



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

**REMEDIAL ACTION PROTECTIVENESS /
 BIENNIAL CERTIFICATION FORM – SOIL**

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

- Soil Remedial Action Protectiveness/Biennial Certification for a Remedial Action Permit (No fee)
- Soil 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 K), check box and proceed to the 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 K), 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 K), 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. DEED NOTICE/DECLARATION OF ENVIRONMENTAL RESTRICTION (DER) INFORMATION

1. Provide the filing date of each Deed Notice/DER: _____

2. For each Deed Notice/DER provide the Book and Page numbers in which the Deed Notice/DER was filed in the county recording office:

Book and Page Numbers: _____

3. Since the Deed Notice/DER was filed or the last submittal of the Soil Remedial Action Protectiveness/Biennial Certification Form, whichever is most recent, did the Municipal Block and Lot number(s) of the Deed Notice/DER 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 Deed Notice/DER below:

Former Municipal Block and Lot Number(s): _____

New Municipal Block and Lot Number(s): _____

4. Is this form being submitted pursuant to a Soil Remedial Action Permit? Yes No
If "No", submit a completed Soil Remedial Action Permit Application with this form.

5. 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; the Pinelands Commission as applicable; and the Highlands Commission as applicable? Yes No

6. Did you provide to NJDEP copies of this form in paper and electronically in Adobe PDF format?..... Yes No

7. Is this Deed Notice/DER 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

8. If Historic Fill material is impacting the ground water, has the CEA/WRA Fact Sheet Form been submitted to the NJDEP? Yes No N/A
If "No," attach a completed CEA/WRA Fact Sheet Form to this form.
9. Have you evaluated all relevant Soil Remediation Standards and guidance related to soil that have been modified subsequent to the filing of the Deed Notice/DER or the last submittal of the Soil Remedial Action Protectiveness/Biennial Certification Form, whichever is more recent? Yes No
10. Has the Deed Notice/DER restricted area been accurately mapped on NJ-GeoWeb? Yes No
If "No," then submit a GIS compatible map of the Deed Notice/DER restricted area by email to srpgis_dn@dep.state.nj.us.

SECTION H. LAND USE, CHANGES, AND DISTURBANCES

1. Site Use(s) at the time the Deed Notice/DER was Filed *(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 the Deed Notice/DER was filed or the last submittal of the Soil Remedial Action Protectiveness/Biennial Certification Form, whichever is most 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 the presumptive remedy:
- Alternate Remedy pre-approved by the NJDEP. Attach a copy of the NJDEP's pre-approval letter.
- Unrestricted Use Remedy
6. Has there been a zoning change or is a zoning change pending? Yes No
- If "Yes," briefly describe the zoning change or the pending zoning change:

7. Have you conducted periodic inspections pursuant to N.J.A.C. 7:26C-7.8(b)2 to determine if disturbances of the Remedial Action/engineering control(s) have taken place since the Deed Notice/DER was filed or the last submittal of the Soil Remedial Action Protectiveness/Biennial Certification Form, whichever is more recent? Yes No

If "Yes," attach all inspection reports/logs that have been completed since the last submittal of the Soil Remedial Action Protectiveness/Biennial Certification Form.

8. Have disturbances of the Remedial Action/engineering control(s) taken place since the Deed Notice/DER was filed or the last submittal of the Soil Remedial Action Protectiveness/Biennial Certification Form, whichever is more recent? Yes No

If "Yes," :

a) Provide the following information:

Date of Disturbance: _____ Duration of Disturbance: Months _____ Days _____

Date NJDEP Hotline contacted: _____ Hotline Incident Number assigned: _____

Describe the disturbance:

b) Was the Remedial Action/engineering control(s) restored to the conditions stated in the Deed Notice/DER? Yes No

If "No," briefly describe the reasons why:

9. Check the appropriate box(es) to indicate if any of the following have rendered the Remedial Action/engineering control(s) **not** protective of public health, safety and of the environment (check all that apply):

- An evaluation all relevant Soil Remediation Standards and guidance related to soil that have been modified subsequent to the filing of the Deed Notice/DER or the last submittal of the Soil Remedial Action Protectiveness/Biennial Certification Form, whichever is more recent;
- A change in property use since the Deed Notice/DER was filed;
- A zoning change or the pending zoning change;
- Land disturbance(s) of the engineering control(s).

If any of the boxes above are checked the Person Responsible for Monitoring the Protectiveness of the Remedial Action (the permittee/co-permittee) shall modify the Remedial Action, revise the Deed Notice (i.e., submit a Deed Notice Termination Document for the existing Deed Notice/DER and a new Deed Notice for the NJDEP's approval/signature with supporting documentation (i.e., a Remedial Action Report)), and apply for a modification of the Soil Remedial Action Permit as necessary pursuant to N.J.A.C. 7:26C-7.8(d)2.

SECTION I. VAPOR INTRUSION

1. Are volatile organic compounds included in the Deed Notice/DER? Yes No
If "Yes," complete this section, otherwise proceed to the next section

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

3. 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

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

5. Have any vapor intrusion engineering controls/mitigation systems been installed as a result of this soil 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 J. FINANCIAL ASSURANCE

1. Does the Remedial Action/ Deed Notice/DER 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 –
Co-Permittee | Current
Owner of
the Site –
Co-Permittee |
|---|---|
| <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 K. 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 Remedial Action: _____

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 Soil 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 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: _____

SECTION L. 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