



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

**PUBLIC NOTIFICATION AND OUTREACH**

Date Stamp  
 (For Department use only)

**SECTION A. SITE LOCATION**

Site Name: \_\_\_\_\_

List all AKAs: \_\_\_\_\_

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ (Township, Borough or City)

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address if different than street address: \_\_\_\_\_

Program Interest (PI) Number(s): \_\_\_\_\_

Case Tracking Number(s) for this submission: \_\_\_\_\_

Date Remediation Initiated Pursuant to N.J.A.C. 7:26C-2: \_\_\_\_\_

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. NOTIFICATION INFORMATION**

1. Indicate the type of Public Notification:  
 Initial       Update

2. Public notification was provided via: (Check all that apply)

Sign.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Letter.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fact sheet.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Were materials produced in a language other than English? .....  Yes     No  
 If "Yes," in what other language was notification prepared? \_\_\_\_\_

4. Were copies provided to municipal clerk, local/county health dept., and local health agency? .....  Yes     No

5. Did you provide an electronic copy of all required submittals? .....  Yes     No

6. Was public notification conducted using an alternate plan and is the rationale for this plan included? .....  Yes     No

7. Was additional public outreach conducted due to the NJDEP's determination of substantial public interest? .....  Yes     No

**SECTION C. 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 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: \_\_\_\_\_

Municipality: \_\_\_\_\_ 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