

**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-560)

From: _____ (Name/Title)

(Department/Division)

(Phone/FAX/Mail Stop)
Loc. Code Telephone FAX 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]*):
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 (*Name/Title/Phone*):
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.

9. Department's opinion of the results of the Transaction Screen Questionnaire for the proposed of project (*e.g. no further investigation warranted, evidence of significant environmental contamination that warrants further investigation, etc.*):

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)*.



FOR DEHQ/SAM USE ONLY

Project Number:

Work Authorization Number:

Date Completed: