



New Jersey Department of Environmental Protection Site Remediation Program

CONFIDENTIALITY REQUEST FORM INSTRUCTIONS

General Instructions

1. **Applicability.** Use this form to apply for and establish a claim of confidentiality pursuant to N.J.A.C. 7:26C-15. Any person required to submit any information to the New Jersey Department of Environmental Protection (NJDEP) pursuant to N.J.A.C.7:26C (ARRCS), N.J.A.C. 7:14B (UST), N.J.A.C. 7:26B (ISRA), N.J.A.C. 7:26D Remediation Standards), or N.J.A.C. 7:26E (Tech Rules), which in the person's opinion constitutes a trade secret, proprietary information, specific information regarding a real estate transaction at an industrial establishment that subjects the transaction to the Industrial Site Recovery Act, other than the fact that the transaction has occurred and the general nature of such transaction, or information related to national security, may assert a confidentiality claim.
2. **Updates.** The NJDEP may update this form periodically. Please ensure you are using the latest version of this form. Download the latest version of this form from the NJDEP Website: www.nj.gov/dep/srp/srra/forms .
3. **Filing.** Completed forms and a Fee (if applicable) for a claim of confidentiality of \$500.00, made payable to Treasurer, State of New Jersey, 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

4. The NJDEP will only respond in writing to deny a request of confidentiality. All other submissions meeting the requirements of N.J.A.C. 7:26C-15 should be considered accepted if the person responsible for conducting the remediation does not receive a written denial within 30 days of making a complete submission to the NJDEP.
5. The applicant shall submit two copies of the document to the NJDEP that contains the purportedly confidential material, a non-redacted copy, and a copy in which the purportedly confidential material has been redacted. The non-redacted copy shall conform to the following:
 - The top of each page of the first submission containing the information which the person alleges to be entitled to confidential treatment shall be stamped or otherwise marked "CONFIDENTIAL" in bold type:
 - All parts of the text that the person alleges to be entitled to confidential treatment shall be underscored or highlighted in a clearly identifiable manner. This manner of marking confidential information shall be such that both the allegedly confidential information and the underscoring or highlighting is reproducible on photocopying machine; and
 - The non-redacted copy shall be sealed in an envelope which shall display the word "CONFIDENTIAL" in bold type or stamp on both sides. This envelope, together with the redacted submission (which may or may not be enclosed in a separate envelope, at the option of the person), shall be enclosed in another envelope for transmittal to the NJDEP. The outer envelope shall bear no marking indicating the confidential nature of the contents.

The package containing both the redacted and the non-redacted copies of the material containing the purportedly confidential information should be sent to the address listed above by certified mail, return receipt requested or by other means which will allow verification of receipt. Ordinary mail may be used, but the NJDEP assumes no responsibility for packages until they are received.

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 municipality 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 county 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 Department and can be obtained via the web at <http://www.nj.gov/dep/srp/> (DEP DATA MINER REPORTS). If this is a new site with no previous SRP involvement, leave blank.
- **Case Tracking Numbers:** Provide all NJDEP generated site identification numbers (Hotline incident numbers, UST Notice of Intent to Close numbers, ISRA numbers, etc.); **Note:** If you are making this claim of confidentiality with your **first** submission to the NJDEP it is acceptable to leave the Program Interest Number and/or the Case Tracking number(s) fields blank.

Section B. Fees

The fee to apply for and establish a claim of confidentiality is \$500, unless the Person Responsible for Conducting the Remediation is subject to an annual remediation fee. The fee is required for all other cases including:

- Cases in Traditional Oversight;
- Cases under a Remedial Action Permit;
- Cases under federal oversight such as RCRA and Superfund sites, and;
- Unregulated Heating Oil Tanks (UHOT) cases that are not subject to an annual remediation fee.

Submit a check for \$500 if applicable. Checks shall be made payable to "Treasurer State of New Jersey." Include your Program interest ID, ISRA or UST Case Numbers on the check.

Section C. Term of Confidentiality Claim

Please identify if the claim of confidentiality should be kept indefinitely or if the claim of confidentiality can be lifted after a certain date.

Section D. Person Requesting a Claim of Confidentiality Information and Certification

- Affiliation/Name of Organization -provide the name of the organization seeking a claim of confidentiality.
- First Name of Contact – provide the first name of the person representing the organization seeking a claim of confidentiality.
- Last Name of Contact:- provide the last name of the person representing the organization seeking a claim of confidentiality.
- Title - provide the title of the person representing the organization seeking a claim of confidentiality.
- Provide the phone number, extension, and fax number of the person representing the organization seeking a claim of confidentiality.
- Provide the full mailing address including the, city/town, state, and zip code of the person representing the organization seeking a claim of confidentiality.
- Provide the email address of the person representing the organization seeking a claim of confidentiality.
- The person representing the organization seeking a claim of confidentiality shall provide his/her signature where indicated; and provide his/her printed name, title i.e., President, CEO; the company name, and the date when signing occurred.