



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

**INSTRUCTIONS FOR THE REMEDIAL ACTION PERMIT TRANSFER / CHANGE OF  
OWNERSHIP APPLICATION**

1. **Applicability.** Use this form to request a transfer of an effective remedial action permit to a new owner, operator, or tenant pursuant to N.J.A.C. 7:26C-7.
2. **Form Updates.** This form may be updated periodically. Please use the current version of this form. Download the current version of this form from the Department's Website: <http://www.nj.gov/dep/srp/srra/forms>. It is **not** required to submit this form in duplicate.
3. **Non-LSRP (Existing), LSRP, Subsurface Evaluator Checkbox:** Please make sure you check the appropriate box 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. These check boxes correspond to the signatory requirements included in Section J of this 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.

4. Send completed forms 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 AKAs** – List all other known names for the site;
- **Street Address** – Provide the street address for the site;
- **Municipality** – Provide the name of the municipality where the site is located and indicate if it is a township, a borough, or a city. Please use the incorporated name. **Do not use local names.**
- Provide the name of the county and the zip code where the site is located;
- **Program Interest (PI) Number(s)** – provide the PI Number assigned to the site/case. The Program Interest Number is assigned by the Department and can be obtained via the web at <http://www.nj.gov/dep/srp/> ( DEP DATA MINER REPORTS).
- **RA Permit Number(s)** – provide all Remedial Action Permit Numbers (see page 1 of permit).

### Section B. Permit Type and Fees

**Permit Type and Fee** – Check the appropriate box for the application and fee that will accompany this permit transfer form. Checks shall be made payable to "Treasurer State of New Jersey." Include your Program Interest ID and Permit (modification/transfer or termination applications only) number on your check.

**Fee Billing Contact** – provide the Name/Business Name and Address where the annual permit fee invoice should be mailed.

**Section C. Co-Permittee.** Complete this section for co-permittee whose status will be changing.

**Section D. New Co-Permittee.** Complete this section for the prospective co-permittee.

## Section E. Engineering Control and Financial Assurance

1. The information indicating if there is an engineering control can be found on the effective permit as permit type.
2. The Administrative Requirements for the Remediation of Contaminated Sites, specifically N.J.A.C. 7:26C-7.7(b) defines certain entities that are exempt from establishing financial assurance. Check all that qualifies you to be exempted and skip the rest of this section and go to Section G.
3. Indicate whether the current owner of the site is either a homeowner association or a condominium association by including "X" in the appropriate box. If a homeowner association or a condominium association is the only permittee 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. Skip questions 4 through 9 and go to Section G.
4. Include a cost estimate for the maintenance and monitoring of the engineering control. Guidance for acceptable cost estimates can be found in the Remedial Action Permit Document at <http://www.nj.gov/dep/srp/guidance/srra/>.
5. Attach the details of the cost estimate.
6. If an engineering control will be used, identify the form as one or a combination of the following: 1. Remediation Trust Fund, 2. Environmental Insurance Policy, 3. Line of Credit, 4. Letter of Credit. Enter in the amount for the duration that the engineering control will be in place.

The following is guidance on acceptable financial assurance mechanisms for engineering controls.

Financial Assurance Mechanism	Acceptable as Financial Assurance for an Engineering Control?
1. A remediation trust fund agreement in accordance with N.J.A.C. 7:26C-5.4	Yes
2. An environmental insurance policy in accordance with N.J.A.C. 7:26C-5.5	Yes
3. A line of credit agreement in accordance with N.J.A.C. 7:26C-5.6	Yes
4. A letter of credit in accordance with N.J.A.C. 7:26C-5.7	Yes
5. A self-guarantee in accordance with N.J.A.C. 7:26C-5.8	No

7. Enter the dollar amount of the financial assurance.
8. Provide the name, address, and phone number of the contact at the financial institution for the financial assurance.
9. Attach the original financial assurance instrument.

## Section F. Current Use For the Property Where the Transfer is Taking Place

Check to indicate what the current property use(s) is/are for the Deed Notice area.

## Section G. Other Remediation Permits

Identify if any other remedial action permits are being applied for or obtained. List the Permit Type, Permit Number and Effective Date for each permit.

## Section H. 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 and mailing address of the person assuming the primary responsibility for the remediation of the referenced site subject to this filing. This is NOT the licensed site remediation professional or law firm hired to assist the owner or operator with their ISRA compliance obligations. The Department will address all correspondence to this individual and will provide a copy of the correspondence to the designated Authorized Agent. This information may be amended after filing this notice if a purchaser will assume responsibility for the remediation pursuant to a remediation certification.
  - The certification shall be signed and dated by the person responsible for conducting the remediation who is submitting this notification.
  - 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 I. 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.