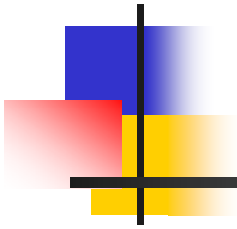


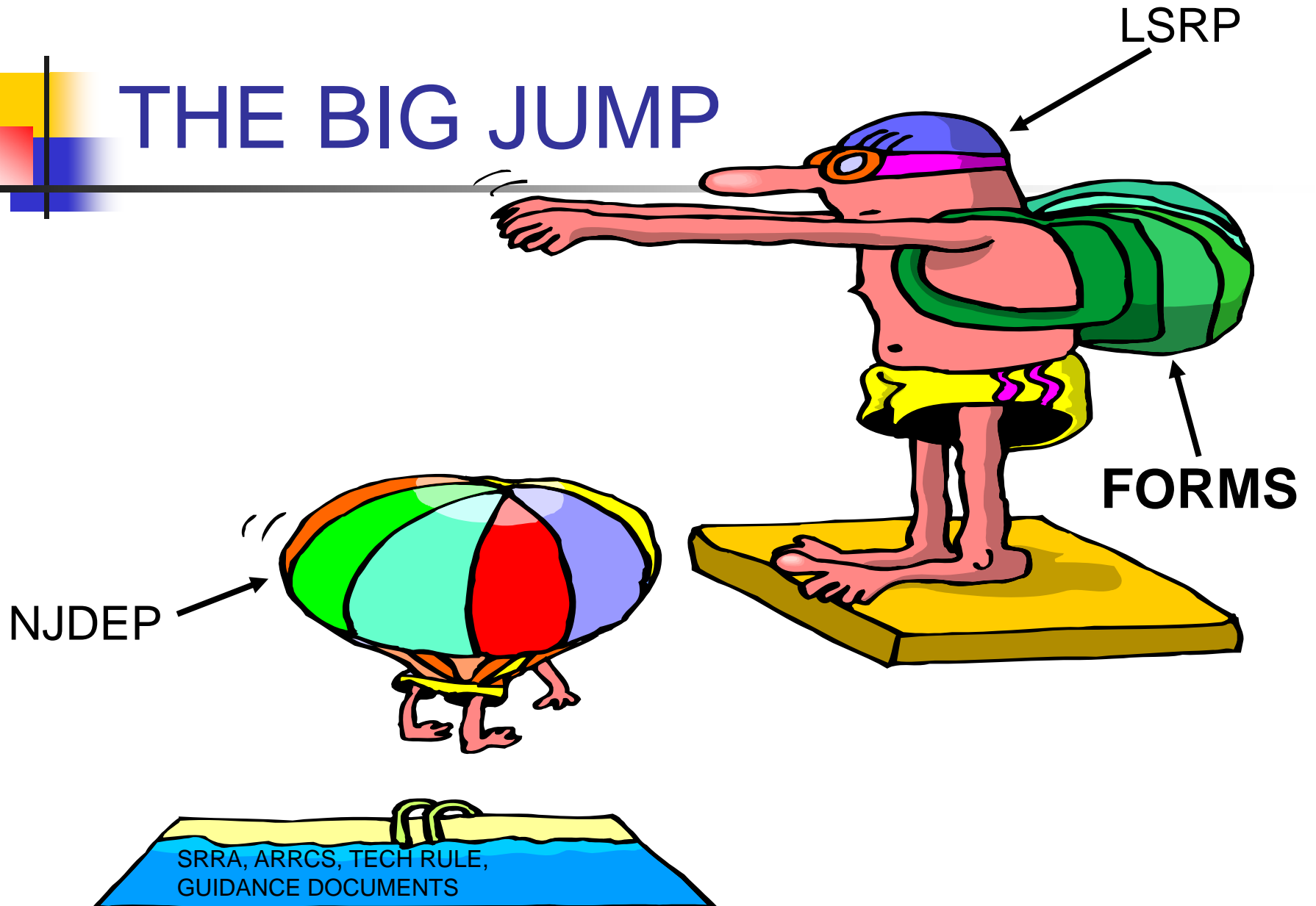
Licensed Site Remediation Professionals

FORMS



Presented By
Myrna I. Champion

THE BIG JUMP





WHY?

- N.J.S.A. 58:10C-1 et seq. – Site Remediation Reform Act (SRRRA)
- Administrative Requirements for Remediating Contaminated Sites - ARRCs
- N.J.A.C. 7:26E - Tech Rule



WHEN?

Triggering events:

- Confirmed Discharge
- ISRA GIN
- Opt-in to the LSRP Program
- Key document submissions to the Department.
- When an LSRP is retained or dismissed
- Potable, vapor intrusion data
- IECs
- Etc.



HOW?

- <http://www.state.nj.us/dep/srp/srra/forms/>
- Forms will be in PDF format. You may download the form and save it to your hard drive for future use.



PARTS OF A FORM

- Instructions
- Site Information
- Body of the form:
 - questions specific to the type of document submission/phase of investigation
 - site use, case type
- RP Certification
- LSRP Statement



Instructions

Section A. General Instructions

- 1. The NJDEP may update this form periodically. Please ensure you are using the latest version of this form. Download the latest version of this form from the NJDEP Website: www.nj.gov/dep/srp/forms.
- 2. It is **not** required to submit this form in duplicate.
- 3. Applicability: Use this form to request to proceed with the remediation of an existing case without the NJDEP's pre-approval, pursuant to the Site Remediation Reform Act, N.J.S.A. 58:10C-30b(3).
- 4. The form must be signed by the representative of the person responsible for conducting the remediation and must be notarized. See N.J.A.C. 7:26C-1 to determine who can sign the form.

Section B. Specific Instructions by Section

- 1. Section A.
 - Site Name-provide the name of the site i.e. ABC Corporation Site;
 - List all other known names for the site;
 - Provide the street address for the site;
 - Provide the name of the municipality and state if it is a Township, a Borough, or a City;



Site Information

SECTION A. SITE NAME AND LOCATION

Site Name:

List All AKAs:

Street Address:

Municipality:

(Township, Borough or City)

County:

Zip Code:

Mailing Address if different than street address:

Program Interest (PI) Number(s):

Case Tracking Number(s):

Municipal Block(s) and Lot(s):

Block #

Lot #

Block #

Lot #

Block #

Lot #

Block #

Lot #

Block #

Lot #

Block #

Lot #

Block #

Lot #

Block #

Lot #



Body of the Form

Section C: GROUND WATER REMEDIAL INVESTIGATION INFORMATION

1. Were any monitor wells installed in unconfined aquifers in which the water table is higher than the top of the well screen? Yes ☐ No ☐
If "Yes," identify the affected wells _____
2. If ground water in the bedrock aquifer is contaminated, were bedrock cores collected and/or were geophysical logging methods conducted to characterize the bedrock aquifer pursuant to N.J.A.C. 7:26E-4.4(g)5? Yes ☐ No ☐ NA ☐



RP Certification

Section F. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION					
Affiliation/Name of Organization:					
First Name of Contact:				Last Name of Contact:	
Title:					
Phone Number:			Ext:		Fax:
Mailing Address:					
City/Town:			State:		ZIP Code:
Email Address:					
Developer Certification Included		or Filed		Date of Filing	
<p>This certification shall be signed by the responsible party who is submitting this notification in accordance with SRRA Section 16 d. and Section 30 b.2. 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.</p>					
RP Signature:				Date Certified:	
RP Name/Title:					
Company Name:					

LSRP Statement

SECTION H. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT								
LSRP ID Number:								
First Name:					Last Name:			
Phone Number:				Ext:		Fax:		
Mailing Address:								
City/Town:				State:		Zip Code:		
Email Address:								
<p>This statement shall be signed by the LSRP who is submitting this notification in accordance with SRRA Section 16 d. and Section 30 b.2. <i>I certify that I am a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C to conduct business in New Jersey. As the Licensed Site Remediation Professional of record for this remediation, I:</i> [SELECT ONE OR BOTH OF THE FOLLOWING AS APPLICABLE]: <i>directly oversaw and supervised all of the referenced remediation, and/or</i> <i>personally reviewed and accepted all of the referenced remediation presented herein.</i></p> <p><i>I believe that the information contained herein, and including all attached documents, is true, accurate and complete.</i> <i>It is my independent professional judgment and opinion that the remediation conducted at this site, as reflected in this submission to the Department, conforms to, and is consistent with, the remediation requirements in N.J.S.A. 58:10C-14.</i> <i>My conduct and decisions in this matter were made upon the exercise of reasonable care and diligence, and by applying the knowledge and skill ordinarily exercised by licensed site remediation professionals practicing in good standing, in accordance with N.J.S.A. 58:10C-16, in the State of New Jersey at the time I performed these professional services.</i> <i>I am aware pursuant to N.J.S.A. 58:10C-17 that for purposely, knowingly or recklessly submitting false statement, representation or certification in any document or information submitted to the board or Department, etc., that there are significant civil, administrative and criminal penalties, including license revocation or suspension, fines and being punished by imprisonment for conviction of a crime of the third degree.</i></p>								
LSRP Signature:						Date:		
LSRP Name/Title:								
Company Name:								

3/29/10



COMING SOON

- On-line training for forms (tutorial)
- Web submittal through a portal



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