



New Jersey Department of Environmental Protection
Site Remediation and Waste Management Program
REMEDIAL ACTION PERMIT TRANSFER/CHANGE OF
PROPERTY OWNERSHIP APPLICATION

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. REMEDIAL ACTION PERMIT TRANSFER/CHANGE OF PROPERTY OWNERSHIP APPLICATION FEES

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

The RAP Transfer/Change of Property Ownership Application fee must be enclosed with this application.

<u>Select One</u>	<u>Effective on or Before</u> <u>June 30, 2022</u>	<u>Effective July 1, 2022</u>
<input type="checkbox"/> Ownership Change – Soil RAP	\$880.00	\$630.00
<input type="checkbox"/> Ownership Change – Ground Water RAP, MNA	\$880.00	\$630.00
<input type="checkbox"/> Ownership Change – Ground Water RAP, Active System	\$880.00	\$630.00

SECTION C. FEE BILLING CONTACT PERSON*

Name of Organization / Affiliation: _____
 First Name of Contact: _____ Last Name of Contact: _____
 Mailing Address: _____
 City/Town: _____ State: _____ Zip Code: _____
 Email Address: _____
 Telephone Number: _____ Ext.: _____ FAX: _____

SECTION D. FORMER PROPERTY OWNER

Name of Organization / Affiliation: _____
First Name of Contact: _____ Last Name of Contact: _____
Title: _____
Telephone Number: _____ Ext.: _____ FAX: _____
Mailing Address: _____
City/Town: _____ State: _____ Zip Code: _____
Email Address: _____

SECTION E. NEW/CURRENT PROPERTY OWNER – CO-PERMITTEE

Addendum for additional Owner of the Site has been completed.

Name of Organization / Affiliation: _____
First Name of Contact: _____ Last Name of Contact: _____
Title: _____
Telephone Number: _____ Ext.: _____ FAX: _____
Mailing Address: _____
City/Town: _____ State: _____ Zip Code: _____
Email Address: _____

Provide the date of the sale or transfer of the property: _____

Check if the new/current owner will have 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 RAP Transfer/Change of Property Ownership Application using the current form on the NJDEP Website.
- 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. FINANCIAL ASSURANCE *(to be completed for the new/current 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 RAP? 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 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:

- 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 E 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 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.

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: \$ _____

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 RAP Transfer/Change of Property Ownership 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.

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

- Remediation Trust Fund Line of Credit Surety Bond
- 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: _____

Telephone Number: _____ Ext.: _____ FAX: _____

SECTION H. OTHER INFORMATION PROVIDED

List any other pertinent information to support the RAP Transfer/Change of Property Ownership Application.

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

Full Legal Name of the Person who Formerly 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 K. NEW/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 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 08625-042

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 I. 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. NEW/CURRENT PROPERTY OWNER – PROSPECTIVE CO-PERMITTEE

Name of Organization / Affiliation: _____

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

Title: _____

Telephone Number: _____ Ext.: _____ FAX: _____

Mailing Address: _____

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

Email Address: _____

Primary Responsibility for Permit Compliance

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 RAP?..... 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 E 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

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

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", 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.

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8. 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 B

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: _____

ADDENDUM TO SECTION K. NEW/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 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: _____