



New Jersey Department of Environmental Protection
Site Remediation Program
PRELIMINARY ASSESSMENT / SITE INVESTIGATION
(Also Use this Form For UST Unknown Source Investigations)

Non-LSRP (Existing Cases) LSRP Subsurface Evaluator

Date Stamp
 (For Department use only)

A Phase I or Phase II is not equivalent to a Preliminary Assessment, therefore, it will not be an acceptable substitution.

SECTION A. SITE NAME AND LOCATION

Site Name: _____

List all AKAs: _____

Street Address: _____

Municipality: _____ (Township, Borough or City)

County: _____ Zip Code: _____

Incident Number(s)/Com. Center Number(s): _____

Program Interest (PI) Number(s): _____ Case Tracking Number(s): _____

Date Remediation Initiated Pursuant to N.J.A.C. 7:26C-2.2 or 2.3(b): _____

State Plane Coordinates for a central location at the site: Easting: _____ Northing: _____

Municipal Block(s) and Lot(s):

| | | | |
|---------------|-------------|---------------|-------------|
| Block # _____ | Lot # _____ | Block # _____ | Lot # _____ |
| Block # _____ | Lot # _____ | Block # _____ | Lot # _____ |
| Block # _____ | Lot # _____ | Block # _____ | Lot # _____ |
| Block # _____ | Lot # _____ | Block # _____ | Lot # _____ |

SECTION B. NJDEP CASE MANAGER

Do you have an assigned Case Manager? Yes No

If "Yes," please list the Case Manager: _____

SECTION C. REQUIRED TECHNICAL SUBMITTALS

| | Not Applicable | Included in This Submission | Previously Submitted | Date of Submission | Date of Revised Submission |
|--|--------------------------|-----------------------------|--------------------------|--------------------|----------------------------|
| Immediate Environmental Concern Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Immediate Response Action Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Preliminary Assessment Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Receptor Evaluation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| UST Unknown Source Invest. Rpt. (N.J.A.C. 7:14B-7.4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Site Investigation Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Remedial Investigation/Remedial Action Work Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Feasibility Study Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Response Action Outcome Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

SECTION D. SITE USE

Current Site Use (check all that apply)

- Industrial
- Residential
- Commercial
- School or child care
- Other: _____
- Agricultural
- Park or recreational use
- Vacant
- Government

Intended Future Site Use, if known (check all that apply)

- Industrial
- Residential
- Commercial
- School or child care
- Park or recreational use
- Vacant
- Government
- Future site use unknown

SECTION E. CASE TYPE: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Child Care Facility | <input type="checkbox"/> ISRA |
| <input type="checkbox"/> School facility | <input type="checkbox"/> Regulated Underground Storage Tank (UST) |
| <input type="checkbox"/> School Development Authority (SDA) | <input type="checkbox"/> Landfill |
| <input type="checkbox"/> UST Grant/Loan | <input type="checkbox"/> Federal oversight (RCRA, CERCLA, DOD, TSCA, etc.) |
| <input type="checkbox"/> Hazardous Discharge Remediation Fund (HDSRF) Grant/Loan | <input type="checkbox"/> Coal Gas |
| <input type="checkbox"/> Administrative Consent Order (ACO) | <input type="checkbox"/> Chrome Site (Chromate chemical production waste) |
| <input type="checkbox"/> Remediation Agreement (RA) | <input type="checkbox"/> Spill Act Discharge |
| <input type="checkbox"/> Brownfield Development Area (BDA) | <input type="checkbox"/> Due Diligence with RAO |
| <input type="checkbox"/> Site is located within an economic development priority area | <input type="checkbox"/> Not Applicable |

SECTION F. PUBLIC FUNDS

Did the remediation utilize public funds? Yes No

- If "Yes," check applicable:
- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> UST Grant | <input type="checkbox"/> UST Loan | <input type="checkbox"/> Brownfield Reimbursement Program |
| <input type="checkbox"/> HDSRF Grant | <input type="checkbox"/> HDSRF Loan | <input type="checkbox"/> Landfill Reimbursement Program |
| <input type="checkbox"/> Spill Fund | <input type="checkbox"/> Schools Development Authority | |

SECTION G. GENERAL

- Was an inspection of the site conducted? Yes No NA
Date of the inspection _____
- Did the PA identify any areas of concern? Yes No NA
If "Yes," please complete section H2.
- What page or appendix is the site map indicating all of the areas of concern located? _____
- Did the PA identify any current or historic industrial, commercial, agricultural or residential use at the site dating back to the time the site was naturally vegetated? Yes No NA
If "Yes," please complete section H1.
- Prior to this submittal have any NFAs/RAOs been issued for this site? Yes No
 - Does the site currently have a Deed Notice? Yes No
 - Does the site currently have a CEA? Yes No
 - Has an order of magnitude evaluation been performed? Yes No
- Is the ground water at the site classified as a Class I Ground Water? Yes No
- Are there potable wells on-site? Yes No
- Has a well search been conducted pursuant to N.J.A.C. 7:26E-1.17? Yes No
 - If "Yes," are there any potable wells within 200' of the AOCs listed in H2 or within 200' of the site boundary? Yes No
- Is the site investigation complete? Yes No

SECTION H. SITE INFORMATION

H1. Current and Historic Operators/Operations (attach additional sheets as necessary)

| Name of Operator | Type of Operation – e.g., dry cleaning, electro-plating, residence | Dates of Operation | |
|------------------|--|--------------------|-----|
| | | Start | End |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

| H2. Areas of Concern (For PA or PA/SI Report, list each AOC; for SI Report, list only AOCs documented in this submittal.) | | | | | |
|--|--|--|--|---|--|
| Area of Concern | | Currently Exists? <input checked="" type="checkbox"/> if "Yes" | Formerly Existed? <input checked="" type="checkbox"/> if "Yes" | Investigation | |
| | | | | SI Conducted <input checked="" type="checkbox"/> if "Yes" | RI Proposed <input checked="" type="checkbox"/> if "Yes" |
| 1 | Above ground storage tank and associated piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Area of stressed vegetation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Area which receives flood or storm water from potentially contaminated areas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Chemical storage cabinet and closet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Compressor vent discharge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Discharge area pursuant to N.J.A.C. 7:1E | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Discolored or spill area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Drainage swale and culvert | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Drywell and sump | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Dumpster | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Electrical transformer and capacitor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Floor drain collection system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | Former agricultural applied pesticide area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | Hazardous material storage or handling area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | Historic fill or any other fill material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | Hydraulic lift | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | Incinerator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | Landfill or landfarm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | Loading and unloading area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | Non-contact cooling water discharge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | Open area away from production area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | Piping, above ground and below ground pumping station, sump and pit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 | Process area sink and piping which receive process waste | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 | Rail car | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 | Roof leader when process operations vent to the roof | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 | Septic system, leachfield or seepage pit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 | Silo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 | Sprayfield | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | Storage pad including drum and/or waste storage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 | Storm sewer and spill containment collection system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 | Storm water detention pond and fire pond | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 | Surface impoundment and lagoon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 | Surface water body | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34 | Underground piping including industrial process sewer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 | Underground storage tank and associated piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 | Waste pile as defined by N.J.A.C. 7:26 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37 | Waste water treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 | Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H3. Complete this section only if an ISRA waiver was issued or an ISRA NFA was issued under an expedited review or Limited Site Review.

| ISRA Case # | Expedited Review | Limited Site Review | Remediation In Progress Waiver | Regulated UST Waiver | Date | Comments |
|-------------|--------------------------|--------------------------|--------------------------------|--------------------------|------|----------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

H4. REGULATED USTs: Complete if any underground storage tanks (USTs) on site are regulated pursuant to N.J.A.C. 7:14B or if a UST Unknown Source Investigation was conducted pursuant to N.J.A.C. 7:14B-7.4.

- a. Have all the regulated USTs on site been registered with the Department? Yes No
- b. Have all incidents related to regulated USTs been remediated/investigated?..... Yes No
- c. Have any USTs been removed on/after September 4, 1990? Yes No
- d. Including this submittal, has an SI/RI report been submitted for all USTs closed on/after September 4, 1990? Yes No
- e. Was an Unknown Source Investigation conducted per N.J.A.C. 7:14B-7.4? Yes No
If "No" skip to H5.
 - 1) Did the investigation identify contamination? Yes No
If "No" skip to H5.
 - 2) Was an ongoing release discovered? Yes No
If "No" skip to H5.
 - 3) Was the UST system emptied and taken out-of-service? Yes No
(Note: A UST Facility Certification Questionnaire must be submitted to update the registration.)

H5. Compliance Check (Complete only if sampling of soil and/or ground water was conducted)

- a. Identify the media if impacted above applicable standards/screening levels (check all that apply):
 soil ground water
 Type of contamination in soil and ground water above applicable standards/screening levels (check all that apply):

| <u>Ground</u> | | <u>Ground</u> | |
|--------------------------|---|--------------------------|--|
| <u>Soil</u> | <u>Water</u> | <u>Soil</u> | <u>Water</u> |
| <input type="checkbox"/> | <input type="checkbox"/> Volatile Organics | <input type="checkbox"/> | <input type="checkbox"/> PCBs |
| <input type="checkbox"/> | <input type="checkbox"/> Polycyclic Aromatic Hydrocarbons(PAHs) | <input type="checkbox"/> | <input type="checkbox"/> Chromium |
| <input type="checkbox"/> | <input type="checkbox"/> Acid Extractables | <input type="checkbox"/> | <input type="checkbox"/> Dioxin |
| <input type="checkbox"/> | <input type="checkbox"/> Base Neutrals (non-PAHs) | <input type="checkbox"/> | <input type="checkbox"/> Mercury |
| <input type="checkbox"/> | <input type="checkbox"/> Metals | <input type="checkbox"/> | <input type="checkbox"/> Arsenic |
| <input type="checkbox"/> | <input type="checkbox"/> Pesticides | <input type="checkbox"/> | <input type="checkbox"/> Perchlorate, RDX, TNT, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> PHC | <input type="checkbox"/> | <input type="checkbox"/> Other, specify _____ |

- b. For all AOCs at which a SI was conducted, but no RI/RA is proposed:
 - 1) Are any soil analytical results greater than the most stringent Direct Contact Soil Remediation Standards (DCSRS)? Yes No
 - 2) Are any soil analytical results greater than the default Impact to Ground Water Soil Screening Levels (IGWSSL)? Yes No
 - 3) Are any ground water analytical results greater than the Ground Water Quality Standards (GWQS)? Yes No NA
 - 4) Are any Method Detection Limits (MDLs) greater than the applicable soil and/or ground water standards or screening levels? Yes No

- 5) Are any surface water analytical results greater than the most stringent, both human and ecological, Surface Water Quality Standards?..... Yes No NA
- 6) Are any sediment analytical results above the screening levels? Yes No NA
- 7) Are any analytical results above the vapor intrusion screening levels? Yes No NA
- 8) Did the SI document, via a background investigation, outside the influence of onsite AOCs and operational areas, determine that:
- a) contamination is migrating onto this site per N.J.A.C. 7:26E-3.7(g)? Yes No NA
- b) contamination is naturally occurring per N.J.A.C. 7:26E-3.10? Yes No NA
- 9) Contamination is associated with an ongoing ISRA remediation..... Yes No NA
- c. Have Alternative Remediation Standards (ARS) been utilized for Inhalation and/or Ingestion/Dermal pathways? Yes No
- d. Have any site specific Impact to Groundwater Soil Remediation Standards (IGWSRS) been established? Yes No

Note: Complete if "Yes" to question b.) 1-4, c. or d. List affected AOC(s) below; attach additional sheets if necessary.

| Area of Concern (from H2. above) | Exceeds DCSRS | Exceeds IGWSSL | Exceeds GWQS | MDLs > Standards | ARS | Site Specific IGWSRS | Comments |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

SECTION I. ALTERNATIVE REMEDIATION STANDARD / DEVIATIONS

Alternative remediation standard

If proposing an alternative remediation standard pursuant to N.J.A.C. 7:26D-7.4, check here and attach the Alternative Soil Remediation Standard Application Form as an addendum.

Deviation from regulations

If the Licensed Site Remediation Professional has varied from the Technical Rules, provide the citation(s) from which the remediation varied and the page(s) in the attached document where the rationale for the deviation is provided.

N.J.A.C. 7:26E- _____ Page _____

N.J.A.C. 7:26E- _____ Page _____

N.J.A.C. 7:26E- _____ Page _____

SECTION J. 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: _____ Business Affiliation: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ ZIP Code: _____

Email Address: _____

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.

Signature: _____ Date: _____

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

SECTION K. 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: _____

Submit this form to the assigned case manager. If there is no assigned case manager, submit this form to:

Bureau of Case Assignment & Initial Notice
Site Remediation Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420

DRAFT

SECTION K. 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.

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

Submit this form to the assigned case manager. If there is no assigned case manager, submit this form 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 K. SUBSURFACE EVALUATOR UST REPORT CERTIFICATION FORM

Certification by the Subsurface Evaluator:

I certify under penalty of law that the work was performed under my oversight and I have reviewed the report and all attached documents, and the submitted information is true, accurate and complete in accordance with the requirements of N.J.A.C. 7:14B and N.J.A.C. 7:26E. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information including fines and/or imprisonment.

| | |
|---------------------|--------------------------------|
| Name: _____ | UST Cert. No.: _____ |
| Firm: _____ | Firm's UST Cert. Number: _____ |
| Firm Address: _____ | |
| City/Town: _____ | State: _____ Zip Code: _____ |
| Phone Number: _____ | Ext: _____ Fax: _____ |
| Signature: _____ | Date: _____ |

No Changes Since Last Submittal

Submit this form to the assigned case manager. If there is no assigned case manager, submit this form to:

Bureau of Case Assignment & Initial Notice
Site Remediation Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420