



New Jersey Department of Environmental Protection
Site Remediation Program

REMEDIATION CERTIFICATION

Non-LSRP (Existing Cases) LSRP

Date Stamp
(For Department use only)

SECTION A. SITE LOCATION

Site Name (Operator subject to ISRA):
Street Address:
Municipality: (Township, Borough or City)
County: Zip Code:
Program Interest (PI) Number(s): Case Tracking Number(s):
Municipal Block(s) and Lot(s):
Block #: Lot #: Block #: Lot #:
Block #: Lot #: Block #: Lot #:
Block #: Lot #: Block #: Lot #:
Block #: Lot #: Block #: Lot #:

SECTION B. SITE OPERATIONS AND OWNERSHIP

CURRENT OPERATOR(s) (Subject to ISRA) - Attach additional sheets if multi-tenant facility
Corporate Name: Telephone #:
Street Address:
City or Town: State: Zip Code:
Municipality: County:
Tax Block Number(s): Tax Lot Number(s):
State of Incorporation or Partnership information:
North American Industry Classification System (NAICS) Number:
CURRENT PROPERTY OWNER
Corporate or Individual Name: Telephone #:
Street Address:
Municipality: State: Zip Code:
State of Incorporation or Part, if applicable:
Property Owner(s) type of Business Association and General Partner(s), as applicable:

Date(s) of ownership of the Site:
List all Site Property Owners and Operators since December 31, 1983 (Attach additional sheets if necessary.)
Name (Identify EACH ENTITY as either Operator or Owner) Dates of Ownership/Operation

Have there been **ANY** previous filings and/or Oversight Documents executed for this Site? (Attach additional sheets if more than one industrial establishment is included in this application.)

Has this Industrial Establishment received a No Further Action Letter or a Final Remediation Document ? Yes No
If "Yes," please provide a copy.

SECTION C. ISRA TRIGGER AND PURCHASER INFORMATION

Describe **IN DETAIL** a) ISRA subject transaction for which this is requested, b) **status of the operations** (continuing or ceasing) after the transaction and c) identity of the property owner and operator upon completion of the transaction. (Attach additional sheets, if necessary.)

Name of Purchaser or New Lessee

Corporate or Individual Name: _____ Telephone #: _____

Contact Person: _____

Street Address: _____

Municipality: _____ State: _____ Zip Code: _____

State of incorporation, if applicable: _____

Type of Business Association and General Partner(s), if applicable: _____

SECTION D. COST ESTIMATE, REMEDIATION FUNDING SOURCE AND ONE PERCENT (1%) SURCHARGE

See Instructions: Either attach a detailed estimate of the cost of the remediation **prepared and certified** by a licensed site remediation professional if Preliminary Assessment/Site Investigation has been completed; or

If a Preliminary Assessment/Site Investigation has NOT been completed for the site, post the surrogate remediation funding source in the amount of \$100,000.00 or \$250,000.00. A cost estimate will be required within 30 calendar days of the completion of the PA/SI.

Attach the original remediation funding source and one percent (1%) surcharge (if applicable) prepared and submitted in accordance with N.J.A.C. 7:26C-5 et seq.

SECTION E. AUTHORIZATIONS/CERTIFICATIONS

Owner or Operator Statutory Liability:

I hereby certify that I am fully aware of the requirements of the Industrial Site Recovery Act (ISRA), N.J.S.A. 13:1K-6 et seq., as it pertains to the remediation of the industrial establishment subject to this remediation certification. Specifically, I am fully aware of the responsibilities of the owner or operator of the industrial establishment to remediate the site in accordance with N.J.S.A. 13:1K-6 et seq. and N.J.S.A. 58:10C et seq. and all associated implementing regulations.

I hereby certify that I acknowledge that the transaction and industrial establishment that are the subject of this remediation certification is a transfer of ownership or operations of an industrial establishment as defined by ISRA and N.J.A.C. 7:26B and I acknowledge that this remediation certification has been requested to allow the transaction referenced herein to proceed prior to completion of all ISRA compliance requirements. I further acknowledge that (*List owner or operator name certifying*) _____ is subject to penalties for violations of ISRA and N.J.A.C. 7:26B. I am fully aware of (*List owner or operator name certifying*) _____ responsibilities to allow the Department access to the subject industrial establishment and of the requirements to prepare and submit any documents relevant to the remediation of the subject industrial establishment as required by the Department.

I further acknowledge that the execution of a remediation certification shall not release (*List owner or operator name certifying*) _____ from any responsibilities (*List owner or operator name certifying*) _____ have pursuant to ISRA and this chapter.

Typed/Printed Name: _____

Title: _____

Signature: _____

Date: _____

Sworn to and Subscribed Before Me on this _____ Date of _____ 20 _____

Notary: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge 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 N.J.S.A. 13:1K-6 et seq., I am personally liable for the penalties set forth at N.J.S.A. 13:1K-13.

Typed/Printed Name: _____

Title: _____

Signature: _____

Date: _____

Sworn to and Subscribed Before Me on this _____ Date of _____ 20 _____

Notary: _____

SECTION F. TRANSFEREE OR NEW LESSEE CERTIFICATION

I hereby certify that [Person or Corporate Name] _____ is the transferee and/or new lessee of the industrial establishment subject to this remediation certification. I have read this application and am aware of the requirements and conditions of ISRA and the remediation certification.

[Person or Corporate Name] _____ expressly agrees to allow the Department, seller, previous owner, previous operator, any other person subject to the remediation certification, and any of their respective agents or assignees the right to enter the industrial establishment after the ISRA-subject transaction has taken place and/or the lease has been executed for completion of the remediation of the industrial establishment. Additionally, I acknowledge and understand that if a remedial action is warranted at the subject industrial establishment, institutional controls and engineering controls as defined in ISRA, N.J.S.A. 58:10B-1 et seq., N.J.A.C. 7:26C, N.J.A.C. 7:26E and N.J.A.C. 7:26B may be necessary at the industrial establishment.

Typed/Printed Name: _____

Title: _____

Signature: _____

Date: _____

Sworn to and Subscribed Before Me on this _____ Date of _____ 20 _____

Notary: _____

SECTION G. PARTY(IES) AGREEING TO CONDUCT REMEDIATION

Corporate or Individual Name: _____ Telephone #: _____

Contact Person: _____

Street Address: _____

Municipality: _____ State: _____ Zip Code: _____

State of Incorporation or Partnership Information, as applicable: _____

I hereby certify that I am fully aware of the requirements of the Industrial Site Recovery Act (ISRA), N.J.S.A. 13:1K-6 et seq., as it pertains to the remediation of the industrial establishment subject to this remediation certification. Specifically, I am fully aware of the responsibilities to remediate the site in accordance with N.J.S.A. 13:1K-6 et seq. and N.J.S.A. 58:10C et seq. and all associated implementing regulations.

I hereby certify that I acknowledge that the transaction and industrial establishment that are the subject of this remediation certification is a transfer of ownership or operations of an industrial establishment as defined by ISRA and N.J.A.C. 7:26B and I acknowledge that this remediation certification has been requested to allow the transaction referenced herein to proceed prior to completion of all ISRA compliance requirements. I further acknowledge that (*List party agreeing to conduct remediation certifying*) _____ is subject to penalties for violations of ISRA and N.J.A.C. 7:26B in agreeing to conduct the remediation. I am fully aware of (*List party agreeing to conduct remediation*) _____ responsibilities to allow the Department access to the subject industrial establishment and of the requirements to prepare and submit any documents relevant to the remediation of the subject industrial establishment as required by the Department.

I further acknowledge that the execution of a remediation certification shall not release (*List owner or operator name certifying*) _____ from any responsibilities (*List owner or operator name certifying*) _____ have pursuant to ISRA and this chapter.

Typed/Printed Name: _____

Title: _____

Signature: _____

Date: _____

Sworn to and Subscribed Before Me on this _____ Date of _____ 20 _____

Notary: _____

SECTION H. 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 H. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT
(IF COST ESTIMATE BEING PROVIDED)**

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:

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Site Remediation Program
NJ Department of Environmental Protection
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PO Box 420
Trenton, NJ 08625-0420