



New Jersey Department of Environmental Protection
Site Remediation and Waste Management Program

UNREGULATED HEATING OIL TANK (UHOT) SYSTEM
REMEDIATION FORM

Date Stamp
(For Department use only)

SECTION A. SITE LOCATION

Incident Number/Communication Center Number:
Site Name:
Street Address:
Municipality: (Township, Borough or City)
County: Zip Code:
Program Interest (PI) Number(s):
Municipal Block(s) and Lot(s):
Block # Lot(s) # Block # Lot(s) #
Block # Lot(s) # Block # Lot(s) #

SECTION B. RESPONSIBLE PARTY (PROPERTY OWNER)

Full Name of the Responsible Party/UHOT Owner:
Mailing Address:
City: State: Zip Code:
Email Address (required):
Telephone Number: Ext.:

SECTION C. ENVIRONMENTAL PROFESSIONAL

The environmental professional is a:
Certified Subsurface Evaluator UST Cert #
Licensed Site Remediation Professional (LSRP) LSRP License #
First Name: Last Name:
Firm Name: Firm UST Cert # (if applicable)
Mailing Address:
City: State: Zip Code:
Email Address (required):
Telephone Number: Ext.:

Additional Professionals

Did any other Environmental Professionals perform any work
(Tank Removal, Investigation or Remediation) at this site? Yes No

If "Yes", list the Environmental Professionals below. If there are more than 4, attach additional pages:

**Additional Professional 1**

- Certified Subsurface Evaluator.....UST Cert # \_\_\_\_\_
- Licensed Site Remediation Professional (LSRP).....LSRP License # \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Firm UST Cert # (if applicable) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address (*required*): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_

**Additional Professional 2**

- Certified Subsurface Evaluator.....UST Cert # \_\_\_\_\_
- Licensed Site Remediation Professional (LSRP).....LSRP License # \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Firm UST Cert # (if applicable) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address (*required*): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_

**Additional Professional 3**

- Certified Subsurface Evaluator.....UST Cert # \_\_\_\_\_
- Licensed Site Remediation Professional (LSRP).....LSRP License # \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Firm UST Cert # (if applicable) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address (*required*): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_

**Additional Professional 4**

- Certified Subsurface Evaluator.....UST Cert # \_\_\_\_\_
- Licensed Site Remediation Professional (LSRP).....LSRP License # \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Firm UST Cert # (if applicable) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address (*required*): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_

**SECTION D. REASON FOR SUBMISSION**

**Check all that apply:**

**Fee**

- Submission of a Remedial Action Report .....\$400.00
- Re-issuance of NFA with Amended Form .....\$100.00
- On Scene Coordinator Request for a Discharge to Surface Water Proposal .....\$400.00

**Note:** To apply for a Permit-by-Rule (PBR) for a discharge to ground water, submit the "Discharge to Ground Water Permit By Rule Authorization Request Form" to the NJDEP. The form can be found at: <http://www.nj.gov/dep/srp/srra/forms>. Do not submit this form for a PBR proposal.

**SECTION E. SITE CONDITIONS**

Does an Immediate Environmental Concern (IEC) condition exist at the site?.....  Yes  No  
See NJDEP IEC guidance at: <http://www.nj.gov/dep/srp/guidance/index.html#iec>.

**Current Use:**

- Industrial  Undeveloped  Residential  Commercial  Other \_\_\_\_\_

**Special Conditions: (Check all that apply):**

- Ground water contamination has exceeded a Ground Water Remediation Standard (GWRS) and a potable well (on site or off site) is located within 100 feet of the contamination.
- Ground water contamination has migrated beyond the property boundaries of the owner of the tank.
- A vapor intrusion investigation was conducted.
- A release from the tank resulted in a discharge to surface water and/or wetland.
- Residual contamination remains and supporting information is included.
- Remediation was conducted to a *site-specific* impact to ground water remediation standard.
- The remediation of the soil and/or ground water is proposed or implemented with an On Scene Coordinator Request for a Discharge to Surface Water Proposal or a Permit-by-Rule Discharge to Ground Water Proposal.
- IEC condition was identified and has been addressed.

**SECTION F. SITE SPECIFIC INFORMATION**

Attach a map to this form providing tank/discharge location(s), the locations of all relevant buildings, sample location(s) and depth(s), sample results, and the location(s) of all potable wells within 100 feet of the UHOT (on and off site).

**Tank Information (list each tank separately)**

Type of tank (above or underground)	Size of tank (gallons)	Type of heating oil (#2, 4, 6 or kerosene)

1. The discharge was to: (check all that apply)

- Soil  Ground Water  Surface Water  Ecologically Sensitive Natural Resource (ENSR) Area
- Other (specify): \_\_\_\_\_

2. How was the discharge identified? (check all that apply)

- Sample Analysis  Olfactory  Visual  Record/Loss of Product
- Other (specify): \_\_\_\_\_

3. Were any of the following conditions present? (check all that apply.)

- Soil Staining
- Distressed or Dead Vegetation
- Product Entering Storm Sewer
- Off-site Migration of contamination
- Product Entering Basement
- Product Observed on Surface Water
- Other (specify): \_\_\_\_\_

**SECTION G. SOILS**

- 1. Were soil samples collected consistent with N.J.A.C. 7:26F and the NJDEP's most recent Field Sampling Procedures Manual? .....  Yes  No
- 2. Were soil samples biased toward the most contaminated areas using field instruments and/or visual and olfactory observations? .....  Yes  No  
How was this accomplished? \_\_\_\_\_
- 3. Was the vertical and horizontal extent of soil contamination delineated prior to remediation? .....  Yes  No
- 4. Fully describe the method of soil remediation
  
- 5. What was the depth of the tank bottom? ..... \_\_\_\_\_ feet
- 6. What was the maximum depth of soil remediation? ..... \_\_\_\_\_ feet
- 7. Was contaminated soil removed from the site? .....  Yes  No  
If "Yes," How much soil was removed? \_\_\_\_\_  tons or  cubic yards  
To what facility was it taken? \_\_\_\_\_  
Date(s) soil was removed: \_\_\_\_\_
- 8. If soil was reused on site, was sampling conducted consistent with NJDEP's rules and regulations and the Alternative and Clean Fill Guidance Document at ([http://www.nj.gov/dep/srp/guidance/index.html#fill\\_srp](http://www.nj.gov/dep/srp/guidance/index.html#fill_srp))? .....  Yes  No
- 9. Were the analytical results for all soil post excavation/remediation samples below the NJDEP's most stringent Soil Remediation Standards and Screening Levels? .....  Yes  No

**SECTION H. GROUND WATER**

- 1. What is the approximate depth to the saturated zone (seasonally high water table)? ..... \_\_\_\_\_ feet  
How was this determined? \_\_\_\_\_
- 2. What is the approximate depth to bedrock? (if applicable) ..... \_\_\_\_\_ feet  
How was this determined? \_\_\_\_\_
- 3. Was ground water present in the excavation? .....  Yes  No  
If "Yes," was a sheen observed on ground water? .....  Yes  No
- 4. Was a ground water investigation conducted consistent with N.J.A.C. 7:26F? .....  Yes  No  N/A
- 5. Were all ground water samples collected consistent with N.J.A.C. 7:26F and the NJDEP's most recent Field Sampling Procedures Manual? .....  Yes  No  N/A  
Include all monitoring well permit numbers
- 6. Was any contamination detected in the ground water above the applicable ground water remediation standards, N.J.A.C. 7:26D-2? .....  Yes  No  N/A
- 7. Was the vertical and horizontal extent of ground water contamination delineated? .....  Yes  No  N/A
- 8. Is a potable well located on the site? .....  Yes  No  
If "Yes," what is the distance from the UHOT contamination to the private potable well? ..... \_\_\_\_\_ feet

9. Are there any potable wells located within 100 feet of the UHOT (on or off the site)? .....  Yes  No  
If "Yes," what is the distance from the UHOT contamination to the private potable well? ..... Feet
10. Fully describe the method of ground water remediation (if applicable):

11. Was contaminated ground water removed from the site? .....  Yes  No  
What volume was removed? \_\_\_\_\_ gallons  
To what facility was it taken? \_\_\_\_\_  
Date(s) taken: \_\_\_\_\_
12. Does the ground water contamination extend beyond the property boundary?.....  Yes  No
13. Are there two rounds of confirmatory sampling that indicate the ground water contaminant concentrations are below the applicable ground water remediation standards, N.J.A.C. 7:26D-2? .....  Yes  No  N/A

**SECTION I. REMEDIATION REQUIREMENTS**

1. Was the site restored in accordance with the NJDEP's rules and regulations? .....  Yes  No
2. Were there impacts to surface water or other sensitive environmental resources? .....  Yes  No
3. Was the Remedial Action Report prepared in accordance with the NJDEP's rules and regulations? .....  Yes  No
4. Total cost of the remediation (both RI and RA costs): ..... \$ \_\_\_\_\_
5. Date remediation was completed: \_\_\_\_\_

**SECTION J. LABORATORY QUALITY ASSURANCE INFORMATION**

1. Was the laboratory certified to perform the required tests? .....  Yes  No
2. Are the Chain of Custody form(s) included in the QA/QC package? .....  Yes  No
3. Are signed Laboratory Deliverables Checklist and Non-Conformance Summaries included in the QA/QC package? .....  Yes  No
4. If problems are identified in the Laboratory Deliverables Checklist and Non-Conformance summaries is a statement of data usability included? .....  Yes  No
5. Were holding times met for all analyses? .....  Yes  No
6. Are RLs below Soil and Ground Water Remediation Standards? .....  Yes  No
7. Is a Laboratory Sample Summary included in the QA/QC package? .....  Yes  No
8. Is the QA/QC package (reduced deliverables) included? .....  Yes  No
9. Is the Electronic data package for reduced data deliverables included? .....  Yes  No

**SECTION K. REMEDIAL ACTION REPORT CHECKLIST:**

Include the following items in the Remedial Action Report:

- USGS Topographic map of the area .....  Included
- Sample Results Summary Tables .....  Included
- Scaled site map with tank, soil sample and monitor well location(s) with analytical  
results and location of a potable well(s) and north arrow .....  Included
- Laboratory quality assurance information required in Section J. above .....  Included
- Tank Contents Disposal Receipt (fully executed manifest) .....  Included
- Tank Disposal Certificate/Receipt .....  Included  N/A
- Contaminated Soil Disposal Receipt (fully executed manifest) .....  Included  N/A
- Documentation that Fill was "certified clean" .....  Included  N/A
- Contaminated Ground Water Disposal Receipt (fully executed manifest) .....  Included  N/A
- Copies of all local permits associated with the tank removal/remediation .....  Included  N/A

**SECTION L. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION**

Full Legal Name of the Person Responsible  
for Conducting the Remediation/UHOT Owner: \_\_\_\_\_

Representative First Name: \_\_\_\_\_ Representative Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Relationship to Responsible Party: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address (*required*): \_\_\_\_\_

*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: \_\_\_\_\_

**SECTION M. SUBSURFACE EVALUATOR UHOT REPORT CERTIFICATION FORM**

**Certification by the Subsurface Evaluator:**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and 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 may be committing a crime if I make a written false statement, which I do not believe to be true, accurate and complete. I hereby certify that the area of concern being remediated was remediated consistent with the Heating Oil Tank System Remediation Rules, N.J.A.C. 7:26F. In addition, I certify that I have provided direct on-site supervision of the remediation. Moreover, I understand that should I discover evidence of a discharge of a hazardous substance, I will provide written notice to the owner of the unregulated heating oil tank system as to that discovery and to the Department pursuant to the Administrative Requirements for the Remediation of Contaminated Sites, N.J.A.C. 7:26C-1.7. I am also aware that if I knowingly direct or authorize the violation of any statute, I can be personally liable for the penalties.*

Name: \_\_\_\_\_ UST Cert. No.: \_\_\_\_\_  
Firm: \_\_\_\_\_ Firm's UST Cert. Number: \_\_\_\_\_  
Firm Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address (required): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed forms shall be filed electronically through the email address [srpuhot@dep.nj.gov](mailto:sruphot@dep.nj.gov). Email a completed UHOT System Remediation form, a Remedial Action Report, and any other required documentation. Please note that the attachment is requested to be submitted in the following order: UHOT Form, UHOT Report, and Laboratory data.

All required fees can be paid electronically or by mail.

- a) To pay the required processing fee electronically, refer to the "UHOT How to Manual – Paying Bill Online" available at: <https://www.nj.gov/dep/srp/unregulatedtanks/>.
- b) To pay the required processing fee by mail, send payment to:

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



**SECTION M. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT**

LSRP ID Number: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address (*required*): \_\_\_\_\_

This statement shall be signed by the LSRP who is submitting this notification in accordance with N.J.S.A. 58:10C-14, and N.J.S.A. 58:10B-1.3b(1) and (2).

- (1) *I certify, as a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C-1 et seq. to conduct business in New Jersey, that for the remediation described in this submission, and all attachments included in this submission, I personally: Managed, supervised, or performed the remediation conducted at this site that is described in this submission, and all attachments included in this submission; and/or periodically reviewed and evaluated the work performed by other persons that forms the basis for the information in this submission; and/or completed the work of another site remediation professional, licensed or not, after having: (1) reviewed all available documentation on which I relied; (2) conducted a site visit and observed the then-current conditions and verified the status of as much of the work as was reasonably observable; and (3) concluded, in the exercise of my independent professional judgment, that there was sufficient information upon which to complete any additional phase of remediation and prepare workplans and reports related thereto.*
- (2) *I certify:*
- *That I have read this submission and all attachments to this submission;*
  - *That in performing the professional services as the licensed site remediation professional for the entire site or each area of concern, I adhered to the professional conduct standards and requirements governing licensed site remediation professionals provided in N.J.S.A. 58:10C-16;*
  - *That the remediation conducted at the entire site or each area of concern, that is described in this submission and all attachments to this submission, was conducted pursuant to and in compliance with the remediation requirements in N.J.S.A. 58:10C-14.c;*
  - *That the remediation described in this submission, and all attachments to this submission, was conducted pursuant to and in compliance with the regulations of the Site Remediation Professional Licensing Board at N.J.A.C. 7:26I; and*
  - *That the information contained in this submission and all attachments to this submission is true, accurate, and complete.*
- (3) *I certify, when this submission includes a response action outcome, that the entire site or each area of concern has been remediated in compliance with all applicable statutes, rules, and regulations and is protective of public health and safety and the environment.*
- (4) *I certify that no other person is authorized or able to use any password, encryption method, or electronic signature that the Board or the Department have provided to me.*
- (5) *I certify that I understand and acknowledge that:*
- *If I knowingly make a false statement, representation, or certification in any document or information I submit to the Department I may be subject to civil and administrative enforcement pursuant to N.J.S.A. 58:10C-17.a.1(a)through (f) by the Board, including but not limited to license suspension, revocation, or denial of renewal; and*
  - *If I purposely, knowingly, or recklessly make a false statement, representation, or certification in any application, form, record, document or other information submitted to the Department or required to be maintained pursuant to the Site Remediation Reform Act, I shall be guilty, upon conviction, of a crime of the third degree and shall, notwithstanding the provisions of subsection b. of N.J.S.2C:43-3, be subject to a fine of not less than \$5,000 nor more than \$75,000 per day of violation, or by imprisonment, or both.*
- (6) *I certify that I have read this certification prior to signing, certifying, and making this submission.*

LSRP Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
LSRP Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_