



New Jersey Department of Environmental Protection
Site Remediation Program

REMEDATION COST REVIEW / ESTIMATE FORM

Non-LSRP (Existing Cases) LSRP DEP Oversight

Date Stamp (For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name:
List All AKAs:
Street Address:
Municipality: (Township Borough or City)
County: Zip Code:
Program Interest (PI) Number(s): Case Tracking Number(s):

SECTION B. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION

Affiliation/Name of Organization:
First Name of Contact: Last Name of Contact:
Title:
Phone Number: Ext: Fax:
Mailing Address:
City/Town: State: Zip Code:
Email Address:
I am also the person responsible for establishing and maintaining a remediation funding source.

SECTION C. PURPOSE OF COST REVIEW / ESTIMATE

- Initial Remediation Funding Source pursuant to N.J.A.C. 7:26C-5
Financial Assurance for a Remedial Action Permit pursuant to N.J.A.C. 7:26C-7
Annual Remediation Cost Review pursuant to N.J.A.C. 7:26C-5.10
Changes in Remediation Funding Source or Financial Assurance amount pursuant to N.J.A.C. 7:26C-5.11
Remediation Funding Source or Financial Assurance Disbursement pursuant to N.J.A.C. 7:26C-5.12
Request release of the Remediation Funding Source or Financial Assurance pursuant to N.J.A.C. 7:26C-5.11(f)

Name of Party Who Prepared Cost Estimate:
Legal Name:
Contact Name: Title:
Email: Phone:
Mailing Address:
City: State: Zip Code:

SECTION D. TYPE OF REMEDIATION FUNDING SOURCE OR FINANCIAL ASSURANCE POSTED

Current Mechanism (Check all that apply)

- Letter of Credit
Environmental Insurance Policy
Performance Bond
Line of Credit
Self Guarantee
Fully Funded Trust
Remediation Trust Fund
Surety Bond

New Mechanism (Check all that apply)

- Letter of Credit
Remediation Trust Fund
Self Guarantee
Line of Credit
Environmental Insurance Policy
Direct Oversight Remediation Trust Fund

5. Estimated remaining costs to complete the remediation: _____

Attach detailed estimate of remaining costs to complete remediation.

SECTION H. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: _____

Representative First Name: _____ Representative Last Name: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

I am the person responsible for establishing and maintaining a remediation funding source.

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule 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.

For a disbursement request pursuant to N.J.A.C. 7:26C-5.12(a), I certify that the disbursement request represents actual remediation costs, incurred or to be incurred, and does not include ineligible legal costs/legal fees.

Signature: _____ Date: _____

Name/Title: _____ **No Changes Since Last Submittal**

SECTION I. PERSON RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A REMEDIATION FUNDING SOURCE/FINANCIAL ASSURANCE

Full Legal Name of Person Responsible for Establishing and Maintaining a Remediation Funding Source: _____

Representative First Name: _____ Representative Last Name: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

This certification shall be signed by the person responsible for establishing and maintaining a remediation funding source who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule 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.

For a disbursement request pursuant to N.J.A.C. 7:26C-5.12(a), I certify that the disbursement request represents actual remediation costs, incurred or to be incurred, and does not include ineligible legal costs/legal fees.

Signature: _____ Date: _____

Name/Title: _____

SECTION J. NON-LSRP SITE REMEDIATION PROFESSIONAL STATEMENT

First Name: _____ Last Name: _____
Phone Number: _____ Ext: _____ Fax: _____
Mailing Address: _____
City/Town: _____ State: _____ Zip Code: _____
Email Address: _____
I believe that the information contained herein, and including all attached documents, is true, accurate and complete.
Signature: _____ Date: _____
Name/Title: _____ **No Changes Since Last Submittal**
Company Name: _____

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 J. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: _____

First Name: _____ Last Name: _____

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 SRRA Section 16 d. and Section 30 b.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. As the Licensed Site Remediation Professional of record for this remediation, I:

[SELECT ONE OR BOTH OF THE FOLLOWING AS APPLICABLE]:

- directly oversaw and supervised all of the referenced remediation, and/or*
- personally reviewed and accepted all of the referenced remediation presented herein.*

I believe that the information contained herein, and including all attached documents, is true, accurate and complete.

It is my independent professional judgment and opinion that the remediation conducted at this site, as reflected in this submission to the Department, conforms to, and is consistent with, the remediation requirements in N.J.S.A. 58:10C-14.

My conduct and decisions in this matter were made upon the exercise of reasonable care and diligence, and by applying the knowledge and skill ordinarily exercised by licensed site remediation professionals practicing in good standing, in accordance with N.J.S.A. 58:10C-16, in the State of New Jersey at the time I performed these professional services.

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.

For a disbursement request pursuant to N.J.A.C. 7:26C-5.12(a), I certify that the disbursement request represents actual remediation costs, incurred or to be incurred, and does not include ineligible legal costs/legal fees.

LSRP Signature: _____ Date: _____

LSRP Name/Title: _____ **No Changes Since Last Submittal**

Company Name: _____

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