



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

REMEDIAL ACTION PERMIT INITIAL APPLICATION – SOIL

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 site/property: _____

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. INITIAL SOIL REMEDIAL ACTION PERMIT APPLICATION

1. Reason for Initial Soil Remedial Action Permit (RAP) Application: (check one)

To support a Response Action Outcome (RAO)

To support a Post-No Further Action (NFA)

Note: This permit application will not be processed until all RAP annual fees and the Remedial Action Protectiveness/Biennial-Certification fee, including any past fees, have been paid in full.

Subdivision of an existing Soil RAP

Has the Soil RAP Modification or Termination Application also been submitted for the original parcel(s)?..... Yes No

If "No", please explain why in Section K below.

Other (provide reason - see instructions): _____

2. The Initial Soil RAP Application fee must be enclosed with this application.

**Effective on or Before
 June 30, 2022**

**Effective
 July 1, 2022**

Soil RAP Fee – Initial \$1,760.00 \$1,575.00

SECTION C. FEE BILLING CONTACT PERSON

Business Name: _____
First Name of Contact: _____ Last Name of Contact: _____
Title: _____
Phone Number: _____ Ext.: _____ Fax: _____
Mailing Address: _____
Municipality: _____ State: _____ Zip Code: _____
Email Address: _____

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

Addendum for additional Person Responsible for Conducting the Remediation has been completed.
Affiliation/Name of Organization: _____
First Name of Contact: _____ Last Name of Contact: _____
Title: _____
Phone Number: _____ Ext.: _____ Fax: _____
Mailing Address: _____
Municipality: _____ State: _____ Zip Code: _____
Email Address: _____
 Check the box if the Person Responsible for Conducting the Remediation is the Primary Contact for Permit Compliance

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

Addendum for additional Owner of the Site has been completed.
Affiliation/Name of Organization: _____
First Name of Contact: _____ Last Name of Contact: _____
Title: _____
Phone Number: _____ Ext.: _____ Fax: _____
Mailing Address: _____
Municipality: _____ State: _____ Zip Code: _____
Email Address: _____
 Check the box if the owner is the Primary Contact for Permit Compliance

SECTION F. ATTACHED DOCUMENTS

Attach the following documents: *(Check all that apply)*

Note: All electronic copies should be provided in Adobe PDF file format on a compact disc (CD).

- Hard copy **and** electronic copy of the Soil RAP Application using the current form on the NJDEP Website.
- Electronic copy of the Filed Deed Notice document (must be a separate Adobe PDF file) with book and page numbers, which should include all associated attachments/exhibits.
- Remedial Action Report (RAR) submitted through the online portal unless this application is related to a Post-NFA Case. For Post-NFA Cases, submit an electronic copy of the RAR and any other pertinent reports/letters (e.g., Remedial Action Workplan (RAW) Approval Letters).

Provide the Licensed Site Document (LSD) Activity Number for the RAR online submission: _____

- Electronic copy of a map or the location in the RAR (*Section #s/Figure #s*) of the map(s) showing area of concern/source and showing and/or explaining horizontal and vertical delineation of the soil contamination.
Location in the RAR (*Section #s/Figure #s*): _____
- Electronic copy of the NFA Letter, if applicable. (*Post-NFA Cases only*)
- Electronic copy of the completed Remediation Cost Review and RFS/FA Form with a detailed cost estimate, if applicable, including:
Only Check One:
 - Original** Financial Assurance mechanism (*hard copy*), including any Amendments, attached.
 - Date the original Financial Assurance mechanism was submitted to the NJDEP: _____
 - An electronic copy of the Remediation Funding Source (RFS) mechanism, if using an existing RFS mechanism as the Financial Assurance, and the amendment to conform to the Financial Assurance format.
- Electronic copy of the homeowner or condominium association's annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) at the site, if applicable.

SECTION G. DEED NOTICE INFORMATION

1. Deed Notice filing date: _____
2. Name of County Office the Deed Notice was filed in: _____
3. Book Number the Deed Notice is filed in: _____ Page Numbers: First: _____ to Last: _____
4. Total Number of Pages filed: _____
5. Instrument/Control/File Number(s): _____
6. Block(s) and Lot(s) of the restricted area:

7. Is the restricted area the entire site/property? Yes No
If "**No**", what percent of the site/property is restricted? _____ %
8. Is this Deed Notice for Historic Fill at the site? Yes No
If "**Yes**", is the Historic Fill impacting the ground water at the site? Yes No
If the Historic Fill **is** impacting the ground water at the site, has the CEA/WRA Fact Sheet Form been submitted to the NJDEP? Yes No
If the CEA/WRA Fact Sheet Form has not been submitted, **attach** the Form to this application.
If the Historic Fill **is not** impacting the ground water at the site, then check one of the boxes below to explain why:
 Ground water sampled as per the guidance and below GWQS
 Ground water not sampled because no trigger in SI/RI
9. Is this Deed Notice for Polychlorinated Biphenyl (PCB) soil contamination greater than 1 part per million (ppm) remaining at the site? Yes No
If "**Yes**", provide the location in the RAR (*Section #*) that documents compliance/approval with the federal Toxic Substances Control Act (TSCA) program: _____
10. Has the Deed Notice restricted area been accurately mapped on NJ-GeoWeb? Yes No
If "**No**", 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: _____
11. Was a compliance option (e.g., compliance averaging) used to evaluate the data? Yes No
If "**Yes**", provide the location in the RAR (*Section #*) that describes the details of the compliance option used: _____

12. Is the AOC for the Soil RAP Application limited only to historic fill or historically applied pesticides (HAP)? Yes No

If "Yes", questions #13 and 14 below may be skipped as the SRS-MGW exposure pathway does not apply.

13. Has soil sampling in the unsaturated zone revealed exceedances of the default Soil Remediation Standards for the Migration to Ground Water (SRS-MGW) exposure pathway remaining with the AOC(s) for the Soil RAP Application? Yes No

If "Yes", indicate how the MGW exposure pathway was addressed:

- Alternate Remediation Standard(s) (ARS) - MGW developed (e.g., SWPE, SPLP, etc.)
- Narrative ARS-MGW - Site Soil and Ground Water Data Evaluation [Highest concentration of soil contamination is present at the water table and no impact to ground water above the GWRS (no remediation for the MGW exposure pathway is required)]
- Narrative ARS-MGW - Immobile Chemical(s) Option
- Compliance Averaging/Attainment Demonstration
- Low Permeability/Impermeable Cap (See Question #14 below)
- Other: _____

Provide the location in the RAR (Section #) that addresses this issue: _____

14. Is a low permeability cap being used to address the MGW exposure pathway at the site? Yes No

If "Yes", provide the location in the RAR (Section #) that describes the details of the low permeability cap used: _____

And check the appropriate box below and answer the corresponding questions:

VOCs with ground water contamination

Has a Ground Water Remedial Action Permit Application been submitted? Yes No

Has MNA been demonstrated while the site has been capped? Yes No

If "No", provide the location in the RAR (Section #) that justifies the deviation from the capping of volatile contaminants for the MGW exposure pathway guidance: _____

VOCs without ground water contamination

Are the soil vapor sample concentrations below the Impact to Ground Water Soil Vapor Screening Levels for the appropriate timeframe? Yes No

If "No", provide the location in the RAR (Section #) that justifies the deviation from the capping of volatile contaminants for the MGW exposure pathway guidance: _____

Inorganics/SVOCs with ground water contamination

Has a Ground Water Remedial Action Permit Application been submitted? Yes No

If "No", provide the location in the RAR (Section #) that justifies the deviation from the capping of inorganic and semi-volatile contaminants for the MGW exposure pathway guidance: _____

Inorganics/SVOCs without ground water contamination

Is there a minimum 2-foot clean soil buffer above the seasonal high-water table? Yes No

If "No", provide the location in the RAR (Section #) that justifies the deviation from the capping of inorganic and semi-volatile contaminants for the MGW exposure pathway guidance: _____

SECTION I. 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 permittees 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 – Co-Permittee | Current Owner of the Site – Co-Permittee | |
|--|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Government entity (e.g., departments, agencies, and public universities) |
| <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, private school, or charter school |
| | <input type="checkbox"/> | Owner or operator of a small business responsible for conducting remediation at the location of the site |

If all of the permittees 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 RAP Application, an electronic copy of the association's annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) at the site should be attached as indicated in Section F above.

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 RFS mechanism for the site as the Financial Assurance? Yes No
If **"Yes"**, have all of the following criteria been met? Yes No

- a. The amount of funds needed to operate, maintain, and monitor the engineering control(s) at the site for 30 years (*minimum of \$30,000 for a 30-year time frame*);
- b. The amount of funds in the RFS equals the amount of funds required to be posted for RFS and 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: \$ _____

As indicated in Section F above, an electronic copy of the completed Remediation Cost Review and RFS/FA Form should be attached. Also, please be sure to provide one of the following as indicated in Section F above: attach the **original** Financial Assurance mechanism (hard copy), including any Amendments, to the Soil RAP Application; the date the original Financial Assurance mechanism was submitted to the NJDEP; or an electronic copy of the existing RFS mechanism that is being used as the Financial Assurance and the amendment to conform to the Financial Assurance format.

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"/> Surety Bond |
| <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: _____
Title: _____
Phone Number: _____ Ext.: _____ Fax: _____
Mailing Address: _____
Municipality: _____ State: _____ Zip Code: _____
Email Address: _____

SECTION J. VAPOR INTRUSION SUMMARY

1. Are there any buildings with an Indeterminate Vapor Intrusion Pathway status as a result of this soil contamination and not ground water contamination? Yes No
If **“Yes”**, provide the location in the RAR (*Section # and Figure #*) that documents this issue:
2. Is there soil gas contamination above the Soil Gas Screening Levels beneath any buildings that require long-term monitoring as a result of this soil contamination and not ground water contamination? Yes No
If **“Yes”**, provide the location in the RAR (*Section # and Figure #*) that documents this issue:
- Attach** an electronic copy of the Vapor Intrusion Long-Term Monitoring Plan.
3. Are any vapor intrusion engineering controls/mitigation systems currently installed at any buildings as a result of this soil contamination (*and not ground water contamination*) that remain on the site/property and included in the Deed Notice? 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** an electronic copy of the Operation, Maintenance, and Monitoring (OMM) Plan for the vapor intrusion engineering control(s)/mitigation system(s). 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 K. OTHER INFORMATION PROVIDED

List any other pertinent information to support the Initial Soil RAP Application.

SECTION L. 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 M. CURRENT OWNER OF THE SITE INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible 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: _____

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 N. 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: _____

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: _____

Municipality: _____ State: _____ Zip Code: _____

Email Address: _____

Check the box if the Additional Person Responsible for Conducting the Remediation is the Primary Contact 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 (e.g., departments, agencies, and public universities)
- 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, private school, or charter school

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 RFS mechanism for the site as the Financial Assurance? Yes No

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

- a. The amount of funds needed to operate, maintain, and monitor the engineering control(s) at the site for 30 years (*minimum of \$30,000 for a 30-year time frame*);
- b. The amount of funds in the RFS equals the amount of funds required to be posted for RFS and 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: \$ _____

As indicated in Section F above, an electronic copy of the completed Remediation Cost Review and RFS/FA Form with a detailed cost estimate should be attached. Also, please be sure to provide one of the following as indicated in Section F above: attach the **original** Financial Assurance mechanism (*hard copy*), including any Amendments, to the Soil RAP Application; the date the original Financial Assurance mechanism was submitted to the NJDEP; or an electronic copy of the existing RFS mechanism that is being used as the Financial Assurance and the amendment to conform to the Financial Assurance format.

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

- Remediation Trust Fund
- Line of Credit
- Surety Bond
- Environmental Insurance Policy
- Letter of Credit

ADDENDUM A

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

Financial Institution: _____
First Name of Contact: _____ Last Name of Contact: _____
Title: _____
Phone Number: _____ Ext: _____ Fax: _____
Mailing Address: _____
Municipality: _____ State: _____ Zip Code: _____
Email Address: _____

ADDENDUM TO SECTION L. 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: _____

Municipality: _____ State: _____ Zip Code: _____

Email Address: _____

Check the box if the owner is the Primary Contact 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 (e.g., departments, agencies, and public universities)
- 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, private school, or charter school
- Owner or operator of a small business responsible for conducting remediation **at the location of the site**

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**", an electronic copy of the association's annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) at the site should be attached as indicated in Section F above.

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 RFS mechanism for the site as the Financial Assurance? Yes No

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

- a. The amount of funds needed to operate, maintain, and monitor the engineering control(s) at the site for 30 years (*minimum of \$30,000 for a 30-year time frame*);
- b. The amount of funds in the RFS equals the amount of funds required to be posted for RFS and 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: \$ _____

As indicated in Section F above, an electronic copy of the completed Remediation Cost Review and RFS/FA Form should be attached. Also, please be sure to provide one of the following as indicated in Section F above: attach the **original** Financial Assurance mechanism (*hard copy*), including any Amendments, to the Soil RAP Application; the date the original Financial Assurance mechanism was submitted to the NJDEP; or an electronic copy of the existing RFS mechanism that is being used as the Financial Assurance and the amendment to conform to the Financial Assurance format.

ADDENDUM B

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

Remediation Trust Fund

Line of Credit

Surety Bond

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: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Email Address: _____

ADDENDUM TO SECTION M. 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: _____