

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:

<http://www.tceq.state.tx.us/permitting/projects/cr/10400.pdf>

OFFICE USE ONLY

PCA number: _____

IOP Project number: _____

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- _____

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

Applicant _____
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 _____
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) _____
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:

Contaminant Category	Soil	Groundwater	Surface Water	Sediment
*VOCs				
*SVOCs				
*Heavy Metals				
*Chlorinated Solvents				
Pesticides				
TPH				
PCBs				
Other _____				

*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.

True False NA

Q Q 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 _____

Organization _____ Phone () _____ Fax () _____

Address _____

City _____ State _____ Zip Code _____

Type of land use/business _____

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: _____
(signature of authorized
representative)

Date: _____

Company: _____

Name: _____
(print or type)

Title: _____

Phone: () _____

Applicant B

By: _____
(signature of authorized
representative)

Date: _____

Company: _____

Name: _____
(print or type)

Title: _____

Phone: () _____

Applicant C

By: _____
(signature of authorized
representative)

Date: _____

Company: _____

Name: _____
(print or type)

Title: _____

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 a 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

_____ 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" or "False" for each of the following statements. A detailed discussion of each applicable issue should be included in the IOP SIR.

True False NA

Q Q Q 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.

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

Owner(s) _____
Contact Person _____ Title _____
Organization _____ Phone () _____ Fax () _____
Address _____ City _____
_____ State _____ Zip Code _____ Type of
land use/business _____

Owner(s) _____
Contact Person _____ Title _____
Organization _____ Phone () _____ Fax () _____
Address _____ City _____
_____ State _____ Zip Code _____ Type of
land use/business _____

Owner(s) _____
Contact Person _____ Title _____
Organization _____ Phone () _____ Fax () _____
Address _____ City _____
_____ State _____ Zip Code _____ Type of
land use/business _____

Owner(s) _____
Contact Person _____ Title _____
Organization _____ Phone () _____ Fax () _____
Address _____ City _____
_____ State _____ Zip Code _____ Type of
land use/business _____