



**New Jersey Department of Environmental Protection**  
**Site Remediation Program**

**CASE CREATION REQUEST FORM**  
*(Only for the special circumstances listed below)*

**Date Stamp**  
**(For Department use only)**

**REASON FOR CASE CREATION:** *(Check one)*

Confirmed Discharge Notification (CDN) for Historic Fill only

**Note:** This form can only be used to submit a CDN when Historic Fill will be the only contaminated AOC in the case. All other confirmed discharge notices must be submitted online at: <http://www.nj.gov/dep/online/>. If you plan to remediate the Historic Fill AOC under an existing case (LSR Activity), DO NOT submit this form. Instead, just add the Historic Fill AOC to the CID for the existing case.

Madden Subject Educational Facility

No Statutory or Regulatory Requirement, but remediation conducted for the purpose of obtaining a Response Action Outcome (RAO)

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

Date Historic Fill Identified *(if applicable)* \_\_\_\_\_

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. CURRENT OWNER OF THE SITE**

Affiliation/Name of Organization: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION C. SITE USE**

**Current Site Use** *(check all that apply)*

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

**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 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