



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

**CLOSURE NOTIFICATION / EXTENSION REQUEST OF  
AN UNDERGROUND STORAGE TANK SYSTEM**

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: \_\_\_\_\_

Mailing Address if different than street address: \_\_\_\_\_

Incident Number(s)/Com. Center Number(s): \_\_\_\_\_ Case Tracking Number(s): \_\_\_\_\_

Program Interest (PI) 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. 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: \_\_\_\_\_

Check if same as Operator

**SECTION C. CURRENT OPERATOR OF THE SITE**

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 D. NOTIFICATION TYPE**

Notice of Closure of an UST System(s); or  
 Out of Service UST Extension Request for more than 12 months, and  Site Investigation Report Submitted  
 Has closure occurred prior to this submittal? .....  Yes  No  
 If "Yes," date of closure: \_\_\_\_\_  
 Name of Company/Individual who performed the closure without approval.

**SECTION E. CLOSURE INFORMATION**

Complete the following information concerning UST system closure.  
 If piping is being closed without associated tank, please include associated Tank No., Tank Size, and Tank Contents fields and check **PIPING ONLY**.

**Tank Closure**

Tank No. (i.e., E1)	Length of Piping (ft)	Tank Size (gallons)	Tank Contents*	PIPING ONLY
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

\* If material is a hazardous substance but not a petroleum product, use chemical name and CAS number to identify tank's content. (Brand or trade names are unacceptable).

**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: \_\_\_\_\_

**SECTION G. CLOSURE CERTIFICATE MAILING ADDRESS**

Mail the Closure Certificate to:  *Check if same as above*  
Name (print or type): \_\_\_\_\_  
Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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