



## New Jersey Department of Environmental Protection Site Remediation Program

### INSTRUCTIONS FOR THE REMEDIATION COST REVIEW AND RFS/FA FORM

#### General Instructions

1. **Applicability.** Use this form to provide an estimate of the cost of the remediation for the purpose of establishing and maintaining a remediation funding source pursuant to N.J.A.C. 7:26B-6.4, N.J.A.C. 7:26C-5 or a financial assurance pursuant to N.J.A.C. 7:26C-7; or to provide the remediation cost review/estimate pursuant to N.J.A.C. 7:26C-5.10.
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: [www.nj.gov/dep/srp/srra/forms](http://www.nj.gov/dep/srp/srra/forms). It is **not** required to submit this form in duplicate.
3. **Non-LSRP (Existing), LSRP:** 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 where remediation was initiated prior to November 4, 2009 or LSRP – cases where remediation was initiated on or after November 4, 2009 or cases where the Department has approved a Request To Proceed Without Department Pre-Approval. These Checkboxes 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.

4. Check the DEP Oversight box at the top of the form if the DEP has undertaken direct oversight of the site.
5. If a LSRP submits the disbursement request directly to the provider of the remediation funding source in accordance with N.J.A.C. 7:26C-5.12(a), the person responsible for conducting the remediation shall submit this form to the Department within thirty (30) calendar days after the disbursement is made.
6. 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 state 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).
- **Case Tracking Number(s)** – provide all NJDEP generated site identification numbers, [e.g. the number obtained from the Department's Hotline (1-877-927-6337), ISRA case number (if an existing case) or could be the closure approval number if there's no discharge and the submittal is for a regulated UST.] If this is a Soil Remedial Action Permit Modification, or Termination, include your permit number.

##### Section B. Person Responsible For Conducting the Remediation

Complete this section for all of the following person/persons that apply. If there is more than one Person Responsible for conducting the Remediation, complete the Addendum for each subsequent person.

1. Any person who executes or is otherwise subject to an oversight document to remediate a contaminated site,

2. The owner or operator of an industrial establishment subject to N.J.S.A.13:1K-6 et seq. for the remediation of a discharge,
3. The owner or operator of an underground storage tank subject to N.J.S.A. 58:10A-21 et seq. for the remediation of a discharge,
4. Any other person who discharges a hazardous substance or is in any way responsible for a hazardous substance, pursuant to N.J.S.A. 58:10-23.11g, that was discharged at a contaminated site, and
5. Any other person who is remediating a site.

Check the box if you are also the person responsible for establishing and maintaining a remediation funding source.

**Section C. Purpose of Cost Review/Estimate**

Check the box that describes the purpose of the cost review/estimate you are submitting with this form.

- Check the Initial Remediation Funding Source box if you are establishing a remediation funding source for the first time for a site pursuant to N.J.A.C. 7:26C-5.2(a). Complete Sections A, B, C, D, E, H, I (as appropriate), and J.
- Check the Financial Assurance for a Remedial Action Permit box if you are establishing financial assurance for the first time for a site pursuant to N.J.A.C. 7:26C-7. Complete Sections A, B, C, D, E, H, I (as appropriate), and J.
- Check the Annual Remediation Cost Review box if you are submitting the annual remediation cost review pursuant to N.J.A.C. 7:26C-5.10. Complete Sections A, B, C, D, E, F, H, I (as appropriate), and J.
- Check the Changes in Remediation Funding Source or Financial Assurance amount box pursuant to N.J.A.C. 7:26C-5.11 **for Non-LSRP sites**-to request that the Department approve a change in the amount of remediation funding source or financial assurance established; or **for LSRP sites**-to notify the Department of a change in the amount of remediation funding source established. Complete Sections A, B, C, D, E, H, I (as appropriate), and J.
- Check the Remediation Funding Source or Financial Assurance Disbursement box pursuant to N.J.A.C. 7:26C-5.12 **for Non-LSRP sites**-to request that the Department approve a disbursement from the remediation funding source or financial assurance; or **for LSRP sites** to notify the Department that a disbursement has been made from the remediation funding source and that the remediation funding source amount has changed. Complete Sections A, B, C, D, E, G, H, I (as appropriate), and J.
- Check the Request release of the Remediation Funding Source or Financial Assurance box if you are submitting this form to request that the Department release the remediation funding source/financial assurance pursuant to N.J.A.C. 7:26C-5.11(f). Complete Sections A, B, C, D, E, H, I (as appropriate), and J.

Also, provide the information for the party that prepared the cost estimate.

- Provide the party's legal name, i.e. ABC Company;
- Provide the name and title of the contact for the party that prepared the cost estimate; and
- Provide the contact's email address, phone number, and mailing address.

**Section D. Type of Remediation Funding Source or Financial Assurance Posted**

Check the box that is the remediation funding source or financial assurance mechanism established for the site. Note that Self Guarantee is not a mechanism available for use as a financial assurance for remedial action permits.

Also note that Fully Funded Trust, Performance Bond, or Surety Bond are not mechanisms available for establishing a remediation funding source or a financial assurance.

If you are replacing the previously established remediation funding source or financial assurance mechanism with another mechanism, check the box that is the new remediation funding source or financial assurance mechanism established for the site. Note that Self Guarantee is not a mechanism available for use as a financial assurance for remedial action permits.

1. Provide the expiration date of the remediation funding source or financial assurance mechanism established;
2. Provide the legal name of the person that established the remediation funding source or financial assurance; i.e. ABC Company;
3. Provide the name of the financial institution that provided the funds for the remediation funding source or financial assurance; i.e. Sun Valley National Bank;
4. Provide the current amount of the remediation funding source or financial assurance that is established; and
5. Only provide this amount if a change in remediation funding source or financial assurance pursuant to N.J.A.C. 7:26C-5.11 or a disbursement from the remediation funding source or financial assurance pursuant to N.J.A.C. 7:26C-5.12 has occurred. Provide the new amount: Within thirty days of disbursement from the remediation funding source or the

financial assurance pursuant to N.J.A.C. 7:26C-5.12 or on the date the annual cost review pursuant to N.J.A.C. 7:26C-5.10 is due to be submitted to the Department.

### Section E. Method of Remediation Cost Estimation

Check all the boxes that apply that describe the method(s) used to calculate the remediation cost review/estimate.

- Racer® is a remedial response cost estimating software developed by the United States government and is commercially available;
- Cost-Pro® is a remedial response cost estimating software developed specifically for the RCRA Program and is commercially available;
- Surrogate Cost from NJDEP Guidance – these costs may be used when site condition information is not yet available, i.e. no remediation has yet been completed;
- RI Cost Table from NJDEP Guidance – these costs may be used when .....PENDING
- Calculated Independently by LSRP/Consultant – If you calculated the estimate independently or you use a combination of the methods in this Section including this method, identify the source of the information used for the cost factors and or unit prices. Do Not include sources used to estimate quantities. Also, you shall submit the documentation used to generate the calculation.

### Section F. Annual Remediation Cost Review

1. Provide the date you submitted the previous annual remediation cost review/estimate to the Department;
2. Provide the total amount of monies spent to date in remediation costs and attach a detailed summary of the monies spent; i.e. number of wells installed, price per well, number of samples taken from each well, price per sample taken, price for each sample analyzed;
3. Provide the cost to complete the remaining remediation and attach a detailed summary of the remaining costs to complete the remediation; i.e. number of well sampling events, number of wells to be sampled, number of samples to be taken from each well, price per sample to be taken, price for each sample to be analyzed; and
4. Provide an explanation of any changes from the cost review/estimate previously submitted.

### Section G. Disbursements Request/Notification

**LSRP Sites** only complete number 1 below. **Non-LSRP Sites** complete the entire section.

1. Provide the date the last disbursement request was submitted. Please note that pursuant to N.J.A.C. 7:26C-5.12(a), disbursement requests may not be made more frequently than once every 3 months.
2. Provide the total amount of the disbursement; **for Non-LSRP sites** the Department will review and approve the disbursement request; **for LSRP sites** you are only notifying the Department that a disbursement has been made from the remediation funding source;
3. Provide a list of the parties/individuals that will receive a disbursement, provide the parties'/individuals' mailing address, and provide specific amounts of disbursement for each party/individual;
4. Provide a detailed description of the remediation costs incurred or to be incurred and provide a detailed description of remediation that has been completed or will be completed with the disbursement; i.e. number of well sampling events, number of wells sampled or to be sampled, number of samples taken or to be taken from each well, price per sample taken or to be taken, price for each sample analyzed or to be analyzed; **attach** to this form documentation that shows the remediation costs incurred or to be incurred and that describes the remediation completed or to be completed;
5. Provide the cost to complete the remaining remediation and attach a detailed summary of the remaining costs to complete the remediation; i.e. number of well sampling events, number of wells to be sampled, number of samples to be taken from each well, price per sample to be taken, price for each sample to be analyzed.

### Section H. Person Responsible for Conducting the Remediation Information and Certification

The person identified in this section is the person who is remediating the site.

- Provide the full legal name of the person responsible for conducting the remediation i.e., ABC Corporation;
- Provide the full name of the representative of the person responsible for conducting the remediation, pursuant to N.J.A.C. 7:26C-1;
- Provide the title of the representative of the person responsible for conducting the remediation;
- Provide the telephone number, extension number, and fax number of the representative of the person responsible for conducting the remediation;

- Provide the mailing address, including the city/town, state, and zip code of the representative of the person responsible for conducting the remediation;
- Provide the email address of the representative of the person responsible for conducting the remediation;
- 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.
- 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.

Check the box if you are also the person responsible for establishing and maintaining a remediation funding source.

**Section I. Person Responsible For Establishing and Maintaining a Remediation Funding Source/Financial Assurance**

If the person responsible for conducting the remediation is not the person that has established the remediation funding source/financial assurance, complete section I. Please note that only the person responsible for conducting the remediation may establish a Self Guarantee.

**Section J. Based on the current case status i.e., non-LSRP (Existing Cases) and LSRP, 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: Note 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 note 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 note by placing an "X" in the box if there have been no changes since the last submittal.