



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

7.5 PERCENT COST OF REMEDIATION SUMMARY
AND CERTIFICATION

Date Stamp
(For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name:
List all AKAs:
Street Address:
Municipality: (Township, Borough or City)
County: Zip Code:
Program Interest (PI) Number(s): Case Tracking Number(s):
Municipal Block(s) and Lot(s):
Block #: Lot #: Block #: Lot #:

SECTION B. PERSON RESPONSIBLE FOR CONDUCTING REMEDIATION

Corporate or Individual Name:
Phone Number: Ext: Fax:
Street Address:
Municipality: State: Zip Code:
Email Address:
State of Incorporation or Part, if applicable:
Property Owner(s) type of Business Association and General Partner(s), as applicable:
Date(s) of ownership of the Site:

SECTION C. COST INFORMATION

- 1. Is a narrative summary of the remediation of the site attached? Yes No
Please include start and end dates for investigatory and remedial phases and changes in Responsible Party and /or consultants.)
2. Are there any outstanding or unresolved Oversight Cost Disputes pursuant to N.J.A.C. 7:26C-4.8? Yes No
(if yes, please clarify and explain why you are submitting application):
3. Is a Summary of Payment History of NJDEP Oversight Costs for the site attached? Yes No
Please include list of all Oversight Cost Invoices received and dates that payments were made.
4. Is a detailed description of all of the remediation costs as defined in N.J.A.C. 7:26C-1.3, prepared by a certified public accountant or an independent auditor attached? Yes No
The definition of "remediation costs" and additional instructions are provided in the instructions for this form.
5. Has this site received a No Further Action Letter or a Final Remediation Document? Yes No
(If "Yes," please provide a copy or the date and scope of the final remediation document.)

SECTION F. 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: _____

SECTION D. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application 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 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 N.J.A.C. 7:26C et seq..

Responsible Party:

Typed/Printed Name: _____

Title: _____

Signature: _____

Date: _____

Sworn to and Subscribed Before Me on this _____ Date of _____ 20 _____

Notary: _____

Certified Public Accountant or Independent Auditor:

Typed/Printed Name: _____ License # if applicable: _____

Title: _____

Signature: _____

Date: _____

Sworn to and Subscribed Before Me on this _____ Date of _____ 20 _____

Notary: _____

Completed forms should be sent to:

NJDEP/SRP
Office of Direct Billing and Cost Recovery
Mail Code 401-06L
PO Box 420
401 E. State St.
Trenton, NJ 08625-0413