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

REMEDIAL ACTION PERMIT MODIFICATION 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. SOIL REMEDIAL ACTION PERMIT MODIFICATION APPLICATION

Note: This Soil Remedial Action Permit (RAP) Modification Application will not be processed until all past RAP annual fees have been paid in full, and all previously required RAP Transfer/Change of Property Ownership Applications have been applied for.

1. Reason(s) for the Soil RAP Modification Application: *(check all that apply)*

   ☐ **Change in institutional control (Complete All Sections below except Section H)**

   ☐ **Change in engineering control (Complete All Sections below)**

   ☐ **Permittee address change (Complete Sections C, D, E, F, L, M, and N below)**

   ☐ **Adding an Additional Person Responsible for Conducting Remediation to the Soil RAP (Complete Sections C, D, E, F, H, L, M, N and Addendum A below)**

   ☐ **Other:** _____

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

	Effective on or Before June 30, 2019	***Effective July 1, 2019***
Soil RAP Fee – Modification	$1,220.00	$660.00

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 if the Person Responsible for Conducting the Remediation has Primary Responsibility 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 if the owner has Primary Responsibility 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 completed Soil RAP Modification Application using the current form on the NJDEP Website.
- ☐ Hard ***and*** electronic copy of the cover letter/report explaining the reason(s) for the Soil RAP Modification Application.
- ☐ Electronic copy of the Filed Deed Notice (must be a separate PDF file) and Deed Notice Termination document with book & page numbers, which should include all associated attachments/exhibits.
- ☐ Electronic copy of the completed Remediation Cost Review and RFS/FA Form with a detailed cost estimate, if applicable:

  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 an 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 material at the site?..... ☐ Yes ☐ No

   If "**Yes**", is the Historic Fill material impacting the ground water at the site? ..... ☐ Yes ☐ No

   If the Historic Fill material ***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 material ***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**", document compliance/approval with the federal Toxic Substances Control Act (TSCA) program in Section K below and attach all supporting documentation.

10. Has the new 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. In the following table, list all contaminants still present at the site/property that require the use of a Deed Notice (*attach additional pages if needed*). For each contaminant indicate the highest concentration at any depth, and the shallowest depth at which a concentration was detected above standards, as measured to include the thickness of the cap. Note that the highest concentration and the shallowest depth can be from two different sampling points. ***Do not attach tables from reports.***

If Historic Fill is present, check the appropriate box below:

☐ Visually Characterized historic fill assumed to be contaminated but not sampled
☐ Historic fill sampled (*provide soil sample results below*)

Contaminant	Highest Concentration* (mg/kg)		Shallowest Depth (feet bgs)	Residential Direct Contact Soil Remediation Standard	Non-Residential Direct Contact Soil Remediation Standard	Impact to Ground Water Pathway Soil Remediation Standard
		☐				
		☐				
		☐				
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		☐				
		☐				

* Check the box if the highest concentration was the result of a compliance option.

SECTION H. ENGINEERING CONTROL

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

☐ Industrial
☐ Residential
☐ Commercial
☐ Government Facility
☐ Park or Recreational Use
☐ Agricultural
☐ Road/Right of Way
☐ School
☐ Child Care Center
☐ Hospital
☐ Vacant
☐ 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 alternate remedy approved by the NJDEP? _____

3. Identify below the materials used for the engineering control(s) that are contained in Exhibit C of the Deed Notice.

Area	Engineering Control Description	Thickness	Units	Inspection Frequency

Other, describe:

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 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 – Co-Permittee	Current Owner of the Site – Co-Permittee	
☐	☐	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

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 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 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)*

   ☐ 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: _____

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**", document this issue in Section K below and attach any supporting documentation.

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**", document this issue in Section K below.

   Attach an electronic copy of the Vapor Intrusion Long-Term Monitoring Plan and a scaled site map clearly identifying the building(s).

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 vapor intrusion 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 Soil RAP Modification 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 box if the Additional Person Responsible for Conducting the Remediation has 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 RFS mechanism for the site as the Financial Assurance? ..... ☐ Yes ☐ No

   If "**Yes**", have <u>all</u> 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 RFA 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.

ADDENDUM A

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

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 if the additional owner has 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**", 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 <u>all</u> 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 RFA 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 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.

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: _____