

**RESOLUTION 116-19**

**RESOLUTION AUTHORIZING EXECUTION OF A REMEDIATION  
INFORMATION AND CERTIFICATION – 39 E. CHESTNUT STREET**

*WHEREAS*, the Borough of Clayton has authorized the Borough Administrator, Sue Miller to sign a remediation information and certification for 39 E. Chestnut Street; and

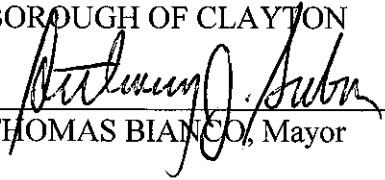
*NOW, THEREFORE, BE IT RESOLVED*, by the Mayor and Council of the Borough of Clayton, County of Gloucester, and State of New Jersey as follows:

1. That the governing body does hereby authorize the execution of said certification.

2. That the Borough Administrator, Sue Miller be and is hereby authorized to execute said certification on behalf of the Borough of Clayton.

*ADOPTED*, at a regular meeting of the Mayor and Council of the Borough of Clayton held on May 9, 2019.

BOROUGH OF CLAYTON

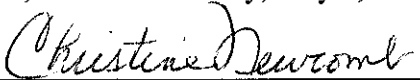
  
\_\_\_\_\_  
THOMAS BIANCO, Mayor

Attest:

  
\_\_\_\_\_  
CHRISTINE NEWCOMB, Borough Clerk

**CERTIFICATION**

I, Christine Newcomb, Borough Clerk, of the Borough of Clayton, do hereby certify that the foregoing Resolution was presented and duly adopted by the Borough Council at a meeting of the Borough of Clayton, held on Thursday, May 9, 2019.

  
\_\_\_\_\_  
CHRISTINE NEWCOMB, Borough Clerk



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

PUBLIC NOTIFICATION AND OUTREACH

Date Stamp  
(For Department use only)

SECTION A. SITE LOCATION

Site Name: Clayton Water Treatment Plant

List all AKAs:

Street Address: 39 East Chestnut Street

Municipality: Clayton (Township, Borough or City)

County: Cumberland Zip Code: 08312

Mailing Address if different than street address: 125 North Delsea Drive

Program Interest (PI) Number(s): 023604

Case Tracking Number(s) for this submission:

Date Remediation Initiated Pursuant to N.J.A.C. 7:26C-2: 08/24/1993

State Plane Coordinates for a central location at the site: Easting: 326468 Northing: 299286

Municipal Block(s) and Lot(s):

Block #	1201	Lot #	11	Block #		Lot #	
Block #		Lot #		Block #		Lot #	
Block #		Lot #		Block #		Lot #	
Block #		Lot #		Block #		Lot #	

SECTION B. NOTIFICATION INFORMATION

1. Indicate the type of Public Notification:

☐ Initial ☒ Update

2. Public notification was provided via: (Check all that apply)

Sign..... ☐ Yes ☒ No

Letter..... ☒ Yes ☐ No

Fact sheet..... ☒ Yes ☐ No

3. Were materials produced in a language other than English? ☐ Yes ☒ No

If "Yes," in what other language was notification prepared?

4. Were copies provided to municipal clerk, local/county health dept., and local health agency? ☒ Yes ☐ No

5. Did you provide an electronic copy of all required submittals? ☒ Yes ☐ No

6. Was public notification conducted using an alternate plan and is the rationale for this plan included? ☐ Yes ☒ No

7. Was additional public outreach conducted due to the NJDEP's determination of substantial public interest? ☐ Yes ☒ No

**SECTION C. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT**LSRP ID Number: 575486First Name: RohanLast Name: TadasPhone Numbers: (856) 235-7170

Ext.: \_\_\_\_\_

Fax: \_\_\_\_\_

Mailing Address: 815 East Gate Drive Suite 103Municipality: Mt LaurelState: NJZip Code: 08054Email Address: rtadas@erinj.com

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: 5/9/19.LSRP Name: Rohan TadasCompany Name: ERI

**SECTION D. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION**

Full Legal Name of the Person Responsible for Conducting the Remediation: Borough of Clayton

Representative First Name: Susan

Representative Last Name: Miller

Title: Borough Administrator

Phone Number: (856) 881-2882

Ext.: 104

FAX: \_\_\_\_\_

Mailing Address: 125 North Delse Drive

Municipality: Clayton

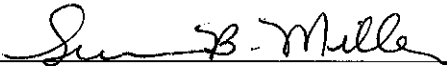
State: NJ

Zip code: 08312

Email Address: smiller@claytonnj.com

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: 5-9-19

Name/Title: Susan Miller/Borough Administrator

Completed forms should be sent to:

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