

[LSRP LETTERHEAD]

[DATE]

[NAME AND ADDRESS OF HOLDER OF REMEDIATION TRUST FUND/LINE OF CREDIT]

RE: [NAME OF SITE]

SRP and RFS Program Interest # _____

ISRA Case E _____

Authorization for disbursement of funds from [REMEDATION TRUST FUND or LINE OF CREDIT]

[Account Number]

Dear _____:

This is to advise you I am the Licensed Site Remediation Professional of record for this site. Pursuant to paragraph ____ of the [REMEDATION TRUST FUND/LINE OF CREDIT], I am authorized to request that you disburse funds from the [REMEDATION TRUST FUND/LINE OF CREDIT] referenced above to pay for the cost of remediation of the site pursuant to N.J.A.C. 7:26C-5.12(a).

Please disburse funds held in the [REMEDATION TRUST FUND/LINE OF CREDIT] on behalf of [NAME OF CASE] as follows:

1. \$_____ made payable to [ENTITY TO WHOM PAYMENT SHOULD BE MADE] and remitted to: [NAME AND ADDRESS TO WHOM PAYMENT SHOULD BE REMITTED]

2. \$_____ made payable to [ENTITY TO WHOM PAYMENT SHOULD BE MADE] and remitted to: [NAME AND ADDRESS TO WHOM PAYMENT SHOULD BE REMITTED]

I certify that these costs represent actual remediation costs of the case which have been incurred or which will be incurred. I further certify that I have not made a request to use these funds in the past three months.

Sincerely,

Sincerely.

Signature of LSRP

Signature of Person Responsible for Remediation

C: Attn: Remediation Funding Source Coordinator
New Jersey Department of Environmental Protection
Site Remediation and Waste Management Program
Remediation Funding Source Unit
Mail Code 401-06X
P.O. Box 420
401 East State Street
Trenton, NJ 08625-0420