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DEPARTMENT OF RESOURCE MANAGEMENT



**SOLANO
COUNTY**

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Environmental Health Division

CERTIFIED MAIL

Date:

Dear: _____

SUBJECT: SOLANO COUNTY FILE NUMBER _____ PRELIMINARY ASSESSMENT
(PSA) WORK PLAN APPROVAL, SITE ADDRESS: _____

We have completed our review of the Preliminary Site Assessment work plan dated _____ submitted by your contractor/consultant for the site located at _____, CA _____. This work plan is approved and the site assessment work can be initiated pursuant to Chapter 6.91, Section 25400.36 of the California Health and Safety Code and the Solano County "Procedures for the Assessment and Remediation of Properties Contaminated by Methamphetamine Activities".

If there are any changes to the above mentioned work plan you or your consultant shall submit an addendum to the work plan to our agency for review and concurrence before implementing them. You shall complete the site assessment and remediation work specified in the work plan by _____ (90 days) Please notify this agency 48 hours prior to initiating field work.

If questions or concerns arise please contact me directly at 707-784 _____.

Sincerely,

Senior Hazardous Materials Specialist

cc: _____ (contractor/consultant)
_____ (City Building Department)
_____ (City Code Enforcement)

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