Site R	emediation	artment of Environm and Waste Managem RUCTION PROJECT AND FINAL REPORT	ent Program (LCP)	Date Stamp (For Department use only)				
SECTION A. PERSON CONDUCTING A LINEAR CONSTRUCTION PROJECT CONTACT INFORMATION Name:								
		Ext.	Fay	κ.				
Project Coordinator Name: Title:								
	Street Address:							
	Zip Code:							
Email Address:								
If there is a change in person conducting an LCP or the LSRP contact information, please submit an amended form.								
SECTION B: SUBMITTAL TYPE (select one) Initial Notification I. Initial notification of the linear construction project: Start Date: Projected End Date: I. Is soil reuse planned for this project?								
SECTION C: FEES	OR			ed properties or parts of properties				
□ \$450.00		☐ \$1,000.00 for 1 ☐ \$3,000.00 for 6 ☐ \$5,000.00 for 1						
Fee Billing Contact:								
Business Name:								
First name of Contact		Last name of Contact:						
Title:								
Phone Number:		Ext.:		Fax:				
Mailing Address:								
City/Town:		State:		Zip Code:				
Email Address:								

SECTION D: DESCRIPTION OF THE LINEAR CONSTRUCTION PROJECT							
Project Name:							
Project Type: (check all that apply) Public Right of Way/Easement Utility Easement Road/Rail Brief description of project:	 Natural Gas Water System Electric 	 Telecommunications Systems Sanitary/Combined Sewerage System Other 					
	project is being condu	icted (attach additional pages as necessary)					
Municipality:							
	Municipality:		County:				
Municipality:		County:					
Municipality:		County:					
SECTION E: DESCRIPTION OF ANTIC (attach additional pages at		TERED CONTAMINATED PROPERTIES WI					
Program Interest (PI) Number:							
			_				
		(Township, Borough or City)					
State:							
Provide a brief description of the natu	ire and extent of cont	amination anticipated / encountered:					
2. Property Name:			-				
Program Interest (PI) Number:							
Street Address:			-				
Municipality:		(Township, Borough or City)					
State:		Zip Code:					
Provide a brief description of the natu	Provide a brief description of the nature and extent of contamination anticipated / encountered:						
3. Property Name:							
Program Interest (PI) Number:			-				
Street Address:			-				
Municipality:							
State: Zip Code:							
Provide a brief description of the nature and extent of contamination anticipated / encountered:							

SECTION F. LICENSED SITE REMEDIATION PRO	OFESSIONAL INF	ORMATION AND STATEMENT
LSRP ID Number:		
First Name:	Last Name	e:
Phone Numbers:	_ Ext.:	Fax:
Mailing Address:		
Municipality:	State:	Zip Code:
Email Address:		
This statement shall be signed by the LSRP who is N.J.S.A. 58:10B-1.3b(1) and (2).	submitting this not	ification in accordance with N.J.S.A. 58:10C-14, and
submission, I personally: Managed, supervised in this submission, and all attachments included work performed by other persons that forms the work of another site remediation professional, lu on which I relied; (2) conducted a site visit and	n described in this I, or performed the d in this submissio e basis for the info icensed or not, aft observed the then le; and (3)conclude	submission, and all attachments included in this remediation conducted at this site that is described n; and/or periodically reviewed and evaluated the rmation in this submission; and/or completed the er having: (1) reviewed all available documentation -current conditions and verified the status of as ed, in the exercise of my independent professional
 each area of concern, I adhered to the proreerediation professionals provided in N.J. That the remediation conducted at the entrand all attachments to this submission, warequirements in N.J.S.A. 58:10C-14.c; That the remediation described in this subpursuant to and in compliance with the reg. N.J.A.C. 7:26l; and That the information contained in this subrocomplete. (3) I certify, when this submission includes a response. 	es as the licensed ofessional conduct S.A. 58:10C-16; Fire site or each are as conducted pursu mission, and all at gulations of the Sit mission and all atta nse action outcom	site remediation professional for the entire site or standards and requirements governing licensed site ea of concern, that is described in this submission want to and in compliance with the remediation tachments to this submission, was conducted e Remediation Professional Licensing Board at achments to this submission is true, accurate, and
(4) I certify that no other person is authorized or ab that the Board or the Department have provided		sword, encryption method, or electronic signature
 the Department I may be subject to civil an 17.a.1(a)through (f) by the Board, including renewal; and If I purposely, knowingly, or recklessly may form, record, document or other information to the Site Remediation Reform Act, I shall 	resentation, or cen nd administrative e g but not limited to ke a false stateme on submitted to the Il be guilty, upon co on b. of N.J.S.2C:	 b license suspension, revocation, or denial of nt, representation, or certification in any application, b Department or required to be maintained pursuant conviction, of a crime of the third degree and shall, 43-3, be subject to a fine of not less than \$5,000 nor
(6) I certify that I have read this certification prior to	signing, certifying	, and making this submission.
LSRP Signature:		Date:
LSRP Name:		

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