



**New Jersey Department of Environmental Protection**  
 Site Remediation and Waste Management Program  
**AUTHORIZATION TO SUBMIT A REMEDIAL PHASE REPORT**  
**THROUGH NJDEP ONLINE**

[ *Except Remedial Action Outcome (RAO)* ]

Date Stamp  
 (For Department use only)

**SECTION A. SITE NAME AND LOCATION**

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

**SECTION B. STATEMENT OF AUTHORIZATION TO SUBMIT THE REMEDIAL PHASE REPORT**

*I authorize the Licensed Site Remediation Professional, retained for this site pursuant to the Brownfield and Contaminated Site Remediation Act at N.J.S.A. 58:10B-1.3b, and named below to submit, as applicable, the remedial phase report listed below, updated Receptor Evaluation Form, and CEA/Well Restriction Fact Sheet Form, for the Program Interest Number noted above. I understand that I am assuming full responsibility that the information provided in the remedial phase report is true, accurate, and complete.*

**Name and Date of Remedial Phase Report:**

\_\_\_\_\_

**Authorized Licensed Site Remediation Professional (LSRP)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 LSRP License #: \_\_\_\_\_

**SECTION C. CERTIFICATION BY THE PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION**

Full Name of Person Responsible for Conducting the Remediation: \_\_\_\_\_  
 Representative First Name: \_\_\_\_\_ Representative Last Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

This certification shall be signed by the person responsible for conducting the remediation who is submitting this Authorization and Report in accordance with the Administrative Requirements for the Remediation of Contaminated Sites at N.J.A.C. 7:26C-1.5(a).

*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 form should be uploaded to NJDEP Online.