CITY-COUNTY BOARD OF HEALTH FOR LINCOLN COUNTY, MT

Institutional Control Steering Committee Application – Libby Asbestos Superfund Site

March 2017

APPLICANT INFORMATION							
Last Name		First		M.I.	Date		
Street Address				Apartment/Unit #			
City		State		ZIP			
Phone		E-mail Address					
Do you own or rent property within the Libby Asbestos Superfund Site?	YES ☐	NO ☐					
If yes, has EPA completed an investigation and/or a cleanup at the property	YES ☐	NO ☐	Unsure ☐				
If EPA has not completed an investigation and/or cleanup at the property, please explain why (to the best of your knowledge)							

AVAILABILITY			
Please select all that apply			
Weekdays:	Business Hours ☐	Evenings ☐	Not Available ☐
Weekends:	Afternoons ☐	Evenings ☐	Not Available ☐

GENERAL EDUCATION / EXPERIENCE / CERTIFICATIONS	
Education:	
Work Experience (basic summary of work):	

Certifications:

EXPERIENCE RELATED TO LIBBY ASBESTOS SUPERFUND SITE

Please list/describe your experience with the Libby Asbestos Superfund Site

IC AREAS OF INTEREST

Please select all IC areas that you are interested in working on directly

Permitting ☐	Property Transfer Disclosure ☐	Education ☐	Interior Contamination left-in place ☐
Disposal ☐	Property Information ☐	Land Development ☐	Exterior Contamination left-in place ☐
Other (describe) ☐			

POTENTIAL CONFLICTS OF INTEREST

Please list any potential conflicts of interest (e.g., employment on the Libby Asbestos Superfund project).

STATEMENT OF INTEREST

Please provide a short statement describing your interest in participating in developing IC's for the Libby Site. Include any additional information that you feel pertinent to the IC development process and the value you could add to this process.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature: Date: