New Jersey Department of Environmental Protection
Contaminated Site Remediation & Redevelopment

REMEDIAL ACTION PERMIT INITIAL APPLICATION – GROUND WATER

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: _____

Program Interest (PI) Number(s): _____

Case Tracking Number(s): _____

Municipal Block(s) and Lot(s) of the entire site: _____

Is this site a Federal case? ☐ Yes ☐ No

If "Yes," indicate the Federal Case Type:

☐ **RCRA GPRA 2020** ☐ **CERCLA/NPL** ☐ **USDOD** ☐ **USDOE**

☐ Other (explain): _____

SECTION B. INITIAL GROUND WATER REMEDIAL ACTION PERMIT APPLICATION

1. Reason for Initial Ground Water Remedial Action Permit (RAP) Application: (*check one*)

☐ **To support a Restricted or Limited Restricted Use Response Action Outcome (RAO)**

☐ **To support a Post-No Further Action (NFA)**

Note: This permit application will not be processed until all past RAP annual fees and the Remedial Action Protectiveness/Biennial-Certification fee have been paid in full.

☐ **Subdivision of an existing Ground Water RAP**

Has the Ground Water RAP Modification or Termination Application also been submitted for the original parcel(s)? ☐ Yes ☐ No

If "**No**", please explain why in Section K below.

☐ **Other (*provide reason - see instructions*):** _____

2. The appropriate Initial Ground Water RAP Application fee must be enclosed with this application.

	Effective on or Before June 30, 2024	**Effective July 1, 2024**
Ground Water Natural Attenuation RAP Fee – Initial	$880.00	$805.00
Ground Water Active System RAP Fee – Initial	$880.00	$805.00

Note: Pay the Ground Water Active System RAP Fee – Initial for a Technical Impracticability (TI) determination.

SECTION C. FEE BILLING CONTACT PERSON

Business Name: _____

First Name of Contact: _____ Last Name of Contact: _____

Title: _____

Phone Number: _____ Ext.: _____ Fax: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Email Address: _____

SECTION D. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION – CO-PERMITTEE

☐ Addendum for additional Person Responsible for Conducting the Remediation has been completed.

Affiliation/Name of Organization: _____

First Name of Contact: _____ Last Name of Contact: _____

Title: _____

Phone Number: _____ Ext.: _____ Fax: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Email Address: _____

☐ Check the box if the Person Responsible for Conducting the Remediation is the Primary Contact for Permit Compliance

SECTION E. CURRENT OWNER OF THE SITE – CO-PERMITTEE

☐ Addendum for additional Owner of the Site has been completed.

Affiliation/Name of Organization: _____

First Name of Contact: _____ Last Name of Contact: _____

Title: _____

Phone Number: _____ Ext.: _____ Fax: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Email Address: _____

☐ Check the box if the owner is the Primary Contact for Permit Compliance

SECTION F. ATTACHED DOCUMENTS

Attach the following documents:

Note: All electronic copies should be provided in Adobe PDF file format on a compact disc (CD) except the Ground Water Monitoring Plan which should be provided in MS Excel file format on a CD.

☐ Hard copy ***and*** electronic copy of the completed Initial Ground Water RAP Application using the current form on the NJDEP Website.

☐ Remedial Action Report (RAR) submitted through the online portal unless this application is related to a Post-NFA Case. For Post-NFA Cases, submit an electronic copy of the RAR and any other pertinent reports/letters (e.g., Remedial Action Workplan (RAW) Approval Letters).

Provide the Licensed Site Document (LSD) Activity Number for the RAR online submission: _____

☐ Electronic copy of a map or the location in the RAR (*Section #s/Figure #s)* of the map(s) showing area of concern/source and showing and/or explaining horizontal and vertical delineation of the ground water contamination.

Location in the RAR (*Section #s/Figure #s)*: _____

☐ Electronic copy of ground water contour maps for at least the last four ground water sampling events or the location in the RAR with these maps.

Location in the RAR (*Figure #s)*: _____

☐ Electronic copy of a table summarizing the monitoring well construction details (below ground surface (bgs)) for all the monitoring wells at the site or the location in the RAR with this table.

Location in the RAR (*Table #)*: _____

☐ Electronic copy of the Classification Exception Area/Well Restriction Area (CEA/WRA) Fact Sheet Form.

☐ Electronic copy of the Ground Water Monitoring Plan (in MS Excel file format).

☐ Electronic copy of the NFA Letter (*Post-NFA Cases only*), if applicable.

☐ Electronic copy of the Vapor Intrusion (VI) Long-Term Monitoring (LTM) Plan or the VI Change in Use Evaluation Plan, or both, if applicable.

☐ Electronic copy of the Operation, Maintenance, and Monitoring (OMM) Plan for the vapor intrusion engineering control(s)/mitigation system(s) that are currently in place, if applicable.

☐ Electronic copy of the OMM Plan for the Point of Entry Treatment (POET) water system(s) that are currently in place, if applicable.

☐ Electronic copy of the completed Remediation Cost Review and RFS/FA Form with a detailed cost estimate, if applicable, including:

Only Check One:

- ☐ **Original** Financial Assurance mechanism (*hard copy*), including any Amendments, is attached.
- ☐ Date the original Financial Assurance mechanism was submitted to the NJDEP:
- ☐ An electronic copy of the Remediation Funding Source (RFS) mechanism, is included if using an existing RFS mechanism as the Financial Assurance, and an amendment to conform to the Financial Assurance format.

☐ Electronic copy of the homeowner or condominium association's annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) at the site, if applicable.

SECTION G. MONITORING, MAINTENANCE AND EVALUATION INFORMATION

1. Has the ground water contamination been horizontally delineated in all directions at the site? ..... ☐ Yes ☐ No

   If "**No**", provide the location in the RAR (*Section #*) that supports the variance from N.J.A.C. 7.26E-4.3(a)4:..... _____

2. Has the ground water contamination been vertically delineated at the site? ..... ☐ Yes ☐ No

   If "**No**", provide the location in the RAR (*Section #*) that supports the variance from N.J.A.C. 7.26E-4.3(a)4:..... _____

3. Has a Technical Impracticability (TI) Determination been submitted? ..... ☐ Yes ☐ No

   If "**Yes**", complete Section 4.b (Active Remediation) below and provide the location in the RAR (*Section #*) that documents this issue..... _____

4. Type of Ground Water Remediation

   a. ☐ **Monitored Natural Attenuation (MNA)**

      i) Is there a decreasing trend of contaminant concentrations in the ground water?..... ☐ Yes ☐ No

      If "**Yes**", provide the location in the RAR (*Section #*) that documents this issue.: ..... _____

      If "**No**", provide the location in the RAR (*Section #*) that justifies the protectiveness of the remedy. ..... _____

ii) Is the ***behavior*** of the ground water contaminant plume considered to be shrinking or stable? ☐ Yes ☐ No

If "**Yes**", check off only one of the following: ☐ Shrinking ☐ Stable
and provide the location in the RAR (*Section #*)
that documents this issue.: _____

If "**No**", provide the location in the RAR (*Section #*)
that justifies the protectiveness of the remedy: _____

iii) Have secondary lines of evidence been collected to support the MNA proposal? ☐ Yes ☐ No

If "**Yes**", provide the location in the RAR (*Section #*)
that documents this issue.: _____

iv) Have tertiary lines of evidence been collected to support the MNA proposal? ☐ Yes ☐ No

If "**Yes**", provide the location in the RAR (*Section #*)
that documents this issue.: _____

v) Is the ground water plume reaching the sentinel wells? ☐ Yes ☐ No

If "**Yes**", provide the location in the RAR (*Section #*) that justifies the protectiveness of the remedy since the sentinel well(s) should be below the Ground Water Quality Standards (GWQS) or if you are using an alternate method that is not a sentinel monitoring well: _____

vi) Has all soil contamination in the unsaturated zone been remediated to the applicable numeric Soil Remediation Standard for all area(s) of concern associated with this CEA? ☐ Yes ☐ No ☐ N/A

If "**No**", provide the location in the RAR (*Section #*)
that justifies the protectiveness of the remedy: _____

vii) Has all free and/or residual product in the unsaturated and saturated zones, as determined pursuant to N.J.A.C. 7:26E-5.1(e), been treated or removed for all area(s) of concern associated with this CEA? ☐ Yes ☐ No ☐ N/A

If "**No**", then a Ground Water RAP Application for MNA should not be submitted.

b. ☐ **Active Remediation**

Provide the type of remediation: _____

i) Is there a decreasing trend of contaminant concentrations in the ground water? ☐ Yes ☐ No

If "**Yes**", provide the location in the RAR (*Section #*)
that documents this issue.: _____

If "**No**", is the ground water plume considered stable? ☐ Yes ☐ No

Provide the location in the RAR (*Section #*)
that justifies the protectiveness of the remedy: _____

ii) Is the ground water plume reaching the sentinel wells? ☐ Yes ☐ No

If "**Yes**", provide the location in the RAR (*Section #*) that justifies the protectiveness of the remedy since the sentinel well(s) should be below the GWQS or if you are using an alternate method that is not a sentinel monitoring well: _____

iii) Is the ground water remedial action performing as designed? ☐ Yes ☐ No

If "**No**", provide the location in the RAR (*Section #*)
that justifies the protectiveness of the remedy: _____

iv) Indicate the expected duration of the active remediation: _____ (years)

5. Has any ground water contamination migrated onto the site/property from an off-site source and that is not being included in the Ground Water RAP? ☐ Yes ☐ No

   If "**Yes**", provide the communication center number that was received when called into the Hotline and the location in the RAR (Section #) that documents this issue: _____

6. Is any ground water contamination being attributed to natural background conditions and that is not being included in the Ground Water RAP? ☐ Yes ☐ No

   If "**Yes**", provide the location in the RAR (*Section #*) that documents this issue: _____

7. Check the **Monitoring Schedule** you plan to apply:

   ☐ Monthly ☐ Annual
   ☐ Quarterly ☐ Biennial
   ☐ Semi Annual ☐ Other: _____

SECTION H. FINANCIAL ASSURANCE

1. Does the remedial action include a ground water or vapor intrusion engineering control? ☐ Yes ☐ No

   If "**No**", proceed to the next section.

2. Are any of the permittees exempt from establishing Financial Assurance pursuant to N.J.A.C. 7:26C-7.10(c)? ☐ Yes ☐ No

   If "**Yes**", check the exemption(s) that applies.

Person Responsible for Conducting the Remediation – Co-Permittee	Current Owner of the Site – Co-Permittee	
☐	☐	Government entity (e.g., departments, agencies, and public universities)
☐	☐	A person not liable pursuant to the Spill Act that purchased contaminated property before May 7, 2009
☐	☐	A person that conducted remediation at their primary or secondary residence
☐	☐	Owner or operator of a child care center
☐	☐	Public school, private school, or charter school
	☐	Owner or operator of a small business responsible for conducting remediation **at the location of the site**

If all of the permittees are exempt, proceed to the next section.

3. Is the current owner of the site either a homeowner association or a condominium association pursuant to the New Jersey Common Interest Association Act, N.J.S.A. 46:8A-1 et seq.? ☐ Yes ☐ No

   *If "**Yes**", and the association is identified in Section E of this RAP Application, an electronic copy of the association's annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) at the site should be attached as indicated in Section F above.*

4. Identify the estimated cost of the operation, maintenance, and monitoring of the engineering control(s) at the site: $ _____

5. Are you using an existing RFS mechanism for the site as the Financial Assurance? ☐ Yes ☐ No

If "**Yes**", have all the following criteria been met? ☐ Yes ☐ No

a. The amount of funds needed to operate, maintain, and monitor the engineering control(s) at the site for the duration of the CEA or for 30 years (minimum of $30,000 for a 30-year time frame) if the duration of the CEA is indeterminant;

b. The amount of funds in the RFS equals the amount of funds required to be posted for RFS and Financial Assurance; and

c. The RFS is not in the form of a self-guarantee.

Identify the full amount of the current RFS: $ _____

6. Identify the full amount established as a Financial Assurance: $ _____

As indicated in Section F above, an electronic copy of the completed Remediation Cost Review and RFS/FA Form with a detailed cost estimate should be attached. Also, please be sure to provide one of the following as indicated in Section F above: the **original** Financial Assurance mechanism (attach hard copy), including any Amendments, to the Ground Water RAP Application; the date the original Financial Assurance mechanism was submitted to the NJDEP; or an electronic copy of the existing RFS mechanism that is being used as the Financial Assurance and the amendment to conform to the Financial Assurance format.

7. What is the Financial Assurance Mechanism? *(check all that apply)*

☐ Remediation Trust Fund ☐ Line of Credit ☐ Surety Bond
☐ Environmental Insurance Policy ☐ Letter of Credit

8. Contact information at the financial institution for the Financial Assurance:

Financial Institution: _____

First Name of Contact: _____ Last Name of Contact: _____

Title: _____

Phone Number: _____ Ext.: _____ Fax: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Email Address: _____

SECTION I. LAND USE *(for overlying CEA)*

1. **Current Site Land Use** *(check all that apply)*

☐ Industrial ☐ Park or Recreational Use ☐ Child Care Facility
☐ Residential ☐ Agricultural ☐ Hospital
☐ Commercial ☐ Road/Right of Way ☐ Vacant
☐ Governmental Facility ☐ School ☐ Other _____

2. **Off-site Land Use** *(check all that apply for Blocks/Lots included in the areal extent of the CEA)*

☐ Industrial ☐ Park or Recreational Use ☐ Child Care Facility
☐ Residential ☐ Agricultural ☐ Hospital
☐ Commercial ☐ Road/Right of Way ☐ Vacant
☐ Governmental Facility ☐ School ☐ Other _____

SECTION J. AFFECTED RECEPTOR SUMMARY

1. Are there any buildings with an Indeterminate Vapor Intrusion Pathway status? ☐ Yes ☐ No

If "**Yes**", provide the location in the RAR (*Section # and Figure #*) that documents this issue: _____

2. Is there sub-slab soil gas (SSSG) contamination above the NJDEP's Soil Gas Screening Levels (SGSLs) beneath any buildings that require a VI Long-Term Monitoring (LTM) Plan or a VI Change in Use Evaluation Plan, or both? ☐ Yes ☐ No

   If "**Yes**", indicate the following: (*check all that apply*)

   ☐ SSSG > SGSL and ≤ 10X NJDEP SGSL (VI LTM Plan pursuant to Table 6-2 of the VIT Guidance)
   ☐ SSSG > 10X NJDEP SGSL (VI LTM Plan pursuant to Table 6-2 of the VIT Guidance)
   ☐ SSSG > NJDEP Residential SGSL for Non-Residential Structure (VI Change in Use Evaluation Plan)

   As indicated in Section F above, an electronic copy of the VI LTM Plan or the VI Change in Use Evaluation Plan, or both should be attached (*see RAP Application instructions for this question that includes the recommended VI LTM Plan*). The VI LTM Plan and VI Change in Use Evaluation Plan should clearly identify the building(s) and/or structure(s), including the address and block and lot of each impacted property.

3. Are any vapor intrusion engineering controls/mitigation systems currently installed at any buildings as a result of this ground water contamination? ☐ Yes ☐ No

   If "**Yes**", indicate the type of engineering control that was implemented: *(check all that apply)*

   ☐ Subsurface Depressurization System
   ☐ Subsurface Ventilation System
   ☐ Soil Vapor Extraction System
   ☐ HVAC Positive Pressure
   ☐ Other (specify): _____

   As indicated in Section F above, an electronic copy of the OMM Plan for the vapor intrusion engineering control(s)/mitigation system(s) should be attached. The OMM Plan should clearly identify the building(s) and/or structure(s) and vapor intrusion engineering control(s)/mitigation system(s) that are in place (e.g., active or passive), including the address and block and lot of each impacted property.

4. Are any Point of Entry Treatment (POET) water systems currently installed at any buildings as a result of this ground water contamination? ☐ Yes ☐ No

   If "**Yes**", an electronic copy of the OMM Plan for the POET water system(s) should be attached as indicated in Section F above. The OMM Plan should provide the address and lot and block of each property with a POET water system in place. The sampling of the POET water system(s) should be included in the Ground Water Monitoring Plan for the site.

5. Are any potable wells that do not have a POET water system currently being sampled regularly as a result of this ground water contamination? ☐ Yes ☐ No

   If "**Yes**", include these potable wells in the Ground Water Monitoring Plan for the site.

SECTION K. OTHER INFORMATION PROVIDED

List any other pertinent information to support the Initial Ground Water RAP Application

SECTION L. 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: _____

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: _____

SECTION M. CURRENT OWNER OF THE SITE INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible who owns the site:

_____

Representative First Name: _____ Representative Last Name: _____

Title: _____

Phone Number: _____ Ext.: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

This certification shall be signed by the person who owns the site and 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: _____

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice
Contaminated Site Remediation & Redevelopment
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420

SECTION N. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: _____

First Name: _____ Last Name: _____

Phone Numbers: _____ Ext.: _____ Fax: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Email Address: _____

This statement shall be signed by the LSRP who is submitting this notification in accordance with N.J.S.A. 58:10C-14, and N.J.S.A. 58:10B-1.3b(1) and (2).

(1) I certify, as a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C-1 et seq. to conduct business in New Jersey, that for the remediation described in this submission, and all attachments included in this submission, I personally: Managed, supervised, or performed the remediation conducted at this site that is described in this submission, and all attachments included in this submission; and/or periodically reviewed and evaluated the work performed by other persons that forms the basis for the information in this submission; and/or completed the work of another site remediation professional, licensed or not, after having: (1) reviewed all available documentation on which I relied; (2) conducted a site visit and observed the then-current conditions and verified the status of as much of the work as was reasonably observable; and (3)concluded, in the exercise of my independent professional judgment, that there was sufficient information upon which to complete any additional phase of remediation and prepare workplans and reports related thereto.

(2) I certify:

- *That I have read this submission and all attachments to this submission;*
- *That in performing the professional services as the licensed site remediation professional for the entire site or each area of concern, I adhered to the professional conduct standards and requirements governing licensed site remediation professionals provided in N.J.S.A. 58:10C-16;*
- *That the remediation conducted at the entire site or each area of concern, that is described in this submission and all attachments to this submission, was conducted pursuant to and in compliance with the remediation requirements in N.J.S.A. 58:10C-14.c;*
- *That the remediation described in this submission, and all attachments to this submission, was conducted pursuant to and in compliance with the regulations of the Site Remediation Professional Licensing Board at N.J.A.C. 7:26I; and*
- *That the information contained in this submission and all attachments to this submission is true, accurate, and complete.*

(3) I certify, when this submission includes a response action outcome, that the entire site or each area of concern has been remediated in compliance with all applicable statutes, rules, and regulations and is protective of public health and safety and the environment.

(4) I certify that no other person is authorized or able to use any password, encryption method, or electronic signature that the Board or the Department have provided to me.

(5) I certify that I understand and acknowledge that:

- *If I knowingly make a false statement, representation, or certification in any document or information I submit to the Department I may be subject to civil and administrative enforcement pursuant to N.J.S.A. 58:10C-17.a.1(a)through (f) by the Board, including but not limited to license suspension, revocation, or denial of renewal; and*
- *If I purposely, knowingly, or recklessly make a false statement, representation, or certification in any application, form, record, document or other information submitted to the Department or required to be maintained pursuant to the Site Remediation Reform Act, I shall be guilty, upon conviction, of a crime of the third degree and shall, notwithstanding the provisions of subsection b. of N.J.S.2C:43-3, be subject to a fine of not less than $5,000 nor more than $75,000 per day of violation, or by imprisonment, or both.*

(6) I certify that I have read this certification prior to signing, certifying, and making this submission.

LSRP Signature: _____ Date: _____

LSRP Name: _____

Company Name: _____

ADDENDUM A

Additional Persons Responsible For Conducting Remediation

ADDENDUM TO SECTION D. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION – CO-PERMITTEE

Affiliation/Name of Organization: _____

First Name of Contact: _____ Last Name of Contact: _____

Title: _____

Phone Number: _____ Ext.: _____ Fax: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Email Address: _____

☐ Check the box if the Additional Person Responsible for Conducting the Remediation is the Primary Contact for Permit Compliance

1. Does the remedial action include a ground water or vapor intrusion engineering control? ..... ☐ Yes ☐ No

   If "**No**", proceed to next section.

2. Are you exempt from establishing financial assurance pursuant to N.J.A.C. 7:26C-7.10(c)? ..... ☐ Yes ☐ No

   If "**Yes**", check the exemption(s) that applies:

   ☐ Government entity (e.g., departments, agencies, and public universities)
   ☐ A person not liable pursuant to the Spill Act that purchased contaminated property before May 7, 2009
   ☐ A person that conducted remediation at their primary or secondary residence
   ☐ Owner or operator of a child care center
   ☐ Public school, private school, or charter school

3. Identify the estimated cost of the operation, maintenance, and monitoring of the engineering control(s) at the site: ..... $ _____

4. Are you using an existing RFS mechanism for the site as the Financial Assurance? ..... ☐ Yes ☐ No

   If "**Yes**", have <u>all</u> of the following criteria been met? ..... ☐ Yes ☐ No

   a. The amount of funds needed to operate, maintain, and monitor the engineering control(s) at the site for the duration of the CEA or for 30 years (minimum of $30,000 for a 30-year time frame) if the duration of the CEA is indeterminant;
   b. The amount of funds in the RFS equals the amount of funds required to be posted for RFS and Financial Assurance; and
   c. The RFS is not in the form of a self-guarantee.

   Identify the full amount of the current RFS..... $ _____

5. Identify the full amount established as a Financial Assurance: ..... $ _____

   As indicated in Section F above, *an electronic copy of the completed Remediation Cost Review and RFS/FA Form with a detailed cost estimate should be attached.* Also, please be sure to provide one of the following as indicated in Section F above: attach the **<u>original</u>** Financial Assurance mechanism (hard copy), including any Amendments, to the Ground Water RAP Application; the date the original Financial Assurance mechanism was submitted to the NJDEP; or an electronic copy of the existing RFS mechanism that is being used as the Financial Assurance and the amendment to conform to the Financial Assurance format.

6. What is the Financial Assurance Mechanism? *(check all that apply)*

   ☐ Remediation Trust Fund ☐ Line of Credit ☐ Surety Bond
   ☐ Environmental Insurance Policy ☐ Letter of Credit

ADDENDUM A

7. Contact information at the financial institution for the Financial Assurance:

Financial Institution: _____

First Name of Contact: _____ Last Name of Contact: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

ADDENDUM TO SECTION L. 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: _____

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: _____

ADDENDUM B

Additional Property Owners

ADDENDUM TO SECTION E. CURRENT OWNER OF THE SITE – CO-PERMITTEE

Affiliation/Name of Organization: _____

First Name of Contact: _____ Last Name of Contact: _____

Title: _____

Phone Number: _____ Ext.: _____ Fax: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Email Address: _____

☐ Check the box if the owner is the Primary Contact for Permit Compliance

1. Does the remedial action include a ground water or vapor intrusion engineering control? ..... ☐ Yes ☐ No

   If "**No**", proceed to next section.

2. Are you exempt from establishing financial assurance pursuant to N.J.A.C. 7:26C-7.10(c)? ..... ☐ Yes ☐ No

   If "**Yes**", check the exemption that applies, and then proceed to the next section:

   - ☐ Government entity (e.g., departments, agencies, and public universities)
   - ☐ A person not liable pursuant to the Spill Act that purchased contaminated property before May 7, 2009
   - ☐ A person that conducted remediation at their primary or secondary residence
   - ☐ Owner or operator of a child care center
   - ☐ Public school, private school, or charter school
   - ☐ Owner or operator of a small business responsible for conducting remediation **at the location of the site**

3. Do you represent a homeowner association or a condominium association pursuant to the New Jersey Common Interest Association Act, N.J.S.A. 46:8A-1 et seq.? ..... ☐ Yes ☐ No

   If "**Yes**", an electronic copy of the association's annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) at the site should be attached as indicated in Section F above.

4. Identify the estimated cost of the operation, maintenance, and monitoring of the engineering control(s) at the site: ..... $ _____

5. Are you using an existing RFS mechanism for the site as the Financial Assurance? ..... ☐ Yes ☐ No

   If "**Yes**", have <u>all</u> the following criteria been met? ..... ☐ Yes ☐ No

   a. The amount of funds needed to operate, maintain, and monitor the engineering control(s) at the site for the duration of the CEA or for 30 years (minimum of $30,000 for a 30-year time frame) if the duration of the CEA is indeterminant;

   b. The amount of funds in the RFS equals the amount of funds required to be posted for RFS and Financial Assurance; and

   c. The RFS is not in the form of a self-guarantee.

   Identify the full amount of the current RFS ..... $ _____

6. Identify the full amount established as a Financial Assurance: ..... $ _____

   As indicated in Section F above, *an electronic copy of the completed Remediation Cost Review and RFS/FA Form with a detailed cost estimate should be attached*. Also, please be sure to provide one of the following as indicated in Section F above: the **<u>original</u>** Financial Assurance mechanism (attach hard copy), including any Amendments, to the Ground Water RAP Application; the date the original Financial Assurance mechanism was submitted to the NJDEP; or an electronic copy of the existing RFS mechanism that is being used as the Financial Assurance and the amendment to conform to the Financial Assurance format.

ADDENDUM B

7. What is the Financial Assurance Mechanism? *(check all that apply)*

☐ Remediation Trust Fund ☐ Line of Credit ☐ Surety Bond
☐ Environmental Insurance Policy ☐ Letter of Credit

8. Contact information at the financial institution for the Financial Assurance:

Financial Institution: _____

First Name of Contact: _____ Last Name of Contact: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

ADDENDUM TO SECTION M. CURRENT OWNER OF THE SITE INFORMATION AND CERTIFICATION

Full Legal Name of the Person who owns the site:

_____

Representative First Name: _____ Representative Last Name: _____

Title: _____

Phone Number: _____ Ext. _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

This certification shall be signed by the person who owns the site and 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: _____