



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

**ALTERNATIVE OR NEW REMEDIATION STANDARD
 AND/OR SCREENING LEVEL APPLICATION FORM**

Date Stamp
 (For Department use only)

NOTE: This form shall be completed for all contaminants for which a direct contact exposure pathway alternative or new remediation standard, alternative impact to ground water soil remediation standard, alternative vapor intrusion screening level, ecological risk-based remediation goal, and/or ecological risk management decision goal is being implemented and/or requested for a site or area of concern. The form shall be used regardless of whether Department pre-approval is required.

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): _____

SECTION B. REMEDIATION STANDARD NOTIFICATION SPREADSHEET

Complete and attach the Remediation Standard Notification Spreadsheet which can be found at:
<http://www.nj.gov/dep/srp/srra/forms/>. This form will not be processed by the NJDEP if the spreadsheet is not attached.

SECTION C. PURPOSE FOR SUBMISSION

Pre-Approval Required:

No Pre-Approval Required:

- | | |
|--|--|
| <input type="checkbox"/> Ingestion/Dermal Alternative Soil Remediation Standard | <input type="checkbox"/> Inhalation Alternative Soil Remediation Standard |
| <input type="checkbox"/> Inhalation Alternative Soil Remediation Standard
(New Toxicity Data, New Modeling, etc.) | <input type="checkbox"/> (Calculation Spreadsheet) |
| <input type="checkbox"/> Development of New Remediation Standard | <input type="checkbox"/> Impact to Groundwater Alternative Soil Remediation Standard |
| <input type="checkbox"/> Ecological Risk Based Remediation Goal | <input type="checkbox"/> Vapor Intrusion Alternative Screening Level |
| <input type="checkbox"/> Ecological Risk Management Decision Goal | <input type="checkbox"/> Development of New Vapor Intrusion Screening Level |

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: _____

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: _____

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