



**New Jersey Department of Environmental Protection**  
 Site Remediation and Waste Management Program  
**REMEDIAL ACTION PERMIT APPLICATION –**  
**GROUND WATER**

LSRP     Subsurface Evaluator (UHOT only)

Date Stamp  
 (For Department use only)

**SECTION A. SITE NAME AND LOCATION**

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

List All AKAs: \_\_\_\_\_

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

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

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

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

Case Tracking Number(s): \_\_\_\_\_

Municipal Block(s) and Lot(s) of the entire site: \_\_\_\_\_

Is this site a Federal case?.....  Yes     No

If "Yes," indicate the Federal Case Type:

RCRA GPRA 2020     CERCLA/NPL     USDOD     USDOE

Other (explain): \_\_\_\_\_

**SECTION B. PERMIT APPLICATION, MODIFICATION, AND TERMINATION FEES**

If this Application is for a Modification or Termination, please confirm:

All outstanding Remedial Action Permit annual fees are paid in full.

**Note:** The application will not be processed until all outstanding fees have been paid.

<b>Select One</b>	<b>Effective on or Before June 30, 2018</b>	<b>Effective July 1, 2018</b>
<input type="checkbox"/> Natural Attenuation Permit Application .....	\$1,955.00 .....	\$2,100.00
<input type="checkbox"/> Natural Attenuation Permit Modification.....	\$1,470.00 .....	\$1,840.00
<input type="checkbox"/> Natural Attenuation Permit Termination.....	\$1,505.00 .....	\$1,880.00
<input type="checkbox"/> Active System Permit Application .....	\$2,445.00 .....	\$3,055.00
<input type="checkbox"/> Active System Permit Modification .....	\$1,955.00 .....	\$2,445.00
<input type="checkbox"/> Active System Permit Termination .....	\$2,150.00 .....	\$2,415.00

**SECTION C. FEE BILLING CONTACT PERSON**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION D. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION – CO-PERMITTEE**

Affiliation/Name of Organization: \_\_\_\_\_  
First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
 Primary Responsibility for Permit Compliance

**SECTION E. CURRENT OWNER OF THE SITE – CO-PERMITTEE**

Affiliation/Name of Organization: \_\_\_\_\_  
First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
 Primary Responsibility for Permit Compliance

**SECTION F. CLASSIFICATION EXCEPTION AREA (CEA) INFORMATION**

- 1. Is this Ground Water Remedial Action Permit Application for a previously established CEA? .....  Yes  No  
If "Yes," provide the date the original CEA was established: \_\_\_\_\_
- 2. Attach a completed CEA/WRA Fact Sheet Form with all exhibits.
- 3. Has the CEA been accurately mapped on NJ-GeoWeb? .....  Yes  No  
If "No", then submit a GIS compatible map of the CEA by email to [srpgis\\_cea@dep.nj.gov](mailto:srpgis_cea@dep.nj.gov).

**SECTION G. MONITORING, MAINTENANCE AND EVALUATION INFORMATION**

- 1. Type of Ground Water Remediation
  - a.  Monitored Natural Attenuation
    - 1) Is there a decreasing trend of contaminant concentrations in the ground water? .....  Yes  No  
If "No", is the ground water plume considered stable? .....  Yes  No
    - 2) Is the ground water plume reaching the sentinel wells? .....  Yes  No
    - 3) Has all soil contamination in the unsaturated zone been remediated to the applicable numeric Soil Remediation Standard for all area(s) of concern associated with this CEA? .....  Yes  No  N/A
    - 4) Has all free and/or residual product in the unsaturated and saturated zones, as determined pursuant to N.J.A.C. 7:26E-5.1(e), been treated or removed for all area(s) of concern associated with this CEA? .....  Yes  No  N/A
  - b.  Active Remediation
    - Provide the type of remediation: \_\_\_\_\_
    - 1) Is there a decreasing trend of contaminant concentrations in the ground water? .....  Yes  No  
If "No", is the ground water plume considered stable? .....  Yes  No
    - 2) Is the ground water plume reaching the sentinel wells? .....  Yes  No

- 3) Is the ground water plume migrating horizontally or vertically into an uncontaminated aquifer zone below and adjacent to the contaminant plume? .....  Yes  No
- 4) Is the ground water remedial action performing as designed? .....  Yes  No
- 5) What is the expected duration of the active remediation? \_\_\_\_\_ (whole years)
2. Has a Technical Impracticability (TI) Determination been submitted? .....  Yes  No
- If "Yes," attach a summary of the TI Determination and include any additional monitoring requirements in the Ground Water Monitoring Plan.
3. Check the **Monitoring Schedule** you plan to apply:
- Monthly  Annual
- Quarterly  Biennial
- Semi Annual  Other: \_\_\_\_\_
4. Attach the following:
- An electronic copy in Adobe Portable Document Format (PDF) of the applicable Remedial Action Report (RAR).  
Provide the location in the RAR (*page #(s) / figure #(s)*) of the map(s) showing ground water contaminant delineation (horizontally and vertically): \_\_\_\_\_
- The Ground Water Monitoring Plan in both paper and electronically (in "MS Excel" file format);
- A Site Location Map in both paper and electronically (in ".jpg" file format);
- A scaled CEA Map indicating the locations of the proposed ground water sampling points and ground water flow direction in both paper and electronically (in ".jpg" file format).

**SECTION H. FINANCIAL ASSURANCE**

1. Does the Remedial Action include a ground water or vapor intrusion engineering control? .....  Yes  No
- If "No," proceed to the next section.*
2. Are any of the entities identified in Section D or E exempt from establishing financial assurance pursuant to N.J.A.C. 7:26C-7.10(c)? .....  Yes  No
- If "Yes," check the exemption(s) that applies.
- |  |   |
|--|---|
| Person Responsible<br>for Conducting the<br>Remediation –<br><u>Co-Permittee</u> | Current<br>Owner of<br>the Site –<br><u>Co-Permittee</u>  |
| <input type="checkbox"/> .....   | <input type="checkbox"/> Government entity  |
| <input type="checkbox"/> .....   | <input type="checkbox"/> A person not liable pursuant to the Spill Act that purchased contaminated property before May 7, 2009        |
| <input type="checkbox"/> .....   | <input type="checkbox"/> A person that conducted remediation at their primary or secondary residence                                  |
| <input type="checkbox"/> .....   | <input type="checkbox"/> Owner or operator of a child care center   |
| <input type="checkbox"/> .....   | <input type="checkbox"/> Public school or private school  |
| <input type="checkbox"/> .....   | <input type="checkbox"/> Owner or operator of a small business responsible for conducting remediation at the location of the business |
- If all of the entities identified in Section D or E are exempt, proceed to the next section.*
3. Is the current owner of the site either a homeowner association or a condominium association pursuant to the New Jersey Common Interest Association Act, N.J.S.A. 46:8A-1 et seq.? .....  Yes  No
- If "Yes," and the association is identified in Section E of this Permit Application, attach a copy of the association's annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) at the site.*
4. Identify the estimated cost of the operation, maintenance, and monitoring of the engineering control(s) at the site: .....\$ \_\_\_\_\_
5. Are you using an existing Remediation Funding Source (RFS) mechanism for the site as the Financial Assurance? .....  Yes  No

If "Yes," have all of the following criteria been met? .....  Yes  No

- a. There are no remaining areas of concern at the site that need additional remediation (i.e., the LSRP will be issuing a full site Remedial Action Outcome as a result of this permit issuance);
- b. The amount of funds in the RFS equals the amount of funds required to be posted for Financial Assurance; and
- c. The RFS is not in the form of a self-guarantee.

Identify the full amount of the current RFS .....\$ \_\_\_\_\_

6. Identify the full amount established as a Financial Assurance: .....\$ \_\_\_\_\_

*Attach a completed Remediation Cost Review and RFS/FA Form.*

7. What is the Financial Assurance Mechanism? (*check all that apply*)

- Remediation Trust Fund                       Line of Credit                       Loan or Grant
- Environmental Insurance Policy               Letter of Credit

8. Contact information at the financial institution for the Financial Assurance:

Financial Institution: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

9. Attach the original Financial Assurance mechanism or a copy of the RFS mechanism if using an existing RFS mechanism as the Financial Assurance.

**SECTION I. LAND USE** (*for overlying CEA*)

1. **Current Site Land Use** (*check all that apply*)

- Industrial                       Park or Recreational Use                       Child Care Facility
- Residential                       Agricultural                       Hospital
- Commercial                       Road/Right of Way                       Vacant
- Governmental Facility               School                       Other \_\_\_\_\_

2. **Off-site Land Use** (*check all that apply for Blocks/Lots included in the areal extent of the CEA*)

- Industrial                       Park or Recreational Use                       Child Care Facility
- Residential                       Agricultural                       Hospital
- Commercial                       Road/Right of Way                       Vacant
- Governmental Facility               School                       Other \_\_\_\_\_

**SECTION J. RECEPTOR EVALUATION SUMMARY**

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

Check all that apply.

- Residences                       Public parks and playgrounds
- Potable wells                       Surface water
- Public and private schools (K-12)               Tier 1 Well-head protection areas
- Child care facilities                       Ecological receptor (e.g., wetlands, pinelands) *Specify:* \_\_\_\_\_

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

If "Yes," date of Receptor Control: \_\_\_\_\_ Date of IEC Contaminant Source Control: \_\_\_\_\_

3. Have any vapor intrusion engineering controls/mitigation systems been installed as a result of this ground water contamination? .....  Yes  No

If "Yes," indicate the type of engineering control that was implemented: *(check all that apply)*

- Subsurface Depressurization System
- Subsurface Ventilation System
- Soil Vapor Extraction System
- HVAC Positive Pressure
- Other (specify): \_\_\_\_\_

Attach the Operation, Maintenance, and Monitoring (OMM) Plan for the vapor intrusion engineering control(s)/mitigation system(s) both in paper and electronically (in "MS Word" file format). The OMM Plan should clearly identify the building(s) and/or structure(s) and vapor intrusion engineering control(s)/mitigation system(s) that are in place (e.g., active or passive), including the address and block and lot of each impacted property.

4. Have any Point of Entry Treatment (POET) water systems been installed as a result of this ground water contamination? .....  Yes  No

If "Yes," attach the OMM Plan for the POET water system(s) that are in place both in paper and electronically (in "MS Word" file format). The OMM Plan should provide the address and lot and block of each property with a POET water system in place. The sampling of the POET water system(s) should be included in the Ground Water Monitoring Plan for the site (see Section G.4 above).

5. Are any potable wells that do not have a POET water system being sampled regularly as a result of this ground water contamination? .....  Yes  No

If "Yes", include these potable wells in the Ground Water Monitoring Plan for the site (see Section G.4 above).

**SECTION K. OTHER REMEDIAL ACTION PERMITS**

Are other Remedial Action Permits also being applied for or already obtained? .....  Yes  No

If "Yes," please list the Permit Type, Permit Number, and Effective Date for each Remedial Action Permit obtained, or the type of Remedial Action Permit(s) being applied for.

**SECTION L. OTHER INFORMATION PROVIDED**

If there is other information, please list.

**SECTION M. 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: \_\_\_\_\_  
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: \_\_\_\_\_

**SECTION N. CURRENT OWNER OF THE SITE INFORMATION AND CERTIFICATION**

Full Legal Name of the Person who owns the site: \_\_\_\_\_  
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 person who owns the site and 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: \_\_\_\_\_

**SECTION O. 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 O. SUBSURFACE EVALUATOR INFORMATION AND STATEMENT**

*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: _____
Email Address: _____	
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



**ADDENDUM A**  
**Additional Persons Responsible For Conducting Remediation**

**ADDENDUM TO SECTION D. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION – CO-PERMITTEE**

Affiliation/Name of Organization: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Title \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Responsibility for Permit Compliance

1. Does the Remedial Action include a ground water or vapor intrusion engineering control? .....  Yes  No  
If "No," proceed to next section.

2. Are you exempt from establishing financial assurance pursuant to N.J.A.C. 7:26C-7.10(c)? .....  Yes  No  
If "Yes," check the exemption(s) that applies:

- Government entity
- A person not liable pursuant to the Spill Act that purchased contaminated property before May 7, 2009
- A person that conducted remediation at their primary or secondary residence
- Owner or operator of a child care center
- Public school or private school
- Owner or operator of a small business responsible for conducting remediation at the location of the business

3. Identify the estimated cost of the operation, maintenance, and monitoring of the engineering control(s) at the site: ..... \$ \_\_\_\_\_

4. Are you using an existing Remediation Funding Source (RFS) mechanism for the site as the Financial Assurance? .....  Yes  No  
If "Yes," have all of the following criteria been met? .....  Yes  No

- a. There are no remaining areas of concern at the site that need additional remediation (i.e., the LSRP will be issuing a full site Remedial Action Outcome as a result of this permit issuance);
- b. The amount of funds in the RFS equals the amount of funds required to be posted for Financial Assurance; and
- c. The RFS is not in the form of a self-guarantee.

Identify the full amount of the current RFS..... \$ \_\_\_\_\_

5. Identify the full amount established as a Financial Assurance: ..... \$ \_\_\_\_\_  
*Attach a completed Remediation Cost Review and RFS/FA Form.*

6. What is the Financial Assurance Mechanism? (*check all that apply*)

- Remediation Trust Fund  Line of Credit  Loan or Grant
- Environmental Insurance Policy  Letter of Credit

7. Contact information at the financial institution for the Financial Assurance:

Financial Institution: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

8. Attach the original Financial Assurance mechanism or a copy of the RFS mechanism if using an existing RFS mechanism as the Financial Assurance.

## ADDENDUM A

### ADDENDUM TO SECTION M. 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: \_\_\_\_\_

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: \_\_\_\_\_

**ADDENDUM B**  
**Additional Property Owners**

**ADDENDUM TO SECTION E. CURRENT OWNER OF THE SITE – CO-PERMITTEE**

Affiliation/Name of Organization: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Responsibility for Permit Compliance

1. Does the Remedial Action include a ground water or vapor intrusion engineering control? .....  Yes  No

If "No," proceed to next section.

2. Are you exempt from establishing financial assurance pursuant to N.J.A.C. 7:26C-7.10(c)? .....  Yes  No

If "Yes," check the exemption that applies, and then proceed to the next section:

- Government entity
- A person not liable pursuant to the Spill Act that purchased contaminated property before May 7, 2009
- A person that conducted remediation at their primary or secondary residence
- Owner or operator of a child care center
- Public school or private school
- Owner or operator of a small business responsible for conducting remediation at the location of the business

3. Do you represent a homeowner association or a condominium association pursuant to the New Jersey Common Interest Association Act, N.J.S.A. 46:8A-1 et seq.? .....  Yes  No

If "Yes," attach a copy of the association's annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) at the site.

4. Identify the estimated cost of the operation, maintenance, and monitoring of the engineering control(s) at the site: ..... \$ \_\_\_\_\_

5. Are you using an existing Remediation Funding Source (RFS) mechanism for the site as the Financial Assurance? .....  Yes  No

If "Yes," have all of the following criteria been met? .....  Yes  No

- a. There are no remaining areas of concern at the site that need additional remediation (i.e., the LSRP will be issuing a full site Remedial Action Outcome as a result of this permit issuance);
- b. The amount of funds in the RFS equals the amount of funds required to be posted for Financial Assurance; and
- c. The RFS is not in the form of a self-guarantee.

Identify the full amount of the current RFS ..... \$ \_\_\_\_\_

6. Identify the full amount established as a Financial Assurance: ..... \$ \_\_\_\_\_  
*Attach a completed Remediation Cost Review and RFS/FA Form.*

7. What is the Financial Assurance Mechanism? (*check all that apply*)

- Remediation Trust Fund  Line of Credit  Loan or Grant
- Environmental Insurance Policy  Letter of Credit

**ADDENDUM B**

8. Contact information at the financial institution for the Financial Assurance:

Financial Institution: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

9. Attach the original Financial Assurance mechanism or a copy of the RFS mechanism if using an existing RFS mechanism as the Financial Assurance.

**ADDENDUM TO SECTION N. CURRENT OWNER OF THE SITE INFORMATION AND CERTIFICATION**

Full Legal Name of the Person who owns the site: \_\_\_\_\_

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 person who owns the site and 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: \_\_\_\_\_