REQUEST FOR RESPONSIBILITY EXEMPTION/REGULATORY ASSURANCE

NORTH DAKOTA DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH SECTION
SFN 59226 (10-2009)

Clear Fields

Telephone: 701-328-5166
Fax Number: 701-328-5200
Website: www.ndhealth.gov/ehs

Please complete this form to request a responsibility exemption/regulatory assurance from the North Dakota Department of Health pursuant to North Dakota Century Code §23-20.3.-03.1. If you have any questions about how to qualify for the exemption or regulatory assurance, please contact the Department of Health at 701.328.5150. Use additional pages and attachments as needed. Mail the completed request to:

Environmental Health Section, Chiefs Office
North Dakota Department of Health
918 E. Divide Ave., 4th Floor
Bismarck, ND 58501-1947

I. SUBJECT PROPERTY

Property Name			County	
911 Address		City	State	ZIP Code
Township	Range	Section	Qtr	Qtr-Qtr
Property Size		Acres	County Tax ID	
Legal Description				

Part of a Group with a common Institutional Control Document: ☐ Yes ☐ No

II. APPLICANT REQUESTING EXEMPTION/ASSURANCE

Name	Title		Telephone Number
Organization			FAX Number
Address	City	State	ZIP Code
E-Mail Address	Relationship to Owner		

III. APPLICANT'S INTEREST IN PROPERTY

☐ Current Owner ☐ Lender/Mortgagee ☐ Prospective Lender/Mortgagee
☐ Tenant/Operator ☐ Prospective Owner ☐ Other (explain) _____

IV. CURRENT PROPERTY OWNER *(if different from applicant)*

Name	Title		Telephone Number
Organization			FAX Number
Address	City	State	ZIP Code
E-Mail Address	Date Ownership Started	Date Ownership Will End	

V. APPLICANT'S INTEREST IN PROPERTY

☐ Letter of No Further Remediation ☐ Letter of Regulatory Assurance to Lender
☐ Letter of No Further Action ☐ Other (e.g., approval of environmental institutional controls)

VI. DISCLOSURE

Has the release of regulated substances or other pollution or contamination at the site been previously reported to the Department of Health? ☐ Yes ☐ No

If Yes, By Whom

VII. ASSESSMENT OF PROPERTY OR SITE

(See Guidance Document *Qualification Requirements for Responsibility Exemptions and Regulatory Assurances under NDCC Section 23-20.3-03.1* for a detailed explanation of the steps involved in the process of obtaining a responsibility exemption or regulatory assurance from the Department of Health.)

☐ Assessment Completed ☐ Assessment Commissioned

VIII. CONSULTANT

List the names(s) of your environmental consultant, if applicable.

Name	Title		Telephone Number
Organization			FAX Number
Address	City	State	ZIP Code

IX. ATTACHMENT AND COMMENTS

Describe any assessments, reports, maps or other attachments to this request form (use separate pages if necessary):

X. CERTIFICATION

I hereby certify that I have read and am familiar with the information on this form and all the attached documents, and that the submitted information is true, accurate and complete to the best of my knowledge. I further certify that I have the authority to sign and submit this request.

Typed or Printed Name	Title
Signature	Date

State of _____

County of _____ (Seal)

Subscribed and sworn to before me on this _____ day of _____, _____

Notary Public _____