BUREAU OF INDIAN AFFAIRS AND BUREAU OF INDIAN EDUCATION **Environmental and Disposal Liability Location of Concern Notification Form**

	Date:
Name of person completing Form:	
	ement Facility:
	wn):
Contact Phone Numbe	r(s):
Please describe the area of concern. Include as much detail as possible and pay special attention to providing information on how to locate the area. Also provide names/phone numbers of others who are ware of the details of the location or incident.	
Office use only	
Date received by responsible Line Officer	
Name and title of Line Officer	
Signature	Phone Number
Date received by responsible Line Officer	

For RES: Please sign, date, and fax a copy to the Line Officer and DECRM. (check one). Due Care was performed and the site ______ is an EDL, ______ is not an EDL, ______ is an "other unfunded liability", ______ needs further testing. Attach documentation for support of finding.

RES Signature