

SECTION 128(A) ASBESTOS CLEANUP APPLICATION FORM



OWNERSHIP OF PROPERTY BY LOCAL GOVERNMENT, NON-PROFIT ORGANIZATION, OR OTHER PUBLIC BODY IS
REQUIRED PRIOR TO APPROVAL OF APPLICATION

FACILITY/OPERATION INFORMATION				NDEE ID: *		NDEE PROGRAM ID: *							
1	Name:												
2	Facility Phone Number:												
3	NAICS:												
FACILITY/OPERATION LOCATION INFORMATION													
4	Address:							PID:					
5	City:				State:	NE	Zip Code:			County:			
6	Legal Description:		$\frac{1}{4}$ of		$\frac{1}{4}$ of		$\frac{1}{4}$ of	Section		Township		Range	
FACILITY/OPERATION MAILING INFORMATION													
7	Address:												
8	City:							State:		Zip Code:			
FACILITY/OPERATION CONTACT INFORMATION													
9	Person:												
10	Phone Number:												
11	Cell Number:												
12	Fax Number:												
13	Email Address:												

* Will be assigned by NDEE

14	Certification Statement								
<p>As applicant or an authorized individual representing the applicant (the undersigned), I certify that the foregoing information on this application and accompanying documents, estimates, and other descriptive information are true and accurate to the best of my knowledge and belief.</p>									
<p><input type="checkbox"/> This form has been completed and reviewed by the person(s) noted and signatures applied below.</p>									
<p><input type="checkbox"/> In completing this form, the following is understood:</p> <ul style="list-style-type: none"> • I agree to provide all applicable information to properly identify the property of concern. • I will provide truthful and timely responses to inquiries made by NDEE about the property of concern. • I certify to NDEE proof of ownership of the property AND have received certification from the Nebraska State Historical Society that this property is not eligible for listing on the National Register of Historic Places or that asbestos cleanup will not alter eligibility for listing. 									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border: 1px solid black;">Typed or Printed Name of Authorized Individual</td> <td style="width: 30%; border: 1px solid black;">Title</td> </tr> <tr> <td style="border: 1px solid black;">Signature of Authorized Individual</td> <td style="border: 1px solid black;">Date</td> </tr> <tr> <td style="border: 1px solid black;">Typed or Printed Name of Authorized Individual</td> <td style="border: 1px solid black;">Title</td> </tr> <tr> <td style="border: 1px solid black;">Signature of Authorized Individual</td> <td style="border: 1px solid black;">Date</td> </tr> </table>		Typed or Printed Name of Authorized Individual	Title	Signature of Authorized Individual	Date	Typed or Printed Name of Authorized Individual	Title	Signature of Authorized Individual	Date
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All recipients of federally funded subawards must obtain a DUNS (Data Universal Numbering System) number. A DUNS number is a unique entity identifier and can be attained free of charge at <http://fedgov.dnb.com/webform>. The applicant must also register with the System for Award Management (SAM) at <http://www.sam.gov>. The applicant name must match the registered name in SAM and DUNS.

APPLICANT NAME : _____ DUNS #: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CONTACT PERSON: _____ PHONE: _____ CELL PHONE: _____
EMAIL: _____ DATE REGISTERED WITH SAM.GOV _____

NATIONAL HISTORIC REGISTER: CERTIFICATION FROM THE NEBRASKA STATE HISTORICAL SOCIETY THAT THE PROPERTY IS NOT ON OR ELIGIBLE FOR THE NATIONAL REGISTER OF HISTORIC PLACES IS REQUIRED PRIOR TO COMMENCEMENT OF ASBESTOS CLEANUP ACTIVITIES. IS THE REQUIRED DOCUMENTATION SUBMITTED WITH THIS APPLICATION?

YES NO (Explain) _____

PROPERTY OWNERSHIP:

PROOF OF PROPERTY OWNERSHIP BY A LOCAL GOVERNMENT OR NON-PROFIT DEVELOPMENT ORGANIZATION IS REQUIRED PRIOR TO APPROVAL OF THE APPLICATION. PLEASE INDICATE ANY DOCUMENTATION SUBMITTED WITH THIS APPLICATION IN ACCORDANCE WITH THIS REQUIREMENT:

CERTIFICATE OF TITLE COUNTY ASSESSOR'S RECORDS
 OTHER (PLEASE INDICATE): _____

DID APPLICANT OBTAIN THE PROPERTY THROUGH:

FORECLOSURE PURCHASE OTHER (SPECIFY): _____

DATE PROPERTY OBTAINED/TO BE OBTAINED: _____

NATURE OF OWNERSHIP:

FEE SIMPLE OTHER (SPECIFY): _____

NAME OF PARTY FROM WHOM THE PROPERTY WAS ACQUIRED: _____

LIST NAMES AND RELATIONSHIPS FOR ALL FAMILIAL, CONTRACTUAL, CORPORATE, OR FINANCIAL RELATIONSHIPS OR AFFILIATIONS YOU HAVE HAD WITH ALL PRIOR/CURRENT OWNERS AND OPERATORS (OR OTHERS WHO MAY BE RESPONSIBLE FOR CONTAMINATION DISCUSSED BELOW) OF THE PROPERTY:

NAME: _____ NATURE OF RELATIONSHIP: _____

NAME: _____ NATURE OF RELATIONSHIP: _____

NAME: _____ NATURE OF RELATIONSHIP: _____

ADDITIONAL PROPERTY LOCATION INFORMATION:

LATITUDE: _____ LONGITUDE: _____

(attach legal plat map and/or other map(s) if available)

PROPERTY ZONING: _____ **TOTAL ACREAGE OF PROPERTY:** _____ (attach site map, if available)

PAST PROPERTY USES (type of manufacturing, operation, etc.)

APPROXIMATE DATES

_____	_____
_____	_____
_____	_____

BUILDINGS BEING CLEANED UP

SQUARE FOOTAGE

CONDITION (usable, gutted, razed, etc.)

_____	_____	_____
_____	_____	_____

DESCRIBE PUBLIC INTEREST AND / OR COMMUNITY INVOLVEMENT IN PROPERTY REUSE PLANNING:

ANTICIPATED FUTURE USE: RESIDENTIAL RECREATIONAL COMMERCIAL / RETAIL INDUSTRIAL

OTHER (SPECIFY): _____

DESCRIBE APPLICANT'S PROPOSED REUSE PLAN: _____

DESCRIBE ANY FINANCIAL INCENTIVES PLANNED TO SPUR DEVELOPMENT AND/OR CLEANUP AND PROPOSED FUNDING SOURCES (tax incentives, etc.):

IS THERE ANY REASON TO BELIEVE THE PROPERTY IS CONTAMINATED WITH (OTHER THAN ASBESTOS):

HAZARDOUS SUBSTANCE, POLLUTANT AND/OR CONTAMINANT PETROLEUM CONTROLLED SUBSTANCES
 MINE-SCARRED LAND?

YES (describe below) NO UNKNOWN

(Common examples of hazardous substances include: solvents/degreasers, pesticides, metals (lead, mercury, arsenic, etc.), PCBs, grain fumigants, and paint/paint wastes. Common examples of controlled substances include: methamphetamines, & other illegal drugs)

DESCRIBE/LIST SUSPECTED CONTAMINANTS/ENVIRONMENTAL CONCERNS: _____

DID APPLICANT (These questions INCLUDE the asbestos contamination):

(1) GENERATE OR DISPOSE OF ANY OF THE CONTAMINANTS? YES (describe below) NO UNKNOWN

(2) OWN THE PROPERTY WHEN CONTAMINATION OCCURRED? YES (describe below) NO UNKNOWN

IS APPLICANT AWARE OF ANY FEDERAL, STATE, OR LOCAL AGENCY INQUIRY OR ORDER REGARDING ANY PARTY'S RESPONSIBILITY FOR CONTAMINATION OR HAZARDOUS WASTE AT THE PROPERTY?

YES (describe below) NO

BRIEFLY DESCRIBE INVOLVEMENT / ROLE OF AGENCY IN ENFORCEMENT AND / OR OVERSIGHT OF THE INQUIRY OR ORDER: _____

PRIOR PROPERTY/SITE ASSESSMENT ACTIVITIES: COMPLETED NONE UNKNOWN

DESCRIBE CONCLUSIONS OF PRIOR SITE ASSESSMENT ACTIVITIES (or attach "conclusion" section of report(s)):

IF REPORTS ARE UNAVAILABLE, IDENTIFY CONSULTANT, CLIENT, AND APPROXIMATE DATE OF STUDY:

PROPERTY/SITE ASSESSMENT NEEDS

DESCRIBE DIFFICULTIES RELATED TO PERCEIVED CONTAMINATION THAT HAVE HINDERED REUSE OF THE PROPERTY:

SUBMIT COMPLETED FORMS TO:

Electronic copies are accepted.

Brownfields Coordinator
Monitoring and Remediation Division
Nebraska Department of Environment and Energy
PO Box 98922
Lincoln, NE 68509-8922
Phone: (402) 471-6411
E-mail: ndeq.vcpbrownfields@nebraska.gov