



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

**UNREGULATED HEATING OIL TANK (UHOT) SYSTEM  
 REMEDIATION FORM**

Date Stamp  
 (For Department use only)

**SECTION A. SITE LOCATION**

Incident Number/Communication Center Number: \_\_\_\_\_

Site Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ (Township, Borough or City)

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Program Interest (PI) Number(s): \_\_\_\_\_

Municipal Block(s) and Lot(s):

Block # \_\_\_\_\_ Lot(s) # \_\_\_\_\_ Block # \_\_\_\_\_ Lot(s) # \_\_\_\_\_

Block # \_\_\_\_\_ Lot(s) # \_\_\_\_\_ Block # \_\_\_\_\_ Lot(s) # \_\_\_\_\_

**SECTION B. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION MAILING INFORMATION**

Full Name of the Person Responsible for  
 Conducting the Remediation/UHOT Owner: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_

**SECTION C. ENVIRONMENTAL PROFESSIONAL**

The environmental professional is a:

Certified Subsurface Evaluator ..... UST Cert # \_\_\_\_\_

Licensed Site Remediation Professional (LSRP) ..... LSRP License # \_\_\_\_\_

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

Firm Name: \_\_\_\_\_ Firm UST Cert # (if applicable) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_

**Additional Professionals**

Did any other Environmental Professionals perform any work  
 (Tank Removal, Investigation or Remediation) at this site? .....  Yes  No

If "Yes", list the Environmental Professionals below. If there are more than 4, attach additional pages:

**Additional Professional 1**

- Certified Subsurface Evaluator ..... UST Cert # \_\_\_\_\_
- Licensed Site Remediation Professional (LSRP) ..... LSRP License # \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_ Firm UST Cert # (if applicable) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_

**Additional Professional 2**

- Certified Subsurface Evaluator ..... UST Cert # \_\_\_\_\_
- Licensed Site Remediation Professional (LSRP) ..... LSRP License # \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_ Firm UST Cert # (if applicable) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_

**Additional Professional 3**

- Certified Subsurface Evaluator ..... UST Cert # \_\_\_\_\_
- Licensed Site Remediation Professional (LSRP) ..... LSRP License # \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_ Firm UST Cert # (if applicable) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_

**Additional Professional 4**

- Certified Subsurface Evaluator ..... UST Cert # \_\_\_\_\_
- Licensed Site Remediation Professional (LSRP) ..... LSRP License # \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_ Firm UST Cert # (if applicable) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_

**SECTION D. REASON FOR SUBMISSION**

**Check all that apply:**

- |                                                                                                      |                        |
|------------------------------------------------------------------------------------------------------|------------------------|
| <input type="checkbox"/> Submission of a Remedial Action Report .....                                | <b>Fee</b><br>\$400.00 |
| <input type="checkbox"/> Re-issuance of NFA with Amended Form .....                                  | \$100.00               |
| <input type="checkbox"/> On Scene Coordinator Request for a Discharge to Surface Water Proposal..... | \$400.00               |

**Note:** To apply for a Permit-by-Rule (PBR) for a discharge to ground water, submit the “Discharge to Ground Water Permit By Rule Authorization Request Form” to the NJDEP. The form can be found at: <http://www.nj.gov/dep/srp/srra/forms>. Do not submit this form for a PBR proposal.

**SECTION E. SITE CONDITIONS**

Does an Immediate Environmental Concern (IEC) condition exist at the site? .....  Yes  No  
See NJDEP IEC guidance at: <http://www.nj.gov/dep/srp/guidance/index.html#iec>.

**Current Use:**

- Industrial     Undeveloped     Residential     Commercial     Other \_\_\_\_\_

**Special Conditions:** *(Check all that apply):*

- Ground water contamination has exceeded a Ground Water Remediation Standard (GWRS) and a potable well (on site or off site) is located within 100 feet of the contamination.
- Ground water contamination has migrated beyond the property boundaries of the owner of the tank.
- A vapor intrusion investigation was conducted.
- A release from the tank resulted in a discharge to surface water and/or wetland.
- Residual contamination remains and supporting information is included.
- Remediation was conducted to a *site-specific* impact to ground water remediation standard.
- The remediation of the soil and/or ground water is proposed or implemented with an On Scene Coordinator Request for a Discharge to Surface Water Proposal or a Permit-by-Rule Discharge to Ground Water Proposal.
- IEC condition was identified and has been addressed.

**SECTION F. SITE SPECIFIC INFORMATION**

Attach a map to this form providing tank/discharge location(s), the locations of all relevant buildings, sample location(s) and depth(s), sample results, and the location(s) of all potable wells within 100 feet of the UHOT (on and off site).

**Tank Information** *(list each tank separately)*

Type of tank (above or underground)	Size of tank (gallons)	Type of heating oil (#2, 4, 6 or kerosene)

1. The discharge was to: *(check all that apply)*

- Soil     Ground Water     Surface Water     Ecologically Sensitive Natural Resource (ENSR) Area  
 Other (specify): \_\_\_\_\_

2. How was the discharge identified? *(check all that apply)*

- Sample Analysis     Olfactory     Visual     Record/Loss of Product  
 Other (specify): \_\_\_\_\_





**SECTION K. REMEDIAL ACTION REPORT CHECKLIST:**

Include the following items in the Remedial Action Report:

- USGS Topographic map of the area .....  Included
- Sample Results Summary Tables .....  Included
- Scaled site map with tank, soil sample and monitor well location(s) with analytical results and location of a potable well(s) and north arrow .....  Included
- Laboratory quality assurance information required in Section J. above .....  Included
- Tank Contents Disposal Receipt (fully executed manifest) .....  Included
- Tank Disposal Certificate/Receipt.....  Included  N/A
- Contaminated Soil Disposal Receipt (fully executed manifest) .....  Included  N/A
- Documentation that Fill was "certified clean" .....  Included  N/A
- Contaminated Ground Water Disposal Receipt (fully executed manifest) .....  Included  N/A
- Copies of all local permits associated with the tank removal/remediation .....  Included  N/A

**SECTION L. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION**

Full Legal Name of the Person Responsible  
for Conducting the Remediation/UHOT Owner: \_\_\_\_\_

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

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

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

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

*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.*

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

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

**SECTION M. SUBSURFACE EVALUATOR UHOT REPORT CERTIFICATION FORM**

**Certification by the Subsurface Evaluator:**

*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 may be committing a crime if I make a written false statement, which I do not believe to be true, accurate and complete. I hereby certify that the area of concern being remediated was remediated consistent with the Heating Oil Tank System Remediation Rules, N.J.A.C. 7:26F. In addition, I certify that I have provided direct on-site supervision of the remediation. Moreover, I understand that should I discover evidence of a discharge of a hazardous substance, I will provide written notice to the owner of the unregulated heating oil tank system as to that discovery and to the Department pursuant to the Administrative Requirements for the Remediation of Contaminated Sites, N.J.A.C. 7:26C-1.7. I am also aware that if I knowingly direct or authorize the violation of any statute, I can be personally liable for the penalties.*

Name: \_\_\_\_\_ UST Cert. No.: \_\_\_\_\_  
Firm: \_\_\_\_\_ Firm's UST Cert. Number: \_\_\_\_\_  
Firm Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
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

**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: \_\_\_\_\_