

# Annual Renewal/Modification of UST Facility Registration Training for NJDEP ONLINE.COM

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# My Workspace

[My Workspace](#)[User Profile](#)[Certifications](#)[Payments](#)[Documents and Forms](#)[Permit Folder](#)

Version: 11.0.1

Currently logged in: Tyrone-2 Jordan-2 (TJORDAN11)

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## MY WORKSPACE

### Service Selection



### My Facilities/Program Interests



**Note:** You may add Facilities/Program Interests by clicking the "Add Facilities" button below.

You do not have any facilities in your profile. You may add facilities by selecting the Add Facility button on the My Workspace screen.

 [Add Facilities](#)

### My Services - Submitted



### My Services - In Progress



**Note:** To edit or resume working on an "In Progress" item, please click on the appropriate number in the ID column.

You do not have any "In Progress" Services.

# Facility Search



My Workspace

User Profile

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1 - Specify Search Criteria

2 - Select Facilities

Please Note

You may click on a previously visited page (above) to navigate back to that screen.

FACILITY SEARCH

In most cases your Program Interest Number is your Facility ID.

Users adding NJPDES Permits to their profile should do so by selecting the "Water Quality" value from the NJDEP Program option. The user should then enter the NJPDES permit number they wish to add to their profile in the "Facility ID" field and click on the Search button.

Pick the search you want to perform:

- ☒ Retrieve only those facilities that match the search criteria (Need facility ID or name for search)
- ☐ Retrieve the sites and all of the site's facilities that match the search criteria (Need facility ID or name for search)
- ☐ Retrieve NJPDES Permit Numbers (Need NJDEP Program and NJPDES permit # for search)
- ☐ Retrieve the facilities that are associated with an Alternate ID
- ☐ Retrieve all Program Interest records for a specific NJDEP Program Interest Type (No facility ID or name needed for search)

(Optional) Select NJDEP Program:

Enter either a Facility ID or a Facility Name (if searching by Alternate ID, enter as the Facility ID):

or

Facility ID: 

868908

 (For NJPDES Facilities Use The NJPDES Permit Number)

Facility Name:

Search

Cancel

# Facility Search Results



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## FACILITY SEARCH RESULTS

1 - Specify Search Criteria

2 - Select Facilities

### Please Note

You may click on a previously visited page (above) to navigate back to that screen.

Please select the facilities you wish to add to your profile. Once you are done selecting facilities, click the 'Add Selected Facilities' button.

Any facilities matching your search criteria that are currently associated with your profile will be separated from the search results and placed into a smaller datagrid above your search results. These facilities will also be automatically added to your selected facilities so that you may change your access type, if needed.

### Facilities already in your user profile:

### Facilities currently not in your user profile:

Facility	Facility ID	Program	Program Interest Type	County	Municipality
<input checked="" type="checkbox"/> NJDEP TEST FACILITY 1	868908	Site Remediation	SRP-PI	Mercer	Trenton City

Clicking a column title will sort the table by that column.

**Clear/Check All**

**Add More Facilities**

**Add Selected Facilities**

**Cancel**

or

# Facility Search Results



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- User Profile
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## FACILITY SEARCH RESULTS

1 - Specify Search Criteria

2 - Select Facilities

**Please Note**  
You may click on a previously visited page (above) to navigate back to that screen.

Please select the facilities you wish to add to your profile. Once you are done selecting facilities, click the 'Add Selected Facilities' button.

Any facilities matching your search criteria that are currently associated with your profile will be separated from the search results and placed into a smaller datagrid above your search results. These facilities will also be automatically added to your selected facilities so that you may change your access type, if needed.

### Facilities already in your user profile:

### Facilities currently not in your user profile:

Facility	Facility ID	Program	Program Interest Type	County	Municipality
<input type="checkbox"/> IMPERIAL NURSERIES	86890900000	Right To Know		Out Of State	Out Of State
<input checked="" type="checkbox"/> NJDEP TEST FACILITY 2	868909	Site Remediation	SRP-PI	Ocean	Toms River Twp

Clicking a column title will sort the table by that column.



Clear/Check All

Add More Facilities

Add Selected Facilities

Cancel



# My Workspace

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## MY WORKSPACE

Your facilities have now been added to your workspace.

### Service Selection

### My Facilities/Program Interests

**Note:** You may add Facilities/Program Interests by clicking the "Add Facilities" button below.

Facility Name	Facility ID	Program	Access Type	Access Status	Change Access	Manage Security	View	Remove
NJDEP TEST FACILITY 1	868908	Site Remediation	General	Granted				
NJDEP TEST FACILITY 2	868909	Site Remediation	General	Granted				

Clicking a column title will sort the table by that column.

[Add Facilities](#)

# My Workspace



department of environmental protection

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## MY WORKSPACE



### Service Selection



**Note:** Access to this electronic service selection and submittal area is granted by selecting facilities using the [user profile](#). Some services are accessible without selecting facilities as shown below.

#### Underground Storage Tank (UST) Program

[UST Registration Services](#)

[UST Additional Certification Service](#)

[Submission Approval Area](#)

[Configure Services](#)

# Instructions



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## INSTRUCTIONS

1 - Instructions

2 - Submission Type Selection

### Please Note

You may click on a previously visited page (above) to navigate back to that screen.

Completion of this UST Facility Certification Questionnaire will satisfy the registration requirements of the Underground Storage of Hazardous Substances Act, N.J.S.A. 58:10A-21 et seq., and the Underground Storage Tank Rules N.J.A.C. 7:14B et. seq. An owner or operator's submission of false, inaccurate, or incomplete information on this Questionnaire constitutes a violation of these regulations and may result in a delay or denial of a Registration.

For full instructions about online filing of an Initial UST Facility Registration, Annual Renewal/Modification of UST Facility Registration, or a Financial Responsibility Insurance Policy Update, click here: [https://www.nj.gov/dep/srp/forms/ust/ust\\_facility\\_cert\\_questionnaire.pdf](https://www.nj.gov/dep/srp/forms/ust/ust_facility_cert_questionnaire.pdf).

If you need any additional information about UST registration, click here: <https://www.nj.gov/dep/srp/bust/>.





# Submission Type Selection



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## SUBMISSION TYPE SELECTION

[1 - Instructions](#)

[2 - Submission Type Selection](#)

### Please Note


You may click on a previously visited page (above) to navigate back to that screen.


Make choices by clicking on the radio button on the left of the Service Description, then click continue to proceed. Clicking the highlighted link will take you to the online instructions.

Choose 'Annual Renewal/Modification of UST Facility Registration' if you have an UST Registration that you wish to renew or modify. Renewals (and modifications filed during the renewal period) will need to pay the renewal invoice at the end of the service.

Choose 'Financial Responsibility Insurance Policy Update' to update an effective UST Registration with the latest insurance policy or financial responsibility mechanism. Any Facility whose UST expiration date does not coincide with the period of their insurance policy or other financial mechanism must file this service when they are issued a new insurance policy or Financial Responsibility mechanism (except State or Federal facilities which are exempt).

Choose 'Initial UST Facility Registration' if you will be registering a new UST Facility.

-  ☒ [Annual Renewal/Modification of UST Facility Registration](#)  
☐ [Financial Responsibility Insurance Policy Update](#)  
☐ [Initial UST Facility Registration](#)

 Click on the type description to see more information about that type. If you have difficulty make sure your pop up setting is enabled.

 [Continue](#)

# Facility Selection



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## FACILITY SELECTION

Select a Regulated Underground Storage Tank Facility in order to Renew or Modify the UST Registration. If an Annual Renewal Invoice has been issued, it must be paid at the end of the service. To add a facility that is not on the list, click the 'click here' link below the grid. The facility must have an existing UST Registration that is Pending, Effective, or Expired to continue.

Select	Facility	Facility ID	Facility Type	Municipality	Address
<input type="radio"/>	NJDEP TEST FACILITY 1	868908	SRP-PI	Trenton City	401 E State St
<input type="radio"/>	NJDEP TEST FACILITY 2	868909	SRP-PI	Toms River Twp	1510 Hooper Ave

Clicking a column title will sort the table by that column.

If you do not see the Facility you are looking for, it may be because the facility has not been added to your user profile. To search for facilities and add them to your profile, please [click here](#).

Clear

Continue

1 - Instructions

2 - Submission Type Selection

3 - Facility Selection

4 - Submission Name

5 - Submission Type Details

6 - Site Information

7 - UST Selection

8 - Contacts

9 - Additional Contact Info

10 - Attachment Upload

11 - Add Certifier Type

12 - Certification

### Please Note

You may click on a previously visited page

# Facility Selection



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Version: 10.1.07

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Server: Server\_1

868908

NJDEP TEST FACILITY 1

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## FACILITY SELECTION

- A renewal bill was found and \$50 will be due after Certification, click continue to proceed.

1 - Instructions

2 - Submission Type Selection

3 - Facility Selection

4 - Submission Name

5 - Submission Type Details

6 - Site Information

7 - UST Selection

8 - Contacts

9 - Additional Contact Info

10 - Attachment Upload

11 - Add Certifier Type

12 - Certification

Select a Regulated Underground Storage Tank Facility in order to Renew or Modify the UST Registration. If an Annual Renewal Invoice has been issued, it must be paid at the end of the service. To add a facility that is not on the list, click the 'click here' link below the grid. The facility must have an existing UST Registration that is Pending, Effective, or Expired to continue.

Select	Facility	Facility ID	Facility Type	Municipality	Address
<input checked="" type="radio"/>	NJDEP TEST FACILITY 1	868908	SRP-PI	Trenton City	401 E State St
<input type="radio"/>	NJDEP TEST FACILITY 2	868909	SRP-PI	Toms River Twp	1510 Hooper Ave

Clicking a column title will sort the table by that column.

If you do not see the Facility you are looking for, it may be because the facility has not been added to your user profile. To search for facilities and add them to your profile, please [click here](#).

[Clear](#)

[Continue](#)

# Submission Name



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Version: 10.1.07

Currently logged in: NICOLE LELIEVRE (NICOLELELIEVRE)

868909

NJDEP TEST FACILITY 2

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Server: Server\_1

- 1 - Instructions
- 2 - Submission Type Selection
- 3 - Facility Selection
- 4 - Submission Name
- 5 - Submission Type Details
- 6 - Site Information
- 7 - UST Selection
- 8 - Contacts
- 9 - Additional Contact Info
- 10 - Attachment Upload
- 11 - Add Certifier Type
- 12 - Certification

**Please Note**  
You may click on a previously visited page

## SUBMISSION NAME

The UST Facility Name below is used to find the service in your Workspace, and in the Certification and Payment tabs if needed. The auto-populated name lists the UST Service Type, The Service ID #, the Facility (PI ID) Number, and the Facility name. Review the auto-populated submission name, and click continue.

Use the Comments field to provide additional information as necessary.

**\*UST Facility Name:**

**Comments:**

*\* Required*

Continue



# Submission Type Details



Server: Server\_1

NJDEP TEST FACILITY 2

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## SUBMISSION TYPE DETAILS

1 - Instructions

2 - Submission Type Selection

3 - Facility Selection

4 - Submission Name

5 - Submission Type Details

6 - Site Information

7 - UST Selection

8 - Contacts

9 - Additional Contact Info

10 - Attachment Upload

11 - Add Certifier Type

12 - Certification

### Please Note

You may click on a previously visited page (above) to navigate back to that screen.

Renewal/Mod #1070144@868909 (NJDEP TEST FACILITY 2)

Complete the following information

### Modification of UST Registration Types (Select all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Annual Renewal                                 | <input type="checkbox"/> Registration of a newly installed underground storage tank(s) ←  |
| <input type="checkbox"/> UST Facility Name                              | <input type="checkbox"/> Registration of an existing UST or USTS not presently registered |
| <input type="checkbox"/> UST Facility Street Address                    | <input type="checkbox"/> Change in Type of Product(s) Stored                              |
| <input type="checkbox"/> UST Facility Owner and/or Address              | <input type="checkbox"/> Substantial Modification Updates                                 |
| <input type="checkbox"/> UST Facility Operator and/or Address           | <input type="checkbox"/> Tank(s) and/or Piping  |
| <input type="checkbox"/> Property Owner Name                            | <input type="checkbox"/> Closure ←  |
| <input type="checkbox"/> Class A or B Operator                          | <input type="checkbox"/> Financial Responsibility   |
| <input type="checkbox"/> Billing Contact Person                         | <input type="checkbox"/> Sale/Transfer of UST Facility                                    |
| <input type="checkbox"/> Other (please specify)<br><input type="text"/> |   |

\*Will this Registration include tanks to be put back into service?  ←

\*Facility Type:

\*Total number of regulated underground storage tanks at facility

\*Total capacity of regulated underground storage tanks at facility (gallons)

# Submission Type Details continued



## **Modification of UST Registration Types (Select all that apply.)**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Annual Renewal            | <input type="checkbox"/> Registration of a newly installed underground storage tank(s)    |
| <input type="checkbox"/> UST Facility Name                    | <input type="checkbox"/> Registration of an existing UST or USTS not presently registered |
| <input type="checkbox"/> UST Facility Street Address          | <input type="checkbox"/> Change in Type of Product(s) Stored                              |
| <input type="checkbox"/> UST Facility Owner and/or Address    | <input checked="" type="checkbox"/> Substantial Modification Updates                      |
| <input type="checkbox"/> UST Facility Operator and/or Address | <input type="checkbox"/> Tank(s) and/or Piping  |
| <input type="checkbox"/> Property Owner Name                  | <input type="checkbox"/> Closure  |
| <input type="checkbox"/> Class A or B Operator                | <input type="checkbox"/> Financial Responsibility   |
| <input type="checkbox"/> Billing Contact Person               | <input type="checkbox"/> Sale/Transfer of UST Facility                                    |
| <input type="checkbox"/> Other (please specify)               |   |

## **Substantial Modification(s)**

\*Substantial Modification #

- ☐ Cathodic Protection
- ☐ Lining
- ☐ Monitoring System
- ☐ Other

# Site Information



Server: Server\_1

NJDEP TEST FACILITY 2

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## SITE INFORMATION

Renewal/Mod #1070144@868909 (NJDEP TEST FACILITY 2)

Please verify the location of the facility. If the information below is not correct contact the NJDEP at [srwm\\_njems@dep.nj.gov](mailto:srwm_njems@dep.nj.gov). Note: The address and County information is not editable in a Renewal/Modification.

- 1 - Instructions
- 2 - Submission Type Selection
- 3 - Facility Selection
- 4 - Submission Name
- 5 - Submission Type Details
- 6 - Site Information
- 7 - UST Selection
- 8 - Contacts
- 9 - Additional Contact Info
- 10 - Attachment Upload
- 11 - Add Certifier Type
- 12 - Certification

**Please Note**  
You may click on a previously visited page (above) to navigate back to that screen.

**\*Location Address:**

*Line 1:	1510 Hooper Ave
Line 2:	
Line 3:	
*City:	Toms River (Ocean) ✓
*State:	New Jersey ✓
*Zip Code:	08753

*County:	Ocean ✓
or	
*Multi-County:	<input type="checkbox"/>
*Municipality:	Toms River Twp ✓
or	
*Multi-Municipality:	<input type="checkbox"/>

The County and the Municipality provided above must directly correspond to the X,Y coordinates provided below.

or

**Location Description:**

# Site Information Continued



## \*Block and Lot:

☐ I certify that a valid block/lot combination does not apply.

Row	*Block	*Lot	*County	*Municipality	Map	Comment	Remove
1	394.48	1	Ocean	Toms River Tl			

Add Row

Add Range

**Note:** If there is more than one block and/or lot associated with the application, click the Add Row button. If you have the same Block with multiple consecutive Lots, click Add Range. Each block and/or lot must have its own entry line. Only the first Block and Lot listed will be mapped below. If you are adding, modifying, or deleting a Block and Lot row, state in the comment box the reason for the change (i.e., parcel subdivided).

**Note:** If there are no valid Block and Lots, and you selected Multi-Municipality and/or Multi-County checkbox above, a new row should be added for each municipality and county where the proposed project will take place. Add "NA" to each block and lot field for these new rows if not auto populated.

After entering valid location information above, click the Map Location button to update the map below.

If you need to verify the correct location of the property, click "Launch NJGeoWeb" button.

Map Location

Launch NJGeoWeb

Clear All Fields

Coordinate Selection



# Site Information Continued



Legend

Selected Location

Parcels (Block and Lot)

Municipalities

Counties

State Boundary

NJ State Plane Coordinates (NAD83) - Easting(X): 419958.96, Northing (Y): 505379.36

4

Set Location

Undo Location

2

\*Coordinates

*X	*Y	Coordinate System	*Coordinate Source Type	*Location Reference
420344.5	505395.3	01 - NJ State Plane (NAD83) - USFEET	Digital Image	Center of Site

5

# Site Information Continued



305139.3 424300.1 (NAD83) - USFEET Exact Address Center of Site

## Location Confirmation

Verify the location of the site for which this UST Facility Certification Questionnaire is being submitted.



I hereby certify that the location of the UST Facility for which I am submitting this service is the same as the information provided above.

*\* Required*



Continue

# UST Selection



Version: 10.1.07

Currently logged in: NICOLE LELIEVRE (NICOLELELIEVRE)

Server: Server\_1

868909

NJDEP TEST FACILITY 2

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## UST SELECTION

Renewal/Mod #1070144@868909 (NJDEP TEST FACILITY 2)

Please review the tank information below for accuracy. To make changes to the tank information, click on the 'Details' icon. To add a new tank and all the new information, click on the 'Add New Tank' button below. If you prefer to copy the tank details from a similar existing tank, then instead click on the 'Select for Copy' check box for the tank you wish to copy. Then click on the 'Copy Tank Details' button below. Click 'Continue' after verifying all tank details are correct and a validated check exists next to all tanks.

Please note that for the column 'Compartmentalized Group Names', this will be selected in a separate page to follow if appropriate. 'Compartmented tank' (Compartmented Group Name) means any underground storage tank that is divided by one or more walls or bulkheads to create individual and separate compartments within the underground storage tank. Each compartment is a separate regulated tank requiring separate tank identification.

Details	Tank ID	Tank Number	Size (in gallons)	Contents	Compartmentalized Group Name	Other Contents	Status	Out of Service/Closed Date	Select for copy	Validated	Delete
	168018	T1	10000	Unleaded Gasoline			In-use		<input type="checkbox"/>		
	168019	T2	10000	Unleaded Gasoline			In-use		<input type="checkbox"/>		
	168020	T3a	5000	Unleaded Gasoline	Compartmentalized Tank1		In-use		<input type="checkbox"/>		
	168021	T3b	5000	Medium Diesel Fuel (No. 2-D)	Compartmentalized Tank1		In-use		<input type="checkbox"/>		

[Copy Tank Details](#)

[Add New Tank](#)

[Continue](#)

**Please Note**  
You may click on a previously visited page (above) to navigate back to that screen.

# Tank Information



## Tank Information

Please provide a unique tank identification number (i.e., 001, E1, Tank 01, etc.).

\*Tank Number T1

If the tank is dual purpose the tank construction and release detection monitoring are the same. However, the piping construction, pressure/suction and monitoring types may be different. For example, a diesel tank that is used to fuel vehicles with pressurized piping, but also supplies fuel to an emergency generator using suction supply/return lines.

\*Is tank dual purpose?

\*Date Tank Installed (MM/DD/YYYY) 02/01/2023 ☐ Estimated Date

\*Is date piping installed the same as the date the tank was installed?

\*Date Piping Installed (MM/DD/YYYY) 02/01/2023

\*Tank Size (Gallons) 10000

\*Tank Contents Unleaded Gasoline

Tank Location



# Tank Information



- ☐ Cathodically protected steel - Impressed current (IC)
- ☐ Cathodically protected steel - STI-P3
- ☒ Cathodically protected steel - Sacrificial anode (SA)
- ☐ Fiberglass-coated steel - Other
- ☐ Fiberglass-coated steel - Total Containment
- ☐ Fiberglass-reinforced plastic - Glasteel II
- ☒ Fiberglass-reinforced plastic - ACT-100
- ☐ Fiberglass-reinforced plastic - ACT-100U
- ☐ Fiberglass-reinforced plastic - Buffhide
- ☐ Fiberglass-reinforced plastic - Elutron
- ☐ Fiberglass-reinforced plastic - Other
- ☐ Fiberglass-reinforced plastic - Xerxes
- ☐ Internally lined - Double walled Lining
- ☐ Internally lined - Phoenix Double walled Lining
- ☒ Internally lined - Single Lining
- ☐ Stand Alone

\*Date SA/IC Installed (MM/DD/YYYY)

\*Date of Last Passing CP Inspection (MM/DD/YYYY)

\*Date Internally Lined (MM/DD/YYYY)

\*Date of Last Passing Lining Inspection (MM/DD/YYYY)

- ☐ Bare steel
- ☐ Cathodically protected steel - Impressed current (IC)
- ☐ Cathodically protected steel - Sacrificial anode (SA)
- ☐ Chase - Copper/Fiberglass-reinforced plastic
- ☐ Chase - Copper/HDPE
- ☐ Chase - Copper/PVC
- ☐ Chase - Copper/Polypropylene
- ☐ Chase - Other
- ☐ Chase - Primary Steel/ Sec Cont other
- ☐ Chase - Steel/Fiberglass-reinforced plastic
- ☐ Chase - Steel/HDPE
- ☐ Chase - Steel/PVC
- ☐ Fiberglass-reinforced plastic - Other
- ☐ Flex - Ameron
- ☐ Flex - Co-Flex aka Western Fiberglass
- ☐ Flex - Containment Technologies
- ☐ Flex - Enviroflex
- ☐ Flex - Environ
- ☐ Flex - Geoflex
- ☐ Flex - Other
- ☐ Flex - Perma-Flexx
- ☐ Flex - Pisces aka OPW Fueling Components
- ☒ Flex - Poly-Tech aka Advanced Polymer Technology (APT)
- ☐ Flex - Total Containment
- ☐ Other: No Piping Exists

# Tank and Piping Construction



## Tank and Piping Construction

Provide the current information. Check all that apply.

### Tank

- ☐ Bare steel
- ☐ Cathodically protected steel - Impressed current (IC)
- ☐ Cathodically protected steel - STI-P3
- ☐ Cathodically protected steel - Sacrificial anode (SA)
- ☐ Fiberglass-coated steel - Other
- ☐ Fiberglass-coated steel - Total Containment
- ☐ Fiberglass-reinforced plastic - Glasteel II
- ☒ Fiberglass-reinforced plastic - ACT-100
- ☐ Fiberglass-reinforced plastic - ACT-100U
- ☐ Fiberglass-reinforced plastic - Buffhide
- ☐ Fiberglass-reinforced plastic - Elutron
- ☐ Fiberglass-reinforced plastic - Other
- ☐ Fiberglass-reinforced plastic - Xerxes
- ☐ Internally lined - Double walled Lining
- ☐ Internally lined - Phoenix Double walled Lining
- ☐ Internally lined - Single Lining
- ☐ Stand Alone

### Pipe 1

- ☐ Above ground
- ☐ Bare steel
- ☐ Cathodically protected steel - Impressed current (IC)
- ☐ Cathodically protected steel - Sacrificial anode (SA)
- ☐ Chase - Copper/Fiberglass-reinforced plastic
- ☐ Chase - Copper/HDPE
- ☐ Chase - Copper/PVC
- ☐ Chase - Copper/Polypropylene
- ☐ Chase - Other
- ☐ Chase - Primary Steel/ Sec Cont other
- ☐ Chase - Steel/Fiberglass-reinforced plastic
- ☐ Chase - Steel/HDPE
- ☐ Chase - Steel/PVC
- ☐ Fiberglass-reinforced plastic - Other
- ☐ Flex - Ameron
- ☐ Flex - Co-Flex aka Western Fiberglass
- ☐ Flex - Containment Technologies
- ☐ Flex - Enviroflex
- ☐ Flex - Environ
- ☐ Flex - Geoflex
- ☐ Flex - Other
- ☐ Flex - Perma-Flexx
- ☐ Flex - Pisces aka OPW Fueling Components
- ☒ Flex - Poly-Tech aka Advanced Polymer

# Tank and Piping Structure



☐ Other: No Piping Exists

## Tank and Piping Structure

Provide the current information. Check all that apply.

### Tank

### Pipe 1

Double Wall

Double Wall

## Type of Monitoring/Detection

Provide the current information. Check all that apply.

### Tank

- ☐ Ground water observation wells
- ☒ In-tank(automatic)monitoring
- ☒ Interstitial
- ☐ Inventory Control
- ☐ Manual Tank Gauging
- ☐ None
- ☐ Other
- ☐ Statistical Inventory Reconciliation
- ☐ Tightness Test
- ☐ Vapor observation wells

### Pipe 1

- ☒ Automatic line leak detector
- ☐ Ground water observation wells
- ☐ In-line electronic pressure monitor
- ☒ Interstitial
- ☐ None
- ☐ Other
- ☐ Other: No Piping Exists
- ☐ Other: Safe (European) Suction
- ☐ Statistical Inventory Reconciliation
- ☐ Tightness Test
- ☐ Vapor observation wells

## Additional Tank Information

# Additional Tank Information



## Additional Tank Information

For assistance in completing this section Refer to the Online - UST Facility Certification Questionnaire Instruction document, available at:  
[https://www.state.nj.us/dep/srp/forms/ust/ust\\_facility\\_cert\\_questionnaire\\_ins.pdf](https://www.state.nj.us/dep/srp/forms/ust/ust_facility_cert_questionnaire_ins.pdf).

\*Pipe 1 Operation

\*Overfill Protection:

- ☒ High level alarm
- ☐ Flapper shutoff
- ☐ Ball float
- ☐ None (only for waste oil, sumps and OOS USTs)

\*Spill Containment around Fill Pipe

\*Tank Status

\*Tank Use:

- ☐ Emergency Back-up Generator
- ☐ Sump
- ☐ Heating Oil for on-site consumption
- ☐ Heating Oil for sale or distribution
- ☒ Not for Heating Oil or Sump or Emergency Back-up

Closure/ Notice of Intent (NOI)#

Warning: If 'Cancel' is selected, all the changes since save will be lost.



# UST Selection



My Workspace / User Profile / Certifications / Payments / Documents and Forms / Permit Folder

Version: 10.1.07

Currently logged in: NICOLE LELIEVRE (NICOLELELIEVRE)

Server: Server\_1

868909

NJDEP TEST FACILITY 2

[Help](#) | [Logout](#)

## UST SELECTION

Renewal/Mod #1070144@868909 (NJDEP TEST FACILITY 2)

Please review the tank information below for accuracy. To make changes to the tank information, click on the 'Details' icon. To add a new tank and all the new information, click on the 'Add New Tank' button below. If you prefer to copy the tank details from a similar existing tank, then instead click on the 'Select for Copy' check box for the tank you wish to copy. Then click on the 'Copy Tank Details' button below. Click 'Continue' after verifying all tank details are correct and a validated check exists next to all tanks.

Please note that for the column 'Compartmentalized Group Names', this will be selected in a separate page to follow if appropriate. 'Compartmented tank' (Compartmented Group Name) means any underground storage tank that is divided by one or more walls or bulkheads to create individual and separate compartments within the underground storage tank. Each compartment is a separate regulated tank requiring separate tank identification.

Details	Tank ID	Tank Number	Size (in gallons)	Contents	Compartmentalized Group Name	Other Contents	Out of Status Service/Closed Date	Select for copy	Validated	Delete
	168018	T1	10000	Unleaded Gasoline			In-use	<input type="checkbox"/>		
	168019	T2	10000	Unleaded Gasoline			In-use	<input type="checkbox"/>		
	168020	T3a	5000	Unleaded Gasoline	Compartmentalized Tank1		In-use	<input type="checkbox"/>		
	168021	T3b	5000	Medium Diesel Fuel (No. 2-D)	Compartmentalized Tank1		In-use	<input type="checkbox"/>		

Copy Tank Details

Add New Tank

Continue

- 1 - Instructions
- 2 - Submission Type Selection
- 3 - Facility Selection
- 4 - Submission Name
- 5 - Submission Type Details
- 6 - Site Information
- 7 - UST Selection
- 8 - Contacts
- 9 - Additional Contact Info
- 10 - Attachment Upload
- 11 - Add Certifier Type
- 12 - Certification

### Please Note

You may click on a previously visited page (above) to navigate back to that screen.

# UST Selection Continued



\*Is tank newly installed?

Yes

## Tank Information

Please provide a unique tank identification number (i.e., 001, E1, Tank 01, etc.).

\*Tank Number

T4

If the tank is dual purpose the tank construction and release detection monitoring are the same. However, the piping construction, pressure/suction and monitoring types may be different. For example, a diesel tank that is used to fuel vehicles with pressurized piping, but also supplies fuel to an emergency generator using suction supply/return lines.

\*Is tank dual purpose?

No

\*Date Tank Installed (MM/DD/YYYY)

02/01/2023



☐ Estimated Date

\*Is date piping installed the same as the date the tank was installed?

Yes

\*Date Piping Installed (MM/DD/YYYY)

02/01/2023



\*Tank Size (Gallons)

10000

\*Tank Contents

Unleaded Gasoline



Tank Location

## Tank and Piping Construction

# UST Selection Continued



None (only for waste oil, sumps and USTs)

\*Spill Containment around Fill Pipe

\*Tank Status

\*Tank Use:

- ☐ Emergency Back-up Generator
- ☐ Sump
- ☐ Heating Oil for on-site consumption
- ☐ Heating Oil for sale or distribution
- ☒ Not for Heating Oil or Sump or Emergency Back-up

Closure/ Notice of Intent (NOI)#

Cancel

Save

Return to UST Selection



Warning: If 'Cancel' is selected, all the changes since save will be lost.

# UST Selection Continued



Currently logged in: NICOLE LELIEVRE (NICOLELELIEVRE)

Server: Server\_1

868909

NJDEP TEST FACILITY 2

[Help](#) | [Logout](#)

## UST SELECTION

Renewal/Mod #1070144@868909 (NJDEP TEST FACILITY 2)

Please review the tank information below for accuracy. To make changes to the tank information, click on the 'Details' icon. To add a new tank and all the new information, click on the 'Add New Tank' button below. If you prefer to copy the tank details from a similar existing tank, then instead click on the 'Select for Copy' check box for the tank you wish to copy. Then click on the 'Copy Tank Details' button below. Click 'Continue' after verifying all tank details are correct and a validated check exists next to all tanks.

Please note that for the column 'Compartmentalized Group Names', this will be selected in a separate page to follow if appropriate. 'Compartmented tank' (Compartmented Group Name) means any underground storage tank that is divided by one or more walls or bulkheads to create individual and separate compartments within the underground storage tank. Each compartment is a separate regulated tank requiring separate tank identification.

Details	Tank ID	Tank Number	Size (in gallons)	Contents	Compartmentalized Group Name	Other Contents	Out of Status Service/Closed Date	Select for copy	Validated	Delete
	168018	T1	10000	Unleaded Gasoline			In-use	<input type="checkbox"/>		
	168019	T2	10000	Unleaded Gasoline			In-use	<input type="checkbox"/>		
	168020	T3a	5000	Unleaded Gasoline	Compartmentalized Tank1		In-use	<input type="checkbox"/>		
	168021	T3b	5000	Medium Diesel Fuel (No. 2-D)	Compartmentalized Tank1		In-use	<input type="checkbox"/>		
		T4	10000	Unleaded Gasoline			In-use	<input type="checkbox"/>		

[Copy Tank Details](#)

[Add New Tank](#)

[Continue](#)

**Please Note**  
You may click on a previously visited screen (above) to navigate back to that screen.

# Compartmentalized Tank Selection



Version: 10.1.12

Currently logged in: NICOLE LELIEVRE (NICOLELELIEVRE)

Server: Server\_1

868909

NJDEP TEST FACILITY 2

[Help](#) | [Logout](#)

## COMPARTMENTALIZED TANK SELECTION

1 - Instructions

2 - Submission Type Selection

3 - Facility Selection

4 - Submission Name

5 - Submission Type Details

6 - Site Information

7 - UST Selection

8 - Compartmentalized Tank Selection

9 - Contacts

10 - Additional Contact Info

11 - Attachment Upload

12 - Add Certifier Type

13 - Certification

**Please Note**  
You may click on a previously visited page (above) to navigate back to that screen.

Renewal/Mod #1070253@868909 (NJDEP TEST FACILITY 2)

'Compartmented tank' (Compartmented Group Name below) means any underground storage tank that is divided by one or more walls or bulkheads to create individual and separate compartments within the underground storage tank. Each compartment is a separate regulated tank requiring separate tank identification.

Please choose the Compartmentalized Group Name next to each associated separate regulated tank in the drop down. If there are additional "Compartmented tanks" (Compartmented Group Names) please choose the 'Add New Group' button below. Click the 'Continue' button when all Group Names have been completed.

Compartmentalized Group Name	Tank ID	Tank Number	Size (in gallons)	Contents	Other Contents	Status
<input type="text" value="v"/>	168018	T1	10000	Unleaded Gasoline		In-use
<input type="text" value="v"/>	168019	T2	10000	Unleaded Gasoline		In-use
Compartmentalized Tank1	168020	T3a	5000	Unleaded Gasoline		In-use
Compartmentalized Tank1	168021	T3b	5000	Medium Diesel Fuel (No. 2-D)		In-use
<input type="text" value="v"/>	168022	T4	10000	Unleaded Gasoline		In-use

Compartmentalized Tank2



Continue



# Financial Responsibility



2 - Submission Type Selection

3 - Facility Selection

4 - Submission Name

5 - Submission Type Details

6 - Site Information

7 - UST Selection

8 - Compartmentalized Tank Selection

9 - Financial Responsibility

10 - Contacts

11 - Additional Contact Info

12 - Attachment Upload

13 - Add Certifier Type

14 - Certification

## Please Note

You may click on a previously visited page (above) to navigate back to that screen.

Renewal/Mod #1070144@868909 (NJDEP TEST FACILITY 2)

Choose the specific type of mechanism from the dropdown list and complete all required fields. The most frequently chosen type of mechanism is insurance. Consult with your broker or insurance agent if you have questions about completing any of the fields.

\*Type of Mechanism:

INSURANCE

\*Carrier/Issuing Institution:

Crum & Forster

\*Name of Insured:

NJDEP LLC

\*Policy Number:

STP123456

\*Effective Date:

02/01/2023

\*Expiration Date:

02/01/2024

\*Limit of Liability:  
Each "Occurrence" or "Incident"

\$ 1,000,000

\*Limit of Liability:  
Aggregate

\$ 1,000,000

\*Limit of Defense Costs

\$ 250,000

\*Does this policy have multiple  
Retroactive Dates?

No

\*What is the earliest Retroactive  
Date?:

02/01/2023

\* Required

Continue

# Financial Responsibility



Version: 10.1.07  
Currently logged in: NICOLE LELIEVRE (NICOLELELIEVRE)  
Server: Server\_1

**FINANCIAL RESPONSIBILITY**

Choose the specific type of mechanism for financial responsibility. Consult with your broker or insurance agent for more information.

\*Type of Mechanism: **INSURANCE**

\*Carrier/Issuing Institution: Crum & Forster

\*Name of Insured: NJDEP LLC

\*Policy Number: STP123456

\*Effective Date: 02/01/2023

\*Expiration Date: 02/01/2024

\*Limit of Liability: \$ 1,000,000

Each "Occurrence" or "Incident"

**Please Note**  
You may click on a previously visited page (above) to navigate back to that screen.

# Financial Responsibility



2 - [Submission Type Selection](#)

3 - [Facility Selection](#)

4 - [Submission Name](#)

5 - Financial Responsibility

6 - Attachment Upload

7 - Certification

**Please Note**

You may click on a previously visited page (above) to navigate back to that screen.

UST Financial Responsibility Update #1070143@868908 and Others

Choose the specific type of mechanism from the dropdown list and complete all required fields. The most frequently chosen type of mechanism is insurance. Consult with your broker or insurance agent if you have questions about completing any of the fields.

\*Type of Mechanism:

INSURANCE



\*Carrier/Issuing Institution:

Crum & Forster

\*Name of Insured:

NJDEP LLC

\*Policy Number:

STP123456

\*Effective Date:

02/01/2023

\*Expiration Date:

02/01/2024

\*Limit of Liability:  
Each "Occurrence" or "Incident"

\$ 1,000,000

\*Limit of Liability:  
Aggregate

\$ 1,000,000

\*Limit of Defense Costs

\$ 250,000

\*Does this policy have multiple  
Retroactive Dates?

No

\*What is the earliest Retroactive  
Date?:

02/01/2023

\* Required

Continue

# Contacts



5 - Submission Type Details

6 - Site Information

7 - UST Selection

8 - Compartmentalized Tank Selection

9 - Financial Responsibility

10 - Contacts

11 - Additional Contact Info

12 - Attachment Upload

13 - Add Certifier Type

14 - Certification

## Please Note

You may click on a previously visited page (above) to navigate back to that screen.

You must enter all required information (Boxes marked with an Asterisk). Abbreviations like Ave, St, Apt, Ln Etc. may be used to populate the address field (to ensure the long addresses fit into the address box).

✓ 1. Real Property Owner

✓ 2. UST Facility Owner

✓ 3. UST Facility Operator

✓ 4. Class A Operator

✓ 5. Class B Operator

✓ 6. Fee Billing Contact

✓ 7. Installer

## 1. Real Property Owner

**Note:** Selecting an option below will replace all information for this contact.

Insert From Existing Contact(s)... ▾

\***Salutation:** Mr. ▾  
\***First Name:** John  
**Middle Initial:**  
\***Last Name:** Smith  
**Title:**  
\***E-Mail Address:** john.smith@njdep.gov  
\***Confirm E-Mail:** john.smith@njdep.gov  
\***Organization Name:** NJDEP LLC  
**Organization Type:** ▾

\***Address Line 1:** 401 E. State St.  
**Address Line 2:**  
**Address Line 3:**  
\***County:** Mercer ▾  
\***City:** Trenton (Mercer) ▾  
\***State:** New Jersey ▾  
\***Zip Code:** 08608

☐ Save to My Favorite Contacts

*Type	*Contact Number(must be 10 digits)	Extension	Comments	Remove
Work Phone Number ▾	(609) 555-5555			

Add Number

# Contacts Continued



6 - Site Information

7 - UST Selection

8 - Compartmentalized Tank Selection

9 - Financial Responsibility

10 - Contacts

11 - Additional Contact Info

12 - Attachment Upload

13 - Add Certifier Type

14 - Certification

1. Real Property Owner

2. UST Facility Owner

3. UST Facility Operator

4. Class A Operator

5. Class B Operator

6. Fee Billing Contact

7. Installer

2. UST Facility Owner

**Note:** Selecting an option below will replace all information for this contact.

Insert From Existing Contact(s)...

Insert From Existing Contact(s)...

MY PROFILE INFORMATION  
NICOLE LELIEVRE  
-----  
MY FAVORITE\_CONTACTS  
-----  
MY SERVICE CONTACTS  
1. Real Property Owner  
3. UST Facility Operator  
4. Class A Operator  
5. Class B Operator  
6. Fee Billing Contact  
7. Installer

\*Address Line 1:

Address Line 2:

Address Line 3:

\*County:

\*City:

\*State:

\*Zip Code:

401 E. State St.

Mercer

Trenton (Mercer)

New Jersey

08608

	Number (must be 10 digits)	Extension	Comments	Remove
Work Phone Number	(609) 555-5555			

Add Number

**Note:** Please enter contact information on ALL required before clicking Continue.



# Contacts Continued



Add Number

Available Contact Types... ▾

Add Contact

**Note:** Please enter contact information on ALL required before clicking Continue.

1

2

<< Previous

Next >>

Save

Continue

# Contacts Continued



6 - Site Information
7 - UST Selection
8 - Compartmentalized Tank Selection
9 - Financial Responsibility
10 - Contacts
11 - Additional Contact Info
12 - Attachment Upload
13 - Add Certifier Type
14 - Certification

**Please Note**  
You may click on a previously visited page (above) to navigate back to that screen.

☒ 1. Real Property Owner

☒ 2. UST Facility Owner

☒ 3. UST Facility Operator

☒ 4. Class A Operator

☒ 5. Class B Operator

☒ 6. Fee Billing Contact

☒ 7. Installer

☒ 8. UST Facility Operator

## 8. UST Facility Operator

**Note:** Selecting an option below will replace all information for this contact.

Insert From Existing Contact(s)... ▾

\*Salutation: ▾

\*First Name:

Middle Initial:

\*Last Name:

Title:

\*E-Mail Address:

\*Confirm E-Mail:

\*Organization Name:

Organization Type: ▾

\*Address Line 1:

Address Line 2:

Address Line 3:

\*County: ▾

\*City: ▾

\*State: ▾  
New Jersey

\*Zip Code:

☐ Save to My Favorite Contacts

*Type	*Contact Number(must be 10 digits)	Extension	Comments	Remove
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Add Number

# Contacts Continued



Additional Contact Info

Attachment Upload

Add Certifier Type

Certification

**Please Note**

You may click on a previously visited page (above) to navigate back to that screen.

**Note:** Selecting an option below will replace all information for this contact.

Insert From Existing Contact(s)... ▾

☐ Save to My Favorite Contacts

**\*Salutation:**

Mr. ▾

**\*First Name:**

Joe

**Middle Initial:**

**\*Last Name:**

Brown

**Title:**

**\*E-Mail Address:**

joe.brown@njdep.gov

**\*Confirm E-Mail:**

joe.brown@njdep.gov

**\*Organization Name:**

Tank Installers LLC

**Organization Type:**

▾

**\*Address Line 1:**

401 E. State St.

**Address Line 2:**

**Address Line 3:**

**\*County:**

Mercer ▾

**\*City:**

Trenton (Mercer) ▾

**\*State:**

New Jersey ▾

**\*Zip Code:**

08608

*Type	*Contact Number(must be 10 digits)	Extension	Comments	Remove
Work Phone Number ▾	(609) 555-5555			

Add Number

Available Contact Types... ▾

Add Contact

**Note:** Please enter contact information on ALL required before clicking Continue.

<< Previous

Next >>

Save

Continue



# Additional Contact Information



NJDEP TEST FACILITY 2

[Help](#) | [Logout](#)

## ADDITIONAL CONTACT INFORMATION

Renewal/Mod #1070144@868909 (NJDEP TEST FACILITY 2)

A business formed in New Jersey will obtain a Certificate of Formation or Certificate of Authority which will display your NJ Business Entity ID #. An Entity ID is a 10-digit number used to identify your corporate business records. A Tax I.D. number cannot be used. If not applicable, enter N/A.

### UST Facility Owner

**First Name:** John  
**Last Name:** Smith  
**Organization Name:** NJDEP LLC

\*Is the tank owner a corporation, a limited liability company, a partnership, a limited partnership, or other form of business?

Yes

\*NJ Business Entity ID #

0101010101

### UST Facility Operator

**First Name:** John  
**Last Name:** Smith  
**Organization Name:** NJDEP LLC

\*Is the tank owner a corporation, a limited liability company, a partnership, a limited partnership, or other form of business?

Yes

\*NJ Business Entity ID #

0101010101

# Additional Contact Information Continued



## Class A Operator

**First Name:** John  
**Last Name:** Smith  
**Organization Name:** John Smith

\*Was the Class A Operator trained in New Jersey? Yes

\*Do you have a NJ Class A/B Registration Number and NJ Class A/B Validation number? Yes

\*NJ Class A/B Registration Number

\*NJ Class A/B Validation Number





# Additional Contact Information Continued



## Class A Operator

**First Name:** John  
**Last Name:** Smith  
**Organization Name:** John Smith

\*Was the Class A Operator trained in New Jersey?

\*Do you have a NJ Class A/B Registration Number and NJ Class A/B Validation number?

\*ICC Certification Number

## Class B Operator

# Additional Contact Information Continued



## Class A Operator

**First Name:** John  
**Last Name:** Smith  
**Organization Name:** John Smith

\*Was the Class A Operator trained in New Jersey?

No ▼



\*State

Kansas ▼



# Additional Contact Information Continued



## Class B Operator

Same as Above

**First Name:** John  
**Last Name:** Smith  
**Organization Name:** John Smith

\*Was the Class B Operator trained in New Jersey? Yes

\*Do you have a NJ Class A/B Registration Number and NJ Class A/B Validation number? No

\*ICC Certification Number

# Additional Contact Information Continued



## Installer

**First Name:** Joe  
**Last Name:** Brown  
**Organization Name:** Tank Installers LLC

\*Firm Certification # US

\*Individual Certification #

To be completed by installer for new UST installations or returning out-of-service USTs to service. Certification of UST installer certifies that the UST System and/or out-of-service UST system is/are properly designed and capable of being put back into service.

\* *Required*

Save

Continue

# Attachment Upload



1 - Instructions
2 - Submission Type Selection
3 - Facility Selection
4 - Submission Name
5 - Submission Type Details
6 - Site Information
7 - UST Selection
8 - Compartmentalized Tank Selection
9 - Financial Responsibility
10 - Contacts
11 - Additional Contact Info
12 - Attachment Upload
13 - Add Certifier Type
14 - Certification

Please Note  
You may click on a previously visited page (above) to navigate back to that screen.

## ATTACHMENT UPLOAD

Renewal/Mod #1070149@868908 (NJDEP TEST FACILITY 1)

On each row, click on the 'Choose File' button under 'Upload File Name', navigate to the file to be uploaded, choose it, and click open. The file will take a minute to upload. The 'Choose File' button will disappear when the file is finished uploading.

To add an attachment, select the type of attachment from the 'Add Attachment' dropdown list below, then click on the blue 'Add Attachment' button.

You are required to submit a Facility Site Plan only for the initial registration of a tank or if there are any changes to the physical configuration of the tank system or property. You must include in the facility site plan the location of the tanks, lines, pumps, dispensers, fill pipes, and other features of the underground storage tank system, including the distance from existing buildings and property boundaries.

If you are submitting a Financial Responsibility insurance Policy, submit the entire current insurance policy. If the insurance policy does not include a certificate of insurance or endorsement, add it as an attachment by selecting it from the 'Add Attachment' dropdown list below.

If you chose Financial Test of Self Insurance or Financial Test for Local Government earlier in the service, applicable forms can be found at: [NJDEP SRP - Forms: UST-Related](#). If your service requires an installer's certification, that form can also be found at the link above.

If you need to upload an authorization to sign on behalf of the Tank Owner and/or Facility Operator, there is no specific form. The authorization should be signed by the Tank Owner and/or Facility Operator as applicable.

Attachment Type	Attachment Description	Allowed Extensions	Upload File Name	Status	File Size (MB)	Remove
*Insurance Policy	Insurance Policy	pdf, doc, docx, xls, xlsx, rtf, gif, jpg, png, tif, zip, txt	Choose File N		0	✖
*Installer Certification	Installer Certification	pdf, doc, docx, xls, xlsx, rtf, gif, jpg, png, tif, zip, txt	Choose File No file chosen		0	✖
*Site Plan	Site Plan	pdf, doc, docx, xls, xlsx, rtf, gif, jpg, png, tif, zip, txt	Choose File No file chosen		0	✖
Total Uploaded:					0 MB	

\* Required

[How do I upload a File?](#)

# Attachment Upload Continued



## Details

6 - Site Information

7 - UST Selection

8 - Compartmentalized  
Tank Selection

9 - Financial  
Responsibility

10 - Contacts

11 - Additional Contact  
Info

12 - Attachment  
Upload

13 - Add Certifier Type

14 - Certification

### Please Note

You may click on a previously visited page (above) to navigate back to that screen.

You are required to submit a Facility Site Plan only for the initial registration of a tank or if there are any changes to the physical configuration of the tank system or property. You must include in the facility site plan the location of the tanks, lines, pumps, dispensers, fill pipes, and other features of the underground storage tank system, including the distance from existing buildings and property boundaries.

If you are submitting a Financial Responsibility insurance Policy, submit the entire current insurance policy. If the insurance policy does not include a certificate of insurance or endorsement, add it as an attachment by selecting it from the 'Add Attachment' dropdown list below.

Attachment Type	Attachment Description	Allowed Extensions	Upload File Name	Status	File Size (MB)	Remove
*Insurance Policy	Insurance Policy	pdf, doc, docx, xls, xlsx, rtf, gif, jpg, png, tif, zip, txt	crum forster.pdf	✓	0.03	✗
*Installer Certification	Installer Certification	pdf, doc, docx, xls, xlsx, rtf, gif, jpg, png, tif, zip, txt	Installer Cert.pdf	✓	0.03	✗
*Site Plan	Site Plan	pdf, doc, docx, xls, xlsx, rtf, gif, jpg, png, tif, zip, txt	Site Plan.pdf	✓	0.03	✗
Total Uploaded:					0.09 MB	

\* Required

[How do I upload a File?](#)

Add Attachment... ▼

Add Attachment

Continue



# Attachment Upload Continued



Details
6 - Site Information
7 - UST Selection
8 - Compartmentalized Tank Selection
9 - Financial Responsibility
10 - Contacts
11 - Additional Contact Info
12 - Attachment Upload
13 - Add Certifier Type
14 - Certification

**Please Note**  
You may click on a previously visited page (above) to navigate back to that screen.

You are required to submit a Facility Site Plan only for the initial registration of a tank or if there are any changes to the physical configuration of the tank system or property. You must include in the facility site plan the location of the tanks, lines, pumps, dispensers, fill pipes, and other features of the underground storage tank system, including the distance from existing buildings and property boundaries.

If you are submitting a Financial Responsibility insurance Policy, submit the entire current insurance policy. If the insurance policy does not include a certificate of insurance or endorsement, add it as an attachment by selecting it from the 'Add Attachment' dropdown list below.

Attachment Type	Attachment Description	Allowed Extensions	Upload File Name	Status	File Size (MB)	Remove
*Insurance Policy	Insurance Policy	pdf, doc, docx, xls, xlsx, rtf, gif, jpg, png, tif, zip, txt	crum forster.pdf	✓	0.03	✗
*Installer Certification	Installer Certification	pdf, doc, docx, xls, xlsx, rtf, gif, jpg, png, tif, zip, txt	Installer Cert.pdf	✓	0.03	✗
*Site Plan	Site Plan	pdf, doc, docx, xls, xlsx, rtf, gif, jpg, png, tif, zip, txt	Site Plan.pdf	✓	0.03	✗
Total Uploaded:					0.09 MB	

\* Required

[How do I upload a File?](#)

Add Attachment... ▼

Add Attachment

Continue

# Attachment Upload Continued



**Please Note**  
You may click on a previously visited page (above) to navigate back to that screen.

Site Plan	Site Plan	jpg, png, tif, zip, txt	Site Plan.pdf
			Total Uploaded:

\* Required

[How do I upload a File?](#)

Certificate of Insurance/Endorsement ▼

Add Attachment...

Certificate of Insurance/Endorsement

Financial Responsibility Assurance Mechanism

Owner & Operator auth of Representative Signature



# Attachment Upload Continued



Certificate of Insurance or Endorsement, add it as an attachment by selecting it from the Add Attachment dropdown list below.

Attachment Type	Attachment Description	Allowed Extensions	Upload File Name	Status	File Size (MB)	Remove
*Insurance Policy	Insurance Policy	pdf, doc, docx, xls, xlsx, rtf, gif, jpg, png, tif, zip, txt	crum forster.pdf	✓	.03	✗
*Installer Certification	Installer Certification	pdf, doc, docx, xls, xlsx, rtf, gif, jpg, png, tif, zip, txt	Installer Cert.pdf	✓	.03	✗
*Site Plan	Site Plan	pdf, doc, docx, xls, xlsx, rtf, gif, jpg, png, tif, zip, txt	Site Plan.pdf	✓	.03	✗
Certificate of Insurance/Endorsement	Certificate of Insurance/Endorsement	pdf, doc, docx, xls, xlsx, rtf, gif, jpg, png, tif, zip, txt	crum forster.pdf	✓	0.03	✗
Total Uploaded:					0.12 MB	

\* Required

# Attachment Upload Continued



Details
6 - Site Information
7 - UST Selection
8 - Compartmentalized Tank Selection
9 - Financial Responsibility
10 - Contacts
11 - Additional Contact Info
12 - Attachment Upload
13 - Add Certifier Type
14 - Certification

**Please Note**  
You may click on a previously visited page (above) to navigate back to that screen.

You are required to submit a Facility Site Plan only for the initial registration of a tank or if there are any changes to the physical configuration of the tank system or property. You must include in the facility site plan the location of the tanks, lines, pumps, dispensers, fill pipes, and other features of the underground storage tank system, including the distance from existing buildings and property boundaries.

If you are submitting a Financial Responsibility insurance Policy, submit the entire current insurance policy. If the insurance policy does not include a certificate of insurance or endorsement, add it as an attachment by selecting it from the 'Add Attachment' dropdown list below.

Attachment Type	Attachment Description	Allowed Extensions	Upload File Name	Status	File Size (MB)	Remove
*Insurance Policy	Insurance Policy	pdf, doc, docx, xls, xlsx, rtf, gif, jpg, png, tif, zip, txt	crum forster.pdf	✓	.03	✗
*Installer Certification	Installer Certification	pdf, doc, docx, xls, xlsx, rtf, gif, jpg, png, tif, zip, txt	Installer Cert.pdf	✓	.03	✗
*Site Plan	Site Plan	pdf, doc, docx, xls, xlsx, rtf, gif, jpg, png, tif, zip, txt	Site Plan.pdf	✓	.03	✗
Certificate of Insurance/Endorsement	Certificate of Insurance/Endorsement	pdf, doc, docx, xls, xlsx, rtf, gif, jpg, png, tif, zip, txt	crum forster.pdf	✓	0.03	✗
Total Uploaded:					0.12 MB	

\* Required

[How do I upload a File?](#)

Add Attachment...

Add Attachment

Continue

# Add Certifier Type



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- User Profile
- Certifications
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- Permit Folder

Version: 10.1.07

Currently logged in: NICOLE LELIEVRE (NICOLELELIEVRE)

868909

NJDEP TEST FACILITY 2

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Server: Server\_1

ADD CERTIFIER TYPE

- 1 - Instructions
- 2 - Submission Type Selection
- 3 - Facility Selection
- 4 - Submission Name
- 5 - Submission Type Details
- 6 - Site Information
- 7 - UST Selection
- 8 - Compartmentalized Tank Selection
- 9 - Financial Responsibility
- 10 - Contacts
- 11 - Additional Contact Info
- 12 - Attachment Upload

Renewal/Mod #1070144@868909 (NJDEP TEST FACILITY 2)

Select Certification Type:

Continue


Cancel

# Add Certifier Type Continued



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Server: Server\_1

868909  
NJDEP TEST FACILITY 2

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## ADD CERTIFIER TYPE

Renewal/Mod #1070253@868909 (NJDEP TEST FACILITY 2)

Select Certification Type:

Facility Owner/Operator  
Third Party

or

[Continue](#) [Cancel](#)

- 1 - Instructions
- 2 - Submission Type Selection
- 3 - Facility Selection
- 4 - Submission Name
- 5 - Submission Type Details
- 6 - Site Information
- 7 - UST Selection
- 8 - Compartmentalized Tank Selection
- 9 - Financial Responsibility
- 10 - Contacts
- 11 - Additional Contact Info
- 12 - Attachment



# Certification



Party:

## Challenge/Response Question

Prior to certifying your submission, you must answer the following Question correctly:

**\*What is your all-time favorite sports team?**

.....

(Not Case Sensitive)

Submit

Cancel

Forgot Challenge Q/A

## Certification PIN

**\*Certification PIN:**

(Case-Sensitive)

\* Required

Certify

Forgot Certification PIN

Send Notifications

Cancel

Certification of your PIN constitutes an electronic signature of this submittal in accordance with the aforementioned statement.

# Certification Continued



## Challenge/Response Question

Prior to certifying your submission, you must answer the following Question correctly:

**\*What is your mother's maiden name?**

(Not Case Sensitive)

Submit

Cancel

Forgot Challenge Q/A

## Certification PIN

**\*Certification PIN:**



(Case-Sensitive)

*\* Required*



Certify

Forgot Certification PIN

Send Notifications

Cancel

Certification of your PIN constitutes an electronic signature of this submittal in accordance with the aforementioned statement.

# Payment Summary



LE LELIEVRE (NICOLELELIEVRE)

868908

NJDEP TEST FACILITY 1

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## PAYMENT SUMMARY

Choose your payment method by clicking on the appropriate button below. If you choose 'Bill Me', you will be asked to enter the mailing address information and a bill will be mailed.

## Charges

ID	Facility ID	Facility Name	Program	Service	Type	Creation Date	Amount
1070159	868908	NJDEP TEST FACILITY 1	Underground Storage Tank (UST) Program	UST Registration Services	Annual Renewal/Modification of UST Facility Registration	02/08/2023	\$50.00
							<b>Total:</b> \$50.00

Clicking a column title will sort the table by that column.

Pay via Credit Card

Pay via eCheck

Return

or

# Transaction Detail and Summary



## Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
70001	njdepTest-Annual Renewal/Modification of UST Facility Registration-1070159	\$50.00	1	\$50.00
Total				\$50.00

## Payment

Payment Type



Credit/Debit Card

## Transaction Summary

njdepTest-Annual Renewal/Modification of UST Facility Registration-1070159	\$50.00
Service Fee	\$1.65
<b>Pay now with New Jersey Government Services</b>	<b>\$51.65</b>

## Need Help?

Please complete the Customer Information Section.

# Transaction Detail and Summary Continued



## Customer Information

Complete all required fields [ \* ]

Country \*

United States

First Name \*

JOHN

Last Name \*

SMITH

Company Name

Address \*

401 E STATE ST

Address 2

City \*

TRENTON

State \*

NJ -

ZIP/Postal Code \*

# Transaction Detail and Summary Continued



## Payment Information

Complete all required fields [ \* ]

Credit Card Number \* ?

Credit Card Type



Expiration Month \*

Expiration Year \*

Security Code \* ?

Name on Credit Card \*



Next >



# Payment Confirmation



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NJDEP TEST FACILITY 1

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PAYMENT CONFIRMATION

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Your transaction was a **SUCCESS**. Please print this page for your records.

## Payment Details

Confirmation Number:

TEST123

Payment Type:

VISA

Transaction Date:

02/08/2023

User Name:

NICOLE LELIEVRE

## Payment Items

### Charges:

ID	Facility ID	Facility Name	Program	Service	Type	Creation Date	Amount
1070159	868908	NJDEP TEST FACILITY 1	Underground Storage Tank (UST) Program	UST Registration Services	Annual Renewal/Modification of UST Facility Registration	02/08/2023	\$50.00
Total:							\$50.00

Clicking a column title will sort the table by that column.

Credit Card Service Fee: \$1.65

Total Amount Charged: \$51.65

Continue

# Service Summary



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Server: Server 1

868909  
NJDEP TEST FACILITY 2

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SUMMARY

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## Service Information

Service ID:

1070144

Service Type:

UST Registration Services: Annual Renewal/Modification of UST Facility Registration

Service Name:

Renewal/Mod #1070144@868909 (NJDEP TEST FACILITY 2)

Created On:

02/08/2023

Submitted On:

02/08/2023

## Facility Profile

Facility ID	Facility Name	County	Facility Location	Mailing Address
868909	NJDEP TEST FACILITY 2	Ocean	1510 Hooper Ave Toms River, NJ 08753	1510 Hooper Ave Toms River, NJ 08753

## Submission Type Details

**Modification of UST Registration Types (Select all that apply.)**

☐ Annual Renewal

☒ Registration of a newly installed underground storage tank(s)

☐ UST Facility Name

☐ Registration of an existing UST or USTS not presently registered

# Service Summary Continued



or, 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 or regulation, I am personally liable for penalties."

NICOLE LELIEVRE  
**Facility Owner/Operator**

02/08/2023  
**Date**

Return



# My Workspace



## MY WORKSPACE

### Service Selection

**Note:** Access to this electronic service selection and submittal area is granted by selecting facilities using the [user profile](#). Some services are accessible without selecting facilities as shown below.

#### Underground Storage Tank (UST) Program

- [UST Registration Services](#)
- [UST Additional Certification Service](#)
- [Submission Approval Area](#)



Configure Services

### My Facilities/Program Interests

**Note:** You may add Facilities/Program Interests by clicking the "Add Facilities" button below.

Facility Name	Facility ID	Program	Access Type	Access Status	Change Access	Manage Security	View	Remove
NJDEP TEST FACILITY 1	868908	Site Remediation	General	Granted				
NJDEP TEST FACILITY 2	868909	Site Remediation	General	Granted				

Clicking a column title will sort the table by that column.

Add Facilities

# Additional Certification Required




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Server: Server\_1

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## Additional Certification Required

- 1 - Additional Certification
- 2 - Certification
- Please Note**  
You may click on a previously visited page (above) to navigate back to that screen.

Click the PDF icon to open a PDF of the submission to be certified. Review the PDF thoroughly. Once you close the PDF, a Blue Ribbon icon will appear. Click the Blue Ribbon icon to complete certification of the UST Registration service. If you are a duly authorized representative for the owner and/or operator and you did not attach the required Owner & Operator Authorization of Representative Signature attachment within the portal application, please email to : [srpustregistration@dep.nj.gov](mailto:srpustregistration@dep.nj.gov) with the associated PI# in the header.

PDF Certify	Task Description	Created Date	Facility ID	Facility Name	Description	Application Name	Service ID
	OWNER to Certify - UST Registration Service	02/08/2023	868908	NJDEP TEST FACILITY 1	Annual Renewal/Modification of UST Facility Registration	Renewal/Mod #1070145@868908 (NJDEP TEST FACILITY 1)	1070145
Clicking a column title will sort the table by that column.							

[Return to My Workspace](#)

# Additional Certification Required Continued



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## Additional Certification Required

1 - Additional Certification

2 - Certification

**Please Note**  
You may click on a previously visited page (above) to navigate back to that screen.

Click the PDF icon to open a PDF of the submission to be certified. Review the PDF thoroughly. Once you close the PDF, a Blue Ribbon icon will appear. Click the Blue Ribbon icon to complete certification of the UST Registration service. If you are a duly authorized representative for the owner and/or operator and you did not attach the required Owner & Operator Authorization of Representative Signature attachment within the portal application, please email to : [srpustregistration@dep.nj.gov](mailto:srpustregistration@dep.nj.gov) with the associated PI# in the header.

PDF Certify	Task Description	Created Date	Facility ID	Facility Name	Description	Application Name	Service ID
 	OWNER to Certify - UST Registration Service	02/08/2023	868908	NJDEP TEST FACILITY 1	Annual Renewal/Modification of UST Facility Registration	Renewal/Mod #1070145@868908 (NJDEP TEST FACILITY 1)	1070145
Clicking column title will sort the table by that column.							

[Return to My Workspace](#)



# Certification



Party:

## Challenge/Response Question

Prior to certifying your submission, you must answer the following Question correctly:

**\*What is your all-time favorite sports team?**

.....

(Not Case Sensitive)

Submit

Cancel

[Forgot Challenge Q/A](#)

## Certification PIN

**\*Certification PIN:**

(Case-Sensitive)

\* Required

Certify

[Forgot Certification PIN](#)

[Send Notifications](#)

Cancel

Certification of your PIN constitutes an electronic signature of this submittal in accordance with the aforementioned statement.

# Certification Continued



## Challenge/Response Question

Prior to certifying your submission, you must answer the following Question correctly:

**\*What is your mother's maiden name?**

(Not Case Sensitive)

Submit

Cancel

Forgot Challenge Q/A

## Certification PIN

**\*Certification PIN:**

(Case-Sensitive)

*\* Required*

Certify

Forgot Certification PIN

Send Notifications

Cancel

Certification of your PIN constitutes an electronic signature of this submittal in accordance with the aforementioned statement.

# Summary

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NJDEP TEST FACILITY 1

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## SUMMARY

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### Service Information

**Service ID:** 1070147

**Service Type:** UST Additional Certification Service: UST Additional Certification

**Service Name:** Renewal/Mod #1070145@868908 (NJDEP TEST FACILITY 1)

**Created On:** 02/08/2023

**Submitted On:** 02/08/2023

### Facility Profile

Facility ID	Facility Name	County	Facility Location	Mailing Address
868908	NJDEP TEST FACILITY 1	Mercer	401 E State St Trenton, NJ 08608	401 E State St Trenton, NJ 08608

### Submission Type Details