

## ENVIRONMENTAL OVERSIGHT PROGRAM APPLICATION SCHOOL PROPERTY EVALUTION AND CLEANUP DIVISION

The purpose of this application is to obtain information necessary to determine the eligibility of the site for acceptance into the Environmental Oversight Program. Please use additional pages, as necessary, to complete your responses.

### SECTION 1 PROPONENT INFORMATION

Proponent Name		
Principal Contact Name		Phone (    )    -
Street Address		
City	State	Zip Code
Proponent's relationship to site		
Designated Agreement Manager Name		Title
Brief statement of why the proponent is interested in DTSC services related to site		
<b>Contact information for DTSC billing purposes</b>		
Contact Name		Phone (    )    -
Department		
Street Address		
City	State	Zip Code

### SECTION 2 SITE INFORMATION

Is this site listed on EnviroStor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide EnviroStor Name		EnviroStor Number
Site Name		
Street Address		
City	County	Zip Code
Assessor's Parcel Number(s)		
<b>Please attach a site location map and a current site plan</b>		

**SECTION 2 SITE INFORMATION (continued)**

<b>Current Owner</b>			
Contact Name			Phone (    )    -
Street Address (mailing)			
City		State	Zip Code
<b>Background and Previous Business Operations</b>			
Name			
Type			
Years of Operation			
If known, list all previous businesses operating on site			
What hazardous substances/wastes have been associated with the site?			
What environmental media is/was/may be contaminated? <input type="checkbox"/> air <input type="checkbox"/> groundwater <input type="checkbox"/> soil <input type="checkbox"/> surface water			
Has sampling or other investigations been conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify			
If yes, what hazardous substances have been detected and what were their maximum concentrations?			
Are any federal, state, or local regulatory agencies currently involved with the site? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the agency name, involvement, and contact names and telephone numbers below:			
<b>Agency</b>	<b>Involvement</b>	<b>Contact Name</b>	<b>Phone</b>
			(    )    -
			(    )    -
			(    )    -

How many future students and classrooms will the site accommodate?	What is the anticipated opening date?
What oversight service is being requested of the Department? <input type="checkbox"/> PEA <input type="checkbox"/> RI/FS <input type="checkbox"/> Removal Action <input type="checkbox"/> Remedial Action <input type="checkbox"/> RAP <input type="checkbox"/> Certification <input type="checkbox"/> Other (describe the proposed project)	
Is there currently a potential of exposure of the community or workers to hazardous substances at the site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain	

**SECTION 3 COMMUNITY INFORMATION**

Describe the site property (include approximate size)
Describe the surrounding land use (including proximity to residential housing, schools, day care facilities, churches, etc.)
Describe the visibility of activities on the site to neighbors
What are the demographics of the community (socioeconomic level, ethnic composition, specific language considerations, etc.)?
<b>Local Interest</b>
Has there been any media coverage?
<b>Past Public Involvement</b>
Has there been any past public interest in the site as reflected by community meetings, ad hoc committees, workshops, fact sheets, newsletters, etc.?

**SECTION 3 COMMUNITY INFORMATION (continued)**

<b>Key Issues and Concerns</b>
Have any specific concerns/issues been raised by the community regarding past operations or present activities at the site?
Are there any concerns/issues anticipated regarding site activities?
Are there any general environmental concerns/issues in the community relative to neighboring sites?
<b>Key Contacts</b>
Please attach a list of key contacts for this site, including city manager, city planning department, county environmental health department, local elected officials, and any other community members interested in the site. Please include addresses and phone numbers for each contact.

**SECTION 4 CERTIFICATION**

<p>The signatory below is an authorized representative of the Project Proponent and certifies that the preceding information is true to the best of their knowledge. The Applicant agrees to reimburse the lead agency (the Department of Toxic Substances Control) for the lead agency’s costs in preparing and negotiating the appropriate cost recovery agreement, regardless of whether the agreement is subsequently executed by the Applicant and the lead agency, and, in the event the cost recovery agreement is executed by the parties, for oversight of the activities identified in the Scope of Work of the selected Agreement.</p>		
Authorized Representative Name (Print)	Title	
Signature		Date

Please forward the completed application and attachment(s) by mail, fax or in person to:

Ms. Alejandra Rivera  
 Agreement Coordinator  
 Brownfields Restoration and Schools Evaluation Branch– Cypress  
 Department of Toxic Substances Control  
 5796 Corporate Avenue  
 Cypress, California 90630  
 Phone: (714) 484-5324  
 Fax: (714) 484-5411  
 Email: [alejandra.rivera@dtsc.ca.gov](mailto:alejandra.rivera@dtsc.ca.gov)

Ms. Rivera will prepare and forward an agreement for review and signature. Subsequently, a project manager will contact the identified principal contact for the proponent to schedule a scoping meeting.