



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

POTABLE WELL/INDOOR AIR SAMPLING NOTIFICATION FORM INSTRUCTIONS

General Instructions

1. **Applicability:** This form is required to be completed by the LSRP, and submitted to the Department prior to conducting potable well sampling, and indoor air or sub-slab soil gas sampling pursuant to N.J.A.C. 7:26E-1.17 and 1.18 respectively. Submit the cover form and completed spreadsheet in paper version. Submit a copy of the completed spreadsheet electronically.
2. **Form Updates:** This form may be updated periodically. Please use the current version of this form.
3. **Timeframe:** This form and spreadsheet shall be submitted at the time that the LSRP contacts property owners or tenants for the purpose of gaining access to conduct sampling, but no later than seven days prior to the scheduled sampling date.
4. **Submittal:** Please make sure you check the appropriate box with regards to the signatory requirements as it pertains to the current status of the case; i.e.: non-LSRP (existing cases) – cases that have been with the Department prior to November 3, 2009 and are NOT regulated underground storage tanks (USTS); LSRP – cases that have come into the Department on or after November 3, 2009 or have an approved Request To Proceed Without Department Pre-Approvals Form; or Subsurface Evaluator – for existing regulated UST cases and cases with unregulated heating oil tanks (UHOT) where you are an NJDEP licensed Subsurface Evaluator. Insure that the corresponding signature page is included with the form.

Be advised that the Non-LSRP option will only be available until May 7, 2012. Also, the Subsurface Evaluator option will only be available on forms specific to the UHOT Program after May 7, 2012.

Submit this form to the assigned case manager. If there is no assigned case manager, submit this form to:

Bureau of Case Assignment & Initial Notice
Site Remediation Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420

Specific Instructions

Section A. Site Name and Location

- Site Name-provide the name of the site i.e., ABC Corporation Site;
- List all other known names for the site;
- Provide the street address for the site;
- Provide the name of the municipality and indicate if it is a township, a borough, or a city;
- Provide the name of the county and the zip code;
- Provide the mailing address only if it is different from the street address; and
- Provide all NJDEP generated site identification numbers.

Section B. NJDEP Case Manager

Self explanatory.

Section C. Potable Well/Indoor Air Sampling Notification Spreadsheet

Complete the Potable Well/Indoor Air Sampling Notification Spreadsheet and attach a paper copy. Also submit an electronic copy to the Department.

Section D. Person Responsible For Conducting The Remediation Information and Certification

The certification required in this section above shall be executed as follows:

1. For a corporation or limited liability company, by a principal executive officer of at least the level of vice president;

2. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
3. For a municipality, state, federal or other public agency, by either a principal executive officer or ranking elected official; or
4. By a duly authorized representative of the corporation, partnership, sole proprietorship, municipality, state or federal or other public agency, as applicable. A person is deemed to be a duly authorized representative if the person is authorized in writing by an individual described in 1, 2 or 3 above and the authorization meets the following criteria:
 - i. The authorization specifies either an individual or a position having responsibility for the overall operation of the industrial establishment or activity, such as the position of plant manager, or a superintendent or person of equivalent responsibility (a duly authorized representative may thus be either a named individual or any individual occupying a named position);
 - ii. The written authorization is submitted to the Department along with the certification; and
 - iii. If an authorization is no longer accurate because a different individual or position has responsibility for the overall operation of the industrial establishment or activity, a new authorization satisfying the requirements of this section shall be submitted to the Department prior to or together with any reports, information, or applications to be signed by an authorized representative.

Please provide the name, affiliation, phone number, email address and mailing address of the person responsible for conducting the remediation. This is NOT the licensed site remediation professional or law firm hired to assist the owner or operator with their compliance obligations.

The certification in this section shall be signed and dated by the person responsible for conducting the remediation.

The person responsible for conducting the remediation should indicate by placing an "X" in the box if there have been no changes since the last submittal.

Section E. Based on the current case status i.e., non-LSRP (Existing Cases), LSRP and Subsurface Evaluator, please complete the appropriate signature requirements below:

Non-LSRP Site Remediation Professional Statement

- Provide the name, phone number, email and mailing address (city/town, state, zip code) of the Site Remediation Professional (Consultant).
- The statement shall be signed and dated by the Site Remediation Professional.
- The Non-LSRP Site Remediation Professional should indicate by placing an "X" in the box if there have been no changes since the last submittal.

Licensed Site Remediation Professional Information and Statement

- LSRP ID Number: Provide the Licensed Site Remediation Professional ID Number.
- Provide the name, phone number, email and mailing address (city/town, state, zip code) of the Licensed Site Remediation Professional.
- The Licensed Site Remediation Professional should indicate the level of oversight he/she provided by placing an "X" in appropriate box(es).
- The certification in this section shall be signed and dated by the Licensed Site Remediation Professional.
- The Licensed Site Remediation Professional should indicate by placing an "X" in the box if there have been no changes since the last submittal.

Subsurface Evaluator UST Report Certification Form

- Provide the facility name, phone numbers, address (city/town, state, zip code) , and block(s) and lot(s) associated with the UST.
- Provide the name of owner of the facility, address (city/town, state, zip code) and phone number.
- If available, provide the name of the case manager, the UST registration number, incident report number and TMS number.
- The certification in this section shall be signed and dated by the Subsurface Evaluator. Include the evaluator's name, UST certification number, the firm's name, the firm's UST certification number, address (city/town, state, zip code) and telephone number.
- The Subsurface Evaluator should indicate by placing an "X" in the box if there have been no changes since the last submittal.