



New Jersey Department of Environmental Protection
Site Remediation Program

REQUEST FOR DEPARTMENT OVERSIGHT
RESIDENTIAL PROPERTIES

Date Stamp
(For Department use only)

This form has been developed so that any party interested in conducting a cleanup at a residential property can obtain oversight from the Department. **This form should not be used for discharges related to an unregulated heating oil tank.** In those instances, the Department's Unregulated Heating Oil Tank Program Questionnaire must be completed. A copy of the Unregulated Heating Oil Tank Program Questionnaire can be found on the Internet at http://www.nj.gov/dep/srp/unregulatedtanks/uhot_forms.htm#quest

The party and/or the party's authorized agent, interested in conducting the cleanup activities must complete this form in its entirety. The Department will not process the form unless all the information requested is completed and all questions are answered to the satisfaction of the Department. The form **must have an original signature and be notarized.** Once completed the document must be submitted to the following address:

Enforcement & Assignment Element
 Bureau of Case Assignment & Initial Notice
 401 East State Street, PO Box 434
 Trenton, NJ 08625-0434

Attention: Bureau Chief, Bureau of Case Assignment & Initial Notice

Answer all questions as completely as possible. If you have any questions when completing this form, it is recommended that you contact the Case Assignment Section at (609) 292-2943 between the hours of 8:00 AM and 5:00 PM for assistance.

The applicant shall pay the Department's oversight costs pursuant to the Procedures for Department Oversight of the Remediation of Contaminated Sites N.J.A.C. 7:26C-9.

Financial assistance information can be found on the Internet at <http://www.nj.gov/dep/srp/finance/>.

Incident Number: _____

Date: _____

SECTION A. SITE NAME AND LOCATION

Street Address: _____

Municipality: _____ (Township, Boro or City)

County: _____ Zip Code: _____

Tax Block(s) and Lot(s): Block # _____ Lot # _____

(Available from the tax assessor's office)

SECTION B. Who will be responsible for the payment of Department oversight costs associated with the review of this case?

Name: _____

Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail Address: _____

SECTION C. Current Property Owner(s) (If different than B)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

SECTION D. Who will be the contact for all matters associated with this case?

Name(s): _____

Affiliation: _____ Telephone Number: _____

Street Address: _____

Municipality: _____ State: _____ Zip Code: _____

E-mail Address: _____

SECTION E. Select which phase(s) of the cleanup process are to be performed and what document(s) are to be submitted. A proposed schedule must be provided for each of the phases for which oversight is being requested. At least one of the listed documents must be submitted with this application.

| REMEDIAL PHASE | DOCUMENTS | PROJECTED SUBMITTAL DATE |
|---|---|--------------------------|
| <input type="checkbox"/> Preliminary Assessment | <input type="checkbox"/> Preliminary Assessment Report** | _____ |
| <input type="checkbox"/> Site Investigation | <input type="checkbox"/> Site Investigation Report** | _____ |
| <input type="checkbox"/> Remedial Investigation | <input type="checkbox"/> Remedial Investigation Workplan | _____ |
| <input type="checkbox"/> Remedial Action | <input type="checkbox"/> Remedial Investigation Report | _____ |
| | <input type="checkbox"/> Remedial Action Selection Report | _____ |
| | <input type="checkbox"/> Remedial Action Workplan | _____ |
| | <input type="checkbox"/> Remedial Action Report** | _____ |
| | <input type="checkbox"/> Biennial Certification Report** | _____ |

**Pursuant to the Department's Oversight Rules, N.J.A.C. 7:26C-9.2, the following documents must be submitted with the applicable fixed oversight fee:

| | |
|--|----------|
| Preliminary Assessment Report | \$375.00 |
| Site Investigation Report | \$750.00 |
| Remedial Action Report for tanks not regulated by N.J.A.C. 7:14B | \$400.00 |
| Biennial Certification Report..... | \$375.00 |

SECTION F. Did the discharge impact groundwater? Yes No Unknown

SECTION G. Is the property located in a Neighborhood Empowerment Zone as defined in P.L.1996, c.62 (New Jersey Urban Redevelopment Act)? Yes No Unknown

SECTION H. Please describe the substance discharged, and/or how the discharge occurred.

SECTION I. To the best of your knowledge, was the property ever used for purposes other than residential (ie. orchard, farming, etc.)? Yes No
Describe:

CERTIFICATION

The following certification shall be signed by:

- 1. For a corporation, by a principal executive officer of at least the level of vice president.
- 2. For a partnership or sole proprietorship, by a general partner of the proprietor, respectively, or;
- 3. For a municipality, State, Federal or other public agency, by either a principal executive officer or ranking elected official.
- 4. For persons other than 1 through 3 above, by the person with legal responsibility for the site.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and 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 that 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.

Printed Name _____ Title _____

Signature _____ Date _____

Sworn and subscribed to me this _____
day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

