

## **New Jersey Department of Environmental Protection** Site Remediation and Waste Management Program

## NOTICE OF FAILURE TO COMPLY WITH A MANDATORY OR **EXPEDITED SITE-SPECIFIC REMEDIATION TIMEFRAME**

**Date Stamp** (For Department use only)

Site Information		
Site Name:		
AKAs:		
Street Address:		
Municipality:	(Township, Borough	n or City)
County:	Zip Code:	
Program Interest (PI) Number:		
Activity Number:		
Date Remediation Initiated Pursuant to N.J.A.C. 7:26C-2:		_
Person Responsible for Conducting Remediation		
Full Legal Name:	Title:	
Mailing Address:		
City/Town: S	tate:	Zip Code:
Phone Number: E	Ext:	Fax:
Email Address:		
Notification Type:		
Indicate the type of timeframe that is unlikely to be met:  Timeframe Date:		
<ul> <li>□ Preliminary Assessment and/or Site Investigation (</li> <li>□ Initial Receptor Evaluation (RE)</li> <li>□ Immediate Environmental Concern (IEC)</li> <li>□ Remedial Investigation for LNAPL</li> <li>□ Remedial Investigation</li> <li>□ Remedial Action</li> </ul>	PA/SI)	
LSRP NOTIF	ICATION STATEMENT	
"In my professional judgment based on site history one or more applicable mandatory or expedited site-specific timeframes referenced in N.J.A.C. 7:26C-3 is unlikely to be met."		
LSRP Name:	LS	SRP License #:

Completed forms should be emailed to: <a href="mailto:srpnotifications@dep.nj.gov">srpnotifications@dep.nj.gov</a>