



**New Jersey Department of Environmental Protection
Site Remediation Program**

**OUT OF SERVICE EXTENSION REQUEST FOR AN UNDERGROUND STORAGE
TANK SYSTEM - INSTRUCTIONS**

General Instructions

1. **Applicability.** Use this form to request an Out of Service Extension for a compliant regulated Underground Storage Tank System (UST) to remain out of service for a period of more than 12 months without having to close the tank system per N.J.A.C. 7:14B-9.1(c).

This form must be submitted at least 30 calendar days prior to the expiration of the 12-month period with either a Site Investigation (SI) completed in accordance with N.J.A.C. 7:14B-9.1(c)1 and N.J.A.C. 7:26E or Leak Detection Documentation completed in accordance with N.J.A.C. 7:14B-9.1(c) 2 for each tank for which an out of service extension is being requested.

NOTE: A completed UST Facility Certification Questionnaire must have been previously submitted to the Bureau of Case Assignment and Initial Notice (BCAIN), Registration and Billing Section indicating the UST system(s) is out of service.

2. **Form Updates:** This form may be updated periodically. Please use the current version of this form. Download the current version of this form from the Department's Website: <http://www.nj.gov/dep/srp/srra/forms>.
3. **Signatures.** This form must be signed by the owner or operator. In addition this form must be signed by the Licensed Site Remediation Professional (LSRP) when an SI is completed in accordance with N.J.A.C. 7:14B-9.1(c)1.
4. 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

Specific Instructions

Section A. Site Name and Location

- **Site Name:** Provide the name of the site (i.e., ABC Corporation);
- **List all AKAs:** Provide all other known names for the site;
- **Street Address:** Provide the street address for the site NOTE: This should be the physical location of the site – not the mailing address;
- **Municipality:** Provide the name of the municipalit(ies) in which the facility is physically located and indicate if it is a township, borough, village, or city. NOTE: This should be the name of the incorporated municipality and not the local name;
- **County:** Provide the name of the count(ies) where the site is located;
- **Zip code:** Enter the five digit code for the physical location of the site;
- **Program Interest (PI) Numbers:** The PI Number is assigned by the NJDEP and can be obtained via the web at <http://www.nj.gov/dep/srp/> (DEP DATA MINER REPORTS).
- **Case Tracking Numbers for this submission:** Provide all NJDEP generated site identification numbers for this submission (Hotline incident numbers, ISRA numbers, etc.). Attach additional sheets if necessary;
- **Municipal Block(s) and lot(s):** Provide all lot and block numbers for the site.

Section B. Current Owner of the Tank(s)

Provide the contact information for the current owner of the tank(s).

Section C. Current Operator of the Tank(s)

Provide the contact information for the current operator of the tank(s). If the owner is also the operator, check the box and skip the rest of this section.

Section D. Tank Information

List all the USTs for which an out of service extension is being requested. Indicate the type of documentation being submitted for each UST. A summary of the USTs registered with the Department can be found at http://datamine2.state.nj.us/DEP_OPRA/OpraMain/categories?category=Underground+Storage+Tanks. If the PI Number is known, click on the "Regulated UST Facilities by PI Number (Facility ID)" report. To search by the municipality, select the "Regulated UST Facilities by Municipality" report and choose the county/municipality.

Section E. Owner or Operator Certification

The certification in this section shall be signed and dated by the owner or operator. The certification in this section shall **not** be signed by the licensed site remediation professional or law firm hired to assist the owner or operator with their compliance obligations. The certification required in this section shall be executed as follows:

1. For a corporation or limited liability company, by a principal executive officer of at least the level of vice president; or
 2. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
 3. For a municipality, state, Federal or other public agency, by either a principal executive officer or ranking elected Official; or
 4. By a duly authorized representative of the corporation, partnership, sole proprietorship, municipality, state or Federal or other public agency, as applicable. A person is deemed to be a duly authorized representative if the person is authorized in writing by an individual described in 1, 2 or 3 above and the authorization meets the following criteria:
 - i. The authorization specifies either an individual or a position having responsibility for the overall operation of the industrial establishment or activity, such as the position of plant manager, or a superintendent or person of equivalent responsibility (a duly authorized representative may thus be either a named individual or any individual occupying a named position);
 - ii. The written authorization is submitted to the NJDEP along with the certification; and
 - iii. If an authorization is no longer accurate because a different individual or position has responsibility for the overall operation of the industrial establishment or activity, a new authorization satisfying the requirements of this section shall be submitted to the NJDEP prior to or together with any reports, information, or applications to be signed by an authorized representative.
- Provide the full legal name of the owner or operator;
 - Provide the full name of the representative of the owner or operator, pursuant to N.J.A.C. 7:26C-1. Enter "Same" if the representative is the same person as the owner or operator;
 - Provide the title: owner or operator;
 - Provide the telephone number, extension number, and fax number of the owner or operator;
 - Provide the mailing address, including the municipality, state, and zip code of the owner or operator;
 - Provide the email address of the owner or operator;
 - The owner or operator shall provide:
 - ❖ His/her signature where indicated;
 - ❖ His/her name and title (i.e., President, CEO); and
 - ❖ The date when the signing occurred.

Section F. Licensed Site Remediation Professional Information and Statement

- LSRP ID Number: Note the Licensed Site Remediation Professional ID Number.
- Provide the name, phone number, email and mailing address (municipality, state, zip code) of the Licensed Site Remediation Professional.
- The Licensed Site Remediation Professional should indicate the level of oversight he/she provided by placing an "X" in appropriate box(es).
- The certification in this section shall be signed and dated by the Licensed Site Remediation Professional.
- The Licensed Site Remediation Professional should indicate by placing an "X" in the box if there have been no changes to the contact information in this section since the last submission.