



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

REMEDIAL ACTION PROTECTIVENESS /  
BIENNIAL CERTIFICATION FORM – GROUND WATER

LSRP       Subsurface Evaluator (UHOT)

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 and Lot Numbers of the entire Site: \_\_\_\_\_

**SECTION B. FEES**

- Ground Water Remedial Action Protectiveness/Biennial Certification for a Remedial Action Permit (No fee)
- Ground Water Remedial Action Protectiveness/Biennial Certification - Non-Remedial Action Permit \$375.00

**SECTION C. FEE BILLING CONTACT PERSON**

Changed Since Last Submission      Effective Date of Change: \_\_\_\_\_

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. CURRENT OWNER OF THE SITE**

- Changed Since Last Submission      Effective Date of Change: \_\_\_\_\_
- If same as Person Responsible for Monitoring the Protectiveness of the Remedial Action (Section L), check box and proceed to next section.

Full Legal Name of the Owner: \_\_\_\_\_  
First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**SECTION E. CURRENT OPERATOR OF THE SITE**

Changed Since Last Submission      Effective Date of Change: \_\_\_\_\_

If same as Person Responsible for Monitoring the Protectiveness of the Remedial Action (Section L), check box and proceed to the next section.

Full Legal Name of the Operator: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION F. CURRENT LESSEE OF THE SITE**

Changed Since Last Submission      Effective Date of Change: \_\_\_\_\_

If same as Person Responsible for Monitoring the Protectiveness of the Remedial Action (Section L), check box and proceed to the next section.

Full Legal Name of the Lessee: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION G. REMEDIAL ACTION AND CEA/WRA INFORMATION**

1. Type of Ground Water Remediation

a.  **Monitored Natural Attenuation**

1) Has ground water sampling been conducted at the site since the CEA/WRA was established or the last submittal of the Ground Water Remedial Action Protectiveness/Biennial Certification Form, whichever is more recent? .....  Yes     No

If "Yes," attach a summary of the ground water sampling results to this form, including all historical ground water sampling data for the site.

2) Do the results of the ground water sampling demonstrate that contaminant concentrations have decreased to or below the applicable Ground Water Quality Standards for two consecutive sampling events accounting for seasonal fluctuation? .....  Yes     No     N/A

If "Yes", then submit a Ground Water Remedial Action Permit Application for a termination or a request for a CEA/WRA lift for sites that do not currently have a Ground Water Remedial Action Permit and skip the rest of this section.

3) Do the results of the ground water sampling indicate that there is a decreasing trend of contaminant concentrations in the ground water? .....  Yes     No

If "No," is the ground water plume considered stable? .....  Yes     No

If "No," then the permittee/co-permittee shall modify the Remedial Action and apply for a modification of the Ground Water Remedial Action Permit as necessary pursuant to N.J.A.C. 7:26C-7.9(d)2.

- 4) Is the ground water plume reaching the sentinel wells? .....  Yes  No  
 If "Yes," then the permittee/co-permittee shall complete additional delineation of the ground water contamination and modify the Remedial Action and apply for a modification of the Ground Water Remedial Action Permit as necessary pursuant to N.J.A.C. 7:26C-7.9(d)2.
- 5) Has all soil contamination in the unsaturated zone been remediated to the applicable numeric Soil Remediation Standard for all area(s) of concern associated with this CEA? .....  Yes  No  N/A
- 6) Has all free and/or residual product in the unsaturated and saturated zones, as determined pursuant to N.J.A.C. 7:26E-5.1(e), been treated or removed for all area(s) of concern associated with this CEA? .....  Yes  No  N/A

b.  **Active Remediation**

Provide the type of remediation: \_\_\_\_\_

- 1) Has ground water sampling been conducted at the site since the CEA/WRA was established or the last submittal of the Ground Water Remedial Action Protectiveness/Biennial Certification Form, whichever is more recent? .....  Yes  No  
 If "Yes", Attach a summary of the ground water sampling results to this form, including all historical ground water sampling data for the site.
- 2) Do the results of the ground water sampling demonstrate that contaminant concentrations have decreased to or below the applicable Ground Water Quality Standards for two consecutive sampling events accounting for seasonal fluctuation? .....  Yes  No  N/A  
 If "Yes", then submit a Ground Water Remedial Action Permit Application for a termination or a request for a CEA/WRA lift for sites that do not currently have a Ground Water Remedial Action Permit and skip the rest of this section.
- 3) Do the results of the ground water sampling indicate that there is a decreasing trend of contaminant concentrations in the ground water? .....  Yes  No  
 If "No", is the ground water plume considered stable? .....  Yes  No  
 If "No," then the permittee/co-permittee shall modify the Remedial Action and apply for a modification of the Ground Water Remedial Action Permit as necessary pursuant to N.J.A.C. 7:26C-7.9(d)2.
- 4) Is the ground water plume reaching the sentinel wells? .....  Yes  No  
 If "Yes," then the permittee/co-permittee shall complete additional delineation of the ground water contamination and modify the Remedial Action and apply for a modification of the Ground Water Remedial Action Permit as necessary pursuant to N.J.A.C. 7:26C-7.9(d)2.
- 5) Is the ground water plume migrating horizontally or vertically into an uncontaminated aquifer zone below and adjacent to the contaminant plume? .....  Yes  No
- 6) Is the ground water remedial action performing as designed? .....  Yes  No  
 If "No", provide an explanation:
- 7) Has the active ground water treatment system been shutdown for longer than 24-hours since the CEA/WRA was established or the last submittal of the Ground Water Remedial Action Protectiveness/Biennial Certification Form, whichever is more recent? .....  Yes  No  N/A  
 If "Yes", provide an explanation for the shutdown, including the duration of the shutdown and whether or not the shutdown rendered the Remedial Action not protective of public health, safety and of the environment:

8) What is the expected duration of the active remediation? \_\_\_\_\_ (whole years)

2. Has a Technical Impracticability (TI) Determination been submitted? .....  Yes  No

If "Yes," please provide the date of the TI Determination: \_\_\_\_\_  
And attach a summary of the TI Determination and a 5-year evaluation if applicable.

3. Check the Ground Water **Monitoring Schedule** that is currently being applied for the site:

- Monthly                       Annual  
 Quarterly                     Biennial  
 Semi Annual                 Other: \_\_\_\_\_

4. CEA/WRA Specific Information:

Date CEA/WRA was Established: \_\_\_\_\_ Expected Expiration Date of the CEA/WRA: \_\_\_\_\_

Name of the Impacted Aquifer: \_\_\_\_\_

Ground Water Classification: \_\_\_\_\_ Ground Water Flow Direction: \_\_\_\_\_

Horizontal Extent of CEA/WRA: \_\_\_\_\_ (acres) Vertical Depth of the CEA/WRA: \_\_\_\_\_ (feet below ground surface)

*Attach a scaled site map with the extent of the CEA/WRA on it.*

5. Since the CEA/WRA was established or the last submittal of the Ground Water Remedial Action Protectiveness/Biennial Certification Form, whichever is more recent, did the Municipal Block and Lot number(s) of the CEA/WRA change? .....  Yes  No

If "Yes," attach a current Tax Map of the property and list the former and new Municipal Block and Lot numbers of the CEA/WRA below:

Former Municipal Block and Lot Number(s): \_\_\_\_\_

New Municipal Block and Lot Number(s): \_\_\_\_\_

6. Is this form being submitted pursuant to a Ground Water Remedial Action Permit? .....  Yes  No  
*If 'No', submit a completed Ground Water Remedial Action Permit Application with this form.*

7. Did you provide hard copies of this form to the municipal and county clerks for each municipality and county in which the site is located; the local, county and regional health department for each municipality and county in which the site is located; each current owner of the site; each current operator of the site; each current property owner within the footprint of the CEA/WRA and the Pinelands Commission, as applicable, and the Highlands Commission as applicable? .....  Yes  No

8. Did you provide to NJDEP copies of this form in paper and electronically on a CD (in Adobe PDF format)? .....  Yes  No

9. Have monitoring wells associated with the CEA/WRA been damaged, vandalized, repaired, replaced, or decommissioned? .....  Yes  No

If "Yes," attach a description of what occurred and, if applicable, a copy of the Well Abandonment Report for each well that has been damaged, vandalized, repaired, replaced, or decommissioned, and the construction specifications for each new/replacement well.

*Attach the maintenance and evaluation logs for all the monitoring wells associated with the CEA/WRA.*

10. Have additional monitoring wells been installed since the CEA/WRA was established or the last submittal of the Ground Water Remedial Action Protectiveness/Biennial Certification Form, whichever is more recent? .....  Yes  No

If "Yes", attach the construction specifications for each new well.

11. Has the CEA/WRA been revised for any reason that did not require conducting additional remediation? .....  Yes  No

If "Yes," attach a new CEA/WRA Fact Sheet form with all Exhibits and indicate which major CEA component(s) have been revised:

- Contaminant List     Boundaries     Projected Term of CEA/WRA

12. Have you evaluated the Ground Water Quality Standards and other regulations and guidance relevant to the CEA/WRA and any resulting vapor intrusion risk, that have been modified subsequent to the establishment of the CEA/WRA or the last submittal of the Ground Water Remedial Action Protectiveness/Biennial Certification Form and report, whichever is more recent? .....  Yes  No

13. Has the CEA/WRA been accurately mapped on NJ-GeoWeb? .....  Yes  No

If 'No', then submit a GIS compatible map of the CEA/WRA to [srpgis\\_cea@dep.state.nj.us](mailto:srpgis_cea@dep.state.nj.us).

**SECTION H. LAND USE, CHANGES, AND DISTURBANCES**

1. Site Use(s) at the time the CEA/WRA was established (*check all that apply*)

- |                                      |  |   |                                       |
|--------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Industrial  | <input type="checkbox"/> Child Care Facility | <input type="checkbox"/> Park or Recreational Use | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Hospital            | <input type="checkbox"/> Vacant                   |                                       |
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> Landfill            | <input type="checkbox"/> Government Facility      |                                       |
| <input type="checkbox"/> School      | <input type="checkbox"/> Agricultural        | <input type="checkbox"/> Road/Right of Way        |                                       |

2. Current Site Use(s) (*check all that apply*)

- |                                      |  |   |                                       |
|--------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Industrial  | <input type="checkbox"/> Child Care Facility | <input type="checkbox"/> Park or Recreational Use | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Hospital            | <input type="checkbox"/> Vacant                   |                                       |
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> Landfill            | <input type="checkbox"/> Government Facility      |                                       |
| <input type="checkbox"/> School      | <input type="checkbox"/> Agricultural        | <input type="checkbox"/> Road/Right of Way        |                                       |

3. Intended Future Site Use(s), If Known (*check all that apply*)

- |                                      |  |   |  |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> Industrial  | <input type="checkbox"/> Child Care Facility | <input type="checkbox"/> Park or Recreational Use | <input type="checkbox"/> Future site use unknown |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Hospital            | <input type="checkbox"/> Vacant                   | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> Landfill            | <input type="checkbox"/> Government Facility      |  |
| <input type="checkbox"/> School      | <input type="checkbox"/> Agricultural        | <input type="checkbox"/> Road/Right of Way        |  |

4. Describe the current site operations and the status of any planned future land use(s) for the site, particularly if the proposed use is residential, school, or licensed child care facility:

5. Since time the CEA/WRA was established or the last submittal of the Ground Water Remedial Action Protectiveness/Biennial Certification Form, whichever is more recent, has the site use changed to residential, school, or licensed child care facility? .....  Yes  No

If "Yes,": indicate the type of remedy used:

- Presumptive Remedy pursuant to the NJDEP's Presumptive Remedies for Soil Contamination at Schools, Child Care Centers, and Residences. [N.J.A.C. 7:26E- 5.3]

Briefly describe presumptive remedy:

- Alternate Remedy pre-approved by the NJDEP. Attach a copy of the NJDEP's pre-approval letter.  
 Unrestricted Use Remedy

6. Have disturbances of the land, such as installation of a detention basin, taken place? .....  Yes  No

If "Yes,":

a) Indicate the type of and the approximate date of the disturbance(s): \_\_\_\_\_

b) Did these disturbances result in a contaminated discharge to surface water that rendered the Remedial Action not protective of public health, safety and of the environment? .....  Yes  No

- c) Did these disturbances intercept the water table within the CEA/WRA area in such a way that ground water sampling was needed to determine if the ground water contaminant plume could discharge to surface water? .....  Yes  No
- If "Yes," does the ground water meet the more stringent of either the New Jersey Surface Water Quality Criteria, N.J.A.C. 7:9B or the Federal Surface Water Quality Criteria, CFR Part 131? .....  Yes  No

**SECTION I. CURRENT OR PLANNED WATER USE WITHIN THE WELL SEARCH AREA**

**1. Water use within the CEA/WRA when CEA/WRA was established (check all that apply)**

- Potable
- Well Head Protection Area
  - Tier 1  Tier 2  Tier 3
- Irrigation
- Industrial
- Geothermal

**2. Current water use within the CEA/WRA Boundaries (check all that apply)**

- Potable
- Well Head Protection Area
  - Tier 1  Tier 2  Tier 3
- Irrigation
- Industrial
- Geothermal

3. Attach the results of the required updated well search to this form, including a scaled map.
4. Since the CEA/WRA was established or the last submittal of the Ground Water Remedial Action Protectiveness/Biennial Certification Form, whichever is more recent, has the water use changed within the well search area? .....  Yes  No

If "Yes," briefly describe:

5. Have any changes in water use altered the areal extent and or the duration of the CEA/WRA? .....  Yes  No
6. Since the CEA/WRA was established or the last submittal of the Ground Water Remedial Action Protectiveness/Biennial Certification Form, whichever is more recent, have any of the following wells been installed within one mile up-gradient, side-gradient, and down-gradient of the CEA/WRA? .....  Yes  No

If "Yes," check all that apply:

- Potable  Industrial  Community Supply Well  Irrigation
- Geothermal  Production  Non-Community Supply Well

- If you checked one of the above, was it necessary to sample the well pursuant to N.J.A.C. 7:26 E-1.14? .....  Yes  No

7. Since the CEA/WRA was established or the last submittal of the Ground Water Remedial Action Protectiveness/Biennial Certification Form, whichever is more recent, are there any planned changes in water use for the aquifers in which the CEA/WRA is located? .....  Yes  No

Check all the sources that were evaluated to determine planned changes in water use:

- Municipal Master Plans
- Zoning Plans
- Local water purveyor plans and planning data pertaining to the existence of water lines and proposed future installation of water lines, wells or well fields
- Local and County ordinances restricting installation of potable wells
- Local and County boards of health
- Local planning officials

8. Did or will the actual or planned changes reported in items 1-7 above render the Remedial Action that includes the CEA/WRA not protective of public health, safety and of the environment? .....  Yes  No

If "Yes," then the permittee/co-permittee shall modify the Remedial Action and apply for a modification of the Ground Water Remedial Action Permit as necessary pursuant to N.J.A.C. 7:26C-7.8(d)2.

**SECTION J. VAPOR INTRUSION**

1. Are volatile organic compounds included in the CEA/WRA? .....  Yes  No  
*If "Yes," complete this section, otherwise proceed to the next section*

2. Based on the most recent data available, do any of the contaminants in the CEA/WRA exceed the current ground water screening levels in the NJDEP's Vapor Intrusion Technical Guidance Document? .....  Yes  No

3. Was it necessary to re-evaluate the fate and transport of the ground water contaminant plume or the contaminants in the CEA/WRA with regard to vapor intrusion? .....  Yes  No

4. Were there any changes in property use that increased the risk of vapor intrusion? .....  Yes  No

5. Did you investigate the vapor intrusion pathway? .....  Yes  No

If "Yes,":

a) Attach a scaled site map indicating the location of all structures investigated for vapor intrusion.

b) Did the investigation indicate that an Immediate Environmental Concern (IEC) condition exists? .....  Yes  No

If "Yes," provide the date of IEC Contaminant Source Control Report: \_\_\_\_\_

c) Did the investigation indicate that a Vapor Concern (VC) condition exists? .....  Yes  No

If "Yes," provide the date of VC Mitigation Response Action Report: \_\_\_\_\_

d) Was public notification conducted to notify all applicable parties of the increased vapor intrusion risk? .....  Yes  No  N/A

6. Provide a written explanation of either how the vapor intrusion pathway was investigated or the reasons for not evaluating the vapor intrusion pathway.

7. Have any vapor intrusion engineering controls/mitigation systems been installed as a result of this ground water contamination? .....  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 the Operation, Maintenance, and Monitoring (OMM) Plan for the vapor intrusion engineering control(s)/mitigation system(s) both in paper and electronically (in "MS Word" file format). 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. FINANCIAL ASSURANCE**

1. Does the Remedial Action include an engineering control? .....  Yes  No

If "No," proceed to the next section.

2. Are **both** the "Person Responsible for Conducting the Remediation" and the current property owner exempt from establishing Financial Assurance pursuant to N.J.A.C. 7:26C-7.10(c)? .....  Yes  No

If "Yes," check the exemptions that apply, and then proceed to the next section.

Person Responsible for Conducting the Remediation – <u>Co-Permittee</u>	Current Owner of the Site – <u>Co-Permittee</u>
--	--

- |                                |   |
|--------------------------------|---|
| <input type="checkbox"/> ..... | <input type="checkbox"/> Government entity  |
| <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 or private school  |
| <input type="checkbox"/> ..... | <input type="checkbox"/> Owner or operator of a small business responsible for conducting remediation at the location of the business |

If "No," - *If either entity is not exempt, then establishment of the full amount of the Financial Assurance is required by the non-exempt permittee(s) - attach a completed Remediation Cost Review and RFS/FA Form.*

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 D of this form, 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.



**SECTION L. PERSON RESPONSIBLE FOR MONITORING THE PROTECTIVENESS OF THE REMEDIAL ACTION INFORMATION AND CERTIFICATION**

Full Legal Name of the Person Responsible for monitoring the Protectiveness of the Remediation: \_\_\_\_\_

Representative First Name: \_\_\_\_\_ Representative Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to the Site (*check all that apply*)

- I am the current Owner
- I am the current Operator
- I am the current Lessee
- I am the Person who conducted the remediation
- I am the Permittee
- I am the Co-Permittee

This certification shall be signed by the person responsible for submitting the Ground Water Remedial Action Protectiveness/Biennial Certification Form in accordance with the 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.*

*I also understand that engineering and institutional controls must be evaluated and maintained to ensure they remain protective of public health and safety and the environment.*

*Based upon the information provided herein, I hereby certify that the remedial action(s) implemented at the site that includes engineering and/or institutional controls remains protective of public health and safety and the environment.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_

**SECTION M. 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: \_\_\_\_\_

**SECTION M. SUBSURFACE EVALUATOR INFORMATION AND STATEMENT**

*I certify under penalty of law that the work was performed under my oversight and I have reviewed the report and all attached documents, and the submitted information is true, accurate and complete in accordance with the requirements of N.J.A.C. 7:14B and N.J.A.C. 7:26E. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information including fines and/or imprisonment.*

Name: _____	UST Cert. No.: _____
Firm: _____	Firm's UST Cert. Number: _____
Firm Address: _____	
Municipality: _____	State: _____ Zip Code: _____
Phone Number: _____	Ext: _____ Fax: _____
Email Address: _____	
Signature: _____	Date: _____

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