



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

**REMEDIATION TIMEFRAME EXTENSION REQUEST FORM**

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. NJDEP CASE MANAGER**

Do you have an assigned Case Manager?.....  Yes     No

If "Yes," please list the Case Manager: \_\_\_\_\_

**SECTION C. EXTENSION REQUEST**

An extension is requested for submission of the following report(s):

Report Type	Original Due Date	Number of Days Requested Beyond Original Due Date	Proposed Due Date	Mark if this is an Extension to a Regulatory Timeframe	Mark if this is a Mandatory or an Expedited Site Specific Timeframe
Immediate Environmental Concern Engineered System Response Action Report					<input type="checkbox"/>
Immediate Environmental Concern Source Control Report*				<input type="checkbox"/>	<input type="checkbox"/>
Free Product Interim Remedial Measures Report*				<input type="checkbox"/>	<input type="checkbox"/>
Preliminary Assessment Report*				<input type="checkbox"/>	<input type="checkbox"/>
Initial Receptor Evaluation*				<input type="checkbox"/>	<input type="checkbox"/>
Site Investigation Report*				<input type="checkbox"/>	<input type="checkbox"/>
Full Laboratory Data Deliverables Report					<input type="checkbox"/>
Remedial Investigation Report					<input type="checkbox"/>
Remedial Action Work Plan					<input type="checkbox"/>
Remedial Action Report					<input type="checkbox"/>
Remedial Action Permit Application					<input type="checkbox"/>
Discharge Authorization Application					<input type="checkbox"/>
Biennial Certification Report					<input type="checkbox"/>
Other:					<input type="checkbox"/>
Other:					<input type="checkbox"/>
Other:					<input type="checkbox"/>

\*This report has a mandatory remediation timeframe

**SECTION D. JUSTIFICATION FOR EXTENSION**

1. Describe the cause or causes of the need for additional time to complete the work:

2. Describe in detail the steps taken to minimize the additional time needed to complete the work:

3. Additional information:

4. Mark below as applicable:

- This extension meets all of the requirements stipulated under N.J.A.C. 7:26C-3.2 for an extension of a regulatory timeframe and shall be deemed approved unless the Department notifies the requestor in writing that the extension is denied.
- This extension of a  mandatory, or  expedited site specific timeframe meets all of the conditions and requirements to be deemed granted as stipulated under N.J.A.C. 7:26C-3.5.
- This request for an extension of a regulatory, mandatory or expedited site specific timeframe requires written Department approval pursuant to N.J.A.C. 7:26C-3.2-3.5.

**SECTION E. 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**

Company Name \_\_\_\_\_

**SECTION F. 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: \_\_\_\_\_

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

**SECTION F. 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: \_\_\_\_\_

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Trenton, NJ 08625-0420

**SECTION F. 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: \_\_\_\_\_

**No Changes Since Last Submittal**

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