TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

TCEQ CORRECTIVE ACTION REFERENCE FORM
LPST CORRECTIVE ACTION SPECIALIST

INSTRUCTIONS FOR PERSON COMPLETING THIS REFERENCE STATEMENT

The rules of The Texas Commission on Environmental Quality (TCEQ) (30 TAC Chapter 334, Subchapter J) require that an applicant seeking registration as an LPST Corrective Action Specialist submit sworn statements from three different clients/companies, not related by blood or marriage, for whom the applicant performed corrective action services **within the immediately preceding 24 months. Please limit each reference to one specific job done within one specific time period. Please also give the specific physical address of the job site.** (If no physical address exists, state directions to the job site from a point, such as an intersection, easily found on a highway map.) Be sure that the entire form has been filled out completely and accurately. Any incomplete or omitted information may delay the processing of the application. The form should be completed legibly and **signed in blue ink.**

SECTION I - BUSINESS NAME OF APPLICANT

Name of Business/Company applying for registration

SECTION II - CLIENT INFORMATION (customer for whom the work was done)

Client Representative (name of person completing form): a)		Title of Client Representative	
Business Name: b)		Business Telephone ( )	
Job-Site Address (street or physical location) c)	City	State (abbrev.)	Zip

SECTION III - CLIENT'S EVALUATION OF CORRECTIVE ACTION PERFORMED BY APPLICANT
(Please reference one specific job done during one specific time period.)

A. Show the project dates that the applicant participated in the corrective action activity.

From _____, 19_____ To _____, 19_____.

B. Which of the following corrective action activities were performed by the applicant on the above dates?

☐ LPST ☐ RCRA ☐ OSPRA ☐ CERCLA ☐ Chap. 26, TX WATER CODE

C. What type of corrective action service was done?

☐ Engineering ☐ Geology ☐ Hydrogeology ☐ Other (explain) _____

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D. Please provide a detailed description of corrective action services (Phase II activities) performed by the applicant: _____

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Continued on back

E. Generally, was the activity completed to your satisfaction? ☐ Yes ☐ No If no, explain in Section IV.

F. Would you employ the applicant again for corrective action or other activities? ☐ Yes ☐ No If no, explain in Section IV.

G. Would you recommend (or have you recommended) the applicant for corrective action activities to your business associates or colleagues? ☐ Yes ☐ No If no, explain in Section IV.

H. Please indicate your general assessment of the applicant in the following categories:

Quality of Performance	☐ Execellent	☐ Good	☐ Poor	☐ Uncertain
Business Integrity	☐ Execellent	☐ Good	☐ Poor	☐ Uncertain

SECTION IV - ADDITIONAL INFORMATION (Identify applicable section number)

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SECTION V - SIGNATURE

I, _____, do hereby attest that the above statements and information are true and correct to
Print or type name
the best of my belief and knowledge.

Signature _____ Date _____
(Blue Ink Please)

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