

REQUEST FOR FILE REVIEW

YOUR NAME: _____

YOUR COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____

DEP USE CALL RECEIVED/RETURNED DATE: _____ TIME: _____

FILES NEEDED FOR REVIEW: *(Please circle)*

AIR QUALITY

ENVIRONMENTAL CLEANUP

WASTE MANAGEMENT

WATER MANAGEMENT

STORAGE TANKS

WATERSHED MANAGEMENT

WATER SUPPLY MANAGEMENT

OIL & GAS WELLS

RADIATION PROTECTION

TIME FRAME: ___ 1 year ___ 2 years ___ 3 years or ___ years back

COUNTY: *(Please circle)*

ALLEGHENY

ARMSTRONG

BEAVER

CAMBRIA

FAYETTE

GREENE

INDIANA

SOMERSET

WASHINGTON

WESTMORELAND

SITE NAME

MUNICIPALITY

PERMIT NO.

_____	_____	_____
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TO RETURN: FAX: 412-442-4098
 MAIL: ATTN CENTRAL SERVICES
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 400 WATERFRONT DRIVE
 PITTSBURGH PA 15222