

Application Form

brownfields CONWAY Land Recycling Program

Instructions: Please type or print clearly. Pages may be added for any additional information where space is limited.

Applicant Information

Applicant Name: _____

Applicant Business: _____

Mailing Address: _____

Property Owner (if different from applicant name): _____

Telephone: _____ Fax: _____

E-mail: _____

Property / Facility Information

Property / Facility Name: _____

Street Address: _____

Property Size (acres): _____

Subdivision: _____

Lot/Parcel #: _____

Legal Description of Property / Facility (if no plat exists):

Are there any storage tanks located at this property? _____

If YES, please complete the information requested below:

1. Owner's name: _____ 5. Capacity: _____

2. Facility name: _____ 6. Substance(s) stored: _____

3. Number of tanks: _____ 7. Status of tank(s) (circle one): _____

4. Date(s) installed: _____ in use or not in use

Previous Involvement with Property and Planned Usage

Has the applicant been actively involved as owner/operator of the facility at any time? _____

If YES, in what capacity? _____

Did the applicant generate any hazardous substances disposed of at the facility? _____

Did the applicant transport any hazardous substances disposed of at the facility? _____

Did the applicant have any business associations with previous owner/operators of the facility? _____

If YES, please describe: _____

What is the intended use for this property? _____

Historic Uses of the Property

Ownership History (If Known)

Waste Types (If Known)

e.g., chemicals used at the site or waste produced at the site

Regulatory Involvement (If Known)

Has the facility ever held an environmental permit (e.g., hazardous or solid waste, air, water)? Was there any enforcement or investigation activity?

Schedule of Events

Letter of Intent to set forth the applicant's desire to purchase the property and retain their eligibility for participation in the Arkansas Voluntary Cleanup Program (Date): _____

Property acquisition schedule (list of activities and dates): _____

Tentative Comprehensive Site Assessment start date: _____

Certification of Truthfulness

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision according to a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information in this application, the information submitted is the best of my knowledge and belief true, accurate, and complete.

Signature

Date

Title

Corporation Name

Please Return This Form To:

For More Information, Please Contact:

City of Conway Planning Department
1201 Oak Street
Conway, AR 72032

Conway Brownfields Program Manager
Wes Craiglow
Phone: 501-450-6105
Fax: 501-450-6144

E-mail: wes.craiglow@cityofconway.org