



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

**REMEDIAL ACTION PERMIT TERMINATION
 APPLICATION – GROUND WATER**

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. GROUND WATER REMEDIAL ACTION PERMIT TERMINATION APPLICATION

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

1. Reason for the Ground Water RAP Termination Application: *(Only Check One)*

Site Remediated to the applicable Ground Water Quality Standards

Subdivision of an existing Ground Water RAP (Complete only Sections A, B, C, D, E, J, K, and L)

If this permit termination application is due to a subdivision of an existing Ground Water RAP, have new Initial Ground Water RAP Applications also been submitted for the sub-divided parcels?..... Yes No

Other: _____

2. The Ground Water RAP Termination Application fee must be enclosed with this application.

	<i>Effective on or Before June 30, 2022</i>	<i>Effective July 1, 2022</i>
Ground Water Natural Attenuation RAP Fee – Termination.....	\$770.00	\$525.00
Ground Water Active System RAP Fee – Termination.....	\$770.00	\$525.00

SECTION C. 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 D. 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 E. 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 Ground Water RAP Termination Application using the current form on the NJDEP Website.
- Hard copy **and** electronic copy of the cover letter/report explaining the reason(s) for the Ground Water RAP Termination Application, and a description of the ground water sampling method/events conducted at the site that accounted for the seasonal fluctuations at the site.
- Electronic copy of a summary of the ground water sampling results by monitoring well in tabular format, including all historical ground water sampling data for the site.
- Electronic copy of the ground water laboratory data that is being used to terminate the Ground Water RAP.
- Electronic copy of a scaled site map depicting all ground water monitoring wells/temporary well points on it.
- Electronic copy of the field sampling sheets.
- Indeterminate Vapor Intrusion Pathway Status - Electronic copy of the sub-slab soil gas sampling results for each building along with a scaled site map depicting the building and sub-slab soil gas sampling locations on it, if applicable.
- Vapor Intrusion Long-Term Monitoring Plan - Electronic copy of the sub-slab soil gas sampling results for each building along with a scaled site map depicting the building and sub-slab soil gas sampling locations on it, if applicable.
- Vapor Intrusion Engineering Control/Mitigation System - Electronic copy of the sub-slab soil gas and indoor air sampling results for each building along with a scaled site map depicting the location of the building, the vapor intrusion engineering control/mitigation system type/design, and the sub-slab soil gas and indoor air sampling locations on it, if applicable.

- Point of Entry Treatment (POET) Water System - Electronic copy of the potable well sampling results for each building along with a scaled site map depicting the building and the potable well sampling locations on it, if applicable.

SECTION F. GROUND WATER SAMPLING INFORMATION

1. Do the results of the ground water sampling demonstrate that the contaminant concentrations have decreased to or below the applicable Ground Water Quality Standards for at least two consecutive sampling events accounting for seasonal fluctuations at the site? Yes No
If **"No"**, provide the justification for the deviation of this ground water sampling requirement in Section I below.
2. Was ground water sampling conducted in accordance with the approved Ground Water Monitoring Plan for the site? Yes No
If **"No"**, provide the justification for the deviation of the Ground Water Monitoring Plan in Section I below.

SECTION G. FINANCIAL ASSURANCE

1. Was Financial Assurance posted for this Ground Water RAP? Yes No

SECTION H. AFFECTED RECEPTOR SUMMARY

1. Were there any buildings with an Indeterminate Vapor Intrusion Pathway status? Yes No
If **"No"**, proceed to Question 2 below.
If **"Yes"**, has sub-slab soil gas sampling been conducted in accordance with the Department's most current Vapor Intrusion Technical Guidance document to demonstrate that these buildings no longer have an Indeterminate Vapor Intrusion Pathway status that requires an institutional control at the site? Yes No
If **"Yes"**, the sub-slab soil gas sampling results for each building along with a scaled site map depicting the building and sub-slab soil gas sampling locations should be attached as indicated in Section E above.
If **"No"**, then provide the justification for the deviation of this sub-slab soil gas sampling requirement in Section I below.
2. Was there soil gas contamination above the Soil Gas Screening Levels beneath any buildings that required long-term monitoring? Yes No
If **"No"**, proceed to Question 3 below.
If **"Yes"**, has sub-slab soil gas sampling been conducted in accordance with the Department's most current Vapor Intrusion Technical Guidance document to demonstrate that these buildings no longer have an Indeterminate Vapor Intrusion Pathway status that requires an institutional control at the site? Yes No
If **"Yes"**, the sub-slab soil gas sampling results for each building along with a scaled site map depicting the building and sub-slab soil gas sampling locations should be attached as indicated in Section E above.
If **"No"**, then provide the justification for the deviation of this sub-slab soil gas sampling requirement in Section I below.
3. Were there any vapor intrusion engineering controls/mitigation systems installed at any buildings as a result of the ground water contamination at the site? Yes No
If **"No"**, proceed to Question 4 below.
If **"Yes"**, has sub-slab soil gas and indoor air sampling been conducted in accordance with the Department's most current Vapor Intrusion Technical Guidance document to demonstrate that these vapor intrusion engineering controls/mitigation systems are no longer required? Yes No

If **“Yes”**, the sub-slab soil gas and indoor air sampling results for each building along with a scaled site map depicting the location of the building, the vapor intrusion engineering control/mitigation system type/design, and the sub-slab soil gas and indoor air sampling locations should be attached as indicated in Section E above.

If **“No”**, then provide the justification for the deviation of this sub-slab soil gas and indoor air sampling requirement in Section I below.

4. Were there any Point of Entry Treatment (POET) water systems installed at any buildings as a result of the ground water contamination at the site? Yes No

If **“No”**, proceed to the next Section.

- If **“Yes”**, has potable well sampling been conducted to demonstrate that the POET water systems are no longer required? Yes No

If **“Yes”**, the potable well sampling results for each building along with a scaled site map depicting the building and the potable well sampling locations should be attached as indicated in Section E above.

If **“No”**, then provide the justification for the deviation of this potable well sampling requirement in Section I below.

SECTION I. OTHER INFORMATION PROVIDED

List any other pertinent information to support the Ground Water RAP Termination Application.

SECTION J. 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 K. 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 L. 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 C. 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

ADDENDUM TO SECTION J. 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 D. 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

ADDENDUM TO SECTION K. 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: _____