



Commonwealth of the Northern Mariana Islands

OFFICE OF THE GOVERNOR

Bureau of Environmental and Coastal Quality

DEQ: P.O. Box 501304 Saipan, MP 96950 Tel.: (670) 664-8500/01; Fax: (670) 664-8540

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www.deq.gov.mp and www.crm.gov.mp



Site Assessment & Remediation (SAR) Program SITE ASSESSMENT REQUEST FORM	BECQ USE ONLY
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SECTION 1. APPLICANT INFORMATION

Name of Applicant		
Mailing Address		
Phone Number	Extension (Ext.)	Fax Number
Name of Representative/Applicant		
Email Address	Contact Information (if different from phone number above)	

SECTION 2. SITE INFORMATION

Site Name		
Parcel Number (Lot Number)	Total Acreage of Site	
Street/Intersection of Facility	Village	Island
Zoning District <i>(only applies to Saipan)</i>		

SECTION 3. SITE ASSESSMENT NEEDS

<input type="checkbox"/> Suspected Asbestos <input type="checkbox"/> Suspected Lead Paint <input type="checkbox"/> Suspected Petroleum <input type="checkbox"/> Suspected Pesticides <input type="checkbox"/> Suspected PCBs, PAHs, VOCs <input type="checkbox"/> Suspected Hazardous Substances <input type="checkbox"/> Phase I Assessment <input type="checkbox"/> Phase II Assessment	<p>Note: This program is for site assessment only, clean-up funding is not being offered as part of this program.</p> <p>Prior Site Assessments: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN</p> <p>If "YES" describe prior site assessment activities. Identify consultant, client, approximate dates, and attach "Conclusion" section of all reports.</p>
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Describe how perceived contamination has hindered reuse of the property.

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SECTION 4. CURRENT SITE OWNERSHIP

Indicate who the current site ownership is under:		<input type="checkbox"/> SAME AS APPLICANT	<input type="checkbox"/> DIFFERENT FROM APPLICANT	
Owner Name			Phone Number	
Mailing Address	Street/Intersection of Facility	Village	Island	
<p>If the property is not owned by applicant,</p> <p>A. Will the applicant obtain the property through: <input type="checkbox"/> Foreclosure <input type="checkbox"/> Purchase <input type="checkbox"/> Other (Specify)</p>				

SECTION 5. PAST SITE HISTORY (i.e. TYPE OF MANUFACTURING, COMMERCIAL BUSINESS, SERVICE STATION)

Past Site Uses – Including Approximate Dates	
Buildings On-Site	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	Is there any reason to believe the property is contaminated with hazardous substances (i.e., solvents, pesticides, cleaning products, petroleum substances, or metals such as lead, mercury and arsenic)?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	If the property is owned by the applicant, did the applicant generate or dispose of any of the contaminants?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	Is the applicant, or any other party, under order from the U.S. Environmental Protection Agency (EPA) or the department to conduct site assessment or cleanup? (If "YES", describe below)
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	Are there any federal, state or local agency inquiries or orders regarding any party's responsibility for contamination or hazardous waste at the property? (If "YES", describe below)

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SECTION 6. REGULATORY HISTORY

- YES NO
- UNKNOWN

Is the Applicant or any other party under an order from DEQ or EPA to conduct a Site Assessment or Cleanup? If the answer to this question is "YES", please describe below.

If "YES", please describe:

SECTION 7. IMPACT OF SITE

Provide information on how you are, or may be affected by a release from this site; Show that you live or work in the community where the site is located. Provide a brief discussion why this site is important to the community and how it is negatively affecting the area. Provide any information on support for this assessment request from other community members and organizations:

SECTION 8. ANTICIPATED FUTURE USE

- Residential
- Recreational
- Commercial
- Industrial
- Other

Provide a brief discussion of the redevelopment potential of the property or the importance of the property to the community and the community's vision for the property. (How will the public benefit from this assessment? What is the estimated value absent contamination issues? Is there a planned reuse for the site?)

Owner/Applicant Name

Signature

Date

Submit Completed Forms To: Robert Deleon Guerrero and/or Joshua Santos, as follows:

Via email at: robertdlguerrero@becq.gov.mp; joshuasantos@becq.gov.mp
 Via fax at: (670) 664-8540
 Via mail at: CNMI Division of Environmental Quality
 Attn: SAR Branch
 P.O. Box 501304
 Saipan, MP 96950

Site Assessment & Remediation (SAR) Program CONSENT FOR ACCESS TO PROPERTY FORM

SECTION 1. SITE INFORMATION

Site Name

Site Address

Parcel Number (Lot Number)

Village

Island

Name of Property Owner

Name of Operator (If different from Owner)

SECTION 2. ACCESS AGREEMENT

I hereby consent to officers, employees, and authorized representatives of the Division of Environmental Quality (“DEQ”) entering and having continued access to my property described above (the “property”) for the following purposes:

- 1) The review of paper documents (electronic documents and files, historical documents, and photographs related to the property;
- 2) A physical inspection of the property;
- 3) A geologic and hydrologic assessment of the property;
- 4) The collection of soil, water, air, and waste samples on the property;
- 5) The drilling of holes on my property in order to collect subsurface soil and groundwater samples;
- 6) Any other actions related to the evaluation, sampling, and analyses of releases of hazardous substances, petroleum, pollutants or contaminants to the environment;
- 7) The taking of response actions including:
 - a) The temporary storage and/or use of equipment on my property; and
 - b) The installation and operation of pumps, tanks, or other containment equipment or systems on my property;
 - c) Site stabilization for EPA/BECQ-DEQ approved eligible Brownfields property, as appropriate.
- 8) State Response Program’s Project Oversight

I understand that these actions by BECQ-DEQ are undertaken in accordance to its response and enforcement responsibilities under the CNMI Harmful Substances Regulations. I also understand that my property and any response actions henceforth will be added and posted in BECQ-DEQ State Response Program Inventory and Public Record. I agree to cooperate with the BECQ-DEQ for the purpose of conducting the above activities.

Under this property access agreement, I understand that the BECQ may work with other governmental agencies and/or designee(s), contractors; therefore this access agreement shall extend to these entities or individuals for the stated purpose of the access agreement.

The term of this access agreement shall be a period of twelve (12) months or as specified under the remarks section below, beginning on the date this agreement was signed. An extension of this agreement may be granted if the proposed project has not been completed and upon my notification.

This written permission is given by me voluntarily with knowledge of my right to refuse and without treats or promises of any kind. I understand that questions regarding assessment or sampling actions can be addressed by calling Robert Deleon Guerrero/Joshua Santos at the BECQ Office at (670) 664-8500.

Owner/Applicant Name

Signature of Property Owner(s) / Authorized Representative

Date