## UTAH DIVISION OF WASTE MANAGEMENT AND RADIATION CONTROL ENVIRONMENTAL CLEANUP PROGRAM

## **Application for Project Oversight**

Complete this application to apply for and request technical assistance and review from the Utah Division of Waste Management and Radiation Control (DWMRC). Please note that the applicant is responsible for payment of the Division's staff costs of review and oversight throughout the investigation, cleanup, risk assessment or other applicable site-specific scopes of work as outlined in <u>Utah Admin. Code</u> R315-101. Oversight fees charged to applicants are in accordance with the legislative-approved fee schedule which may change annually. Please call (801) 536-0200 should you have any questions about the Environmental Cleanup Program or need assistance with completing this application for oversight of your project.

Current	Property	Owner o	r Authorized	Applicant:
---------	----------	---------	--------------	------------

Owner/Applicant							
Correspondence from DWMRC should be a	lirected to:						
-	tact PersonTitleTitle						
			email:				
Address							
City			Zip Code				
General Site Information:							
Property/Site name							
Address							
City	State		Zip Code				
Current Property Value (as assessed for pro	perty taxes) \$_		Property size (acres)				
Property Land Use(s):							
Current Use –							
Proposed Use –							
Environmental Site Investigation Report/Results (please attach with application unless previously submitted)							
<b>Applicant's Objectives (Site Cleanup Levels</b> Primary environmental contaminants of cor Current impacts at the site from the contam	icern:						
Not known at this time (Applicant wisher Cleanup to Generic Screening and/or Ri	-		from DWMRC staff) Site Management Plan (which may include				
			ntal covenant on the property title, etc.)				
Cleanup to Site Specific Risk-Based Leve							
Other (please explain):							
Billing Information:							
The DWMRC billing for agency oversight for	future enviror	mental	-related site work should be directed to:				
			tle				
Organization	Phone (		email:				
Address							
City	State		Zip Code				
Authorization to Proceed with DWMRC reg	ulatory oversi	ght:					
Ву:		:					
(signature of authorized represent			(print or type)				
Date:	_Title:						
Company		Pho	ne ( )				

Please return this completed application for project oversight to the DWMRC at: <u>dwmrcsubmit@utah.gov</u>