



**United States
ENVIRONMENTAL PROTECTION AGENCY
Washington, DC 20460**

Draft For Approval
OMB Number No. 2050-0192
Expires XX/XX/XX

PROPERTY PROFILE FORM—Brownfields

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden, to the Environmental Protection Agency, Office of Environmental Information, Code 2822T, Washington, DC 20460; and to the Paperwork Reduction Project, Office of Management and Budget, Washington, DC 20503. DO NOT RETURN your form to either of these addresses. Send your completed form to the address provided by the issuing office.

PART I- PROPERTY INFORMATION

COOPERATIVE AGREEMENT RECIPIENT INFORMATION

1. Cooperative Agreement Recipient Name (State/Tribe for Section 128(a) Cooperative Agreements; requestor/contractor for TBAs): _____

2. Cooperative Agreement Number (Contract number for TBAs): _____

3. What type of cooperative agreement funding is being used for this property?

Assessment
 Revolving Loan
 Cleanup

Section 120(a) - State and Tribal Purpose Program
 Grant
 TBA (EPA Regions Only)

Removed check-box for Area-wide planning grants

4. For Assessment, Cleanup, and Revolving Loan Fund cooperative agreements, what type of funding is being used at this property?

Hazardous Substance
 Petroleum
 Both

5a. Indicate if this form is the initial or Updated Form: Initial Form Updated Form

5b. If "Updated Form," what's the ACRES Property ID? _____

PROPERTY BACKGROUND INFORMATION

6. Property Name: _____

6a. Property Alias: _____

7a. Street Address: _____ 7b. City: _____

7c. County: _____ 7d. State: _____ 7e. ZIP Code: _____

8. Size (in acres): _____ 9. Parcel Number(s): _____

STATE & TRIBAL BROWNFIELDS/VOLUNTARY RESPONSE PROGRAM INFORMATION

10. State & Tribal Program Enrollment (If the property is not enrolled in a state program, check the Property Not Enrolled check box):

Date of Enrollment: _____ ID Number (if applicable): _____ Not Enrolled in a State or Tribal

PROPERTY GEOGRAPHIC INFORMATION (EPA Brownfields Program, or its contractors, will provide complete latitude/longitude information if cooperative agreement recipients are unable)

11a. Latitude (Use 00.000000 decimal degree format): _____

11b. Longitude (Use -000.000000 decimal degree format): _____

Removed Horizontal Collection Method, Source Map Scale Number, and Reference point

PART II- ENVIRONMENTAL ACTIVITIES

ENVIRONMENTAL ASSESSMENT INFORMATION (Mandatory for Assessment Cooperative Agreements, State and Tribal Property-Specific Assessments, and TBAs; and, if information is available, for Cleanup and RLF cooperative agreement recipients. CA = Cooperative Agreement)

Table A – Environmental Assessment Activity (If there are multiple assessments, please use a separate line for each assessment)

Environmental Assessment Detail			Source of Funding (enter one source of funding per line; do not include funding received prior to the award of this EPA CA)					Name of Entity Providing Funds	Amount of Funding Expended on this Activity
Activity	Start Date	Completion Date	This US EPA CA	Other Federal	State/Tribal (exclude §128(a) funds)	Local Gov't	Private/Other		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

12a. Indicate Whether Cleanup is Necessary: Yes No UNKNOWN

12b. If Unknown, Select Reason: _____ If Other _____

CONTAMINANTS & MEDIA AFFECTED INFORMATION (Mandatory for all cooperative agreement types)

Table B - Contaminants and Media Affected (check all that apply):

Contaminants			
Class of Contaminant	REC*	Found	Cleaned Up
Petroleum/Petroleum Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlled Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCBs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SVOCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VOCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Metals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAHs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Contaminants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Contaminants	<input type="checkbox"/>		
Unknown	<input type="checkbox"/>		

Media		
Media	Affected	Cleaned Up
Soil	<input type="checkbox"/>	<input type="checkbox"/>
Air	<input type="checkbox"/>	<input type="checkbox"/>
Surface Water	<input type="checkbox"/>	<input type="checkbox"/>
Ground Water	<input type="checkbox"/>	<input type="checkbox"/>
Drinking Water	<input type="checkbox"/>	<input type="checkbox"/>
Sediments	<input type="checkbox"/>	<input type="checkbox"/>
Building Materials	<input type="checkbox"/>	<input type="checkbox"/>
Indoor Air	<input type="checkbox"/>	<input type="checkbox"/>
No Media Affected	<input type="checkbox"/>	
Unknown	<input type="checkbox"/>	

*REC = Recognized Environmental Conditions. For Controlled Recognized Environmental Conditions, enter applicable information

ENVIRONMENTAL CLEANUP INFORMATION (Mandatory for Cleanup and RLF Cooperative Agreements and State & Tribal Property-Specific Cleanups; and, if information is available, for Assessment Cooperative Agreements and TBAs)

13. Cleanup Activity Start Date: _____ 14a. Cleanup Activity Completion Date: _____ 14b. Cleanup Completion Documentation

- Document
- Environmental Professional Certified

15. Acres Cleaned Up: _____

16. Date No Further Action/Cleanup Completion Document Issued

(If the property was not enrolled in a state or tribal program, leave blank):

Date: _____

17. Number of Cleanup Jobs Leveraged: _____

18. For EPA Brownfields Funding used, Indicate the type and amount of funding (If any non-EPA Brownfields funding was used (including other types of EPA funding), fill out Table C):

Type: Cooperative Agreement Amount: _____
 Type: RLF Loan Amount: _____
 Date RLF Loan Signed: _____

Type: RLF Subgrant Amount: _____
 Date RLF Subgrant Signed: _____
 Type: State/Tribal Cooperative Amount: _____

Table C - Environmental Cleanup Leveraged Funding Detail

Source of Funding (Enter one source of funding per line; do not include funding received prior to the award of this EPA Cooperative Agreement)					Name of Entity Providing Funds	Activity Funded	Amount of Funding Expended on this Activity
Other Federal	State/Tribal (exclude §128(a) funds)	Local Gov't	Private/Other	Cost Share			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

PART II- ENVIRONMENTAL ACTIVITIES (continued)

INSTITUTIONAL & ENGINEERING CONTROLS INFORMATION *(Mandatory for all cooperative agreement types)*

19a. Indicate whether Institutional Controls are required: Yes No Unknown

19b. If Institutional Controls were required, indicate the category (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Proprietary Controls (e.g., easements, covenants) | <input type="checkbox"/> Governmental Controls (e.g., zoning, building codes) |
| <input type="checkbox"/> Informational Devices (e.g., state registries, deed notices) | <input type="checkbox"/> Enforcement/Permit Tools (e.g., permits, consent decrees) |

Additional Institutional Controls Information:

Address of Data Source (URL if available): _____

19c. Indicate whether Institutional Controls in place: Yes No Date: _____

20a. Indicate whether Engineering Controls are required: Yes No Unknown

20b. If Engineering Controls were required, indicate the category (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Cover Technologies (e.g., Capping) | <input type="checkbox"/> Immobilization Process (e.g., Encapsulation, In-Situ Solidification) | <input type="checkbox"/> Engineered Barriers (e.g., Slurry Walls, Sheet) |
| <input type="checkbox"/> Security (e.g., Guard Fences), <input type="checkbox"/> Other | | |

Additional Engineering Controls Information:

Address of Data Source (URL if available): _____

20c. Indicate whether Engineering Controls in place: Yes No Date: _____

REDEVELOPMENT AND OTHER LEVERAGED ACCOMPLISHMENTS *(Mandatory for Assessment, Cleanup and RLF Cooperative Agreements; and, if information is available, for State and Tribal Property Specific Activities and TBAs)*

21. Redevelopment Start Date: _____ **22.** Redevelopment Completion Date: _____

Table D- Redevelopment Leveraged Funding Detail

Source of Funding (Enter one source of funding per line; do not include funding received prior to the award of this EPA Cooperative Agreement)				Name of Entity Providing Funds	Activity Funded	Amount of Funding Expended on this Activity
Other Federal	State/Tribal	Local Gov't	Private/Other			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

23. Number of Redevelopment Jobs Leveraged: _____

24. Planned and Actual Acreage (Check all that apply. For properties with multi-story buildings only, please indicate both the entire square footage and the square footage for each type of reuse (e.g., a three-story building with first floor commercial and remaining floors residential).

	Planned		Actual	
	Acres	Sq. Ft.	Acres	Sq. Ft.
<input type="checkbox"/> Residential	_____	_____	_____	_____
<input type="checkbox"/> Green space	_____	_____	_____	_____
<input type="checkbox"/> Industrial	_____	_____	_____	_____
<input type="checkbox"/> Commercial	_____	_____	_____	_____
<input type="checkbox"/> Multi-story	_____	_____	_____	_____

PART II- ENVIRONMENTAL ACTIVITIES (continued)

ANECDOTAL PROPERTY INFORMATION (If information is available for all cooperative agreement types)

25. Property Highlights:

[Empty box for Property Highlights]

PROPERTY PHOTOGRAPH INFORMATION

26. Indicate whether photographs are available: Yes No 27. Indicate whether video is available: Yes No

PART III- ADDITIONAL PROPERTY INFORMATION

PROPERTY HISTORY INFORMATION

28. Property Description / History / Past Ownership:

[Empty box for Property Description / History / Past Ownership]

29. Predominant Past Use(s) (Check all that apply. For properties with multi-story buildings only, please indicate both entire square footage and the square footage for each type of past use (e.g., a three-story building with first floor commercial and remaining floors residential.)

	Acres	Square Feet
<input type="checkbox"/> Residential	_____	_____
<input type="checkbox"/> Greenspace	_____	_____
<input type="checkbox"/> Industrial	_____	_____
<input type="checkbox"/> Commercial	_____	_____
<input type="checkbox"/> Multi-story building	_____	_____

OWNERSHIP & SUPERFUND LIABILITY (Mandatory for Cleanup and RLF Cooperative Agreements)

30a. Ownership Entity:

Government (Tribal, State, Local) Private

30b. Current Owner:

31a. During the life of the cooperative agreement, did ownership change?

Yes No

31b. If "yes," did Superfund federal landowner liability protections factor into the ownership change?

Yes No Unknown

PART IV- APPROVALS

32. Cooperative Agreement Recipient Project Manager

Name (please print):

Signature

Date:

33. US EPA Regional Representative

Name (please print):

Signature

Date: