



New Jersey Department of Environmental Protection
Site Remediation Program

REQUEST FOR DEPARTMENT OVERSIGHT
NON-RESIDENTIAL PROPERTIES

Date Stamp
(For Department use only)

This form has been developed so that any party interested in conducting a cleanup at a non-residential property can obtain oversight from the Department.

This form should not be used for properties subject to the Industrial Site Recovery Act (ISRA) Rules or when the only area of concern is related to a Regulated Underground Storage Tank or Unregulated Heating Oil Tank. Forms associated with these types of cases can be found on the internet at <http://www.nj.gov/dep/srp/isra/forms.htm>, <http://www.nj.gov/dep/srp/forms/usi/> and http://www.nj.gov/dep/srp/unregulatedtanks/uhot_forms.htm#quest.

The party and/or the party's authorized agent, interested in conducting the cleanup activities must complete this form in its entirety. The Department will not process the form unless all the requested information is completed and all questions are answered to the satisfaction of the Department. The form **must have an original signature and be notarized**. Once completed the document must be submitted to the following address:

Enforcement & Assignment Element
 Bureau of Case Assignment & Initial Notice
 401 East State Street, PO Box 434
 Trenton, NJ 08625-0434

Attention: Bureau Chief, Bureau of Case Assignment & Initial Notice

Answer all questions as completely as possible. If you have any questions when completing this form, it is recommended that you contact the Case Assignment Section at (609) 292-2943 between the hours of 8:00 AM and 5:00 PM for assistance.

The applicant shall pay the Department's oversight costs pursuant to the Procedures for Department Oversight of the Remediation of Contaminated Sites N.J.A.C. 7:26C-9.

Financial assistance information can be found on the Internet at <http://www.nj.gov/dep/srp/finance/>.

Incident Number: _____

Date: _____

SECTION A. CURRENT USE

- Agricultural Industrial Undeveloped Commercial
 Other _____

SECTION B. SITE NAME AND LOCATION

Site Name: _____

List all AKAs: _____

Street Address: _____

Municipality: _____ (Township, Boro or City)

County: _____ Zip Code: _____

Mailing Address if different than street address: _____

Tax Block(s) and Lot(s): Block # _____ Lot # _____

Latitude: _____ Longitude: _____ Acreage _____

SECTION C. Who will be responsible for the payment of Department oversight costs associated with the review of this case?

Name: _____

Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

State of Incorporation: _____ Corporation Status: _____

Phone: _____ E-mail Address: _____

SECTION D. Who will be the contact for all matters associated with this case?

Name(s): _____

Affiliation: _____ Telephone Number: _____

Street Address: _____

Municipality: _____ State: _____ Zip Code: _____

E-mail Address: _____

SECTION E. What is the purpose for requesting oversight by the Department? (for example: to obtain either a "Whole Site" or "Area of Concern" NFA, demonstrate an offsite source exists, Brownfields re-development, DEP or CEA amendments, etc.). Attach additional sheet if needed:

SECTION F. Provide a detailed description of the scope of the remediation for which Department oversight is being requested (areas of concern, media impacted, how it will be addressed, etc). Attach additional sheet if needed:

SECTION G. Select which phase(s) of the cleanup process are to be performed and what document(s) are to be submitted. A proposed schedule must be provided for each of the phases for which oversight is being requested. At least one of the listed documents must be submitted with this application.

REMEDIAL PHASE	DOCUMENTS	PROJECTED SUBMITTAL DATE
<input type="checkbox"/> Preliminary Assessment	<input type="checkbox"/> Preliminary Assessment Report**	_____
<input type="checkbox"/> Site Investigation	<input type="checkbox"/> Site Investigation Report**	_____
<input type="checkbox"/> Remedial Investigation	<input type="checkbox"/> Remedial Investigation Workplan	_____
<input type="checkbox"/> Remedial Action	<input type="checkbox"/> Remedial Investigation Report	_____
	<input type="checkbox"/> Remedial Action Selection Report	_____
	<input type="checkbox"/> Remedial Action Workplan	_____
	<input type="checkbox"/> Remedial Action Report**	_____
	<input type="checkbox"/> Biennial Certification Report**	_____

**Pursuant to the Department's Oversight Rules, N.J.A.C. 7:26C-9.2, the following documents must be submitted with the applicable fixed oversight fee:

Preliminary Assessment Report	\$375.00
Site Investigation Report	\$750.00
Remedial Action Report for tanks not regulated by N.J.A.C. 7:14B	\$400.00
Biennial Certification Report.....	\$375.00

SECTION H. CURRENT SITE OWNER(S)

Name(s): _____
 Firm: _____ Telephone Number: _____
 Street Address: _____
 Municipality: _____ State: _____ Zip Code: _____

SECTION I. CURRENT BUSINESS OPERATOR(S)

Name(s): _____
 Firm: _____ Telephone Number: _____
 Street Address: _____
 Municipality: _____ State: _____ Zip Code: _____

SECTION J. CURRENT BUSINESS OWNER(S) (if different than question part H. or I.)

Name(s): _____
 Firm: _____ Telephone Number: _____
 Street Address: _____
 Municipality: _____ State: _____ Zip Code: _____

SECTION K. Provide the information requested below on the previous owners of the site and the entities who operated at the site.

Name	Owner or Operator	From	To

SECTION L. For those former owner(s) and/or operator(s) identified above (in paragraph H), give a brief discussion of all operations at the site, including but not limited to types of operations, materials used, waste generated and waste disposal techniques.

SECTION M. Are there currently or have there ever been any notices on the deed, which constitute a Declaration of Environmental Restriction (DER) pursuant to N.J.A.C. 7:26e-1 et seq.? Yes No Unknown
If yes, please state the name of the site as it was identified in the DER, the address, lot and block and EP ID number (if applicable) associated with the site.

SECTION N. Are there currently, or have there ever been, any above or below ground storage tanks at the site? Yes No Unknown

SECTION O. Did the discharge impact groundwater? Yes No Unknown

SECTION P. What are the current operations at the site?

SECTION Q. What are the intended future uses of the site?

SECTION R. Describe briefly the major types of contaminants found at the site and what media they affect.

SECTION S. Describe in detail how the contamination came to exist at the site. For example, were there past spills, landfill operations, industrial septic systems, USTs, depositions of fill material, etc.?

SECTION T. List any civil/criminal actions taken against the owner/operator, managers or officials associated with the site for violations of any environmental laws or statutes.

Check here if no violations or alleged violation Date of action: _____

Section of law or statute violated: _____

Type of enforcement action: _____

Description of the violation:

How was the violation or alleged violation resolved?

SECTION U. List all permits currently held by the applicant for the site. (NJPDES, RCRA, etc.)

SECTION V. Has a Hazardous Discharge Site Remediation Fund Grant or Loan Application been filed with the Department? Yes No

SECTION W. Has a loan/grant application pursuant to the Underground Storage Tank Finance Act been filed with the Department? Yes No

SECTION X. Is the site located in a Neighborhood Empowerment Zone as defined in the New Jersey Urban Redevelopment Act ? Yes No

SECTION Y. Is the site currently, or has it ever been, under the oversight of any other program within the DEP? Yes No

If yes, explain:

Program Interest #: _____ Case Manager: _____

SECTION Z. Do you consider this site to be a Brownfield as defined below:

Any former or current commercial or industrial site that is currently vacant or underutilized and on which there has been, or there is suspected to have been, a discharge of a contaminant.

OR is the remediation being conducted with the intent to pursue redevelopment?

Yes No

CERTIFICATION

The following certification shall be signed by:

1. For a corporation, by a principal executive officer of at least the level of vice president.
2. For a partnership or sole proprietorship, by a general partner of the proprietor, respectively, or;
3. For a municipality, State, Federal or other public agency, by either a principal executive officer or ranking elected official.
4. For persons other than 1 through 3 above, by the person with legal responsibility for the site.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and 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 that 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.

Printed Name _____ Title _____

Signature _____ Date _____

Sworn and subscribed to me this _____
day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

