

**RESIDENTIAL/NON-REGULATED UNDERGROUND STORAGE TANK
REMEDIAL ACTION REPORT SUBMITTAL FORM**

INCIDENT/CASE NUMBER: _____

- A. Site Name _____
Street Address _____
Municipality _____ County _____ Zip Code _____
Tax Block and Lot Number(s) _____
- B. Party submitting Remedial Action Report and \$400 Oversight Fee (do not put contractor name here):
Name _____
Mailing Address _____
Municipality _____ State _____ Zip Code _____
Phone # _____ Email Address _____
- C. Current Property Owner(s) (If different than B)
Name(s) _____
Street Address _____
Municipality _____ State _____ Zip Code _____
- D. Is this property your primary residence?
Yes ____ No ____ If yes, provide date of occupancy: _____
- E. Who will be the contact for all matters of this application?
Name(s) _____
Affiliation _____ Telephone # _____
Street Address _____
Municipality _____
State _____ Zip Code _____ Email address _____

- F. Did the discharge impact groundwater?
Yes ____ No ____ Unknown ____
- G. Has a loan/grant application pursuant to the Underground Storage Tank Finance Act been filed with the Department?
Yes ____ No ____