



State of Oregon
Department of
Environmental
Quality

Voluntary Cleanup Pathway Intent to Participate Form

Oregon Department of Environmental Quality
Headquarters
700 NE Multnomah St., Suite 600
Portland OR 97232
Phone: 503-229-5696
800-452-4011
Fax: 503-229-5850
Contact: Patricia Atkins

Contact Information

Legal Name of Company: _____

Contact Name: _____ Phone: _____ E-mail: _____

Mailing Address: _____

Identification of Site

Site Name: _____

Site Address: _____

Legal Name of Owner: _____

Legal Name of Operator: _____

Township: _____ Range: _____ Section: _____ Tax Lot(s): _____ Size (acres): _____

Latitude Degrees: _____ Minutes: _____ Seconds: _____ Longitude Degrees: _____ Minutes: _____ Seconds: _____

ECSI Identification Number, if assigned: _____

(Note: If you cannot provide a lat/long for your site, please include a 7.5 topographical map, with the site clearly marked on it, along with this form and we will determine the lat/long for you.)

Summary of Contamination Information

Please provide (or attach) the information below to the extent available.

Current site use: _____

Historic site use: _____

Known or suspected contaminant source(s): _____

Known or suspected contaminant(s): _____

Contaminated media:	Soil:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Groundwater:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Sediment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Surface Water:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Soil Gas:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Outdoor Air:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Indoor Air:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown				

Anticipated Project Complexity

- Voluntary preliminary assessment** - A Preliminary Assessment (PA) is the initial investigation of a site to determine whether a release of hazardous substances requires further investigation or cleanup to protect public health, safety, welfare and the environment.
- Simple cleanup** sites are those where:
 - (a) hazardous substances are limited to containers or to the unsaturated soil zone only;
 - (b) the extent and type(s) of contamination is well-defined;
 - (c) there are few contaminants of concern; and
 - (d) the selected treatment option is a conventional technology.
- Moderately complex or complex cleanup** - This category includes all sites that do not meet simple cleanup criteria above.
- Unknown**, please explain: _____

Intent to Participate

The undersigned requests oversight by the Department of Environmental Quality (DEQ) of the investigation and cleanup activities of possible contamination at the property described above and requests the site be placed on DEQ's list of sites for oversight.

The undersigned intends to negotiate in good faith a written agreement with DEQ to provide for voluntary oversight. However, this Intent to Participate does not constitute such an agreement, and neither DEQ nor the undersigned will be bound to proceed with voluntary oversight unless such an agreement is executed. The agreement will describe the project activities of each party and will require the undersigned to reimburse DEQ for all of its oversight costs.

As DEQ moves sites from the waiting list to active status, DEQ will notify the undersigned in writing. Following receipt of such a notice (or earlier) the undersigned will submit a report to DEQ summarizing existing conditions, activities and status at the site. The undersigned understands that DEQ will move sites from the list to active status based on various considerations, only one of which will be the timing of the original placement of a site on the waiting list.

With this Intent to Participate, the undersigned does not admit or assume liability for investigation or cleanup of the site. In addition, the undersigned may terminate the Intent to Participate at any time by notifying DEQ in writing.

Please execute this Intent to Participate in the space below and return to:

Department of Environmental Quality
Environmental Cleanup Program
(Regional office address from <http://www.oregon.gov/DEQ/Pages/Offices.aspx>)

Please DO NOT submit a deposit check at this time.

By: _____
(signature of authorized officer)

Name: _____
(print or type)

Title: _____

Company: _____

Date: _____

Telephone: _____