

## 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:**

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**Assessment Complete Date:**

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**Estimated Cost for Cleanup from  
RAP:**

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**Closure Endpoint Goal:**

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

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**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:**

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**Comments:**

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**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:**