JOSH STEIN Governor D. REID WILSON Secretary MICHAEL SCOTT Director



ATTACHMENT 1

DEQ Brownfields Redevelopment Section

Assessment Scope Approval Signature Page

To be completed by Development Team and returned to DEQ Brownfields for review & signature.

Brownfields Project Name: Brownfields Project Number: Date: Revision Number:

Be advised that this approval from DEQ Brownfields does not waive any applicable requirement to obtain any necessary permits, licenses, or certifications for the above listed activities nor does it waive any requirement to comply with applicable law for such activities.

Prospective Developer (PD):	
Contact Person:	
Phone Numbers: Office:	Mobile:
Email:	
Property Owner (if different from above):	
Contact Person:	
Phone Numbers: Office:	Mobile:
Email:	
Environmental Consultant:	
Contact Person:	
Phone Numbers: Office:	Mobile:
Email:	
Signature:	
Consultant:	Date
Printed Name/Title/Company:	PG/PE SEAL HERE
··· · · · · · · · · · · · · · ·	
Brownfields Project Manager:	
Phone Numbers: Office:	Mobile:

Email: Signature:

Brownfields Project Manager:

Date



North Carolina Department of Environmental Quality | Division of Waste Management 217 West Jones Street | 1646 Mail Service Center | Raleigh, North Carolina 27699-1646 919.707.8200