



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

**REQUEST TO PROCEED WITHOUT DEPARTMENT PRE-APPROVALS FORM
INSTRUCTIONS**

General Instructions

1. The NJDEP may update this form periodically. Please ensure you are using the latest version of this form. Download the latest version of this form from the NJDEP Website: <http://www.nj.gov/dep/srp/srra/forms>.
2. It is **not** required to submit this form in duplicate.
3. **Applicability:** Use this form to request to proceed with the remediation of an existing case without the NJDEP's pre-approval, pursuant to the Site Remediation Reform Act, N.J.S.A. 58:10C-30b(3). Unless and until you receive written approval of this request pursuant to N.J.A.C.7:26C-2.3(b)1, you must continue to get required NJDEP pre-approvals, and the LSRP may not issue a RAO for the subject site.
4. The form must be signed by the representative of the person responsible for conducting the remediation and must be notarized where specified. See N.J.A.C. 7:26C-1 to determine who can sign the form.
5. The forms shall be submitted to the Bureau of Case Assignment and Initial Notice at:

New Jersey Department of Environmental Protection
Bureau of Case Assignment and Initial Notice
401 East State Street
P.O. Box 434
Trenton, New Jersey 08625-0434
6. **NOTE:** All the provisions, except the schedule provisions, of any administrative consent order, remediation agreement, or memorandum of understanding in place for a site remain in effect.
7. **NOTE:** If you have not received an oversight cost invoice from the NJDEP within 3 months from the date you intend to submit this form, request an invoice by contacting the Office of Direct Billing & Cost Recovery at (609) 633-0701. The NJDEP will not approve a request to proceed without the NJDEP's pre-approvals, if you have unpaid oversight costs.
8. **NOTE:** All oversight costs, whether incurred prior to the approval of this request, or after as authorized by the applicant per Section E of this form, shall be paid by the date indicated on the invoice.

Specific Instructions by Section

Section A. Site Name and Location

- Site Name-provide the name of the site i.e. ABC Corporation Site;
- List all other known names for the site;
- Provide the street address for the site;
- Provide the name of the municipality and state if it is a Township, a Borough, or a City;
- Provide the name of the County and the zip code;
- Provide the mailing address only if it is different from the street address;
- Provide all NJDEP generated site identification numbers;
- Provide all block and lot numbers for the site;

Section B. NJDEP Case Manager

- Check the yes or no box to state whether you have an assigned NJDEP case manager and if you have an assigned NJDEP case manager, provide the case manager's name.

Section C. Site Use

- Check the boxes to all the current uses that apply to the site; and check all the boxes to all the future uses that apply to the site;

Section D. Case Type

- Check the boxes to all the descriptions of cases that apply to the site;

Section E. Preference Regarding Prior Submittals

- Indicate whether you want NJDEP to cease all submittal review or whether NJDEP should complete review of submittals which is underway. Note that oversight costs related to NJDEP review conducted, whether NJDEP is instructed to complete the review or not as indicated here, will be invoiced and payment is required.

Section F. Administrative Consent Order/Remediation Agreement/Memorandum of Understanding Information

- Provide the effective date of the oversight document, if one is in effect for the site;
- Provide the full legal name of the person responsible for conducting the remediation that entered into the administrative consent order/remediation agreement/memorandum of understanding i.e. ABC Corporation;

Section G. Person Responsible For Conducting the Remediation Information and Certification

- 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;
- Check the box if a copy of the Developer Certification is included or provide the date the Developer Certification was filed;
- The representative for the person responsible for conducting the remediation shall provide his/her signature where indicated; shall provide his/her title i.e. President, CEO; and shall provide the date when signing occurred. See N.J.A.C. 7:26C-1 to determine who can sign the form.
- The person responsible for conducting the remediation should note by placing an "X" in the box if there have been changes in this section since the last submittal.

Section H. Current Owner of the Site

- If the information in this section is the same as that in Section F, check the box at the end of the section and go to Section H.
- Provide the full legal name of the owner of the Site i.e. ABC Corporation or John A. Doe;
- Provide the first and last name of the contact for the owner of the site;
- Provide the title of the contact for the owner of the site i.e. Vice President;
- Provide the telephone number, extension number, and fax number of the contact for the owner of the site;
- Provide the mailing address including the city/town, state, and zip code of the contact for the owner of the site;
- Provide the email address of the contact for the owner of the site;

Section I. Request and Certification

- The representative for the person responsible for conducting the remediation shall provide his/her signature where indicated; shall provide his/her title i.e. President, CEO; and shall provide the date when signing occurred. See N.J.A.C. 7:26C-1 to determine who can sign the form. This certification shall be notarized.



New Jersey Department of Environmental Protection
 Site Remediation Program

**REQUEST TO PROCEED WITHOUT DEPARTMENT
 PRE-APPROVALS**

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: _____

Mailing Address if different than street address: _____

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. NJDEP CASE MANAGER

Do you have an assigned Case Manager? Yes No If "Yes," list the Case Manager: _____

SECTION C. SITE USE

Current Site Use (check all that apply)		Intended Future Site Use, if known (check all that apply)	
<input type="checkbox"/> Industrial	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Industrial	<input type="checkbox"/> Park or recreational use
<input type="checkbox"/> Residential	<input type="checkbox"/> Park or recreational use	<input type="checkbox"/> Residential	<input type="checkbox"/> Vacant
<input type="checkbox"/> Commercial	<input type="checkbox"/> Vacant	<input type="checkbox"/> Commercial	<input type="checkbox"/> Government
<input type="checkbox"/> School or child care	<input type="checkbox"/> Government	<input type="checkbox"/> School or child care	<input type="checkbox"/> Future site use unknown

SECTION D. CASE TYPE: (check all that apply)

<input type="checkbox"/> Child Care Facility	<input type="checkbox"/> Administrative Consent Order (ACO)
<input type="checkbox"/> School facility	<input type="checkbox"/> ISRA
<input type="checkbox"/> School Development Authority (SDA)	<input type="checkbox"/> Regulated Underground Storage Tank (UST)
<input type="checkbox"/> UST Grant/Loan	<input type="checkbox"/> Landfill
<input type="checkbox"/> Hazardous Discharge Remediation Fund (HDSRF) Grant/Loan	<input type="checkbox"/> Federal oversight (RCRA, CERCLA, DOD, TSCA, etc.)
<input type="checkbox"/> Remediation Agreement (RA)	<input type="checkbox"/> Coal Gas
<input type="checkbox"/> Site is located within an economic development priority area	<input type="checkbox"/> Chrome Site (Chromate chemical production waste)
	<input type="checkbox"/> Spill Act Discharge
	<input type="checkbox"/> Due Diligence with RAO
	<input type="checkbox"/> Brownfield Development Area (BDA)

SECTION E. PREFERENCE REGARDING PRIOR SUBMITTALS

I request that the Department:

Cease review of submitted documents

Complete underway review of submitted documents

I acknowledge that payment of oversight costs incurred is required for either option.

SECTION F. ADMINISTRATIVE CONSENT ORDER / REMEDIATION AGREEMENT / MOU INFORMATION

Full Legal Name of the Person Responsible for Conducting the Remediation that Entered into the Administrative Consent Order/Remediation Agreement: _____ Effective Date: _____

SECTION G. 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: _____

Developer Certification Included or Filed _____ Date of Filing _____

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: _____ Changes Since Last Submittal

SECTION H. CURRENT OWNER OF THE SITE

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: _____

Same as Section G. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION

SECTION I. REQUEST AND CERTIFICATION

This certification shall be signed by the person responsible for conducting the remediation and shall be notarized.

I hereby request the Department allow me to proceed with the remediation at the site identified in Section A. above, without Department pre-approvals pursuant to the SRRA Section 30b(3). I agree to retain a Licensed Site Remediation Professional pursuant to the SRRA Section 30b(1) to complete the remediation and to make submittals required by applicable rules.

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.

Typed/Printed Name: _____

Title: _____

Signature: _____

Date: _____

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

Notary: _____