



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

**REMEDIAL ACTION PERMIT CONTACT INFORMATION
CHANGE FORM**

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): _____
Remedial Action Permit 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. REMEDIAL ACTION PERMIT CONTACT INFORMATION CHANGE

Check off the reason(s) for the Remedial Action Permit (RAP) contact information change(s):

- ☐ Fee Billing Contact Person/Information Change
(Complete Sections A, B, C, G, H, I, J and K) **NO FEE**
- ☐ Person Responsible for Conducting the Remediation Contact Information Change
(Complete Sections A, B, D, G, H, I, J, and K) **NO FEE**
- ☐ Property Owner Contact Information Change
(Complete Sections A, B, E, G, H, I, J, and K) **NO FEE**
- ☐ Co-Permittee designated with Primary Responsibility for Permit Compliance Change
(Complete Sections A, B, F, G, H, I, J, and K) **NO FEE**

SECTION C. FEE BILLING CONTACT PERSON INFORMATION CHANGE

Name of Organization / Affiliation: _____
First Name of Contact: _____ Last Name of Contact: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____
Telephone Number: _____ Ext.: _____ FAX: _____

SECTION D. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION CONTACT INFORMATION CHANGE

Note: To make changes in the address of the Person Responsible for Conducting the Remediation you must submit a Remedial Action Permit (RAP) Modification Application available at <http://www.nj.gov/dep/srp/srra/forms> to modify the RAP. The name of the organization/affiliation for the Person Responsible for Conducting the Remediation that is currently identified on a permit can only be changed/modified if the responsible entity no longer exists and documentation is submitted; this situation would also require the submission a RAP Modification Application to modify the RAP.

Name of the Organization/Affiliation for the Person Responsible for Conducting the Remediation whose contact information is changing: _____

Name of New Contact: _____

Email Address: _____

Telephone Number: _____ Ext.: _____ FAX: _____

SECTION E. PROPERTY OWNER CONTACT INFORMATION CHANGE

(Complete this section only if you are updating the contact information for the Property Owner)

Note: To make changes in the address of the Property Owner you must submit a RAP Modification Application available at <http://www.nj.gov/dep/srp/srra/forms> to modify the RAP. The name of the organization/affiliation for the Property Owner that is currently identified on the RAP cannot be changed without completing a RAP Transfer/Change of Ownership Application.

Name of the Organization/Affiliation for the Property Owner whose contact information is changing: _____

Name of New Contact: _____

Email Address: _____

Telephone Number: _____ Ext.: _____ FAX: _____

SECTION F. CO-PERMITTEE DESIGNATED WITH PRIMARY RESPONSIBILITY FOR PERMIT COMPLIANCE CHANGE

Only check off one of the following selections:

- ☐ Person Responsible for Conducting the Remediation is now designated with Primary Responsibility for Permit Compliance.
- ☐ Property Owner is now designated with Primary Responsibility for Permit Compliance.

SECTION G. ATTACHED DOCUMENT

Attach a hard copy **and** electronic copy in Adobe PDF file format on a compact disc (CD) of the RAP Contact Information Change Form using the current form on the NJDEP Website.

SECTION H. OTHER INFORMATION PROVIDED

List any other pertinent information to support the RAP Transfer/Change of Property Ownership Application.

SECTION I. 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 J. 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 have received a copy of the Remedial Action Permit and have been made aware of the permit conditions and the requirements to perform remedial action protectiveness certifications on a biennial basis and payment of annual Remedial Action Permit fees. 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
Site Remediation and Waste Management Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420

SECTION K. 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. 7:26l; 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 CONTACT INFORMATION CHANGE

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Name of New Contact: _____

Email Address: _____

Telephone Number: _____ Ext.: _____ FAX: _____

ADDENDUM TO SECTION I. 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: _____

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Signature: _____ Date: _____

Name/Title: _____

ADDENDUM B
Additional Property Owners

ADDENDUM TO SECTION E. PROPERTY OWNER CONTACT INFORMATION CHANGE

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Name of the Organization/Affiliation for the Property Owner whose contact information is changing: _____

Name of New Contact: _____

Email Address: _____

Telephone Number: _____ Ext.: _____ FAX: _____

ADDENDUM TO SECTION J. 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).

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Signature: _____ Date: _____

Name/Title: _____