



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

**ALTERNATIVE REMEDY / REMEDIAL ACTION
 PRE-APPROVAL FORM**

FOR RESIDENCES, SCHOOLS, AND CHILD CARE CENTERS

Date Stamp
 (For Department use only)

NOTE: This form shall be completed for any remediation initiated after May 7, 2010, by the person responsible for conducting the remediation, when new construction of, or a change in use to, a residence, a child care center or a school will occur, and an alternative remedy is proposed, or pre-approval of a remedial action is required.
This form may be submitted for a residence, child care center, or school when pre-approval from the NJDEP for the specific issues detailed below is desired but not required. See instructions for limitations.

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): _____
 Date Remediation Initiated Pursuant to N.J.A.C. 7:2 6C-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. REMEDIAL ACTION WORKPLAN

1. Is the remediation at a residence, school, or child care center?..... Yes No
If "No" STOP ! DO NOT SUBMIT THIS FORM.

2. Is the remediation for new construction of, or a change in use to a residence, school, or child care center and was remediation initiated after May 7, 2010?..... Yes No
If "Yes": Is the proposed remedial action required to be approved by the NJDEP? Yes No
 If "Yes," please indicate reason(s) below: (*check all that apply*)

- Containment of free product
- Unexploded Ordnance
- Chlorinated Dioxins and Furans
- Hexavalent Chromium
- Landfills not prohibited by N.J.S.A. 58:10B-12(g)
- Alternative Remedy – (**If checked complete Section C**)

If "No": You are not required to submit this form. However, you may submit this form if you desire pre-approval from the NJDEP of your remedial action for **only** a residence, a school, or child care center for the **specific issues** listed below. **BE ADVISED:** Once you submit this form, you must comply with all Department's recommendations and modifications to your submittal.

Are you requesting voluntary pre-approval of your proposed remedial action? Yes No

If "Yes," indicate the issue(s) to be reviewed: *(check all that apply)*

- Containment of free product
- Unexploded Ordnance
- Chlorinated Dioxins and Furans
- Hexavalent Chromium
- Landfills not prohibited by N.J.S.A. 58:10B-12(g)
- Alternative Remedy

SECTION C. ALTERNATIVE REMEDY *(complete only if submitting an alternative remedy)*

1. The alternative remedy is: *(Check one only)*

- Proposed because the presumptive remedy is impractical due to conditions at the site;
- OR**
- Equally protective over time" as the applicable presumptive remedy.

2. Provide the page number in the RAW where the detailed description of the alternative remedy is located: _____ .

SECTION D. 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: _____

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: _____

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 E. 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: _____

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: _____