

New Jersey Department of Environmental ProtectionSite Remediation and Waste Management Program

PUBLIC NOTIFICATION AND OUTREACH

Date Stamp (For Department use only)

	(For Department use onl	iy)
SECTION A. SITE LOCATION		
Site Name:		
Program Interest (PI) Number(s):		
Case Tracking Number(s) for this submission:		
This form must be submitted with the Authorization to Submit a Report/Form Th Completed form should be uploaded to NJDEP Onlin There are required fields on this form, see instructions for	ne.	n
SECTION B. NOTIFICATION INFORMATION		
1. Indicate the type of Public Notification:		
☐ Initial ☐ Update		
2. Provide the date initial field activities associated with the remedial investigation will or	have commenced	
pursuant to 7:26C-1.7 (h). Date:		
3. Has it been determined that contamination migrated off site?	Yes	☐ No
If "Yes", provide the date off site migration was determined pursuant to 7:26C-1.7 (I):	·	
4. Public notification was provided via: (Check all that apply)		
Sign Yes No		
If "Yes", date posted:		
Letter Yes No		
If "Yes", date provided:		
Fact sheet Yes No		
If "Yes", date provided:		
Newspaper Display Advertisement		
If "Yes", date published:		
5. Were materials produced in a language other than English?	Yes	☐ No
If "Yes", in what other language was notification prepared?		
6. Were copies provided to municipal clerk, local/county health dept., and local health ag	gency? 🗌 Yes	☐ No
7. Was public notification conducted using an alternate plan and is the rationale for this p	plan included? 🗌 Yes	☐ No
Was additional public outreach conducted due to the NJDEP's determination of substantial public interest?	Yes	□No
9. Add any comments:		
NOTE: Do not scan this form or alter it in any way, and do not incorporate it into upload. Complete the form on your computer and save it with a unique fil		to