



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

REMEDIAL ACTION PERMIT APPLICATION – SOIL

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.

Select One:

	Effective on or Before June 30, 2018	Effective July 1, 2018
<input type="checkbox"/> Remedial Action Permit Application.....	\$1,470.00	\$1,840.00
<input type="checkbox"/> Remedial Action Permit Modification	\$975.00	\$1,220.00
<input type="checkbox"/> Remedial Action Permit Termination	\$1,470.00	\$1840.00

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. DEED NOTICE INFORMATION

1. Attach the following:
 - Copy of the Filed Deed Notice or Deed Notice Termination document with Book & Page Numbers (both in paper and electronically in Adobe PDF format)
 - Remedial Action Report (RAR) (electronically only - in Adobe PDF format)
Provide the location in the RAR (*page # / figure #*)
of the map(s) showing soil contaminant delineation: _____
2. Deed Notice filing date: _____
3. Name of County Office the Deed Notice was filed in: _____
4. Book Number the Deed Notice is filed in: _____ Page Numbers: First: _____ to Last: _____
5. Total Number of Pages filed: _____
6. Instrument/Control/File Number(s): _____
7. Block(s) and Lot(s): _____
8. Is the entire site restricted? Yes No
If "No," what percent of the site is restricted? _____ %
9. Is this Deed Notice for Historic Fill material at the site? Yes No
If "Yes," is the Historic Fill material impacting the ground water at the site? Yes No
10. If Historic Fill material is impacting the ground water, has the CEA/WRA Fact Sheet Form
been submitted to the NJDEP? Yes No N/A
If "No," attach a completed CEA/WRA Fact Sheet Form to this application.
11. Has the Deed Notice restricted area been accurately mapped on NJ-GeoWeb? Yes No
*If "No", then submit a GIS compatible map of the Deed Notice restricted area
by email to srpgis_dn@dep.nj.gov and provide the date the email was sent: _____*

SECTION G. FINANCIAL ASSURANCE

1. Does the Remedial Action/Deed Notice include an 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 for Conducting the Remediation – <u>Co-Permittee</u>	Current Owner of the Site – <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*)

- | | | |
|---|---|--|
| <input type="checkbox"/> Remediation Trust Fund | <input type="checkbox"/> Line of Credit | <input type="checkbox"/> Loan or Grant |
| <input type="checkbox"/> Environmental Insurance Policy | <input type="checkbox"/> 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 H. ENGINEERING CONTROL

1. Current Land Use for the Engineering Controlled Area (*check all that apply*)

- | | | |
|--|---|--|
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Park or Recreational Use | <input type="checkbox"/> Child Care Center |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Road/Right of Way | <input type="checkbox"/> Vacant |
| <input type="checkbox"/> Government Facility | <input type="checkbox"/> School | <input type="checkbox"/> Other: _____ |

2. If school, childcare, or residential was checked above, was a presumptive remedy implemented pursuant to N.J.A.C. 7:26E-5.3? Yes No N/A
 If "No," when was the remedy approved by the NJDEP? _____

3. Date Engineering Control(s) was installed: _____

4. Identify below the materials used for the engineering control(s).

Area	Engineering Control Description	Thickness	Units

*Other, describe:

5. In the following table, please list all contaminants that require the use of a Deed Notice/engineering control(s) (attach additional pages if needed). *Please do not attach tables from reports.*

Contaminant	Concentration (mg/kg)	Depth (feet)	Residential Direct Contact Soil Remediation Standard	Non-Residential Direct Contact Soil Remediation Standard

SECTION I. RECEPTOR EVALUATION SUMMARY

1. Have any of the following been identified within 200 feet of the site boundary?
Check all that apply.

- Residences
- Potable wells
- Public and private schools (K-12)
- Child care facilities
- Public parks and playgrounds
- Surface water
- Tier 1 Well-head protection areas
- 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 soil 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.

SECTION J. 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 K. 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 L. 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 M. 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 M. 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: _____

Phone Number: _____ Ext: _____ Fax: _____

Title: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

Primary Responsibility for Permit Compliance

1. Does the Remedial Action/Deed Notice include an engineering control? Yes No
If "No," proceed to the 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 K. 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: _____
Phone Number: _____ Ext: _____ Fax: _____
Title: _____
City/Town: _____ State: _____ Zip Code: _____
Email Address: _____

Primary Responsibility for Permit Compliance

1. Does the Remedial Action/Deed Notice include an 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 L. 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: _____