



**SECTION A. EXISTING SITE NAME AND LOCATION**

Site Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Municipality: \_\_\_\_\_ (Township, Borough or City)  
County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Program Interest (PI) Number(s): \_\_\_\_\_  
Case Tracking Number(s): \_\_\_\_\_

**SECTION B. INFORMATION TO BE UPDATED**

Check all that apply then complete the corresponding section(s) of the form.

- Changes in Site Address or Block and Lot Information**
  - Section C. Changes in Site Address or Block and Lot Information, and
  - Section H. Responsible Party Information and Certification

*or*

  - Section I. Person Conducting Responsible for Remediation Information and Certification
  - For changes in block and lot information **attach map(s)** showing old and new block and lot configurations.
  
- Changes in Responsible Party Contact Information**
  - Section D. Changes in Responsible Party Contact Information
  - Section H. Responsible Party Information and Certification
  
- Add Yourself as a Responsible Party**
  - Section E. Add Yourself as a Responsible Party
  - Section H. Responsible Party Information and Certification
  
- Changes in Person Responsible for Conducting Remediation Contact Information**
  - Section F. Changes in Person Responsible for Conducting Remediation Contact Information
  - Section I. Person Responsible for Conducting Remediation Information and Certification
  
- Changing the Person Responsible for Conducting Remediation**
  - Section G. Changing the Person Responsible for Conducting Remediation, and
  - Section I. Person Responsible for Conducting Remediation Information and Certification
  
- Changes in LSRP Contact Information**

Provide the new contact information and complete the certification in:

  - Section J. Licensed Site Remediation Professional Information And Certification

**SECTION C. CHANGES IN SITE ADDRESS OR BLOCK AND LOT INFORMATION**

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ (Township, Borough or City)

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Complete only if you are submitting a change in block and lot numbers:

List <b>Old</b> Municipal Block and Lot Numbers:	List <b>New</b> Municipal Block and Lot Numbers:
Block # _____ Lot #(s) _____	Block # _____ Lot #(s) _____
Block # _____ Lot #(s) _____	Block # _____ Lot #(s) _____
Block # _____ Lot #(s) _____	Block # _____ Lot #(s) _____
Block # _____ Lot #(s) _____	Block # _____ Lot #(s) _____
Block # _____ Lot #(s) _____	Block # _____ Lot #(s) _____
Block # _____ Lot #(s) _____	Block # _____ Lot #(s) _____
Block # _____ Lot #(s) _____	Block # _____ Lot #(s) _____
Block # _____ Lot #(s) _____	Block # _____ Lot #(s) _____

**SECTION D. CHANGES IN RESPONSIBLE PARTY CONTACT INFORMATION**

Name of Organization / Affiliation: \_\_\_\_\_ (cannot change)

**New Contact Information:**

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ FAX: \_\_\_\_\_

**SECTION E. ADD YOURSELF AS A RESPONSIBLE PARTY**

Name of Organization / Affiliation: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ FAX: \_\_\_\_\_

**SECTION F. CHANGES IN PERSON RESPONSIBLE FOR CONDUCTING REMEDIATION CONTACT INFORMATION**

Name of Organization / Affiliation: \_\_\_\_\_  
(cannot change in this section)

**New Contact Information:**

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ FAX: \_\_\_\_\_

**SECTION G. CHANGING THE PERSON RESPONSIBLE FOR CONDUCTING REMEDIATION**

Provide the contact information and certification for the **Outgoing Person Responsible for Conducting Remediation** here and provide the contact information and certification for the **New Person Responsible for Conducting Remediation** in Section I. Person Responsible for Conducting Remediation Information and Certification.

**Outgoing Person Responsible for Conducting Remediation**

Name of Organization / Affiliation: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ FAX: \_\_\_\_\_

*I am no longer the person responsible for conducting the remediation pursuant to N.J.S.A. 58:10C-2.*

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

Name/Title: \_\_\_\_\_

**Note:** If the LSRP assigned to this site will change, a completed LSRP Notification of Retention or Dismissal Form must be filed electronically through NJDEP Online at <http://www.nj.gov/dep/online> to dismiss the assigned LSRP, and a separate complete LSRP Notification of Retention or Dismissal Form must be filed to retain the new LSRP.

**SECTION H. RESPONSIBLE PARTY INFORMATION AND CERTIFICATION**

Full Legal Name of the Responsible Party: \_\_\_\_\_  
Name of Organization / Affiliation: \_\_\_\_\_  
Representative First Name: \_\_\_\_\_ Representative Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name/Title: \_\_\_\_\_

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice  
Site Remediation Program  
NJ Department of Environmental Protection  
401-05H  
PO Box 420  
Trenton, NJ 08625-0420

**SECTION I. PERSON RESPONSIBLE FOR CONDUCTING REMEDIATION INFORMATION AND CERTIFICATION**

Full Legal Name of Person Responsible For Conducting Remediation: \_\_\_\_\_  
Representative First Name: \_\_\_\_\_ Representative Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name/Title: \_\_\_\_\_

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PO Box 420  
Trenton, NJ 08625-0420

**SECTION J. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND CERTIFICATION**

LSRP ID Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ (cannot change with this form)

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

This statement shall be signed by the LSRP who is submitting this notification in accordance with N.J.S.A. 58:10C-14, and N.J.S.A. 58:10B-1.3b(1) and (2).

*I certify that I am a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C to conduct business in New Jersey.*

*I am aware pursuant to N.J.S.A. 58:10C-17 that for purposely, knowingly or recklessly submitting false statement, representation or certification in any document or information submitted to the board or Department, etc., that there are significant civil, administrative and criminal penalties, including license revocation or suspension, fines and being punished by imprisonment for conviction of a crime of the third degree.*

LSRP Signature: \_\_\_\_\_

Date: \_\_\_\_\_

LSRP Name/Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

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