

# MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY

## Petroleum Tank Cleanup Section Consultant Matrix

Firm Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-Mail \_\_\_\_\_

Person to Contact \_\_\_\_\_

Please use the DEQ Consultants Matrix Instructions for descriptions of categories below:

**SERVICES PROVIDED (Y/N)** **NUMBER OF STAFF IN THIS OFFICE (Number)**

Geologic \_\_\_\_\_ Senior Engineer (PE) \_\_\_\_\_

Hydrologic \_\_\_\_\_ Senior Hydrogeologist \_\_\_\_\_

Civil Engineering \_\_\_\_\_ Eng/Hydrogeologist \_\_\_\_\_

Environmental Engineering \_\_\_\_\_ Industrial Hygienist \_\_\_\_\_

Emergency Response \_\_\_\_\_ Project Scientist \_\_\_\_\_

Hazardous Waste \_\_\_\_\_ Field Technician \_\_\_\_\_

UST Removal \_\_\_\_\_ Office/Drafting Tech \_\_\_\_\_

PTRCB Claim Completion \_\_\_\_\_ Data/Word Processor \_\_\_\_\_

**OTHER INFORMATION (Y/N)** Secretarial \_\_\_\_\_

Organic Laboratory \_\_\_\_\_ Accountant \_\_\_\_\_

Staff Drill Rig \_\_\_\_\_ Drill Crew \_\_\_\_\_

Monitoring Well License \_\_\_\_\_ **Grand Total** \_\_\_\_\_  
(For this office only)

UST Remover License \_\_\_\_\_

Liability Coverage \$ \_\_\_\_\_

Bonded Amount \$ \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of Montana that the foregoing is true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed or  
Typed Name \_\_\_\_\_ Title \_\_\_\_\_