Attachment B

COUNTY OF SAN DIEGO
REQUEST FOR REVIEW OF TRANSACTION SCREEN AND PHASE I & II ASSESSMENT INFORMATION

DATE: _____

TO: Kelly Robertson, Supervising Environmental Health Specialist
Site Assessment and Mitigation Program (O-561)

From: _____ *(Name/Title)*
_____ *(Department/Division)*
_____ *(Phone/Email/Mail Stop)*

This is a request for your office to review the Transaction Screen, Phase 1 Site Assessment or Phase II Site Assessment information for the project described below:

1. Project Name:
_____

2. Project Address *(include city, zip code, and Assessor's Parcel Number [APN])*:
_____
_____
APN(s): _____

3. Nearest cross street/distance from project:
_____
_____

4. Address(es) of adjacent sites:
_____
_____
_____

5. Project Description *(include approximate size of land to be acquired, proposed use, existing structures, type of acquisition, [easement, purchase, etc.], construction activity, [excavation of soil, demolition of structures, depth of grading], etc.)*:
_____

6. Transaction Screen Questionnaire Preparer(s) *(Name/Title/Phone)*:

a.
b.

7. Phase I & Phase II Site Assessment Report Preparer *(Name/Title/Phone):*

8. Project Start Date **(Note: A minimum of 3 weeks prior notice is generally required; longer notice is preferable, especially for large projects.)**

The following information must be submitted to the Site Assessment and Mitigation Program DEHQ/SAM with this request:

- Transaction Screen Questionnaire *(completed by the Department requesting the review)*.
- Phase 1 Assessment Report, Phase II Assessment Report
- Area map with project area indicated on map
- Commercial record search *(if search has already been requested and received by the Department; otherwise DEHQ/SAM will request this).*

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