



New Jersey Department of Environmental Protection
Site Remediation Program

CONFIRMED DISCHARGE NOTIFICATION

Date Stamp
(For Department use only)

SECTION A. SITE LOCATION

Site Name:
List all AKAs:
Street Address:
Municipality: (Township, Borough or City)
County: Zip Code:
Mailing Address if different than street address:
Incident Number(s)/Com. Center Number(s):
Program Interest (PI) Number(s):
Date Remediation Initiated Pursuant to N.J.A.C. 7:26C-2.2 or 2.3(b):
State Plane Coordinates for a central location at the site: Easting: Northing:
Municipal Block(s) and Lot(s): Block # Lot #
Block # Lot # Block # Lot #
Block # Lot # Block # Lot #
Block # Lot # Block # Lot #

SECTION B. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION

Name: Phone:
Contact: Title:
Street Address: Municipality: (Township, Borough or City)
County: State: Zip Code:

SECTION C. CURRENT OWNER OF THE SITE

Affiliation/Name of Organization:
First Name of Contact: Last Name of Contact:
Title:
Phone Number: Ext: Fax:
Mailing Address:
City/Town: State: Zip Code:
Email Address:

SECTION D. SITE USE

Current Site Use (check all that apply) Intended Future Site Use, if known (check all that apply)
Industrial Park or recreational use Industrial Park or recreational use
Residential Vacant Residential Vacant
Commercial Government Commercial Government
School or child care Other: School or child care Future site use unknown
Agricultural
Date Discharge Occurred: Date Discharge Notification to the Department:

Substance Released	State (liquid, solid, etc.)	Amount	HAZMAT <input checked="" type="checkbox"/> if "Yes"	TCPA <input checked="" type="checkbox"/> if "Yes"	Release Verified	Substance Contained <input checked="" type="checkbox"/> if "Yes"	Release Status
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Media Contaminated: Soil Groundwater Surface Water Receiving Water: _____

Description of Discharge:

SECTION E. FEDERAL RELEASE

Is this discharge related to a release from a Federally regulated UST? Yes No

If "Yes," please answer the following questions:

Tank ID (from Registration): _____ Tank System Size: _____

Contents: _____

Source of Federal Release (check appropriate category):

Cause of Federal Release (check appropriate category):

- Dispenser
- Vent Pipe
- Fill Port/Fill Lines
- Piping (Upgraded)
- Piping (Not Upgraded)
- Spill Bucket
- Tank (Upgraded)
- Tank (Not Upgraded)
- Vapor System Recovery
- Submersible Turbine Pump Area
- Other (Specify) _____
- Delivery Problem
- Unknown

- Spill
- Overfill
- Physical/Mechanical Damage
- Loose Fittings
- Installation Problem
- Vapor Release
- Other (Specify) _____
- Corrosion
- Unknown

SECTION F. CASE TYPE: (check all that apply)

- Child Care Center
- School
- School Development Authority (SDA)
- UST Grant/Loan
- Hazardous Discharge Remediation Fund (HDSRF) Grant/Loan
- Administrative Consent Order (ACO)
- Remediation Agreement (RA)/Remediation Certification
- Brownfield Development Area (BDA)
- Site is located within an economic development priority area
- ISRA
- Regulated Underground Storage Tank (UST)
- Landfill
- Federal oversight (RCRA, CERCLA, DOD, TSCA, etc.)
- Coal Gas
- Chrome Site (Chromate chemical production waste)
- Spill Act Discharge
- Not Applicable

SECTION G. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: _____

Representative First Name: _____ Representative Last Name: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

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: _____ **No Changes Since Last Submittal**

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