



New Jersey Department of Environmental Protection
 Site Remediation Program

**LINEAR CONSTRUCTION PROJECT (LCP)
 NOTIFICATION AND FINAL REPORT FORM**

Date Stamp
 (For Department use only)

SECTION A. PERSON CONDUCTING A LINEAR CONSTRUCTION PROJECT CONTACT INFORMATION

Name: _____
 Phone: _____ Ext: _____ Fax: _____
 Project Coordinator Name: _____ Title: _____
 Street Address: _____
 Municipality: _____ (Township, Borough or City)
 State: _____ Zip Code: _____
 Email Address: _____

If there is a change in person conducting an LCP or the LSRP contact information, please submit an amended form.

SECTION B: SUBMITTAL TYPE (select one)

Initial Notification

- Initial notification of the linear construction project: Start Date: _____
 Projected End Date: _____
- Is soil reuse planned for this project? Yes No Unknown
 If "Yes," provide brief description:

Final Report

Did the person conducting the linear construction project vary from the NJDEP's Linear Construction Technical Guidance? Yes No
 Provide a brief description of how the project varied from the Linear Construction Technical Guidance:

SECTION C: FEES

- Initial Notification Fee \$450.00 **OR** Final Report Fee based on number of contaminated properties or parts of properties
- \$1,000.00 for 1 – 5 properties
 - \$3,000.00 for 6 – 10 properties
 - \$5,000.00 for 11 or more properties

Fee Billing Contact:
 Business Name: _____
 First name of Contact: _____ Last name of Contact: _____
 Title: _____
 Phone Number: _____ Ext.: _____ Fax: _____
 Mailing Address: _____
 City/Town: _____ State: _____ Zip Code: _____
 Email Address: _____

SECTION D: DESCRIPTION OF THE LINEAR CONSTRUCTION PROJECT

Project Name: _____

Project Type: (check all that apply)

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Public Right of Way/Easement | <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Telecommunications Systems |
| <input type="checkbox"/> Utility Easement | <input type="checkbox"/> Water System | <input type="checkbox"/> Sanitary/Combined Sewerage System |
| <input type="checkbox"/> Road/Rail | <input type="checkbox"/> Electric | <input type="checkbox"/> Other _____ |

Brief description of project: _____

Municipality(s) and county(s) where the project is being conducted (attach additional pages as necessary)

Municipality: _____ County: _____

Municipality: _____ County: _____

Municipality: _____ County: _____

Municipality: _____ County: _____

SECTION E: DESCRIPTION OF ANTICIPATED / ENCOUNTERED CONTAMINATED PROPERTIES WITHIN THE LCP
(attach additional pages as necessary)

1. Property Name: _____

Program Interest (PI) Number: _____

Street Address: _____

Municipality: _____ (Township, Borough or City)

State: _____ Zip Code: _____

Provide a brief description of the nature and extent of contamination anticipated / encountered: _____

2. Property Name: _____

Program Interest (PI) Number: _____

Street Address: _____

Municipality: _____ (Township, Borough or City)

State: _____ Zip Code: _____

Provide a brief description of the nature and extent of contamination anticipated / encountered: _____

3. Property Name: _____

Program Interest (PI) Number: _____

Street Address: _____

Municipality: _____ (Township, Borough or City)

State: _____ Zip Code: _____

Provide a brief description of the nature and extent of contamination anticipated / encountered: _____

SECTION F. 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 Linear Construction notification or final report pursuant to N.J.A.C. 7:26C-16.

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: _____
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