



New Jersey Department of Environmental Protection
Site Remediation Program

NEGATIVE DECLARATION AFFIDAVIT

Date Stamp
(For Department use only)

NOTE: This document shall be submitted with the preliminary assessment report, site investigation report or remedial action report when it has been demonstrated that there have been no discharges of a hazardous substance or hazardous waste at the industrial establishment or that any discharged hazardous substance or hazardous waste on or emanating from the industrial establishment has been remediated in accordance with the Technical Requirements for Site Remediation, N.J.A.C. 7:26E and any applicable remediation standards.

SECTION A. SITE NAME AND LOCATION

INDUSTRIAL ESTABLISHMENT

List All AKAs:

Street Address:

Municipality: (Township, Borough or City)

County: Zip Code:

Telephone Number:

Program Interest (PI) Number(s): Case Tracking Number(s):

Municipal Block(s) and Lot(s):

Block #: Lot #: Block #: Lot #:

Block #: Lot #: Block #: Lot #:

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Block #: Lot #: Block #: Lot #:

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

NAICS Code: (Required)

CURRENT PROPERTY OWNER(S)

Business Name:

Contact Person: Telephone Number:

Street Address:

Municipality: State: Zip Code:

CURRENT BUSINESS OWNER

Business Name:

Contact Person: Telephone Number:

Street Address:

Municipality: State: Zip Code:

SECTION B. TRANSACTION/TRIGGER (list all that apply)

- [] Sale of Property [] Sale of Business [] Sale of Assets
[] Cessation [] Foreclosure [] Bankruptcy
[] Partnership Situation Change [] Stock Transfer/Corporate Merger [] Other

If the trigger includes a Cessation of Operations, check the appropriate statement:

- [] No hazardous substance(s) are left on site.
[] Hazardous substance(s) remain at the industrial establishment upon cessation (ex. fuel oil or raw product). Provide an attachment listing all hazardous substances remaining on site.

SECTION C. STATEMENT

I hereby state that a preliminary assessment report, site investigation report and/or a remedial action report as applicable has been completed at the industrial establishment listed above, in accordance with the Technical Requirements for Site Remediation, N.J.A.C. 7:26E as evidenced by either the attached or the previously submitted preliminary assessment report, site investigation report and/or a remedial action report as applicable and based on the preliminary assessment report, site investigation report and/or a remedial action report as applicable, (check the appropriate statement):

- There has been no discharge of a hazardous substance or hazardous waste on or from the industrial establishment; or
- Any discharge(s) of a hazardous substance or hazardous waste on or from the industrial establishment have been remediated in accordance with the Technical Requirements for Site Remediation, N.J.A.C. 7:26E and in accordance with any applicable remediation standards.

SECTION D. 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: _____

Business or Firm: _____

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

**Site Remediation Program
Industrial Site Recovery Act
NEGATIVE DECLARATION AFFIDAVIT FEE**

Case Number (if known): _____

Case Name (Active Case): _____

Check drawn from the account of: _____ Check/M.O. Number: _____

Amount Enclosed: _____

Negative Declaration Affidavit Fee	\$150.00
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Note: Review fees are for a single review. The submission of a revised document in response to deficient submission will require a separate review fee. Fees are not transferable or refundable once a requested review has been completed or a written determination has been made by the Department.