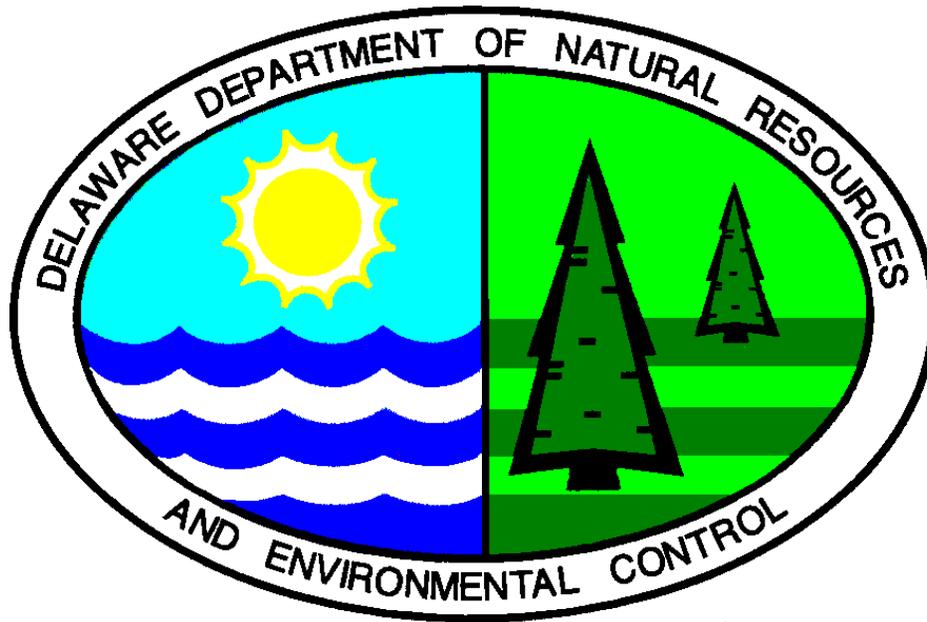


DEPARTMENT OF NATURAL RESOURCES AND  
ENVIRONMENTAL CONTROL

DIVISION OF WASTE AND HAZARDOUS SUBSTANCES



DELAWARE VOLUNTARY CLEANUP PROGRAM  
APPLICATION FORM

September 2019

**STATE OF DELAWARE**  
**DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL**  
**DIVISION OF WASTE AND HAZARDOUS SUBSTANCES**

**VOLUNTARY CLEANUP PROGRAM**

**VOLUNTARY CLEANUP PROGRAM APPLICATION**

This Application is designed to assist parties and DNREC in determining whether or not remedial activities are warranted at a site, and if it is necessary to enter into the Voluntary Cleanup Program (VCP). The VCP has been developed so that any party interested in conducting site assessments and/or remedial actions can do so with proper oversight from the DNREC. DNREC will provide oversight as long as it is reimbursed for the cost of its oversight activities. Please submit the completed application and a check for \$5,000.00 made payable to the STATE OF DELAWARE to:

Department of Natural Resources and Environmental Control  
Division of Waste and Hazardous Substances  
391 Lukens Drive  
New Castle, DE 19720  
Attention: Jill Williams-Hall, Planner  
Telephone: (302) 395-2600  
[DNREC\\_WHS\\_REMEDIATIONINBOX@delaware.gov](mailto:DNREC_WHS_REMEDIATIONINBOX@delaware.gov)  
and  
[jill.hall@delaware.gov](mailto:jill.hall@delaware.gov)

Upon receipt of a completed VCP Application, the DNREC will review the application and the eligibility. Applicants must respond fully and completely to all of the questions and information requested in the attached Application. To the degree possible, all requests will be entertained by the DNREC on a first come, first serve basis and will be responded to within 30 days after receiving the completed Application. The DNREC will not process any Applications unless all requested information is complete and all questions are answered to the satisfaction of the DNREC.

All updated invoices can be obtained by contacting Sandra Kimbel at 302-395-2600 or [Sandra.Kimbel@delaware.gov](mailto:Sandra.Kimbel@delaware.gov).

STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL  
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES

VOLUNTARY CLEANUP PROGRAM APPLICATION

**The purpose of this application is to determine whether or not remedial activities are necessary at the subject Site and to provide a the applicant an opportunity to enter into the VCP through a Voluntary Cleanup Agreement (Agreement) with the Delaware Department of Natural Resources and Environmental Control. The Agreement will allow the Department to provide the applicant with oversight of remedial activities.**

**Please answer all questions in the application. If you have any questions when completing this form, it is recommended that you contact the DNREC's Remediation Section at (302) 395-2600 between the hours of 8:00 a.m. and 4:30 p.m. for assistance.**

**PLEASE TYPE OR PRINT**

DATE \_\_\_\_\_

A. Site Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ DE Zip Code \_\_\_\_\_  
County \_\_\_\_\_  
Tax Parcel Number(s) \_\_\_\_\_  
Acreage \_\_\_\_\_

B. Current Property Owner(s) Name(s) \_\_\_\_\_  
Email \_\_\_\_\_  
Firm \_\_\_\_\_ Telephone # \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_

C. Current Business Operator(s) Name \_\_\_\_\_  
Email \_\_\_\_\_  
Firm \_\_\_\_\_ Telephone # \_\_\_\_\_

Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_

D. Current Business Owner(s) Name \_\_\_\_\_  
Email \_\_\_\_\_  
Firm \_\_\_\_\_ Telephone # \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_

E. Current Property Use:             Residential             Agricultural  
    Industrial             Undeveloped  
    Commercial             Other \_\_\_\_\_

F. To best of your knowledge, are there currently, or have there ever been, any hazardous substances as defined by 7 Del. C., Chapter 91, Section 9103, used, generated, treated, stored, disposed or discharged at the site?     Yes     No

G. To best of your knowledge, are there currently, or have there ever been, any above or below ground storage tanks at the site?  Yes If yes what were the contents of the tank?  No

H. Who is requesting the Agreement?  
Name \_\_\_\_\_  
Email \_\_\_\_\_ Telephone # \_\_\_\_\_  
Affiliation \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
State of Incorporation \_\_\_\_\_

I. Who will be executing the Agreement? (If different than Part H)

Name \_\_\_\_\_  
Email \_\_\_\_\_ Telephone # \_\_\_\_\_  
Affiliation \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
State of Incorporation \_\_\_\_\_ Corp. Status \_\_\_\_\_

J. Select which phase(s) of the remediation process are to be performed pursuant to the Agreement being requested.

- Site entry into HSCA program through site closeout including COCR and LTS
- Initial Investigation/Facility Evaluation
- Remedial Investigation
- Feasibility Study/Remedial Design/Remedial Action
- Long Term Stewardship (LTS)
- Document Review
- Other \_\_\_\_\_

K. Who will be the contact for all matters of this application?

Name \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_ Telephone # \_\_\_\_\_  
Affiliation \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_

L. What are the current operations at the site?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

M. What are the intended future uses of the site?

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N. Describe briefly the major types of contamination found at the site and what media they affect. (If already known based on previous investigation)

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O. Describe in detail, for the information provided in paragraph 'N', how the contamination came to exist at the site. For example, were there past spills, landfill operations, industrial septic systems, USTs, deposition of fill material, etc.? (If known from previous investigation)

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JWH19034  
Revised Sept 2019