please be sure to send all documents to the Cashier’s Office. Do not send directly to the Voluntary Cleanup Section.
Statement of Eligibility

The Executive Director of the TCEQ may deny issuance of an IOC for one or more of the following reasons: the application is incomplete; insufficient information is provided in the application or SIR to allow the TCEQ to properly evaluate the Applicant’s eligibility for an IOC; the Applicant refuses to grant reasonable access to the site; or information demonstrates that the Applicant is not an innocent owner or operator (see 30 TAC §333.39).

The Executive Director may revoke an IOC if the TCEQ determines that the Applicant: withheld or misrepresented information in the Application; the Applicant fails to properly maintain required institutional and/or engineering controls; the Applicant fails to pay all agency costs relating to the issuance of the IOC within 180 days of issuance; or if the Applicant or the TCEQ discovers new information that would no longer qualify the Applicant as an innocent owner or operator (see 30 TAC §333.40).

Providing Additional Information

The TCEQ may require the Applicant to conduct further sampling and/or submit additional information during the review of this Application.

Access

The Applicant shall grant reasonable access to any person designated by the TCEQ for purposes of investigation or remediation as required by the SWDA §361.752 (c). The Applicant must also provide access to the TCEQ, its employees, contractors or agents pursuant to the SWDA §361.752(d). The Applicant must allow access to the site during the pendency of the Application and thereafter. The TCEQ may revoke an IOC if the Applicant fails to provide reasonable access (see 30 TAC §333.40).

Administrative Costs

Applicant A or other responsible billing party designated on page 2 of this application agrees to reimburse the TCEQ for all of its costs associated with review and processing of the Application. These costs may include direct and indirect costs of overhead, salaries, equipment, and utilities; legal, management, and support costs associated with the review of the Applicant's work plans and reports, and oversight of field activities, if any.

The TCEQ will track costs for review and oversight activities related to the site and provide monthly invoices to the person responsible. The Applicant or other responsible billing party shall pay these invoiced costs to the TCEQ within 30 days after receiving the TCEQ bill. If payment is not made within 30 days, the TCEQ will request the Attorney General to initiate civil proceedings to recover these costs.

Checks shall be made payable to the TCEQ and be mailed together with a transmittal letter stating the site name and IOP number and addressed to the Texas Commission on Environmental Quality, MC-214, Attention: Cashier, P.O. Box 13088, Austin, Texas, 78711-3088.

In the event that this Application is withdrawn for any reason, Applicant or other responsible billing party agrees to reimburse the TCEQ for all costs incurred or obligated by the TCEQ before notice of withdrawal of the Application.
Verification

The Applicant understands the provisions of this Application and affirms that the information provided herein is true and accurate.

Applicant’s Signatures

Applicant A

By: ____________________________  Name: ________________________________
   (signature of authorized representative)  (print or type)
Date: ____________________________  Title: ________________________________
Company: ________________________  Phone: (____) ________________________

Applicant B

By: ____________________________  Name: ________________________________
   (signature of authorized representative)  (print or type)
Date: ____________________________  Title: ________________________________
Company: ________________________  Phone: (____) ________________________

Applicant C

By: ____________________________  Name: ________________________________
   (signature of authorized representative)  (print or type)
Date: ____________________________  Title: ________________________________
Company: ________________________  Phone: (____) ________________________
Supplemental Owner/Operator Status Form

Applicant __________ (please specify Applicant B, C, D, etc).

Each Applicant desiring an IOC must complete the following statements in order to help TCEQ determine the basis for their request. If Applicant is applying as the billing party only and is not requesting an IOC, please check here: _____.

If Applicant is applying as the billing party only and is not requesting an IOC, you may skip the remaining statements on this form.

Please place an “X” in the blank next to the most applicable scenario:

_____ The site has become contaminated as a result of a release or migration of contaminants from a source or sources not located at the site, and I did not cause or contribute to the off-site source or sources of the contamination [SWDA §361.751(2)], OR

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Please mark “True” or “False” for each of the following statements. A detailed discussion of each applicable issue should be included in the IOP SIR.

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I presently own, operate or have economic interests in land or operations within ¼ mile of the site.

I formerly owned, operated or had economic interests in land or operations within ¼ mile of the site.

I have conducted activities on property adjacent to the site that may have caused or contributed to contamination on the site.

I affirm that the above information regarding my Owner/Operator Status is true and accurate.

By: __________________________          Date: ________________

Name: __________________________  
(print or type)
## Supplemental Adjacent Property Information

<table>
<thead>
<tr>
<th>Owner(s)</th>
<th>Contact Person</th>
<th>Title</th>
<th>Organization</th>
<th>Phone (   )</th>
<th>Fax (   )</th>
<th>Address</th>
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