



New Jersey Department of Environmental Protection
 Site Remediation Program

**REMEDIAL ACTION PROTECTIVENESS /
 BIENNIAL CERTIFICATION FORM – SOIL**

Non-LSRP (Existing Cases) LSRP Subsurface Evaluator

Date Stamp
 (For Department use only)

SECTION A. SITE NAME, LOCATION, AND INFORMATION

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

Date of Each Final Remediation Document: _____
 Filing Date of Each Deed Notice/DER: _____

Provide the Following for Each Deed Notice/DER:

Book # _____ Page # _____ Book # _____ Page # _____

Did the Municipal Block(s) and Lot(s) change since you filed the Deed Notice/DER or your last
 submittal of the biennial certification and report? Yes No

If "Yes," list the new Municipal Block(s) and Lot(s) below:

Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____

1. Is this form being submitted pursuant to a remedial action permit? Yes No
2. Is the Person Responsible for Monitoring the Protectiveness of the Remedial Action required to
 obtain a remedial action permit at this time? Yes No
3. Did you provide hard copies of this form to the municipal and county clerks for each municipality
 and county in which the site is located; the local, county and regional health department for each
 municipality and county in which the site is located; each current owner of the site; each current
 operator of the site; the Pinelands Commission as applicable; and the Highlands Commission as
 applicable? Yes No
4. Did you provide to NJDEP copies of this form in paper and PDF, and maps in GIS compatible
 format? Yes No

SECTION B. FEES

- Biennial Certification Non Permit \$375.00
- Biennial Certification for Remedial Action Permit

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 C. CURRENT OWNER OF THE SITE

Changed Since Last Submittal

If same as Person Responsible for Monitoring the Protectiveness of the Remedial Action (Section K), check box and go to Section D.

Full Legal Name of the Owner: _____
First Name of Contact: _____ Last Name of Contact: _____
Title: _____
Phone Number: _____ Ext: _____ Fax: _____
Mailing Address: _____
City/Town: _____ State: _____ Zip Code: _____
Email Address: _____

SECTION D. CURRENT OPERATOR OF THE SITE

If same as Person Responsible for Monitoring the Protectiveness of the Remedial Action (Section K), check box and go to Section E.

Full Legal Name of the Operator: _____
First Name of Contact: _____ Last Name of Contact: _____
Title: _____
Phone Number: _____ Ext: _____ Fax: _____
Mailing Address: _____
City/Town: _____ State: _____ Zip Code: _____
Email Address: _____

SECTION E. CURRENT LESSEE OF THE SITE

If same as Person Responsible for Monitoring the Protectiveness of the Remedial Action (Section K), check box and go to Section F.

Full Legal Name of the Lessee: _____
First Name of Contact: _____ Last Name of Contact: _____
Title: _____
Phone Number: _____ Ext: _____ Fax: _____
Mailing Address: _____
City/Town: _____ State: _____ Zip Code: _____
Email Address: _____

SECTION F. IEC CONDITIONS

Since the establishment of the Deed Notice/DER or the last submittal of the biennial certification and report, did you discover any Immediate Environmental Concern conditions pursuant to the NJDEP IEC Guidance? Yes No

If "Yes," provide the date of IEC Contaminant Source Control: _____

SECTION G. STATUTORY AND REGULATORY CHANGES

1. Have you evaluated all relevant remediation standards and guidance related to soil that have been modified subsequent to the establishment of the Deed Notice/DER or the last submittal of the biennial certification and report? Yes No

2. After the evaluation in 1, is the remedial action still protective of public health, safety and of the environment? Yes No

If "No," complete Section J.

SECTION H. PROPERTY USE (check all that apply)

Site Use at Time Deed Notice/DER was Filed

- Industrial
- Residential
- Commercial
- School or child care
- Landfill
- Agricultural
- Park or recreational use
- Vacant
- Government
- Other _____

Current Site Use

- Industrial
- Residential*
- Commercial
- School or child care*
- Landfill
- Park or recreational use
- Vacant
- Government
- Future site use unknown
- Other _____

Intended Future Site Use, If Known

- Industrial
- Residential*
- Commercial
- School or child care*
- Park or recreational use
- Vacant
- Government
- Future site use unknown

* See question 5 below.

1. Describe the current site operations:

2. Has the site use changed from that at the time the Deed Notice/DER was filed? Yes No

If "Yes," go to 3. If "No," go to 7.

3. If the site use at the time the Deed Notice/DER was filed has changed, do you have to file a new Deed Notice? Yes No

4. Did the new site use require additional remedial action? Yes No

If "Yes," complete Section J.

5. Did you check residential, school, and/or licensed child care above? Yes No

If "No," go to 7.

6. If the site use will change to residential, school, and or licensed child care, will you implement a presumptive remedy at the site pursuant to the NJDEP "Presumptive Remedy Guidance" dated 11/4/09? Yes No

If "Yes," complete Section J. If "No," check one of the following:

- Will implement an alternate remedy pre-approved by the NJDEP; complete Section J.
- Will implement an unrestricted use remedy; complete Section J.

7. Has there been a zoning change or is a zoning change pending? Yes No

If "No," go to Section I.

If "Yes," has the zoning change rendered or will it render the Remedial Action not protective of public health, safety and of the environment? Yes No

If "No," go to Section I.

If "Yes," describe the zoning change and complete Section J:

SECTION I. LAND DISTURBANCES

- 1. Have you conducted periodic inspections pursuant to N.J.A.C. 7:26E-8.5(a)2 to determine if disturbances of the engineering control and/or the remedial action have taken place since the Deed Notice/DER was filed or the last submittal of the biennial certification and report? Yes No
- 2. Have disturbances of the engineering controls and/or remedial action taken place since the Deed Notice/DER was filed or the last submittal of the biennial certification and report? Yes No

If "Yes," complete this entire section. If "No," go to Section J.

- 3. Did these disturbances render the remedial action not protective of public health, safety and of the environment? Yes No

4. Date of Disturbance: _____
Duration of Disturbance: Months _____ Days _____
Date NJDEP Hotline contacted: _____
Hotline Incident Number assigned: _____
Describe the disturbance:

- 5. If soil excavation took place, was all excavated soil returned to its location of origin? Yes No

If "Yes," how much soil was removed and returned? _____

If "No," how much soil was removed? _____

Where was the soil taken? _____

Submit documents that demonstrate where the soil was taken.

- 6. Were the remedial action and engineering controls restored to the conditions stated in the Deed Notice/DER? Yes No

If "Yes," go to Section K. If "No," go to 7 and complete Section J.

- 7. Describe how the remedial action and the engineering control have been modified from that stated in the Deed Notice/DER:

SECTION J. ADDITIONAL REMEDIATION

- 1. If additional remedial action was required (Sections G, H, and I) that leads to a restricted use remedial action:
 - Provide the date the Remedial Action Report was submitted to the Department _____;
 - Provide the date the Remedial Action Report will be submitted to the Department _____, Section H, # 6 only;
 - Attach a newly filed Deed Notice/DER to this form;

- If you have a remedial action permit, submit a Modification of Permit Form available at <http://www.nj.gov/dep/srp/forms> with this form.
2. If an unrestricted use presumptive remedy will be implemented:
- Provide the date the Remedial Action Report will be submitted to the Department _____;
 - Attach a newly filed Termination of Deed Notice to this form;
 - If you have a remedial action permit, submit a Termination of Permit Form available at <http://www.nj.gov/dep/srp/forms> with this form.

SECTION K. PERSON RESPONSIBLE FOR MONITORING THE PROTECTIVENESS OF THE REMEDIAL ACTION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for monitoring the protectiveness of the remedial action: _____

Representative First Name: _____ Representative Last Name: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

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

Email Address: _____

Relationship to the Site (check all that apply)

- I am the current Owner
- I am the current Operator
- I am the current Lessee
- I am the Person who conducted the remediation
- I am the Permittee
- I am the Co-Permittee

This certification shall be signed by the person responsible for submitting the remedial action protectiveness certification in accordance with the 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.

I also understand that engineering and institutional controls must be evaluated and maintained to ensure they remain protective of public health and safety and the environment.

Based upon the information provided herein, I hereby certify that the remedial action(s) implemented at the site that includes engineering and/or institutional controls remains protective of public health and safety and the environment.

Signature: _____ Date: _____

Name/Title: _____ **No Changes Since Last Submittal**

SECTION L. 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 L. 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 SRRA 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 L. SUBSURFACE EVALUATOR UST REPORT CERTIFICATION FORM

Certification by the Subsurface Evaluator:

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: _____

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