State of Illinois
ENVIRONMENTAL PROTECTION AGENCY

Mary A. Gade, Director

2200 Churchill Road, Springfield, IL 62794-9276

Pb/Cu Sample Site Review Checklist

Facility Name: _____

Facility Number: _____

Date Site Plan Received: _____

Summary Sheet Totals Correct: Yes _____ No _____

Additional Documentation Needed Yes _____ No _____

If needed, Documentation Acceptable for:

Less than 50% lead service ? Yes _____ No _____

Use of Tier 2 Sites ? Yes _____ No _____

Use of Tier 3 Sites ? Yes _____ No _____

Comments:

Final Action: Plan Disapproved _____ Plan Approved _____

Letter Written _____ Letter Dated _____

If approved, Site Numbers _____ to _____

Reviewer _____ Date _____

Supervisor _____ Date _____

Lab Bottles Initiated _____ Cycle _____ Tracked _____

IL 532 2131
PWS 198 Jan-93

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