



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

**REMEDIAL ACTION PERMIT TRANSFER/CHANGE OF
 PROPERTY OWNERSHIP APPLICATION AND CONTACT
 INFORMATION CHANGES**

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): _____
 Remedial Action Permit 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 TRANSFER FEES

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.

<u>Select One</u>	<u>Effective on or Before June 30, 2018</u>	<u>Effective July 1, 2018</u>
<input type="checkbox"/> Ownership Change – Soil RAP	\$650.00	\$815
<input type="checkbox"/> Ownership Change – Soil RAP with a Change in Primary Responsibility for Permit Compliance	\$975.00	\$1,220
<input type="checkbox"/> Ownership Change – Ground Water RAP, MNA	\$650.00	\$815
<input type="checkbox"/> Ownership Change – Ground Water RAP, MNA with a Change in Primary Responsibility for Permit Compliance	\$1,470.00	\$1,840
<input type="checkbox"/> Ownership Change – Ground Water RAP, Active System	\$740.00	\$925
<input type="checkbox"/> Ownership Change – Ground Water RAP, Active System with a Change in Primary Responsibility for Permit Compliance	\$1,955.00	\$2,445
<input type="checkbox"/> Update Fee Billing Contact Information (complete Sections A, B, E, and J)	NO FEE	NO FEE
<input type="checkbox"/> Update Person Responsible for Conducting the Remediation Contact and/or Property Owner Information (complete Sections A, B, C, and/or D, and J)	NO FEE	NO FEE

SECTION C. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION CONTACT INFORMATION

(Complete this section only if you are updating the contact information for the Person Responsible for Conducting the Remediation)

Note: To make changes in the address of the Person Responsible for Conducting the Remediation you must submit a Remedial Action Permit Application available at <http://www.nj.gov/dep/srp/srra/forms> to modify the permit. The name of the organization/affiliation for the Person Responsible for Conducting the Remediation that is currently identified on the permit cannot be changed since the remediation has already been completed by that responsible party.

Name of the Organization/Affiliation for the Person Responsible for Conducting the Remediation whose contact information is changing: _____

Name of New Contact: _____

Email Address: _____

Telephone Number: _____ Ext.: _____ FAX: _____

SECTION D. PROPERTY OWNER CONTACT INFORMATION

(Complete this section only if you are updating the contact information for the Property Owner)

Note: To make changes in the address of the Property Owner you must submit a Remedial Action Permit Application available at <http://www.nj.gov/dep/srp/srra/forms> to modify the permit. The name of the organization/affiliation for the Property Owner that is currently identified on the permit cannot be changed without completing this application along with the appropriate fee.

Name of the Organization/Affiliation for the Property Owner whose contact information is changing: _____

Name of New Contact: _____

Email Address: _____

Telephone Number: _____ Ext.: _____ FAX: _____

SECTION E. FEE BILLING CONTACT PERSON

Name of Organization / Affiliation: _____

First Name of Contact: _____ Last Name of Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone Number: _____ Ext.: _____ FAX: _____

SECTION F. FORMER PROPERTY OWNER – CURRENT PERMITTEE

Name of Organization / Affiliation: _____

First Name of Contact: _____ Last Name of Contact: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

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

Email Address: _____

Is the former owner the same as the Person Responsible for Conducting the Remediation on the permit? Yes No

If "No", did the former owner have Primary Responsibility for Permit Compliance?..... Yes No

SECTION G. NEW PROPERTY OWNER – PROSPECTIVE CO-PERMITTEE

Name of Organization / Affiliation: _____
First Name of Contact: _____ Last Name of Contact: _____
Title: _____
Phone Number: _____ Ext: _____ Fax: _____
Mailing Address: _____
City/Town: _____ State: _____ Zip Code: _____
Email Address: _____
Will the new property owner be the person with Primary Responsibility for Permit Compliance?..... Yes No
If "Yes", then this would constitute a change in Primary Responsibility for Permit Compliance which requires a specific fee (see Section B above).
What was the date of the sale or transfer of the property? _____

SECTION H. FINANCIAL ASSURANCE (to be completed for the new property owner)

1. Does the Remedial Action include an engineering control? Yes No
If "No," proceed to the next section.

2. Is Financial Assurance currently in place for the existing permit? Yes No

3. Are there any changes in Financial Assurance as a result of this transfer? Yes No

4. Is the entity identified in Section G 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

If the entity identified in Section G is exempt, proceed to the next section.

5. 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 G 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.

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

7. Identify the full amount established as a Financial Assurance: \$ _____
Attach a completed Remediation Cost Review and RFS/FA Form if there any changes to Financial Assurance.

8. What is the Financial Assurance Mechanism? (check all that apply)
 Remediation Trust Fund Line of Credit
 Environmental Insurance Policy Letter of Credit

9. 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: _____

10. Attach the original Financial Assurance mechanism if there are any changes to Financial Assurance.

SECTION I. 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 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. FORMER OWNER OF THE SITE INFORMATION AND CERTIFICATION

Full Legal Name of the Person who owned 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 formerly owned 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 have provided a copy of the Remedial Action Permit and have made the new owner aware of the permit conditions and the requirements to perform remedial action protectiveness certifications on a biennial basis and payment of annual Remedial Action Permit fees. 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. NEW 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 have received a copy of the Remedial Action Permit and have been made aware of the permit conditions and the requirements to perform remedial action protectiveness certifications on a biennial basis and payment of annual Remedial Action Permit fees. 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 and Waste Management Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420

ADDENDUM
Additional Property Owner (If Applicable)

ADDENDUM TO SECTION G. NEW PROPERTY OWNER – PROSPECTIVE 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 Permit include an engineering control? Yes No

If "No," proceed to the next section.

2. Is Financial Assurance currently in place for the existing permit? Yes No

3. Are there any changes in financial assurance as a result of this transfer? Yes No

4. Is the entity identified in Addendum to Section G above 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, 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

5. 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.

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

7. Identify the full amount established as a Financial Assurance: \$ _____

Attach a completed Remediation Cost Review and RFS/FA Form if there any changes to Financial Assurance.

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

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

9. 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: _____

10. Attach the original Financial Assurance mechanism if there are any changes to Financial Assurance.

ADDENDUM

ADDENDUM TO SECTION L. NEW 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 have received a copy of the Remedial Action Permit and have been made aware of the permit conditions and the requirements to perform remedial action protectiveness certifications on a biennial basis and payment of annual Remedial Action Permit fees. 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: _____