



New Jersey Department of Environmental Protection
Site Remediation Program

GENERAL INFORMATION NOTICE (GIN)

New Revision/Update \*

Date Stamp (For Department use only)

NOTE: If more than one Industrial Establishment (business) operates at the site (multiple tenancy), and the transaction which initiates ISRA is a sale of property, then a separate General Information Notice is required for each Industrial Establishment (tenant) that uses hazardous materials and has a NAICS number within the subject realm of ISRA.

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

SECTION A. INDUSTRIAL ESTABLISHMENT

Site Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

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

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

\* ISRA Case No.: \_\_\_\_\_ Program Interest No.: \_\_\_\_\_

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 # \_\_\_\_\_

Block # \_\_\_\_\_ Lot # \_\_\_\_\_ Block # \_\_\_\_\_ Lot # \_\_\_\_\_

Does the Industrial Establishment include: [ ] the Entire Site; or [ ] a Leasehold Portion of the Block and Lots designated above.

Date trigger compliance with N.J.A.C. 7:26B-3.2(a) \_\_\_\_\_

NAICS Code: \_\_\_\_\_ (Required)

To determine your NAICS Code, please refer to the "Official NAICS Page" at http://www.census.gov/eos/www/naics/ or contact the NJ Department of Labor at 609-292-2633.

Please provide a description of operations conducted on site by the Industrial Establishment listed in "A" above to verify the listed NAICS number as accurate.

CURRENT PROPERTY OWNER(S)

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

CURRENT BUSINESS OWNER (complete this section even if the same as above)

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SECTION B. MAPS TO PROVIDE**

- 1. A current tax map, attached as Appendix # \_\_\_\_\_ and
- 2. A scaled site map showing the entire property and all current structures located on the blocks and lots listed in Item 1A above. For Department data entry and identification purposes the boundaries of each industrial establishment currently located on the site shall be highlighted and clearly labeled on the scaled site map, attached as Appendix # \_\_\_\_\_.

**SECTION C. PREVIOUS ISRA/ECRA SUBMISSIONS**

- 1. Have there been any previous or concurrent ISRA/ECRA submissions (including Applicability Determinations or De Minimus Quantity Exemption Application) by this Industrial Establishment or another Industrial Establishment, which occupied the same tax block and lot number? .....  Yes  No
- 2. If "Yes," Name of Industrial Establishment(s): \_\_\_\_\_
- 3. ISRA\ECRA Case No(s): \_\_\_\_\_ Current Status \_\_\_\_\_

**SECTION D. NFA, RAO OR NEGATIVE DECLARATION**

- 1. Has the same property occupied by the Industrial Establishment in section A above received a No Further Action Letter (NFA), Response Action Outcome (RAO) or Negative Declaration Approval? .....  Yes  No  
If "Yes," provide:
- 2. A copy of the prior No Further Action Letter, Response Action Outcome or Negative Declaration Approval, attached as Appendix # \_\_\_\_\_ and
- 3. A scaled site map, which clearly depicts the site or portions thereof that the prior No Further Action Letter, Response Action Outcome or Negative Declaration Approval includes, attached as Appendix # \_\_\_\_\_.

**Please Note:** If the Block and Lot designation for the site on which the Industrial Establishment listed above is different than the Block and Lot listed on the prior No Further Action Letter, Response Action Outcome or Negative Declaration Approval, then please provide a brief description of when the designation change occurred and a statement supporting that the current application is for the same site. The Department will not assume the application for the current site is the same site referenced on a prior no further action approval if the Block and Lots are different.

**SECTION E. TYPE OF TRANSACTION**

Indicate the transaction(s), which initiates the ISRA review. Check **all** that apply (see N.J.A.C. 7:26B-3.2 & 3.3):

- Sale of Property                       Foreclosure                       Stock Transfer/Corporate Merger
- Cessation                                 Partnership Change             Other (attach documentation to explain)
- Sale of Business                       Sale of Assets
- Bankruptcy – Type: \_\_\_\_\_ Date: \_\_\_\_\_ Case #: \_\_\_\_\_

**SECTION F. CESSATION OF OPERATIONS**

If a cessation of operations is involved at this location, provide the following information:

- 1. Provide the date of the public release of the decision to close the facility \_\_\_\_\_, or
- 2. Provide the date that operations ceased \_\_\_\_\_, or
- 3. Provide the date that operations will cease \_\_\_\_\_

**SECTION G. PROPERTY SALE/TRANSFER OF TITLE**

If the transaction initiating an ISRA review is an agreement of sale or execution of an option to purchase, fill in the date of execution of that instrument below. If a sales agreement has not been signed, then you may not have triggered ISRA unless another trigger such as a cessation of operations has also occurred.

- 1. Is a sale involved? .....  Yes  No (If "No," skip to section H.)
- 2. Provide the date of the Agreement/Notifications of Option to Purchase \_\_\_\_\_
- 3. Provide the date proposed for transfer of title \_\_\_\_\_
- 4. Please complete the following:

Name of Party/Purchaser: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**SECTION H. AUTHORIZED AGENT**

Provide the name and mailing address of an individual to be designated as the "Authorized Agent": a primary contact with the Department for all matters relating to this ISRA review. This can be a licensed site remediation professional or attorney assisting the owner or operator with their ISRA compliance obligations. The Department will copy the Authorized Agent on all written correspondence.

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Firm: \_\_\_\_\_

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

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address (optional): \_\_\_\_\_

**SECTION I. NOTIFICATIONS (To be initialed by the signatory on the certification page.)**

**Right of Entry and Inspection**

Pursuant to the Industrial Site Recovery Act rules (N.J.A.C. 7:26B-1.9), by the submission and certification of this document I give my consent to the entry of the industrial establishment by the Department and its authorized representatives during any phase of remediation, upon the presentation of credentials, to inspect the site.

Initial \_\_\_\_\_

**Withdrawal Notification**

I understand that I may withdraw this notice if the transaction that initiated the filing of this General Information Notice is terminated. In accordance with the Industrial Site Recovery Act rules (N.J.A.C. 7:26B-3.4), such withdrawal, stating the reasons why compliance with ISRA no longer applies to the site referenced in Item 1A above, shall be made in writing and certified in accordance with N.J.A.C. 7:26B-1.6. I understand if the site has been confirmed to be contaminated, pursuant to the Site Remediation Reform Act, I am obligated to continue with the remediation of the site regardless of the status of my ISRA trigger.

Initial \_\_\_\_\_

**Municipal Notification**

I certify that the municipality (Municipal Clerk), in which the industrial establishment named in Item 1A above is located, has been provided a copy of this notice.

Initial \_\_\_\_\_

**SECTION J. 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: \_\_\_\_\_

Does the listed individual or firm own the:  property,  business, or  both?

This certification shall be signed by the responsible party 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