

Date: \_\_\_\_\_

Source Site Name: \_\_\_\_\_

**CLEAN FILL APPLICATION FORM<sup>(1)</sup>**

**(Complete for Each Proposed Off-Site Clean Fill Source)**

Application for: \_\_\_\_\_

Date: mm/dd/yyyy

Name of Person Completing Form: \_\_\_\_\_

Company/Title: \_\_\_\_\_

Contact Information (Phone No./Email): \_\_\_\_\_

**SOURCE SITE INFORMATION**

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

**Tax Block:** \_\_\_\_\_ **Lot:** \_\_\_\_\_

Site Owner Name: \_\_\_\_\_

Site Owner Address: \_\_\_\_\_

Site Owner Phone No./Email: \_\_\_\_\_

Material Type (Soil, Sand, Stone, Other): \_\_\_\_\_

Proposed Import Volume (cubic yards): \_\_\_\_\_

Transporter Name: \_\_\_\_\_

Transporter Address: \_\_\_\_\_

Transporter Phone No./Email: \_\_\_\_\_

*(1) Information requested in this form is required in accordance with the New Jersey Department of Environmental Protection's Site Remediation Program Fill Material Guidance for SRP Sites, dated April 2015, Version 3.0.*

Date: \_\_\_\_\_

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**FOR CLEAN FILL**

(Please answer and provide attachments for the following in entirety)

1. The current use of the donor site being as specific as possible (e.g., light industrial, commercial strip mall, soccer field, condominium complex, etc.).

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2. Provide a description of the originating/source site including prior use history, any Areas of Concern (AOCs), etc. If available, a copies of any Preliminary Assessment (PA), Phase I Environmental Site Assessment (ESA), and/or Environmental Screening Reports associated with the Site should be provided.

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3. Identification of the specific location(s) on the source site where the material will be removed shown on a properly scaled map.

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4. The tracking and QC methods to ensure all shipments received are of the fill from the approved donor site(s).

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5. The field sampling methods. Attach notes and the source site Quality Assurance Project Plan (QAPP) if available.

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6. Attach the applicable laboratory data deliverables for all data pertaining to proposed fill. Samples should have been analyzed for TCL/TAL+30, Extractable Petroleum Hydrocarbons, and hexavalent chromium if hex. chrome is a contaminant of concern or elevated total chromium concentrations are detected. Provide justification if a reduced parameter list is used (i.e. parameters based on preliminary assessment or historic analytical results).

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7. Confirm the proposed material is:

\_\_\_\_\_ Not classified as a hazardous waste pursuant to N.J.A.C. 7:26G-5.1  
\_\_\_\_\_ Not known or suspected to be naturally-occurring radio nuclide material (NORM), material regulated by the Nuclear Regulatory Commission (NRC), and/or have any other radioactive characteristic that would cause the material to be regulated by any Federal or State Agency or pose a potential concern to human health or ecological receptors.

8. Attach photographs of the current stockpile or in-situ area of fill.

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9. Attach the documentation (e.g., data deliverables) that the clean fill meets all applicable remediation standards and criteria and is free of extraneous debris or solid waste.

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Date: \_\_\_\_\_

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**SAMPLE SUMMARY, FREQUENCY, AND ANALYTICAL INFORMATION**

Date(s) of Sample Collection:

Number of Discrete Grab Samples:

List Sample ID's:

\_\_\_\_\_  
\_\_\_\_\_

Number of Composite Samples: \_\_\_\_\_

List Sample ID's:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sample Frequency \_\_\_\_\_

Does this sample frequency meet the Default Sampling Scheme provided per the NJDEP Fill Material Guidance for SRP Sites dated April 2015, Version 3.0? \_\_\_\_\_

If not, provide justification for reduced sampling frequency:

\_\_\_\_\_  
\_\_\_\_\_

List Analytical Testing Methods Conducted:

\_\_\_\_\_  
\_\_\_\_\_

Describe the QA/QC procedures that were implemented and confirm compliance with the latest NJDEP procedures and regulations (attach the complete laboratory report):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Source Site Name: \_\_\_\_\_

Name of Analytical Testing Laboratory: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

NJDEP Laboratory Certification No.: \_\_\_\_\_

Analytical Laboratory Testing Certification: *(Attach a complete signed copy of the laboratory data certification sheet)*

SITE SAMPLING CONSULTANT (Must be completed for All Applications by the firm which completed any sampling used for the Source Site application) I certify that I have personally reviewed the information submitted herein, including all attached laboratory data and documentation, and that based on my professional judgment and opinion, that the submitted information is true, accurate and complete. I believe that the sampling associated with characterization of this material was completed in accordance with the application instructions and current NJDEP sampling guidelines. I believe that the results are representative of conditions within the source material area and that the submitted information is true, accurate and complete.

Signature of Firm Representative: \_\_\_\_\_

Printed Name of Firm Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Firm Completing the Sampling: \_\_\_\_\_

Date: \_\_\_\_\_

Source Site Name: \_\_\_\_\_

#### CERTIFICATIONS

##### OWNER / GENERATOR CERTIFICATION (Must be completed for All Applications)

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 liable for the penalties.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Owner: \_\_\_\_\_

Title and Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

##### LSRP OF RECORD CERTIFICATION (Must be completed for All Applications if an LSRP of record is currently assigned to the Source Site)

I certify that I have personally reviewed the information submitted herein, including all attached laboratory data and documentation, and that based on my independent professional judgment and opinion, that the submitted information is true, accurate and complete. My conduct and decisions in this matter were made upon the exercise of reasonable care and diligence, and by applying the knowledge and skill ordinarily exercised by licensed site remediation professionals practicing in good standing, in accordance with N.J.S.A. 58:10C-16, in the State of New Jersey at the time I performed these professional services.

Signature of LSRP: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Owner: \_\_\_\_\_

License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_