

SECTION C: ELIGIBILITY

Eligibility Type	Required Information or Component of NFA Letter	Provide response below.	
1. OAC 3745-300-02(B)(1) National Priorities List (NPL) Sites			
NPL	1.a. Has the property or a portion of the property been listed on the NPL? (If only a portion of the property has been on the NPL, indicate where in the NFA documentation a map is located which identifies the portion of the property to which the NPL designation applies.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location of map identifying the NPL portion of the property:
Note: Properties or portions thereof that are listed on the NPL are ineligible for the VAP, unless the property or portion thereof is delisted from the NPL by U.S. EPA, and Ohio EPA is provided documentation of the delisting.			
NPL	1.b. If YES to 1.a, has U.S. EPA delisted the property? If YES , provide the date of the delisting, and reference the documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Delisted by U.S. EPA: Document name: Section: Page Number(s):
2. OAC 3745-300-02(B)(2) Underground Injection Control (UIC) Wells			
UIC	2.a. Is one or more "injection well" as defined in OAC 3745-34-01 located on the property? If YES , identify, in accordance with OAC 3745-34-04, the classification of each injection well.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Class I wells: Number of Class II wells: Number of Class III wells: Number of Class IV wells: Number of Class V wells:
Note: Properties on which a Class I, II, III, or IV UIC well is located are not eligible for the VAP unless all closure and/or remediation obligations are satisfied, and Ohio EPA receives documentation of completion of those requirements.			
UIC	2.b. For each well identified as Class I, was closure and remediation pursuant to ORC Chapter 6111 conducted and approved by Ohio EPA? If YES , provide the date of closure approval, and reference the documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of closure approval: Document name: Section: Page Number(s):
UIC	2.c. For each well identified as Class II, was closure and remediation pursuant to ORC Chapter 1509 completed for which ODNR issued approval? If YES , provide the date of closure approval, and reference the documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of closure approval: Document name: Section: Page Number(s):
UIC	2.d. For each well identified as Class III, was closure and remediation pursuant to OAC Chapter 1509 completed at the property for which ODNR issued approval? If YES , provide the date of closure approval, and reference the documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of closure approval: Document name: Section: Page Number(s):
UIC	2.e. For each well identified as Class IV, was closure and remediation pursuant to ORC Chapter 3734 conducted and approved of by Ohio EPA? If YES , provide the date of closure approval, and reference the documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of closure approval: Document name: Section: Page Number(s):
UIC	2.f. For any well identified as Class V, does an Ohio EPA- issued permit or order require site assessment, removal or remediation? If YES , reference the order or permit.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of permit or order: Document name: Section: Page Number(s):
Note: Properties on which Class V UIC wells are located and which are subject to a permit and/or order requiring investigation or remediation are ineligible for the VAP, unless all obligations of the permit and/or order are satisfied, and Ohio EPA receives documentation of completion of those requirements.			

UIC	2.g. If YES to 2.f, has all work under the order or permit been completed satisfactorily <u>and</u> has Ohio EPA terminated the order or permit? If YES , provide the date of the notice, and reference the location of the notice.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of termination: Document name: Section: Page Number(s):
3. OAC 3745-300-02(B)(3) RCRA Corrective Action Permit			
RCRA CA Permit	3.a. Is the property the subject of any state or federal obligations to perform corrective action pursuant to a permit issued under RCRA or ORC Chapter 3734, and rules adopted thereunder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: If a property is subject to a federal enforcement order for corrective action, it is ineligible pursuant to OAC 3745-300-02(B)(4). If a property is subject to a state enforcement order for corrective action, it is ineligible pursuant to OAC 3745-300-02(B)(8).			
RCRA CA Permit	3.b. If YES to 3.a, has all work under the permit been completed satisfactorily and has U.S. EPA terminated the permit? If YES , provide the date of the termination notice, and reference the location of the documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of termination: Document name: Section: Page Number(s):
4. OAC 3745-300-02(B)(4) Federal Enforcement			
Fed Enf	4.a. Is the property, or any portion thereof, the subject of a federal enforcement action requiring site assessment, removal, or remedial activities, pursuant to any federal laws and regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: Properties which are subject to a federal enforcement action, including but not limited to administrative or judicial orders, injunctions, and consent decrees, are ineligible for the VAP, unless all obligations of the federal enforcement action are satisfied, and Ohio EPA receives documentation of completion of those requirements.			
Fed Enf	4.b. If YES to 4.a, has all work under the federal enforcement action been completed to the satisfaction of the enforcing agency and has the agency terminated the enforcement action? If YES , provide the date of the termination letter, and reference the documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of termination: Document name: Section: Page Number(s):
5. OAC 3745-300-02(B)(5) Solid Waste Closure			
Solid Waste	5.a. Is the property, or a portion of the property, a licensed or permitted "solid waste facility" that is the subject of a permit, license, or order requirement to conduct "closure" or "post-closure care", as the terms are defined in ORC Chapter 3734 and rules adopted thereunder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: Properties which are subject to a permit, license or order requirement to conduct solid waste closure or post-closure activities under ORC Chapter 3734 and the rules adopted thereunder, are ineligible for the VAP, unless all obligations of solid waste closure and post-closure are satisfied, and Ohio EPA provides its approval of the closure.			
Solid Waste	5.b. If YES to 5.a, has Ohio EPA approved the closure and, if applicable, the post-closure care? If YES , reference the documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Document name: Section: Page Number(s):
6. OAC 3745-300-02(B)(5) Hazardous Waste Closure			
Haz Waste	6.a. Did treatment, storage, or disposal of hazardous wastes, as defined in ORC Chapter 3734 and the rules adopted thereunder, occur at the property on or after November 19, 1980?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: Properties which are subject to hazardous waste closure and post-closure activities under ORC Chapter 3734, and the rules adopted thereunder, are not eligible for the VAP, unless all obligations of hazardous waste closure and post-closure are satisfied, and Ohio EPA receives documentation of completion of those requirements.			
Haz Waste	6.b. Have soils or other environmental media been removed from the area of contamination and	<input type="checkbox"/> Yes	

	placed in other locations on the property?	<input type="checkbox"/> No	
Haz Waste	6.c. If YES to 6.b , do the removed soils or other environmental media meet the definition of a characteristic or a listed hazardous waste, as defined in ORC Chapter 3734 and the rules adopted thereunder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Haz Waste	6.d. If YES to 6.a and/or 6.c , is closure of the hazardous waste unit(s), certified as completed, for which Ohio EPA has issued an approval letter? If YES , provide the date of closure and the date of the approval letter.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of closure: Date of approval letter:
Haz Waste	6.e. Has an operation at the property ever generated hazardous waste in quantities that resulted in Large Quantity Generator status under RCRA pursuant to OAC Chapter 3745-52?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Haz Waste	6.f. If YES to 6.e , has generator closure been conducted and self-certified in accordance with OAC Chapter 3745-52? If YES , reference the location of the generator self-certification.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Document name: Section: Page Number(s):
7. OAC 3745-300-02(B)(6) Petroleum Underground Storage Tank (UST) Systems			
BUSTR	7.a. Have there ever been any petroleum UST systems, as defined in OAC 1301:7-9-02, located on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: Properties on which petroleum UST systems subject to ORC §§ 3737.87 <i>et seq.</i> and the rules adopted thereunder are located are ineligible for the VAP, unless all such obligations of site assessment, removal or remediation pursuant to ORC §§ 3737.87 <i>et seq.</i> are satisfied, and Ohio EPA receives documentation of completion of those requirements, unless receiving a Class C or Non-Class C Determination from BUSTR (see Section C. 7.f. of this form)			
BUSTR	7.b. Have any known or suspected releases occurred from any petroleum UST systems on the property or emanated to the property from off-property UST systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: This criteria includes releases from on-property or off-property UST systems.			
BUSTR	7.c. Has the State Fire Marshal or the Bureau of Underground Storage Tank Regulations (BUSTR) directed the owner or operator of an UST system to close the UST system in accordance with OAC 1301:7-9-12?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSTR	7.d. If YES to 7.a or 7.b , indicate the location of the explanation of the exemptions applicable to the UST systems.	Document name: Section: Page Number(s):	
BUSTR	7.e. For each UST system to which no exemptions apply, has BUSTR provided a written determination that no further action (NFA) is required? If YES , provide the dates of each of the NFAs for each UST system, and reference the documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of BUSTR NFA(s): Document name: Section: Page Number(s):
BUSTR	7.f. For any UST system on the property, has BUSTR provided a written determination designating the system as a Class C UST system or non-Class C UST system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Document name: Section: Page Number(s):
8. OAC 3745-300-02(B)(7) Oil and Gas Wells			
Oil & Gas	8.a. Are any oil and gas wells, as defined in ORC Chapter 1509 and any rules thereunder, located on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Note: Properties with oil and gas wells subject to site assessment, closure or remediation requirements of ORC Chapter 1509 and the rules adopted thereunder are ineligible for the VAP, unless all of the obligations of ORC Chapter 1509 and the rules adopted thereunder are satisfied, and Ohio EPA receives documentation of completion of those requirements.		
Oil & Gas	8.b. If YES to 8.a. , are any of the wells subject to site assessment, removal (abandonment) or remediation requirements under ORC Chapter 1509 and the rules thereunder? If YES , provide date of the Ohio Department of Natural Resources' approval letter and reference the location of the ODNR approval letter.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: Document name: Section: Page number(s):
9. OAC 3745-300-02(B)(8) Ohio EPA Enforcement Letter			
Enforcement Letter	9.a. Is the property, or a portion of the property, subject to an enforcement letter as defined in OAC 3745-300-01 relating to a release or threatened release of hazardous substances or petroleum? If YES , provide the date of receipt of the enforcement letter.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of receipt of enforcement letter:
	Note: Properties subject to an "enforcement letter", as defined by OAC 3745-300-01, are ineligible for the VAP, unless the person who receives the letter demonstrates "sufficient evidence" of entry into and participation in the VAP, as provided in OAC 3745-300-02(C), or unless the investigation and/or remediation obligations of the enforcement action have been completed to Ohio EPA's satisfaction and the enforcement action has been terminated.		
	9.b. If YES to 9.a. , has all work under the state enforcement letter been completed satisfactorily and has Ohio EPA terminated the enforcement action? If YES , provide date of enforcement action termination and reference the location of the termination notice.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of termination: Document name: Section: Page Number(s):
	9.c. If NO to 9.b. , has a demonstration of sufficient evidence been presented for the Director's consideration in accordance with OAC 3745-300-02(C)? If YES , provide the date of demonstration, and reference the documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of demonstration: Document name: Section: Page Number(s):
END OF SECTION C			