

LSP ASSOCIATION PEER REVIEW PROGRAM
REQUEST FOR REVIEW OF DRAFT SUBMITTAL

INFORMATION REGARDING POTENTIAL REVIEWEE:

NAME: _____

COMPANY: _____

ADDRESS: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Type of Document to be Reviewed: _____

Disposal Site Name and Location: _____

Disposal Site Release Tracking Number: _____

LSP's client and other parties involved with submittal: _____

Description of the site (e.g., gas station, former dry cleaner, manufacturing facility): _____

Description of primary contaminants of concern: _____

Relative complexity of the response actions and submittal: _____

Date document is due to be filed with MassDEP: _____

Special Reviewer qualifications or skills desired: _____

Review Document Delivery Method: Fax Email Hard Copy delivery

LSPA Peer Review Agreement Delivery: Fax Email Hard Copy delivery

FOR LSPA USE ONLY:

Reviewer:	Reviewer contact information:
_____	_____
_____	_____
_____	_____

Date executed agreement received: _____	Start date for review: _____
Date donation received: _____	Date of Completion: _____
Date document received: _____	Date of follow up contact: _____