



New Jersey Department of Environmental Protection
Site Remediation Program

ISRA DE MINIMIS QUANTITY EXEMPTION AFFIDAVIT

Date Stamp
(For Department use only)

NOTE: If more than one Industrial Establishment (business) operates at the site (multiple tenancy), and the transaction which initiates ISRA is a sale of property then a separate General Information Notice is required for each Industrial Establishment (tenant) that uses hazardous materials and has a NAICS number within the subject realm of ISRA.

SECTION A. INDUSTRIAL ESTABLISHMENT

ALL APPLICANTS MUST COMPLETE 1-3 BELOW, EVEN IF THE INFORMATION IS IDENTICAL.

1. Industrial Establishment

Business Name: _____ Telephone Number: _____

Street Address: _____

Municipality: _____ (Township, Borough or City)

County: _____ Zip Code: _____

Municipal Block(s) and Lot(s):

Block # _____ Lot # _____ Block # _____ Lot # _____

Block # _____ Lot # _____ Block # _____ Lot # _____

Block # _____ Lot # _____ Block # _____ Lot # _____

Block # _____ Lot # _____ Block # _____ Lot # _____

Does the Industrial Establishment include: the Entire Site, or
 a Leasehold Portion of the Block and Lots above.

Date trigger compliance with N.J.A.C. 7:26B-3.2(a): _____

NAICS Code: _____ (Required)

To determine your NAICS Code please refer to the "Official NAICS Page" at <http://www.census.gov/eos/www/naics/> or contact the NJ Department of Labor at 609-292-2633.

Please provide a description of operations conducted on site by the Industrial Establishment listed in "1" above to verify the listed NAICS number as accurate.

2. Current Property Owner

Business Name: _____

Contact Person: _____ Telephone Number: _____

Street Address: _____

Municipality: _____ State: _____ Zip Code: _____

3. Current Business Owner

Business Name: _____

Contact Person: _____ Telephone Number: _____

Street Address: _____

Municipality: _____ State: _____ Zip Code: _____

SECTION B. PREVIOUS ISRA/ECRA SUBMISSIONS

1. Have there been any previous or concurrent ISRA/ECRA submissions (including Applicability Determinations or De Minimis Quantity Exemption Application) by this Industrial Establishment or another Industrial Establishment, which occupied the same tax block and lot number?..... Yes No
2. If "Yes," Name of Industrial Establishment(s): _____
3. ISRA/ECRA Case No(s): _____ Current Status _____

SECTION C. TYPE OF TRANSACTION

Indicate the transaction(s), which initiates the ISRA review. Check **all** that apply (see N.J.A.C. 7:26B-3.2 & 3.3):

- | | | |
|---|---|--|
| <input type="checkbox"/> Sale of Property | <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Stock Transfer/Corporate Merger |
| <input type="checkbox"/> Cessation | <input type="checkbox"/> Partnership Change | <input type="checkbox"/> Other (attach documentation to explain) |
| <input type="checkbox"/> Sale of Business | <input type="checkbox"/> Sale of Assets | |
| <input type="checkbox"/> Bankruptcy – Type: _____ Date: _____ Case #: _____ | | |

SECTION D. QUANTITIES OF HAZARDOUS SUBSTANCES OR HAZARDOUS WASTES

Please complete the three tables listed below (Tables D1, D2, and D3) and complete D4. List all types and quantities of hazardous substances and hazardous wastes, including but not limited to petroleum products, that are generated, manufactured, refined, transported, treated, stored, handled or disposed at the property, both above and below ground, which are included in the Department's "List of Hazardous Substances" at Appendix A of N.J.A.C. 7:1E, or as otherwise provided by law. Include all available Material Safety Data Sheets (MSDS) for those products. (Attach additional sheets if necessary.)

If a hazardous substance or hazardous waste is mixed with a nonhazardous substance, indicate the total quantity of hazardous materials in the mixture (i.e. amount of mixture times % of hazardous substance or hazardous waste = total quantity of hazardous substance or hazardous waste). Indicate in the table below the **total quantity of the mixture, the % of hazardous substance or hazardous waste, and the total quantity of hazardous substance or hazardous waste**. Also provide MSDS for the mixtures.

Table D1: Hazardous Substances Or Hazardous Wastes

Name of Material	Maximum Quantity Stored At Any One Time

Total Quantity of Hazardous Substances or Hazardous Wastes = _____

Table D2: Mixtures Containing Hazardous Substances

Name of Mixture	Max Qty On-Site	Hazardous Constituent	% Present In Mixture	Total Quantity of Hazardous Constituent

Total Quantity of Hazardous Constituents From Mixtures = _____

Table D3: Hydraulic or Lubricating Oils

Type of Oil	Maximum Quantity Stored On-Site At Any Time

Total Quantity of Hydraulic or Lubricating Oils Stored Onsite At Any Time = _____

* TOTAL FROM SECTIONS 1 AND 2 = _____ * Must not exceed 55 gallons or 500 pounds.

** TOTAL FROM SECTION 3 = _____ ** Must not exceed 220 gallons

D4: Heating Oil

Heating oil is a petroleum product and therefore considered a hazardous substance pursuant to ISRA. If heating oil was ever stored on or entered into the industrial establishment from an external tank during the term of the applicant's operation onsite, than the industrial establishment would have exceeded the maximum allowable criteria for the De Minimis Quantity Exemption.

Has heating oil ever been stored on or entered into the industrial establishment from an external tank during the term of the applicant's operations onsite? Yes No

Note: If the applicants operation was formerly heated by oil serviced by an underground storage tank, and said tank was closed with DEP oversight resulting in a No Further Action letter, than those quantities of oil stored in said tank need not be considered as part of this exemption process.

Please provide case number if applicable: _____

SECTION E. ACKNOWLEDGEMENTS *(To be initialed by the signatory on the certification page.)*

Right of Entry and Inspection

Pursuant to the Industrial Site Recovery Act rules (N.J.A.C. 7:26B-1.9), by the submission and certification of this document I give my consent to the entry of the industrial establishment by the Department and its authorized representatives during any phase of remediation, upon the presentation of credentials, to inspect the site.

Initial _____

Withdrawal Notification

I understand that I may withdraw this notice if the transaction that initiated the filing of this De Minimis Affidavit is terminated. In accordance with the Industrial Site Recovery Act rules (N.J.A.C. 7:26B-3.4), such withdrawal, stating the reasons why compliance with ISRA no longer applies to the site referenced in Item 1A above, shall be made in writing and certified in accordance with N.J.A.C. 7:26B-1.6. I understand if the site has been confirmed to be contaminated, pursuant to the Site Remediation Reform Act, I am obligated to continue with the remediation of the site regardless of the status of my ISRA trigger.

Initial _____

SECTION F. CERTIFICATION OF THE OWNER OF THE INDUSTRIAL ESTABLISHMENT

(Please note, all correspondence will be mailed to the person named below.)

Company Name of the property owner or business owner taking responsibility for making this application: _____

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 Owner or Operator of the Industrial Establishment 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

**Site Remediation Program
Industrial Site Recovery Act**

DE MINIMIS QUANTITY EXEMPTION AFFIDAVIT FEE

Case Number (if known): _____

Case Name (Active Case): _____

Check drawn from the account of: _____ Check/M.O. Number: _____

Amount Enclosed: _____

De Minimis Quantity Exemption Affidavit Fee

\$300.00

Note: Review fees are for a single review. The submission of a revised document in response to deficient submission will require a separate review fee. Fees are not transferable or refundable once a requested review has been completed or a written determination has been made by the Department.