



New Jersey Department of Environmental Protection
Site Remediation Program

**AUTHORIZATION TO SUBMIT THE REMEDIAL
INVESTIGATION REPORT THROUGH NJDEP ONLINE**

Date Stamp
(For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name: Hartley Dodge Memorial Building
 Street Address: 50 Kings Road
 Municipality: Borough of Madison (Township, Borough or City)
 County: Morris Zip Code: 07940
 Program Interest (PI) Number(s): 008511

SECTION B. STATEMENT OF AUTHORIZATION TO SUBMIT THE REMEDIAL INVESTIGATION REPORT

I authorize the Licensed Site Remediation Professional, retained for this site pursuant to the Brownfield and Contaminated Site Remediation Act at N.J.S.A. 58:10B-1.3b, and named below to submit the remedial investigation report listed below, updated Receptor Evaluation Form, and CEAWell Restriction Fact Sheet Form, if applicable for the Program Interest Number noted above. I understand that I am assuming full responsibility that the information provided in the remedial investigation report is true, accurate, and complete.

Name and Date of Remedial Investigation Report:

Remedial Investigation Report, April 2016

Authorized Licensed Site Remediation Professional (LSRP)

First Name: Roy Last Name: Redmond
 LSRP License #: 573637

SECTION C. CERTIFICATION BY THE PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION

Full Name of Person Responsible for Conducting the Remediation: Borough of Madison
 Representative First Name: Raymond Representative Last Name: Codey
 Mailing Address: 50 Kings Road
 Municipality: Madison State: NJ Zip Code: 07940
 Telephone Number: (973) 593-3038
 Email Address: codeyr@rosenet.org

This certification shall be signed by the person responsible for conducting the remediation who is submitting this Authorization and Report 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: 4/13/16

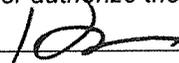
Name/Title: Raymond Codey / Borough Administrator

SECTION F. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: Borough of Madison
Representative First Name: Raymond Representative Last Name: Codey
Title: Borough Administrator
Phone Number: (973) 593-3038 Ext: _____ Fax: _____
Mailing Address: 50 Kings Road
City/Town: Madison State: NJ Zip Code: 07940
Email Address: codeyr@rosenet.org

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: 4/13/16
Name/Title: Raymond Codey , Borough Administrator

For CEA Submissions:

Check this box if the person above is also the property owner of the site or their representative. If this person is not the site property owner, please ensure the site property owner's name and address is in the first line of the table in Section E.2 of the Classification Exception Area / Well Restriction Area (CEA/WRA) Fact Sheet Form.