

Navajo Nation Superfund Program  
Navajo Nation EPA  
P.O. Box 2946  
Window Rock AZ 86511  
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fax: (928) 871-7333  
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Physical Address:  
Highway 264  
43 Crest Road  
Saint Michaels AZ 86511

For Program Use Only

Site Number \_\_\_\_\_

## **ENVIRONMENTAL REVIEW REQUEST FORM**

Please complete this form and return it to the Navajo Nation Superfund Program (“NSP”) with your payment. [NSP Regulations - Fees for Environmental Review Services, § 105(a)]

PLEASE PRINT OR TYPE

### **I. CONTACT INFORMATION**

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **II. PROPERTY INFORMATION**

Name of Proposed or Existing Business or Other Development for which Review is Sought: \_\_\_\_\_

Brief Description of Proposed Activity for which Review is Sought: \_\_\_\_\_

Physical Address or Description of Location: \_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_

County: \_\_\_\_\_ Township: \_\_\_\_\_

Parcel Size (in acres): \_\_\_\_\_ GPS Coordinates: \_\_\_\_\_

**III. SUPPLEMENTAL PROPERTY INFORMATION**

To facilitate the environmental review, **please attach the following items to this form:**

- vicinity map identifying the property in relation to major crossroads or geographic features**
  
- plat or city map identifying the property**
  
- other (describe):** \_\_\_\_\_  
\_\_\_\_\_

**IV. PAYMENT INFORMATION**

<input type="checkbox"/> Regular Review .....	\$ 100.00
<input type="checkbox"/> Expedited Review (24-Hour Turnaround) .....	additional \$ 25.00
<input type="checkbox"/> No Documentation Provided .....	additional \$ 25.00
Total.....\$ _____	
Payment Enclosed:	\$ _____
Form of Payment	<input type="checkbox"/> Government Check No. _____
	<input type="checkbox"/> Certified Check No. _____
	<input type="checkbox"/> Money Order No. _____

**V. SIGNATURE**

This document and all attachments were prepared under my direction or supervision and all information submitted is, to the best of my knowledge, true, accurate, and complete.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_