



DISPUTE RESOLUTION

Chain of Contact

DEP Case Manager: _____	Date of Contact: _____
DEP Section Chief: _____	Date of Contact: _____
DEP Program Manager: _____	Date of Contact: _____

All attempts need to be made to contact and resolve issues starting with the Regional DEP Case Manager.

Property Name: _____

Former Name(s) / AKA: _____

Address / Location: _____

City: _____ Zip Code: _____ PF ID#: _____

Municipality(s): _____ County(ies): _____

Remediator	
Contact Person/Title: _____	
Phone Number: _____	Email Address: _____
Company Name: _____	
Address (Street, City, State, Zip Code): _____	

Property Owner	
Contact Person/Title: _____	
Phone Number: _____	Email Address: _____
Company Name: _____	
Address (Street, City, State, Zip Code): _____	

Consultant	
Contact Person/Title: _____	
Phone Number: _____	Email Address: _____
Company Name: _____	
Address (Street, City, State, Zip Code): _____	

Is this a RCRA, HSCA, Closed/Permitted Solid Waste facility? _____

Any Permits Issued/Pending: ☐ Yes ☐ No Type: _____

Remediation Standard(s)/Media:

- ☐ Background
- ☐ Statewide Health - Residential
- ☐ Statewide Health - Non-Residential
- ☐ Site Specific
- ☐ Special Industrial Area*

- ☐ Soil
- ☐ Soil
- ☐ Soil
- ☐ Soil
- ☐ Soil

- ☐ Groundwater
- ☐ Groundwater
- ☐ Groundwater
- ☐ Groundwater
- ☐ Groundwater

Site History/Prior Use:

Provide a brief description of the site findings, contaminants of concern, and area of contamination.

Issues of Concern:

Is there an Act 2 report under review? ☐ Yes ☐ No?

If yes, type of report: _____ **Due date for report:** _____

List and attach other reports: (Decision Documents, Copies of Correspondence, Technical Memos, Emails exchanged between parties): _____

Are there any enforcement actions or litigations pending? ☐ Yes ☐ No