



New Jersey Department of Environmental Protection
 Site Remediation Program

**REMEDIAL ACTION PERMIT APPLICATION –
 GROUND WATER**

Non-LSRP (Existing Cases) LSRP Subsurface Evaluator

Date Stamp
 (For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name: _____
 List All AKAs: _____
 Street Address: _____
 Municipality: _____ (Township Borough or City)
 County: _____ Zip Code: _____
 Program Interest (PI) Number(s): _____ Case Tracking Number(s): _____

SECTION B. PERMIT TYPE AND FEES

- Initial Ground Water Natural Attenuation Permit Application Fee: \$750.00
- Initial Ground Water Active Remediation/
 Engineering Control Permit..... Application Fee: \$750.00
- Modification of Permit Permit Modification Fee: \$750.00
- Termination of Permit..... Permit Termination Fee: \$750.00

Fee Billing Contact:

Business Name: _____ Phone: _____
 Contact: _____ Title: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____

SECTION C. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION – CO-PERMITTEE

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: _____
 Primary Responsibility for Permit Compliance

SECTION D. CURRENT OWNER OF THE SITE – CO-PERMITTEE

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: _____
 Primary Responsibility for Permit Compliance

SECTION E. CLASSIFICATION EXCEPTION AREA (CEA) INFORMATION (N.J.A.C. 7:26E-8.3)

Not Applicable (No change to a previously established CEA)

1. Attach the following:

- CEA Fact Sheet (with exhibits)
- CEA Map (both in paper, PDF and GIS compatible format)
- Fate and Transport Description and Model
- A summary table of the ground water monitoring results

2. What is the aerial extent of the proposed CEA? _____ (acres)

3. Does the ground water plume extend off-site? Yes No

4. What is the vertical depth of contamination? _____ (feet)

5. What is the name of the impacted aquifer? _____

6. What is the direction of ground water flow? _____

7. What is the duration of the proposed CEA? _____ (years)

8. Are the Public Notification per the Technical Requirements for Site Remediation (N.J.A.C. 7:26E-8.3(b)5) completed? Yes No

9. Block(s): _____ Lot(s): _____

SECTION F. MONITORING, MAINTENANCE AND EVALUATION INFORMATION (N.J.A.C. 7:26E-6.2(a)18)

1. Type of Remediation

a. Natural Attenuation

1) Has all soil contamination in the unsaturated zone been remediated to the applicable numeric soil remediation standard for all area(s) of concern associated with this CEA? Yes No

2) Has all free and/or residual product in the unsaturated and saturated zones, as determined pursuant to N.J.A.C. 7:26E-2.1(a)14, been treated or removed? Yes No

b. Active Remediation

Treatment – Type: _____

Hydraulic Control

1) Is there a decreasing trend of contaminant concentrations in the ground water? Yes No

2) Is the ground water plume **NOT** migrating horizontally or vertically into an uncontaminated aquifer zone below and adjacent to the contaminant plume? Yes No

3) Is the ground water plume contained and **NOT** reaching the sentinel wells? Yes No

4) Is the ground water remedial action performing as designed? Yes No

2. Are the following attached?

a. Is a copy (PDF) of the applicable Remedial Action Report describing the remedial action requiring the Monitoring, Maintenance and Evaluation plan for the remediation (N.J.A.C. 7:26E-6.2(a)18) attached? Yes No

b. Is the Monitoring, Maintenance and Evaluation plan consistent with N.J.A.C. 7:26E-6.2(a)18, 6.3(e) or 6.3(f)? Yes No

c. Complete the summary of the proposed Monitoring and Reporting schedule

Check **Monitoring Schedule** you plan to apply

- Monthly
- Quarterly
- Semi Annual
- Annual
- Biennial
- Other: _____

Check **Reporting Schedule** you plan to apply

- Monthly
- Quarterly
- Semi Annual
- Annual
- Biennial
- Other: _____

d. Attach the GW Monitoring Plan Spreadsheet.

e. Attach a scaled map indicating the locations of the proposed sampling points.

SECTION G. ENGINEERING CONTROL AND FINANCIAL ASSURANCE

1. Does the ground water remediation require an engineering control?..... Yes No
 If "No," posting of financial assurance is not required. Go to Section H.
 If "Yes," complete this section.

2. Are any of the entities identified in Section C or D exempt from establishing financial assurance pursuant to N.J.A.C. 7:26C-7.7(b)? Yes No
 Check the exemption that applies:

- | | |
|--|---|
| Person Responsible
for Conducting the
Remediation –
<u>Co-Permittee</u> | Owner of
the Site –
<u>Co-Permittee</u> |
| <input type="checkbox"/> | <input type="checkbox"/> ..Government entity |
| <input type="checkbox"/> | <input type="checkbox"/> ..A person not liable pursuant to the Spill Act that purchased contaminated property before May 7, 2009 |
| <input type="checkbox"/> | <input type="checkbox"/> ..A person that conducted remediation at their primary or secondary residence |
| <input type="checkbox"/> | <input type="checkbox"/> ..Owner or operator of a child care center |
| <input type="checkbox"/> | <input type="checkbox"/> ..Public school or private school |
| <input type="checkbox"/> | <input type="checkbox"/> ..Owner or operator of a small business responsible for conducting remediation at the location of the business |

3. Is the current owner of the site either a homeowner association or a condominium association pursuant to the New Jersey Common Interest Association Act, N.J.S.A. 46:8A-1 et seq.? Yes No
 If "Yes," and the association is identified in Section C and D of this Permit Application, attach a copy of the association's annual budget that includes funds for monitoring and maintenance of the engineering control.

4. Identify the estimated cost of maintaining the engineering controls at the site: \$ _____

5. Is the estimate attached? Yes No

6. What is the Financial Assurance instrument? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Environmental Insurance Policy | <input type="checkbox"/> Line of Credit |
| <input type="checkbox"/> Remediation Trust Fund | <input type="checkbox"/> Letter of Credit |

7. Identify the full amount established as a financial assurance: \$ _____

8. Contact information at the financial institution for the financial assurance:

Name: _____

Mailing Address: _____

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

Email Address: _____

Phone Number: _____ Ext: _____ Fax: _____

9. Is the original financial assurance instrument attached? Yes No

SECTION H. PROPERTY USE (for overlying CEA)

1. **Current Site Use** (check all that apply)

- | | | | |
|--------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Commercial | <input type="checkbox"/> School or Child Care Facility | <input type="checkbox"/> Park or Recreational Use |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Governmental | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Vacant |
| <input type="checkbox"/> Other _____ | | | |

2. **Off-site Land Use** (check all that apply for Blocks/Lots included in the areal extent of the CEA)

- | | | | |
|--|---|--|-----------------------------------|
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Park or Recreational Use | <input type="checkbox"/> School | <input type="checkbox"/> Vacant |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Occupied |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Road/Right of Way | <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Government Facility | <input type="checkbox"/> Other _____ | | |

SECTION I. RECEPTOR EVALUATION SUMMARY

1. Have any of the following been identified within 200 feet of the site boundary?

Check all that apply.

- Residences
- Potable wells
- Public and private schools (K-12)
- Child care facilities
- Public parks and playgrounds
- Surface water
- Tier 1 Well-head protection areas

2. Have any of these receptors been impacted? Yes No

If "Yes," date of Receptor Control: _____ Date of IEC Contaminant Source Control: _____

SECTION J. OTHER REMEDIATION PERMITS

Are other Remediation Permits also being applied for or already obtained? Yes No

If "Yes," please list the Permit Type, Permit Number and Effective Date for other remediation permits.

SECTION K. OTHER INFORMATION PROVIDED

If there is other information, please list.

SECTION L. 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**

SECTION M. NON-LSRP SITE REMEDIATION PROFESSIONAL STATEMENT

First Name: _____ Last Name: _____
Phone Number: _____ Ext: _____ Fax: _____
Mailing Address: _____
City/Town: _____ State: _____ Zip Code: _____
Email Address: _____
I believe that the information contained herein, and including all attached documents, is true, accurate and complete.
Signature: _____ Date: _____
Name/Title: _____ **No Changes Since Last Submittal**
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

SECTION M. 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 notification in accordance with SRRRA Section 16 d. and Section 30 b.2.

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: _____ **No Changes Since Last Submittal**
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

SECTION M. SUBSURFACE EVALUATOR UST REPORT CERTIFICATION FORM

I certify under penalty of law that the work was performed under my oversight and I have reviewed the report and all attached documents, and the submitted information is true, accurate and complete in accordance with the requirements of N.J.A.C. 7:14B and N.J.A.C. 7:26E. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information including fines and/or imprisonment.

Name: _____	UST Cert. No.: _____
Firm: _____	Firm's UST Cert. Number: _____
Firm Address: _____	
City/Town: _____	State: _____ Zip Code: _____
Phone Number: _____	Ext: _____ Fax: _____
Signature: _____	Date: _____
No Changes Since Last Submittal <input type="checkbox"/>	

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

ADDENDUM
Additional Persons Responsible For Conducting Remediation

ADDENDUM TO SECTION C. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION – CO-PERMITTEE

Affiliation/Name of Organization: _____

First Name of Contact: _____ Last Name of Contact: _____

Phone Number: _____ Ext: _____ Fax: _____

Title: _____

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

Email Address: _____

Primary Responsibility for Permit Compliance

ADDENDUM TO SECTION G. ENGINEERING CONTROL AND FINANCIAL ASSURANCE

1. Did the Deed Notice include an engineering control?..... Yes No
 If "Yes," complete this section.

2. Are you exempt from establishing financial assurance pursuant to N.J.A.C. 7:26C-7.7(b)?..... Yes No
 Check the exemption that applies:

- Government entity
- A person not liable pursuant to the Spill Act that purchased contaminated property before May 7, 2009
- A person that conducted remediation at their primary or secondary residence
- Owner or operator of a child care center
- Public school or private school
- Owner or operator of a small business responsible for conducting remediation at the location of the business

3. Do you represent a homeowner association or a condominium association pursuant to the New Jersey Common Interest Association Act, N.J.S.A. 46:8A-1 et seq.? Yes No
 If "Yes," and the association is identified in Section C and D of this Permit Application, attach a copy of the association's annual budget that includes funds for monitoring and maintenance of the engineering control.

ADDENDUM TO SECTION L. 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**