



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

**HISTORICALLY APPLIED PESTICIDES (HAP) DEFERRAL REQUEST FORM
INSTRUCTIONS**

General Instructions

1. **Applicability.** Use this form to request a deferral of the remediation of HAP contamination found at **agricultural properties** that will continue to operate as agricultural properties or **golf courses** that will continue to operate as golf courses. No other type of site use qualifies for a deferral.

Use this form when HAP is the **only** contaminated AOC. **Do not use this form for any contamination onsite that does not meet this definition.**

Definition of HAP: "Historically applied pesticides" means any organic or inorganic chemical which has been and is no longer used for pest control, and that has been found to have long-lived residues and lasting health and environmental impacts. This does not include the manufacture, mixing, or other handling of these chemicals that results in a discharge.

A copy of the required Historically Applied Pesticides Notice must be submitted with this form.

2. **Updates.** The NJDEP may update this form periodically. Please ensure you are using the latest version of this form. Download the latest version of this form from the NJDEP Website: <http://www.nj.gov/dep/srp/srra/forms/>.
3. **Signatures.** This form must be signed by the person responsible for conducting the remediation and the Licensed Site Remediation Professional (LSRP).
4. 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 A. Site Information

- **Site Name:** Provide the name of the site (i.e., ABC Farms, ABC Golf Course);
- **List all AKAs:** Provide all other known names for the site;
- **Street Address:** Provide the street address for the site NOTE: This should be the physical location of the site – not the mailing address;
- **Municipality:** Provide the name of the municipality(ies) in which the facility is physically located and indicate if it is a township, borough, village, or city. NOTE: This should be the name of the incorporated municipality and not the local name;
- **County:** Provide the name of the county(ies) where the site is located;
- **Zip code:** Enter the five digit code for the physical location of the site;
- **Program Interest (PI) Numbers:** The PI Number is assigned by the NJDEP and can be obtained via the web at <http://www.nj.gov/dep/srp/> (DEP DATA MINER REPORTS).
- **Case Tracking Numbers for this submission:** Provide all NJDEP generated site identification numbers for this submission (Hotline incident numbers, UST Notice of Intent to Close numbers, ISRA numbers, etc.). Attach additional sheets if necessary;
- **Municipal Block(s) and lot(s):** Provide all lot and block numbers for the site.
- **Site Use:** Indicate the type of site use. Only sites that are used for agriculture or golf qualify for a HAP Deferral.
- **NJDEP Hotline Incident Number:** Provide the NJDEP Hotline Incident Number (Communication Center Number).

Section B. Current Owner of the Site

The information submitted on this form should indicate the current owner of the real property at the site on which a discharge has occurred.

Section C. Person Responsible for Conducting the Remediation Information and Certification

The certification in this section shall be signed and dated by the person responsible for conducting the remediation. The certification in this section shall **not** be signed by the licensed site remediation professional or law firm hired to assist the owner or operator with their compliance obligations. The certification required in this section shall be executed as follows:

1. For a corporation or limited liability company, by a principal executive officer of at least the level of vice president; or
 2. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
 3. For a municipality, state, Federal or other public agency, by either a principal executive officer or ranking elected official; or
 4. By a duly authorized representative of the corporation, partnership, sole proprietorship, municipality, state or Federal or other public agency, as applicable. A person is deemed to be a duly authorized representative if the person is authorized in writing by an individual described in 1, 2 or 3 above and the authorization meets the following criteria:
 - i. The authorization specifies either an individual or a position having responsibility for the overall operation of the industrial establishment or activity, such as the position of plant manager, or a superintendent or person of equivalent responsibility (a duly authorized representative may thus be either a named individual or any individual occupying a named position);
 - ii. The written authorization is submitted to the NJDEP along with the certification; and
 - iii. If an authorization is no longer accurate because a different individual or position has responsibility for the overall operation of the industrial establishment or activity, a new authorization satisfying the requirements of this section shall be submitted to the NJDEP prior to or together with any reports, information, or applications to be signed by an authorized representative.
- Provide the full legal name of the person responsible for conducting the remediation;
 - Provide the full name of the representative of the person responsible for conducting the remediation, pursuant to N.J.A.C. 7:26C-1. Enter "Same" if the representative is the same person as the person responsible for conducting the remediation;
 - Provide the title of the representative of the person responsible for conducting the remediation;
 - Provide the telephone number, extension number, and fax number of the representative of the person responsible for conducting the remediation;
 - Provide the mailing address, including the city/town, state, and zip code of the representative of the person responsible for conducting the remediation;
 - Provide the email address of the representative of the person responsible for conducting the remediation;
 - The representative for the person responsible for conducting the remediation shall provide:
 - ❖ His/her signature where indicated;
 - ❖ His/her name and title (i.e., President, CEO); and
 - ❖ The date when the signing occurred.

Section D. Licensed Site Remediation Professional Information and Statement

- LSRP ID Number: Provide the Licensed Site Remediation Professional ID Number.
- Provide the name, phone number, email and mailing address (city/town, state, zip code) of the Licensed Site Remediation Professional.
- The certification in this section shall be signed and dated by the Licensed Site Remediation Professional.