

**DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH ADMINISTRATION
BUREAU OF HAZARDOUS MATERIAL & TOXIC SUBSTANCES**

**APPLICATION FOR
VOLUNTARY CLEANUP PROGRAM**

Please submit to: Bureau of Hazardous Material & Toxic Substances
51 N Street, NE, 3rd Floor, Washington DC 20002-3315
(Please submit either by mail or in person)

**A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH
PARCEL OR EACH PARCEL OWNED BY A SEPARATE LEGAL ENTITY**

This application will be used to submit a request to participate in the Voluntary Clean-up Program. The information in this application will be used to determine eligibility of the Applicant and the site as provided for under Title III of the Brownfields Revitalization Amendment Act of 2000, DC Law 13-312, effective June 15, 2001.

Please type. Please answer each question completely. Please indicate "N/A" where a question is not applicable to the Applicant. Please include a cover letter for the application package.

Until the District has promulgated a final policy or final rulemaking the following interim fee procedure will be adopted. To offset the time spent by the EHA, in review of ALL site information transmitted along with meetings and site visits, the Applicant will reimburse the District on a preset hourly fee. Time for each project will be recorded using the "Voluntary Cleanup Staff Accounting" form. The Voluntary Cleanup Program Coordinator will maintain this time accounting.

If you have any questions please contact EHA.

INELIGIBLE APPLICANTS

If a determination is made that either Applicant or the site is ineligible for participation the application will be returned.

NOTIFICATION

EHA shall approve or deny the application within 90 business days of its receipt. A request by EHA for additional information shall toll the 90-day review period.

I. Property

Property Name Square 62, Lots 810, 813, 814 & 815

Address 2200 Block Of C Street, NW

City Washington Quadrant NW Zip Code 20037 Ward 2

Square # 62 Lot # 814, 815 Acreage 810-0.1; 813-0.3; 814-0.15
and 815-0.17

Has the site had any prior involvement with District or Federal environmental regulatory programs including notices of violation, orders, consent orders, enforcement actions, or environmental permits? (Y/N) N

Is the property listed on the National Priority List pursuant to the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, 42 U.S.C. 9601 *et seq.*? (Y/N) N

Is the property subject of a current cleanup action by the Environmental Protection Agency or the EHA? (Y/N) N

Please include:

Permit numbers, dates, name(s) of program(s), name of regulated entity and
any other information known to the Applicant, and current pictures of the site.

II. Applicant

Name Dr. John A. Gans Title Executive Vice-President and CEO
(please list principal if corporate entity)

Corporation/Organization American Pharmacists Association*

Legal Form of Business Incorporated (Non-Profit)

Mailing Address 2215 Constitution Avenue, NW

City Washington State DC Zip Code 20037

Telephone (202) 628-4410 Fax (202) 638-3783

E-mail jgans@aphanet.org

District of Columbia Corporation (Y/N) Y Out of state entity (Y/N)
(please attach copy of certificate) (please attach copy of D.C. business certificate)

Is the Applicant applying for or does the Applicant plan to apply for grants, loans or property tax credits available for the redevelopment of Brownfields in the District per Title VII Cleanup Incentives of the Act? (Y/N) Y

Has the Applicant had any prior involvement with District or Federal environmental regulatory programs including notices of violation, orders, consent orders, enforcement actions, or environmental permits? (Y/N) N (please attach copies of any information listed)

Please include:

List of the financial incentives for which you are planning to apply.
Permit numbers, dates, name(s) of program(s), name of regulated entity and any other information known to the Applicant.

* Originally incorporated as the American Pharmaceutical Association. Name change (March 7, 2003).

III. Current Property Owner

Name United States of America Title acting by and through the Administrator of General Services and authorized representatives.
(please list principal if corporate entity)

Corporation/Organization Contact: General Services Administration, Property Disposal Division*

Legal Form of Business Contact Person: Kelly Holland, GSA/Service Delivery Support Team

Mailing Address 7th and D Street, SW, #2080

City Washington State DC Zip Code 20407

Telephone (202) 708-5252 Fax (202) 708-6618

E-mail Kelly.Holland@gsa.gov

District of Columbia Corporation (Y/N) N Out of state entity (Y/N) N
(please attach copy of certificate) (please attach copy of D.C. business certificate)

IV. Other Contacts

Consultant

Name Peggy Farrell Title President
(please list principal if corporate entity)

Corporation/Organization Environmental Resolutions, Inc.

Mailing Address 14609 Jaystone Drive

City Silver Spring State Maryland Zip Code 20905

Telephone (301) 879-3636 Fax (301) 879-0449

E-mail pfarrell@env-res.com

Project Manager

Name Daniel P. McKim Title Project Manager
(please list principal if corporate entity)

Corporation/Organization The JBG Companies

Mailing Address 4445 Willard Avenue, Suite 400

City Chevy Chase State Maryland Zip Code 20815

Telephone (240) 333-3687 Fax (240) 333-3610

E-mail dmckim@jbg.com

V. Applicant's Interest in Property

Do you own this property? (Y/N) N
(Include copy of deed)

Are you under contract to purchase the property? (Y/N) Executed Term Sheet, Contract
Awaiting Final Approval.*

Are you under contract to sell the property? (Y/N) N

If under contract to sell or purchase the property, has a settlement date been scheduled? (Y/N) N Date: _____

Are you renting or leasing the property? (Y/N) N

Are you considering renting or leasing the property? (Y/N) N (Space will be rented in
future commercial building.)

Are you a holder of a mortgage, deed, trust or other security interest in the property? (Y/N) N

Place an "X" in the appropriate blank.

Intend to develop site for personal or business purposes.

Intend to conduct an investigation of site prior to acquisition or development.

Neighboring property owner who was unable to obtain relief from the responsible party.

*Note: This application to the Voluntary Cleanup Program is contingent on Applicant purchasing the Property.

VI. Current Property Use

Place an "X" in the appropriate blank.

Residential Underutilized
 Industrial Undeveloped
 Commercial Idle/Inactive
 Mixed-Use Other (explain) _____
 Abandoned _____

Current operations on property None

Current Operator _____ Title _____
(please list principal if corporate entity)

Number of Employees _____ Type of work performed by employees _____

Recorded deed restrictions on property (Y/N) N If yes, explain _____

Are hazardous substances used, generated, treated, stored, disposed or released at the property? (Y/N) N

If yes, explain _____

Please include:

- Permits for release of hazardous substances.
- Copies of Toxic Release Inventory (TRI).
- Copies of permits for hazardous waste generation.
- Any other relevant local and federal registrations.
- Site map that describes the location(s) of building(s) and operation(s).

VII. Historical Property Use

Have there ever been any hazardous substances used, generated, treated, stored, disposed of, or discharged at the property? (Y/N) Y

If yes, explain Former Dry Cleaner

Please list all categories of contaminants that are known to exist on the property (i.e. solvents, metals, inorganics, organics): Solvents, Petroleum Compounds

Please include:

- All available historical information on the property.
- Previous owners and lessors, uses and dates of transfer of ownership of the property.
- Results of a title search for the property.

VIII. Future Property Use

Place an "X" in the appropriate blank.

- Unlimited
- Residential
- Mixed Use
- Commercial
- Industrial
- Undetermined

Please include:

Description of the future use of the property.
 Include timelines, types of operations, number of potential employees.
 Construction and site plans.

Statement of Certification

I certify under penalty of law that the information provided in this application is, to the best of Applicant's knowledge and belief, accurate and complete.

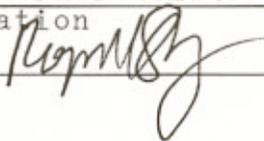
I certify that I am the Applicant or an authorized representative of the Applicant.

I certify that all information on environmental conditions relevant to the site and known to the Applicant is included in this application.

By signing below the Applicant, or the authorized representative acting on behalf of the Applicant, agrees to pay all invoices for the costs of services provided by the Environmental Health Administration when billed.

Printed Name Roger K. Browning

Company American Pharmacists Association Title Chief Financial Officer

Signature  Date 8/10/05

OFFICE USE

Documents Received by: _____ VCP Case No. _____

Date: _____ Approved _____ Not Approved _____ Resubmit _____

Additional Information Required: _____
