



Maine Department of Environmental Protection

Maine Voluntary Response Action Program

Application for Assistance

Please complete this application to request technical assistance from the Voluntary Remedial Action Plan Program (VRAP) pursuant to Title 38 MRSA, Section 342, Subsection 15.

General Site Information

Property name:

Street Address:

City (or Township):

Tax map #:

Lot #:

UTM Coordinates (Map Datum: NAD83):

Total Acreage of Property (all parcels):

Property Description Recorded at Registry of Deeds

County:

Book:

Page:

Applicant Information

Applicant/Organization*:

Contact Person:

Title:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

*The applicant/co-applicant are the individual(s) or organization(s) that will be the recipient of any applicable administrative or liability assurances provided by VRAP. The applicant is also responsible for payment of fees for Department review and oversight costs.

Co-Applicant Information (if applicable)

Co-Applicant/Organization*:

Contact Person:

Title:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Co-Applicant/Organization*:

Contact Person:

Title:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Current property owner (if different than applicant)

Name:

Title:

Organization:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Involvement with other regulatory programs

Yes

None known

If yes, list the program/contact person from the Department:

Contact person(s)

Please list the name(s) of your current environmental consultant and legal counsel.

Consultant: _____ of _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-Mail: _____

Attorney: _____ of _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____

As applicant/co-applicant, agents that may act on my behalf (list, if any):

For _____, _____ of _____.

Certification

I hereby make a request of VRAP to assist me and the company/organization I represent in determining whether the above-described property has been the site of a release or threatened release of a hazardous substance, hazardous waste, hazardous matter, special waste, pollutant or contaminant, including petroleum products or by-products. I understand this assistance may include the review of agency records and files, and review and approval of my investigation plans and reports as well as remedial action plans and implementation.

I am aware that the property listed in this application will be placed on the Division of Remediation's Sites List Database that is located on the Department's website, and that any documents I submit to the Department are publicly available through their file room. I am also aware that VRAP, at its discretion, may contact municipal officials regarding investigation/ remedial actions at sites participating in the program.

I am further aware that I must reimburse VRAP for the costs of providing this assistance. I understand that reimbursement requests may be made on a periodic basis and that failure to reimburse VRAP for costs in a timely manner may result in disqualification from VRAP and/or liens being placed on the property.

Typed/printed name:

Title:

Signature: _____ Date: _____

*****Note: For Properties with Petroleum Discharges from USTs or ASTs*****

If your property has petroleum discharges (or potential discharges) related to an underground storage tank ("UST") or aboveground storage tank ("AST") facility, **please also sign the following:**

I hereby agree to comply with Title 38 MRSA, Section 568 A.4, which includes the submittal of work plans, budgets, and schedules to the Department for review and approval. I also agree to keep a detailed record of all costs associated with the investigation and cleanup of petroleum discharges at the property, and will submit estimates of past costs to investigate and cleanup petroleum discharges at the property that have been incurred prior to making this application.

Typed/printed name:

Title:

Signature: _____ Date: _____