Initial UST Registration Training for NJDEPONLINE.COM

March 6, 2023



My Workspace



My Workspace User Profile Certifications Payments Documents and Forms Permit Folder

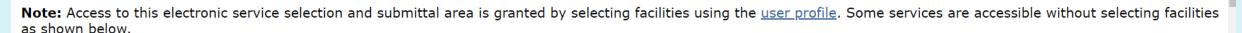
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MY WORKSPACE

Service Selection



Underground Storage Tank (UST) Program

UST Registration Services
UST Additional Certification Service
Submission Approval Area

Configure Services

1 □

Instructions



My Workspace | User Profile | Certifications | Payments | Documents and Forms |

Permit Folder

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1 - Instructions

2 - Submission Type Selection

Please Note

You may click on a previously visited page (above) to navigate back to that screen.

INSTRUCTIONS

Completion of this UST Facility Certification Questionnaire will satisfy the registration requirements of the Underground Storage of Hazardous Substances Act, N.J.S.A. 58:10A-21 et seq., and the Underground Storage Tank Rules N.J.A.C. 7:14B et. seq. An owner or operator's submission of false, inaccurate, or incomplete information on this Questionnaire constitutes a violation of these regulations and may result in a delay or denial of a Registration.

For full instructions about online filing of an Initial UST Facility Registration, Annual Renewal/Modification of UST Facility Registration, or a Financial Responsibility Insurance Policy Update, click here: https://www.nj.gov/dep/srp/srra/forms/ust-fc-questionnaire-online-ins.pdf.

If you need any additional information about UST registration, click here: https://www.nj.gov/dep/srp/bust/.



Submission Type Selection



njdep home I about dep I index by topic I programs/units I dep online

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SUBMISSION TYPE SELECTION

Make choices by clicking on the radio button on the left of the Service Description, then click continue to proceed. Clicking the highlighted link will take you to the online instructions.

Choose 'Annual Renewal/Modification of UST Facility Registration' if you have an UST Registration that you wish to renew or modify. Renewals (and modifications filed during the renewal period) will need to pay the renewal invoice at the end of the service.

Choose 'Financial Responsibility Insurance Policy Update' to update an effective UST Registration with the latest insurance policy or financial responsibility mechanism. Any Facility whose UST expiration date does not coincide with the period of their insurance policy or other financial mechanism must file this service when they are issued a new insurance policy or Financial Responsibility mechanism (except State or Federal facilities which are exempt).

Choose 'Initial UST Facility Registration' if you will be registering a new UST Facility.

- O Annual Renewal/Modification of UST Facility Registration
- O Financial Responsibility Insurance Policy Update
- Initial UST Facility Registration
- Dick on the type description to see more information about that type. If you have dificulty make sure your pop up setting is enabled.



Facility Selection



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FACILITY SELECTION

2 - Submission Type Selection

1 - Instructions

- 3 Facility Selection
- 4 Submission Name
- 5 Submission Type Details
- 6 Site Information
- 7 UST Selection
- 8 Contacts
- 9 Additional Contact Info
- 10 Attachm
- 11 Certification

Please Note

You may click on a previously visited page (above) to navigate back to that screen.

If you do not have a Facility ID (Program Interest (PI) ID), you will need to enter in all information later in the service for the Facility such as address, block and lot, and coordinates. Search first to determine if your Facility already exists as an SRP Facility by going to Site Remediation's DataMiner https://www13.state.nj.us/DataMiner/SearchByCategory?isExternal=y&getCategory=y&catName=Site+Remediation, and under the SITE SEARCH REPORTS header, run the report 'All SRP Sites by Selected PI Address'. If the SRP Facility (PI) is found, add it by clicking the 'Click Here' link near the bottom of the page, where you may also search by Facility Name. If no Site Remediation Facility is found, click the checkbox next to 'The facility I wish to use does not currently exist.', then click continue.

Select	Facility	Facility ID	Facility Type	Municipality	Address
0	NJDEP TEST FACILITY 1	868908	SRP-PI	Trenton City	401 E State St
0	NJDEP TEST FACILITY 2	868909	SRP-PI	Toms River Twp	1510 Hooper Ave

Clicking a column title will sort the table by that column.

The facility I wish to use does not currently exist.

If you do not see the Facility you are looking for, it may be because the facility has not been added to your user profile. To search for facilities and add them to your profile, please click here.

Clear

Continue

Submission Name



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Please Note

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SUBMISSION NAME

The UST Facility Name below is used to find the service in your Workspace, and if a Facility (PI) was picked, in the Certification and Payment tabs if needed.

If a Facility was picked in the previous Facility Selection Page, the auto-populated name lists the UST Service Type, The Service ID #, and Facility (PI ID) Number. Replace <<ENTER UST FACILITY NAME HERE>> with the current Facility Name, **Remove** the <<>> from around the name. Add comments if the Facility name has changed from what DEP currently has on record. Review the submission name, and click Continue.

If a Facility was not picked in the previous Facility Selection Page, replace << ENTER UST FACILITY NAME HERE >> with the current Facility Name, Remove the <<>> from around the name, and click Continue.

*UST Facility Name:	< <enter facility="" here="" name="" ust="">></enter>	
Comments:		

* Required



Submission Type Details



Version: 10.1.07 Currently logged in: NICOLE LELIEVRE (NICOLELELIEVRE) Server: Server 1 Help | Logout SUBMISSION TYPE DETAILS 1 - Instructions NJDEP Test Facility 3 2 - Submission Type Selection 3 - Facility Selection Complete the following information 4 - Submission Name 5 - Submission Type **Initial UST Registration Types** Details Registration of a newly installed underground storage tank(s) 6 - Site Information Registration of an existing UST or USTS not presently registered 7 - UST Selection *Is the purpose of this registration to immediately close ALL USTs at this facility? Yes 8 - Contacts 9 - Additional Contact *Facility Type: Commercial/Industrial Info 10 - Attachment *Total number of regulated underground storage tanks at facility Upload *Total capacity of regulated underground storage tanks at facility (gallons) 1000 11 - Certification Please Note *Date property was purchased/obtained by the current owner? (MM/DD/YYYY) 02/01/2023 You may click on a previously visited page (above) to navigate * Required back to that screen.

Continue

Site Information

*Block and Lot:

☐ I certify that a valid block/lot combination does not apply.



SITE INFORMATION 1 - Instructions 2 - Submission Type NJDEP Test Facility 3 Selection 3 - Facility Selection Please verify the location of the facility. If the information below is not correct contact the NJDEP at srwm_njems@dep.nj.gov. Note: The address and 4 - Submission Name County information is not editable in a Renewal/Modification. 5 - Submission Type Details 6 - Site Information *Location Address: 7 - UST Selection *Line 1: *County: Select a county 8 - Contacts Line 2: 9 - Additional Contact **Multi-County:** Line 3: Info *City: *Municipality: Select a municipality 10 - Attachment New Jersey *State: Upload *Zip Code: **Multi-Municipality:** 11 - Certification The County and the Municipality provided above must directly **Please Note** correspond to the X,Y coordinates provided below. You may click on a previously visited page or (above) to navigate back to that screen. **Location Description:**

Site Information Continued





Note: If there is more than one block and/or lot associated with the application, click the Add Row button. If you have the same Block with multiple consecutive Lots, click Add Range. Each block and/or lot must have its own entry line. Only the first Block and Lot listed will be mapped below. If you are adding, modifying, or deleting a Block and Lot row, state in the comment box the reason for the change (i.e., parcel subdivided).

Note: If there are no valid Block and Lots, and you selected Multi-Municipality and/or Multi-County checkbox above, a new row should be added for each municipality and county where the proposed project will take place. Add "NA" to each block and lot field for these new rows if not auto populated.

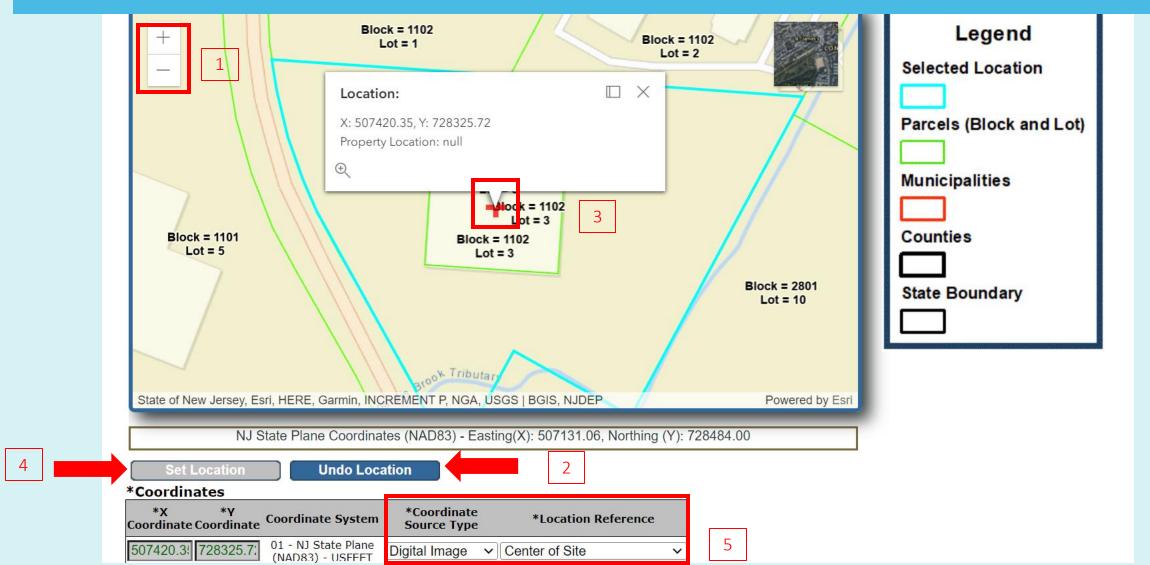
After entering valid location information above, click the Map Location button to update the map below.

If you need to verify the correct location of the property, click "Launch NJGeoWeb" button.

Map Location Launch NJGeoWeb Clear All Fields

Site Information Continued

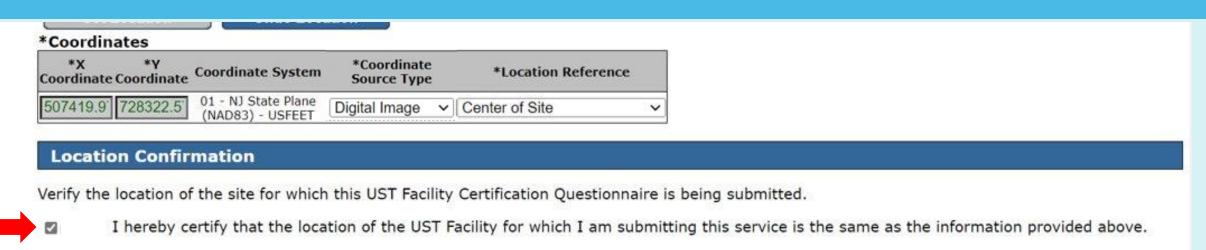




Site Information Continued

* Required







UST Details



	UST DETAILS	
1 - Instructions		
2 - Submission Type Selection		NJDEP Test Facility 3
3 - Facility Selection		
4 - Submission Name	*Is tank newly installed?	No V
5 - Submission Type Details		
6 - Site Information	Tank Information	
7 - UST Selection	Please provide a unique tank identificat	cation number (i.e., 001, E1, Tank 01, etc.).
8 - UST Details	*Tank Number	E1
9 - Contacts		
10 - Additional Contact Info	If the tank is dual purpose the tank cor and monitoring types may be different. emergency generator using suction sup	construction and release detection monitoring are the same. However, the piping construction, pressure/suction at. For example, a diesel tank that is used to fuel vehicles with pressurized piping, but also supplies fuel to an upply/seture lines.
11 - Attachment	emergency generator using suction sup	apply/return lines.
Upload	*Is tank dual purpose?	No v
12 - Certification Please Note	*Date Tank Installed (MM/DD/YYYY)	01/01/1944
You may click on a previously visited page (above) to navigate	*Is date piping installed the same as the date the tank was installed?	Yes
back to that screen.	*Date Piping Installed (MM/DD/YYYY)	01/01/1944
	*Tank Size (Gallons)	1000
	*Tank Contents	Leaded Gasoline ~
	Tank Location	

UST Details Continued



UST Details Continued



Provide the current information. Check all t	hat apply.	
<u>Tank</u>	Pipe 1	
Single Wall	✓ Single Wall ✓	
Type of Monitoring/Detection		
Provide the current information. Check all t	hat apply.	
Tank	Pipe 1	
Ground water opservation wells	Automatic line leak detector	
☐ In-tank(automatic)monitoring	☐ Ground water observation wells	
Interstitial	☐ In-line electronic pressure monitor	
☐ Inventory Control	☐ Interstitial	
Manual Tank Gauging	☑ None	
None None	□ Other	
Other	Other: No Piping Exists	
Statistical Inventory Reconciliation	Other: Safe (European) Suction	
☐ Tightness Test	Statistical Inventory Reconciliation	
☐ Vapor observation wells	☐ Tightness Test	
·	☐ Vapor observation wells	

UST Details Continued



Additional Tank Information	
	on Refer to the Online - UST Facility Certification Questionnaire Instruction document, available at: as/ust/ust facility cert questionnaire ins.pdf.
*Pipe 1 Operation	Unknown Operation / Data not submitted >
*Overfill Protection:	
☐ High level alarm ☐ Flapper shutoff ☐ Ball float ☑ None (only for waste oil, sumps	and OOS USTs)
*Spill Containment around Fill Pipe	No
*Tank Status	Out of Service
*Tank Use:	
☐ Emergency Back-up Generator ☐ Sump ☐ Heating Oil for on-site consumpt ☐ Heating Oil for sale or distributio ☑ Not for Heating Oil or Sump or E	n .
*Date Taken Out of Service (MM/DD/YYYY)	01/01/1944 please specify if Tank Status is Out of Service
Closure/ Notice of Intent (NOI)#	

UST Selection



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Please Note

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UST SELECTION

NJDEP Test Facility 3

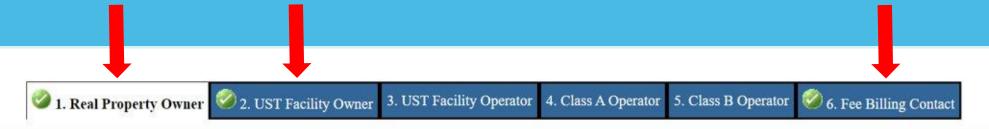
Please review the tank information below for accuracy. To make changes to the tank information, click on the 'Details' icon. To add a new tank and all the new information, click on the 'Add New Tank' button below. If you prefer to copy the tank details from a similar existing tank, then instead click on the 'Select for Copy' check box for the tank you wish to copy. Then click on the 'Copy Tank Details' button below. Click 'Continue' after verifying all tank details are correct and a validated check exists next to all tanks.

Please note that for the column 'Compartmentalized Group Names', this will be selected in a separate page to follow if appropriate. 'Compartmented tank' (Compartmented Group Name) means any underground storage tank that is divided by one or more walls or bulkheads to create individual and separate compartments within the underground storage tank. Each compartment is a separate regulated tank requiring separate tank identification.

etails Tank ID	Tank Number	Size (in gallons)	Contents	Compartmentalized Group Name	Other Contents	Status	Out of Service/Closed Date	Select fo copy	^r Validated	d Delet
\$	E1	1000	Leaded Gasoline			Out of Service	01/01/1944		3	8
Copy Tank D	etails	Add Nev	w Tank						Con	tinue
•									4	
									,	
								1		
									,	2

Contacts





1. Real Property Owner

Add Number

contact. Insert From Existing Con	tact(s) ∨					
*Salutation: *First Name: Middle Initial: *Last Name: Title: *E-Mail Address: *Confirm E-Mail: *Organization Name Organization Type:			*Address Line 1: Address Line 2: Address Line 3: *County: *City: *State: *Zip Code:	New Jersey	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
*Туре	*Contact Number(must be 10 digits)	Extension	Comments	Remove		

1

Contacts Continued



- 6 Site Information
- 7 UST Selection
- 8 Compartmentalized Tank Selection
- 9 Financial Responsibility
- 10 Contacts
- 11 Additional Contact Info
- 12 Attachment Upload
- 13 Add Certifier Type
- 14 Certification

Please Note

You may click on a previously visited page (above) to navigate back to that screen.



Work Phone Number > (609)					
7. Installer	Number(must be 10 digits)	Extension	Comments	Remove	
Class A Operator Class B Operator Fee Billing Contact	<u> </u>				
UST Facility Operator					
1. Real Property Owner			*Zip Code:	08608	
MY SERVICE CONTACTS	h@nidep.gov		*State:	New Jersey	,
			*City:	Trenton (Mercer)	,
MY FAVORITE CONTACTS			*County:	Mercer	,
NICOLE LELIEVRE	ORMATION RE CONTACTS ONTACTS O		Address Line 3:		
MY PROFILE INFORMATION			Address Line 2:	TOTAL OTRICOT	
Insert From Existing Contact(s)			*Address Line 1:	401 E. State St.	
Insert From Existing Contact(s)	. 🗸				

Note: Please enter contact information on ALL required before clicking Continue.

Contacts Continued



	vner 🥝 2. UST Facility Owne	r 🔯 3. UST Facili	4. Class A Ope	erator 5. Class B Op	erator 🥝 6. Fee I	Billing Contact
. UST Facility Oper	ator					
Vote: Selecting an opti contact. Insert From Existing Conta	on below will replace all info	rmation for this			☐ Save to My Fa	avorite Contac
Salutation:	~		*Address Line 1:			
*First Name:			Address Line 2:	5		
Middle Initial:			Address Line 3:			
Last Name:			*County:		~	
itle:			*City:		~	
E-Mail Address:			*State:	New Jersey	~	
Confirm E-Mail:			*Zip Code:			
Organization Name:						
Organization Type:	\					
*Туре	*Contact Number(must be 10 digits)	Extension	Comments	Remove		
~						

Contacts Continued



Additional Contact Note: Selecting an option below will replace all information for this ☐ Save to My Favorite Contacts Info contact. Insert From Existing Contact(s)... > Attachment Upload *Salutation: Mr. *Address Line 1: 401 E. State St. Add Certifier Type *First Name: Joe Address Line 2: Certification Middle Initial: Address Line 3: Please Note *Last Name: Brown *County: Mercer ou may click on a Title: *City: Trenton (Mercer) viously visited page *State: New Jersey V *E-Mail Address: joe.brown@njdep.gov bove) to navigate *Zip Code: 08608 ick to that screen. *Confirm E-Mail: joe.brown@njdep.gov *Organization Name: Tank Installers LLC Organization Type: *Contact Number(must be *Type Extension Comments Remove 10 digits) Work Phone Number > (609) 555-5555 **Add Number** Note: Please enter contact information on ALL required before clicking Continue. Available Contact Types... > Add Contact Save << Previous Next >> Continue

Additional Contact Information



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previously visited page (above) to navigate back to that screen.

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- **ADDITIONAL CONTACT INFORMATION** 1 - Instructions NJDEP Test Facility 3 2 - Submission Type Selection 3 - Facility Selection A business formed in New Jersey will obtain a Certificate of Formation or Certificate of Authority which will display your NJ Business Entity ID #. An Entity ID is a 10-digit number used to identify your corporate business records. A Tax I.D. number cannot be used. If not applicable, enter N/A. 4 - Submission Name 5 - Submission Type Details **UST Facility Owner** 6 - Site Information 7 - UST Selection First Name: JOE BROWN Last Name: 8 - Contacts NJDEP LLC Organization Name: 9 - Additional Contact Info *Is the tank owner a corporation, a limited liability company, a partnership, a limited partnership, or other form of business? 10 - Attachment *NJ Business Entity ID # 0101010101 Upload 11 - Certification * Required Please Note You may click on a
 - Continue Save

Yes

Attachment Upload



On each row, click on the 'Choose File' button under 'Upload File Name', navigate to the file to be uploaded, choose it, and click open. The file will take a minute to upload. The 'Choose File' button will disappear when the file is finished uploading.

To add an attachment, select the type of attachment from the 'Add Attachment' dropdown list below, then click on the blue 'Add Attachment' button.

You are required to submit a Facility Site Plan for the initial registration of a tank. You must include in the facility site plan the location of the tanks, lines, pumps, dispensers, fill pipes, and other features of the underground storage tank system, including the distance from existing buildings and property boundaries.

If you are submitting a Financial Responsibility insurance Policy, submit the entire current insurance policy. If the insurance policy does not include a certificate of insurance or endorsement, add it as an attachment by selecting it from the 'Add Attachment' dropdown list below.

If you chose Financial Test of Self Insurance or Financial Test for Local Government earlier in the service, applicable forms can be found at: <u>NJDEP SRP - Forms: UST-Related</u>. If your service requires an installer's certification, that form can also be found at the link above.

If you need to upload an authorization to sign on behalf of the Tank Owner and/or Facility Operator, there is no specific form. The authorization should be signed by the Tank Owner and/or Facility Operator as applicable.

Attachment Type	Attachment Description	Allowed Extensions	Upload File Name	Status F	ile Size (MB)	Remove
*Site Plan	Site Plan	pdf, doc, docx, xls, xlsx, rtf, gif, jpg, png, tif, zip, txt	oose File No file chosen		0	8
			Total Uploaded:		0 MB	
* Required How do I upload a File?						
Add Attachment	~		_			
Add Attachment						
					Co	ntinue

Attachment Upload



On each row, click on the 'Choose File' button under 'Upload File Name', navigate to the file to be uploaded, choose it, and click open. The file will take a minute to upload. The 'Choose File' button will disappear when the file is finished uploading.

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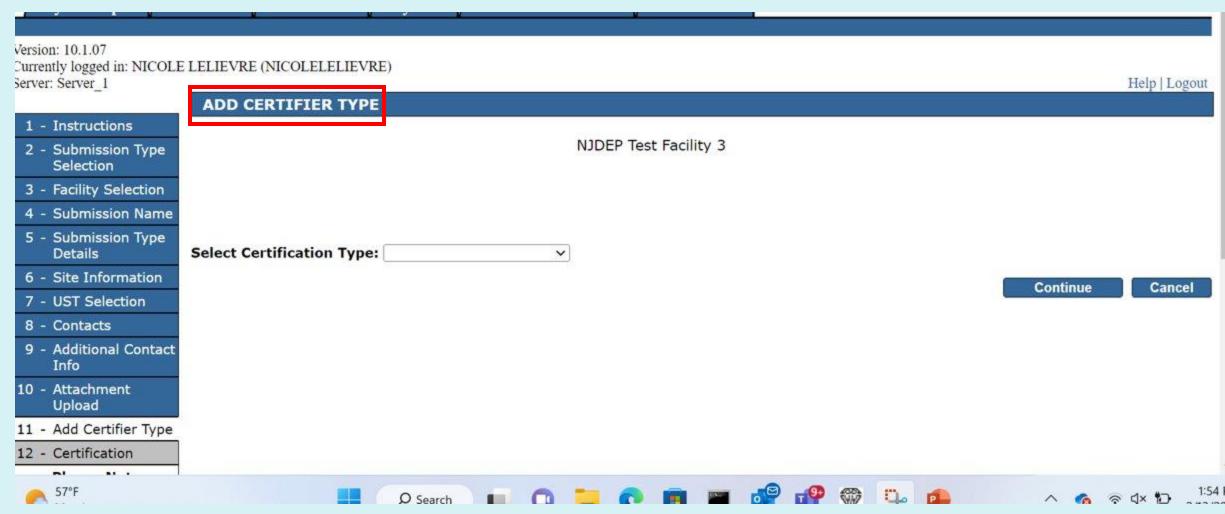
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Attachment Type	Attachment Description	Allowed Extensions	Upload File Name	Status	File Size (MB)	Remove
*Site Plan	Site Plan	pdf, doc, docx, xls, xlsx, rtf, gif, jpg, png, tif, zip, txt	Site Plan.pdf	②	.17	8
			Total Uploaded:		.17 MB	
* Required How do I upload a File?						
Add Attachment	~					
Add Attachment						

Certification





Certification



					Skip Navigation
njhome I citizen I bu	siness I government I services A to	Z I departments			search
department of enviro	nmental protection				^{njdcp} online
				njdep home I about dep I ind	ex by topic programs/units dep online
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inty intrinspired y to	at From y Commentons y	Layments Documents at	Termina Const		
Version: 10.1.07					
Currently logged in: NICOLI Server: Server_1	LELIEVRE (NICOLELELIEVRE	.)			Help Logout
ou.u	ADD CERTIFIER TYPE				1100 100,000
1 - Instructions					-
2 - Submission Type Selection			NJDEP Test Facility 3		
3 - Facility Selection					
4 - Submission Name					
5 - Submission Type Details	Select Certification Type:	•			
6 - Site Information		Third Party			Continue Cancel
7 - UST Selection		Facility Owner			
8 - Contacts					
9 - Additional Contact Info					
10 - Attachment Upload					
11 - Add Certifier Type					
12 - Certification					
7 - UST Selection 8 - Contacts 9 - Additional Contact Info 10 - Attachment Upload 11 - Add Certifier Type		Third Party Facility Owner			Continue

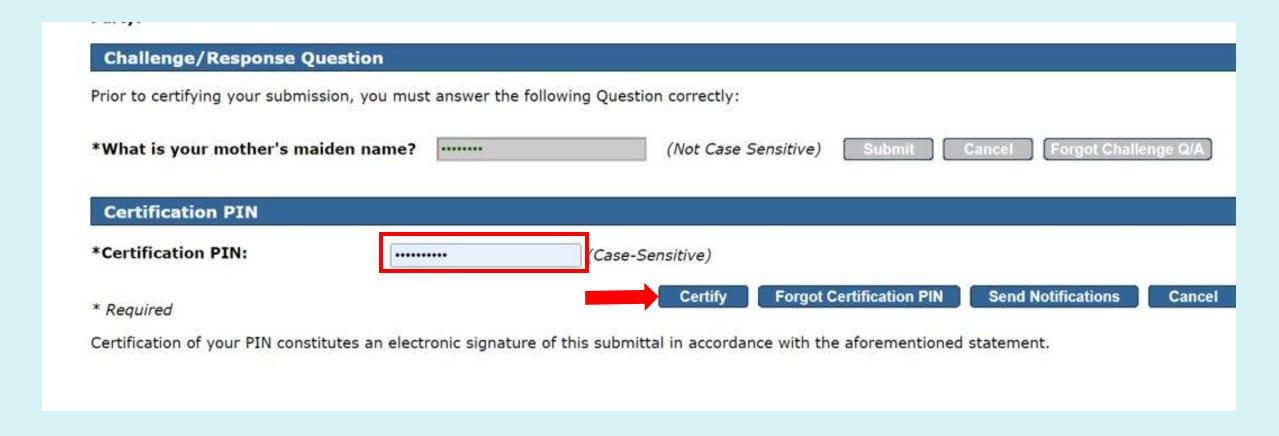
Certification Continued



Challenge/Response Qu	estion
Prior to certifying your submiss	ion, you must answer the following Question correctly:
*What is your all-time favor	ite sports team? (Not Case Sensitive) Submit Cancel
Forgot Challenge Q/A	
Certification PIN	
*Certification PIN	(Case-Sensitive)
	(Case-Sensitive) Certify Forgot Certification PIN Send Notifications Cancel

Certification Continued





Payment Summary



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- 3 Review Payment Information
- 4 Payment Confirmation

Please Note

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PAYMENT SUMMARY

Choose your payment method by clicking on the appropriate button below. If you choose 'Bill Me', you will be asked to enter the mailing address information and a bill will be mailed.

Charges

ID	Facility ID	Facility Name	Program	Service	Туре	Creation Date	Amount
1070176	N/A	NJDEP Test Facility 3	Underground Storage Tank (UST) Program	UST Registration Services	Initial UST Facility Registration	02/13/2023 Total:	\$200.00 \$200.00

Pay via Credit Card Pay via eCheck Bill Me Return

Paper Billing Message



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- 1 Billing Message
- 2 Select Mailing Address
- 3 Payment Billing Confirmation

Please Note

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PAPER PAYMENT BILLING MESSAGE

If you wish to pay for this service electronically please click the 'Cancel' button and choose the appropriate payment method. If you click on the "Continue" button, a hard copy invoice will be mailed to the address you specify in the following screen.

Note for Air Registrations/General Permits/General Operating Permits, Tidelands License Renewals and Refrigeration Facility Registrations Only: The service will be submitted but will not be approved until the payment is received. If you continue you will no longer be able to pay for this service electronically.



Continue

Cancel

Payment Mailing Address Option



erver: Server_1	PAYMENT MAILING	ADDRESS OPTION - SELEC	T ONE		Help Lo
1 - Billing Message 2 - Select Mailing	Please select the mailing	address to be used to send the b	II for this service.	a december 18 ann an Maria Maria Carlo	310.00000000000000000000000000000000000
Address			nd 3 will NOT appear on the bill, so to en		
- Payment Billing Confirmation	will overwrite the informa	ition currently included in the pen	that any revised name and address info mit application for the respective service s)"] to prevent this from happening.		
Please Note You may clip reviously visited page (above) to navigate back to that screen.	Real Property Owner	s below will update the service co			
	* First Name:	JOE	* Address Line 1:	401 E STATE ST	
	Middle Initial: * Last Name: Title: * E-Mail Address:		Address Line 2:	377. 11.2 10.1 10.1 10.1	
		BROWN	Address Line 3:		
		* City:	* City:	Trenton (Mercer)	
		joebrown@njdep.gov	orown@njdep.gov * State:	New Jersey	~
	* Confirm E-Mail:	ebrown@njdep.gov * Zip:	08608		
	Organization Name:	NJDEP LLC			
	Organization Type:				
	O UST Facility Owner				
	Data changes in the field	s below will update the service co	ntacts address information.		
	* First Name:	JOE	* Address Line 1:	401 E STATE ST	
	Middle Initial:		Address Line 2:		
	* Last Name:	BROWN	Address Line 3:	î .	
	Tiel		* 61	Toursey of Lances	

Review Paper Payment Billing Confirmation



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REVIEW PAPER PAYMENT BILLING CONFIRMATION

Printer Friendly Version

Please print a copy of this page for your records.

Reminder for Air General Permits and Refrigeration Facility Registrations: The service has been submitted but will not be approved until the payment is received.

Payment Items

Charges:

acility ID	Facility Name	Program	Service	Туре	Creation Date	Amount
N/A	NJDEP Test Facility 3	Underground Storage Tank (UST) Program	UST Registration Services	Initial UST Facility Registration	02/13/2023 Total:	\$200.00
a		cility ID Facility Name N/A NJDEP Test Facility 3				N/A NJDEP Test Facility 3 Underground Storage Tank (UST) Program UST Registration Services Initial UST Facility Registration 02/13/2023

Billing Information

First Name: JOE

Middle Initial: Last Name:

BROWN

Title:

E-Mail Address: joebrown@njdep.gov

Organization Name: NJDEP LLC

Organization Type:

Address Line 1: 401 E STATE ST

Address Line 2:

Address Line 3:

City: Trenton (Mercer)
State: New Jersey

Zip: 08608



Summary



My Workspace | User Profile | Certifications | Payments | Documents and Forms | Permit Folder

Version: 10.1.07

Currently logged in: NICOLE LELIEVRE (NICOLELELIEVRE)

Server: Server 1

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SUMMARY

Printer Friendly Version

Service Information

Service ID: 1070176

Service Type: UST Registration Services: Initial UST Facility Registration

Service Name: NJDEP Test Facility 3

Created On: 02/13/2023

Submitted On: 02/13/2023

Facility Profile

No Facility selected.

Submission Type Details

Initial UST Registration Types

- Registration of a newly installed underground storage tank(s)
- Registration of an existing UST or USTS not presently registered

Summary



Certification

Certifier: Certifier ID:

Challenge/Response Question: Challenge/Response Answer:

Certification PIN:

Date/Time of Certification:

NICOLE LELIEVRE

717

What is your favorite color?

03/26/2023 12:33

UST FACILITY OWNER CERTIFICATION

Must be certified by, as follows:

- --For a corporation, responsible corporate official.
- --For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- --For a municipality, County, State, Federal or other public agency, by either a principal executive officer or ranking elected official.
- --For a person other than those indicated above, a duly authorized representative.

"I certify under penalty of law that:

- 1. I have read, understand, and have followed the applicable rules and instructions for this New Jersey Underground Storage Tank Facility Certification Questionnaire;
- 2. I have personally examined and am familiar with the information submitted in this New Jersey Underground Storage Tank Facility Certification Questionnaire and all attached documents;
- 3. I believe, based on my inquiry of those individuals responsible for obtaining the information, that the submitted information is true, accurate and complete;
- 4. This facility is in compliance with N.J.A.C. 7:14B; and
- 5. I am the person required, pursuant to N.J.A.C. 7:14B-2.2, to sign this New Jersey Underground Storage Tank Facility Certification Questionnaire for the owner/operator of this facility.
- 6. 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 or regulation, I am personally liable for penalties."

NICOLE LELIEVRE

02/08/2023

Facility Owner/Operator

Date



My Workspace



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MY WORKSPACE





Note: Access to this electronic service selection and submittal area is granted by selecting facilities using the <u>user profile</u>. Some services are accessible without selecting facilities as shown below.

Underground Storage Tank (UST) Program

UST Registration Services
UST Additional Certification Service
Submission Approval Area

Configure Services

My Facilities/Program Interests

↑

Note: You may add Facilities/Program Interests by clicking the "Add Facilities" button below.

Change Manage