DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH ADMINISTRATION
BUREAU OF HAZARDOUS MATERIAL & TOXIC SUBSTANCES

APPLICATION FOR
VOLUNTARY CLEANUP PROGRAM

Please submit to: Bureau of Hazardous Material & Toxic Substances
51 N Street N.E., 3rd Floor, Washington D.C. 20002-3315
(Please submit either by mail or in person)

A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH PARCEL OR EACH PARCEL OWNED BY A SEPARATE LEGAL ENTITY

This application will be used to submit a request to participate in the Voluntary Clean-up Program. The information in this application will be used to determine eligibility of the Applicant and the site as provided for under Title III of the Brownfields Revitalization Amendment Act of 2000, D.C. Law 13-312, effective June 15, 2001.

Please type. Please answer each question completely. Please indicate "N/A" where a question is not applicable to the Applicant. Please include a cover letter for the application package.

Until the District has promulgated a final policy or final rulemaking the following interim fee procedure will be adopted. To offset the time spent by the EHA, in review of ALL site information transmitted along with meetings and site visits, the Applicant will reimburse the District on a preset hourly fee. Time for each project will be recorded using the "Voluntary Cleanup Staff Accounting" form. The Voluntary Cleanup Program Coordinator will maintain this time accounting.

If you have any questions please contact EHA.

INELIGIBLE APPLICANTS
If a determination is made that either Applicant or the site is ineligible for participation the application will be returned.

NOTIFICATION
EHA shall approve or deny the application within 90 business days of its receipt. A request by EHA for additional information shall toll the 90-day review period.

I. Property

Property Name **100 Eye Street, SE**

Address **100 Eye Street, SE**

City **Washington** Quadrant **SE** Zip Code **20003** Ward **6**

Square # **695** Lot # **816** Acreage **approx. 2**

Has the site had any prior involvement with District or Federal environmental regulatory programs including notices of violation, orders, consent orders, enforcement actions, or environmental permits? (Y/N) **N**

Is the property listed on the National Priority List pursuant to the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, 42 U.S.C. 9601 *et seq.*? (Y/N) **N**

Is the property subject of a current cleanup action by the Environmental Protection Agency or the EHA? (Y/N) **N**

Please include:
Permit numbers, dates, name(s) of program(s), name of regulated entity and any other information known to the Applicant, and current pictures of the site.

RECEIVED 5/9/07

II. Applicant

Name Aaron Liebert Title Authorized Representative

(please list principal if corporate entity)

Corporation/Organization Eye Street, L.P.

Legal Form of Business Limited Partnership

Mailing Address c/o JPI, 8300 Greensboro Drive, Suite 600

City McLean State Virginia Zip Code 22102

Telephone (703) 847-0900 Fax (703) 847-4681

E-mail aliebert@jpi.com

District of Columbia Corporation (Y/N) N Out of state entity (Y/N) Y
(please attach copy of certificate) (please attach copy of D.C. business certificate)

Is the Applicant applying for or does the Applicant plan to apply for grants, loans or property tax credits available for the redevelopment of Brownfields in the District per Title VII Cleanup Incentives of the Act? (Y/N) N

Has the Applicant had any prior involvement with District or Federal environmental regulatory programs including notices of violation, orders, consent orders, enforcement actions, or environmental permits? (Y/N) N (please attach copies of any information listed)

Please include:
List of the financial incentives for which you are planning to apply.
Permit numbers, dates, name(s) of program(s), name of regulated entity and any other information known to the Applicant.

III. Current Property Owners

1) Corporation/Organization One Green Eye, L.L.C.

Legal Form of Business Colorado Limited Liability Company

Mailing Address c/o Greenhill Capital, 4901 Fairmont Avenue, Suite 200

City Bethesda State Maryland Zip Code 20814

Telephone (301) 657-2525 Fax (301) 657-2555

District of Columbia Corporation (Y/N) N Out of state entity (Y/N) Y
(please attach copy of certificate) (please attach copy of D.C. business certificate)

2) Corporation/Organization The Green Door L.L.C.

Legal Form of Business Colorado Limited Liability Company

Mailing Address c/o Greenhill Capital, 4901 Fairmont Avenue, Suite 200

City Bethesda State Maryland Zip Code 20814

Telephone (301) 657-2525 Fax (301) 657-2555

District of Columbia Corporation (Y/N) N Out of state entity (Y/N) Y
(please attach copy of certificate) (please attach copy of D.C. business certificate)

IV. Other Contacts

Consultant

Name Thomas R. VanBlaricom Title President
(please list principal if corporate entity)

Corporation/Organization Environmental Consultants and Contractors, Inc.

Mailing Address 43045 John Mosby Highway

City Chantilly State Virginia Zip Code 20152

Telephone (703) 327-2900 Fax (703) 327-2777

E-mail tvb@eccfirst.com

Project Manager

Name Aaron Liebert Title Authorized Representative
(please list principal if corporate entity)

Corporation/Organization JPI Development Services, L.P.

Mailing Address c/o JPI, 8300 Greensboro Drive, Suite 600

City McLean State Virginia Zip Code 22102

Telephone (703) 847-0900 Fax (703) 847-4681

E-mail aliebert@jpi.com

V. Applicant's Interest in Property

Do you own this property? (Y/N) N
(Include copy of deed)

Are you under contract to purchase the property? (Y/N) Y

Are you under contract to sell the property? (Y/N) N

If under contract to sell or purchase the property, has a settlement date been scheduled? (Y/N) _Y_ Date: **8/15/05**

Are you renting or leasing the property? (Y/N) __N__

Are you considering renting or leasing the property? (Y/N) _N___
Are you a holder of a mortgage, deed, trust or other security interest in the property? (Y/N) _N_

Place an "X" in the appropriate blank.
_X__Intend to develop site for personal or business purposes.
____Intend to conduct an investigation of site prior to acquisition or development.
____Neighboring property owner who was unable to obtain relief from the responsible party.

VI. Current Property Use

Place an "X" in the appropriate blank.

____ Residential	____ Underutilized
__X_ Industrial	____ Undeveloped
____ Commercial	____ Idle/Inactive
____ Mixed-Use	____ Other (explain)_____
____ Abandoned ____	_____

Current operations on property__**Used for storage of vehicles and dumpsters and for light truck repair.**_

Current Operators___**Sunrise Company (contractor), Tenleytown Trash, and Empire Cab** __**(Principals are unknown)**_____

Number of Employees_**Two (Sunrise Company)**_Type of work performed by employees_**Light vehicle repair**__

_____

Recorded deed restrictions on property (Y/N) _N__ If yes, explain_____

_____

Are hazardous substances used, generated, treated, stored, disposed or released at the property? (Y/N)_Y___

If yes, explain___**Limited quantities of new and used automotive fluids are stored on the site from vehicle repair.**_____

Please include:
Permits for release of hazardous substances.
Copies of Toxic Release Inventory (TRI).
Copies of permits for hazardous waste generation.
Any other relevant local and federal registrations.
Site map that describes the location(s) of building(s) and operation(s).

VII. Historical Property Use

Have there ever been any hazardous substances used, generated, treated, stored, disposed of, or discharged at the property? (Y/N)__Y__

If yes, explain **Past use of the site as a rail yard likely included the use or temporary storage of hazardous substances. Recent observations of petroleum surface staining indicates use or improper disposal of petroleum.**

Please list all categories of contaminants that are known to exist on the property (i.e. solvents, metals, inorganics, organics): **Moderate amounts of TPH and PAHs found in soil and limited amounts of TPH and MTBE found in groundwater (see attached Phase I/II report, Section 9.0).**

Please include:
All available historical information on the property.
Previous owners and lessors, uses and dates of transfer of ownership of the property.
Results of a title search for the property.

VIII. Future Property Use

Place an "X" in the appropriate blank.

____Unlimited
_X_Residential
____Mixed Use
____Commercial
____Industrial
____Undetermined

Please include:
Description of the future use of the property.
Include timelines, types of operations, number of potential employees.
Construction and site plans.

750 Residential Units, 2 buildings, 13 stories, 600 parking spaces

Approximately 16-20 potential employees (office, maintenance, etc.)

Construction to begin around August 2006 and finish around August 2010

Statement of Certification

I certify under penalty of law that the information provided in this application is, to the best of Applicant's knowledge and belief, accurate and complete.

I certify that I am the Applicant or an authorized representative of the Applicant.

I certify that all information on environmental conditions relevant to the site and known to the Applicant is included in this application.

By signing below the Applicant, or the authorized representative acting on behalf of the Applicant, agrees to pay all invoices for the costs of services provided by the Environmental Health Administration when billed.

Printed Name **Aaron Liebert**

Company **Eve Street, L.P.** **Title** **Authorized Respresentative**

Signature **Date** 5/5/05

OFFICE USE

Documents Received by: Adrian Young VCP Case No. 2005-005

Date: May 9, 2005 Approved ✓ Not Approved____ Resubmit____

Additional Information Required:_____

CERTIFICATION OF FINANCIAL RESPONSIBILITY

Eve Street, L.P. hereby certifies that it will be in compliance with the financial responsibility requirements of 20 DCMR Chapter 67 prior to performing any remedial work on the property.

The financial assurance mechanism(s) used to demonstrate financial responsibility under 20 DCMR Chapter 67 are as follows:

[Type of mechanisms]_____

[Name of issuer]_____

[Mechanism number (if applicable)]_____

[Amount of coverage]_____

[Effective period of coverage]_____

Whether mechanism covers "taking correction action" or compensating third parties for bodily injury and property damage caused by either "sudden accidental releases" or "nonsudden accidental releases."

_____

_____

_____

[Signature of Applicant]_____

[Name of Applicant] AARON LIEBERT

[Title] Area Asst VP/Development Partner

[Date] 5/6/05

[Signature of witness or notary] Brenda Kohler

[Name of witness or notary] Brenda Kohler

[Date] 5/6/05

BRENDA KOHLER
NOTARY PUBLIC
MY COMMISSION EXPIRES 06/30/2008
COMMONWEALTH OF VIRGINIA

The Applicant must update this Certification whenever the financial assurance mechanism(s) used to demonstrate financial responsibility changes.