



**New Jersey Department of Environmental Protection
Site Remediation Program**

ANNUAL REMEDIATION FEE REPORTING FORM

Date Stamp
(For Department use only)

SECTION A. SITE NAME AND LOCATION

Date: _____

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): _____

Date trigger compliance with N.J.A.C. 7:26C-2: _____

Check One: First Annual Renewal

SECTION B. FEE BILLING CONTACT

Business Name: _____ Phone: _____

Contact: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

SECTION C. APPLICATION CATEGORY FEE

Fee Category	Number of CAOC	Annual Fee
<input type="checkbox"/> 1	0 to 1	\$450.00
<input type="checkbox"/> 2	2 to 10	\$900.00
<input type="checkbox"/> 3	11 to 20	\$5,000.00
<input type="checkbox"/> 4	> 20	\$9,500.00

Note: Regulated UST where remediation is not fully completed and/or regulated heating oil systems are in Category 2
Landfills are in Category 3

Subtotal Fee from Section C: _____

SECTION D. CONTAMINATED MEDIA FEE

- Ground Water Contamination \$1,400.00
- Surface Water Sediment Contamination \$1,400.00
- Ground Water Unpermitted Discharge to Surface Water \$1,400.00

Subtotal Fee from Section D: _____

Total Fee Paid from Section C and Section D: _____ Check #: _____

SECTION G. 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: _____

This statement shall be signed by the LSRP who is submitting this notification in accordance with SRRRA Section 16 d. and Section 30 b.2.

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:

[SELECT ONE OR BOTH OF THE FOLLOWING AS APPLICABLE]:

- directly oversaw and supervised all of the referenced remediation, and/or*
- personally reviewed and accepted all of the referenced remediation presented herein.*

I believe that the information contained herein, and including all attached documents, is true, accurate and complete.

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.

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 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.

LSRP Signature: _____ Date: _____

LSRP Name/Title: _____ **No Changes Since Last Submittal**

Company Name: _____

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