

Quote Site Manager Summary

Facility Name: _____

County Code: _____

7-Digit Facility ID #: _____

Facility Location Region: _____

Site Manager Team/LP: _____

Site Manager Name: _____

Site Manager Email: _____

Site Manager Phone #: _____

Executed Site Access Agreement:

YES NO

Comments:

RP Selected to Be Involved in

Technical Approach: YES NO

Comments:

RP Wants Right to Reject One ATC

Prior to Assignment: YES NO

Comments:

Site in Compliance: YES NO

Comments:

Approved RAP Date:

Assessment Complete Date:

**Estimated Cost for Cleanup from
RAP:**

Closure Endpoint Goal:

**Dates of Last Round of GW
Sampling:**

**Is GW data <270 days old?: YES NO (if no, submit a PO for GW data,
prior to submitting the QPBC documentation)**

Comments: _____

Soil Sampling Dates: _____

Contaminants of Concern Groundwater (enter all that apply):

Comments:

Contaminants of Concern in Soil:

Comments:

Wells Recommended for Key Wells for Monitoring and Milestones:

Contaminants to Monitor in Wells:

Soil Sampling Locations and Depths Needed to Clear Existing Soil Contamination (add map):

Contaminants to Sample for in Soil to Clear Existing Soil Contamination (add map):

Comments:

Site Manager Signature:

Professional (PE/PG) Signature:

SM Team Leader Signature:

PBC Quoting Coordinator/PBC Coordinator Signature:

DEP Professional (PE/PG) Signature: