



**New Jersey Department of Environmental Protection**  
 Site Remediation and Waste Management Program  
**DISCHARGE TO GROUND WATER (DGW) PERMIT-BY-RULE**  
**AUTHORIZATION REQUEST**

LSRP     Subsurface Evaluator (UHOT)

Date Stamp  
 (For Department use only)

**SECTION A. SITE NAME AND LOCATION**

Site Name: \_\_\_\_\_  
 AKAs: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Municipality: \_\_\_\_\_ (Township, Borough or City)  
 County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Program Interest (PI) Number(s): \_\_\_\_\_  
 Case Tracking Number(s) for this submission: \_\_\_\_\_  
 Municipal block(s) and lot(s) where the **proposed discharge(s)** would occur:  
 Block # \_\_\_\_\_ Lot #(s) \_\_\_\_\_ Block # \_\_\_\_\_ Lot #(s) \_\_\_\_\_  
 Block # \_\_\_\_\_ Lot #(s) \_\_\_\_\_ Block # \_\_\_\_\_ Lot #(s) \_\_\_\_\_

**SECTION B. FEE AND DISCHARGE INFORMATION**

DGW Proposal Review Fee ..... \$350.00

**Discharge Type** (check all that apply)

- Discharge of Recovered Ground Water
- Will the discharge be a result of dewatering only? .....  Yes     No
- Discharge that is part of an *In situ* Remediation
- Discharges other than those above (see instructions for more information)

**Facility Type** (check all that apply)

- Underground Injection Control (UIC) facility (i.e., any type of injection)
- Non-UIC (e.g., surface application) (see instructions for more information)

Attach a Discharge to Ground Water Proposal to this form (see instructions)

**SECTION C. PUBLIC NOTICE PROVISIONS** (Does not apply to residential heating oil tank cases)

Is the proposed discharge lasting greater than 180 days? .....  Yes     No  
 If "Yes," attach a copy of the public notice written as you intend it to be published. (see instructions)

**SECTION D. SITE USE AND GROUND WATER CLASSIFICATION**

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

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

**Intended Future Site Use** (check all that apply)

- Industrial
- Residential
- Commercial
- School or child care
- Park or recreational use
- Vacant
- Government
- Future site use unknown

What is the ground water classification for this site as per N.J.A.C. 7:9C? (check all that apply)

- Class I-A
- Class I-PL Pinelands Protection Area
- Class I-PL Pinelands Preservation Area
- Class II-A
- Class III-A
- Class III-B

**SECTION E. RECEPTOR EVALUATION SUMMARY**

**Non-UHOT Cases**

1. Have any of the following been identified on the site or within 200 feet of the site boundary?

Check all that apply.

- Residences
- Child care facilities
- Public and private schools (K-12)
- Surface water
- Other occupied buildings
- Public parks and playgrounds

2. Did the well search conducted as a part of the receptor evaluation show any well use (potable, industrial, or irrigation)?..... Yes  No

If "Yes," indicate the type of use and approximate distance (closest occurrence) from site: *(Check all that apply)*

- Potable Distance from site: \_\_\_\_\_ feet
- Industrial Distance from site: \_\_\_\_\_ feet
- Irrigation Distance from site: \_\_\_\_\_ feet

3. Have any of these receptors been impacted? ..... Yes  No

If "Yes," Do you have an NJDEP assigned Case Manager? ..... Yes  No

If "Yes," please list the Case Manager: \_\_\_\_\_

**UHOT Cases**

1. Is ground water contamination above the Ground Water Remediation Standards? ..... Yes  No  
If "Yes," answer questions 2 and 3.

2. Has a potable well been identified within 100 feet of the contamination? ..... Yes  No

3. Have any potable wells been impacted? ..... Yes  No

If "Yes," has the NJDEP been notified? ..... Yes  No

**SECTION F. 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: \_\_\_\_\_

Telephone 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: \_\_\_\_\_

Check this box if the person above is also the property owner of the site or their representative. If this person is not the site property owner, please ensure the site property owner's name and address is included in the DGW Proposal, and also indicate that the property owner has been informed about the proposed discharge.

**SECTION G. 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: \_\_\_\_\_

**SECTION G. SUBSURFACE EVALUATOR UST REPORT CERTIFICATION FORM**

*I certify under penalty of law that the work was performed under my oversight and I have reviewed the report and all attached documents, and the submitted information is true, accurate and complete in accordance with the requirements of N.J.A.C. 7:14B and N.J.A.C. 7:26E. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information including fines and/or imprisonment.*

Name: _____	UST Cert. No.: _____
Firm: _____	Firm's UST Cert. Number: _____
Firm Address: _____	
City/Town: _____	State: _____ Zip Code: _____
Phone Number: _____	Ext: _____ Fax: _____
Signature: _____	Date: _____

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