

Item #2

Please remit to:
New Jersey Department of Environmental Protection
Site Remediation Program
Frank Faranca
Bureau of Case Management
P.O. Box 028, 401 E. State Street, 5th Floor
Trenton, NJ 08625-0028



Homeowner Information
(Part 1 of 2)

Homeowner Name _____
Address _____
City/Town _____ State _____ Zip Code _____
Phone _____ Fax _____
Email Address _____

Certification Statements: (All certifications are required. Please initial.)

_____ I have been provided and understand the cost guidelines and payment process for the mitigation systems and understand that any costs in excess to the guidelines require NJDEP or EPA pre- approval.

_____ I understand that as the homeowner I will be paid for costs for an approved mitigation system that are within the cost guidelines or otherwise preapproved by the NJDEP or EPA

_____ I understand that as the homeowner I am responsible throughout the implementation of the Scope of Work for managing my contractor.

_____ I understand that my contractor is responsible for implementation of the Scope of Work including the design, installation, maintenance, and monitoring of the mitigation system.

Homeowner Signature _____

Date _____

Please remit to:
New Jersey Department of Environmental Protection
Site Remediation Program
Frank Faranca
Bureau of Case Management
P.O. Box 028, 401 E. State Street, 5th Floor
Trenton, NJ 08625-0028



*Selected Contractor Information
(Part 2 of 2)*

Contractor Name _____

Address _____

City/Town _____ State _____ Zip Code _____

Phone _____ Fax _____

Email Address _____

Cell Phone # _____

Applicable License Information: (Must complete at least one.)

▶ Certified Radon Mitigation Business License # _____

▶ Licensed Site Remediation Professional License # _____

› Please attach a list of contaminated sites where you have installed vapor mitigation systems, along with the addresses.

▶ Professional Engineer License # _____

› Please attach a list of contaminated sites where you have installed vapor mitigation systems, along with the addresses.

Certification Statements: (All certifications are required. Please initial.)

_____ I have been provided a copy of the Scope of Work and agree to conduct only the required vapor mitigation in accordance with the Scope of Work.

_____ I have been provided the cost guidelines and will provide any estimates or cost information or technical information, as required by NJDEP or EPA and will adhere to the guidelines.

_____ I understand that any cost overruns may not be reimbursable unless pre-approved by NJDEP or EPA.

Contractors Signature _____

Contractors License # _____

Date _____