REC CERTIFICATION FORMS

The Inactive Hazardous Sites Branch views certification of documents and work phase completions as a critical and primary means of ensuring the compliance and integrity of the REC Program and that public health is being protected in absence of state review. Below are the instructions for proper certification of documents and work phase completion certification. The documents must be certified and notarized **first** by the remediating party, **second** by the RSM. The certification forms described below must be completed for submittal with the appropriate document. The forms can be downloaded at http://portal.ncdenr.org/web/wm/sf/ihs/recprogram/RECcertForms.

Certification of Documents

In accordance with .0306(b)(1) and (b)(2), all work phase completion statements, project schedules, work plans, and reports submitted to REC Program staff must include a specific notarized certification statement by a representative of the remediating party and a specific notarized certification statement by the RSM. The remediating party must sign and have notarized their certification **prior** to the RSM's certification. There is specific certification language for the remediating party (*Document Certification Form No. DC-I*) and for the RSM (*Document Certification Form No. DC-II).* The language in the certification statements is specified in the rules and may not be modified under any circumstances. **Therefore, these specific certification statement forms cannot be reproduced in any way and must be used for all certifications. The signatures of both the remediating party and RSM on the certification statements must be properly notarized using only the notary text shown on the forms.**

NOTE: The RSM certifies all documents LAST. Failure to do so is a violation of 15A NCAC 13C .0306(b)(2) of the REC Program rules and subject to possible enforcement action against the REC and/or RSM.

Certification of Work Phase Completion

Work phase completion certification forms must be used to certify the completion of work phases in accordance with .0306(b)(5) and (b)(6). These certifications are in addition to the document content certifications. They do not have to be submitted with a document, but must be submitted prior to the next work phase. The work phase completion forms are:

1. Phase I Remedial Investigation Completion Certification (*Work Phase Completion Form No. WPC-I*)
2. Remedial Investigation Completion Certification (*Work Phase Completion Form No. WPC-II*)
3. Proposed Remedial Action Plan Completion Certification (*Work Phase Completion Form No. WPC-III*)
4. Remedial Design Completion Certification (*Work Phase Completion Form No. WPC-IV*)
5. Construction Completion Certification (*Work Phase Completion Form No. WPC-V*)
6. Remedial Action Completion Certification (*Work Phase Completion Form No. WPC-VI*)
7. Remedial Action Completion Certification "for Remedy with Land Use Restrictions" (*Work Phase Completion Form No. WPC-VII)*
8. Combined Remedial Investigation & Remedial Action Completion Certification "for No Action Remedy" (*Work Phase Completion Form No. WPC-VIII*)

The RSM must download these work phase completion forms from the website only. **Therefore, these specific certification statement forms cannot be reproduced in any way and must be used for all work phase completion statement certifications.** Forms that have been modified, retyped or regenerated are unacceptable. Original forms must be downloaded from the Branch's website at http://portal.ncdenr.org/web/wm/sf/ihs/recprogram/RECcertForms. All information entered on the forms must be typed or neatly printed. **The signature of the RSM on the statement forms must be properly notarized using only the notary text shown on the forms.**

IHSB SITE NAME _____
DATE & NAME OF DOCUMENT _____
TYPE OF SUBMITTAL (circle all that apply): Report, Work plan, Work Phase Comp. Statement, Schedule Change

REMEDIATING PARTY DOCUMENT CERTIFICATION STATEMENT (.0306(B)(2))

"I certify under penalty of law that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material and information contained herein is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for willfully submitting false, inaccurate or incomplete information."

_____
Name of Remediating Party

_____ _____
Signature of Remediating Party Date

NOTARIZATION

_____ (Enter State)

_____ **COUNTY**

I, _____, a Notary Public of said County and State, do hereby certify that _____did personally appear and sign before me this day, produced proper identification in the form of _____, was duly sworn or affirmed, and declared that, to the best of his or her knowledge and belief, after thorough investigation, the information contained in the above certification is true and accurate, and he or she then signed this Certification in my presence.

WITNESS my hand and official seal this _____ day of _____, _____.

_____ (OFFICIAL SEAL)
Notary Public (signature)

My commission expires: _____.

IHSB SITE NAME _____
DATE & NAME OF DOCUMENT_____
TYPE OF SUBMITTAL (circle all that apply): Report, Work plan, Work Phase Comp. Statement, Schedule Change

REGISTERED SITE MANAGER CERTIFICATION OF SIGNATURES

As the Registered Environmental Consultant for the Site for which this filing is made, I certify that the signatures included herewith are genuine and authentic original handwritten signatures and/or true, accurate, and complete copies of the genuine and authentic original handwritten signatures of the persons who purport to sign for this filing. I further certify that I have collected through reliable means the originals and/or copies of said signatures from the persons authorized to sign for this filing who, in fact, signed the originals thereof. Those persons and I understand and agree that any copies of signatures have the same legally binding effect as original handwritten signatures, and I certify that any person for whom I am submitting a copy of their signature has provided me with their express consent to submit said copy. Additionally, I certify that I am authorized to attest to the genuineness and authenticity of the signatures, both originals and any copies, being submitted herewith and that by signing below, I do in fact attest to the genuineness and authenticity of all the signatures, both originals and copies, being submitted for this filing.

_____
Name of Registered Site Manager

_____ _____
Signature of Registered Site Manager Date

REGISTERED SITE MANAGER DOCUMENT CERTIFICATION STATEMENT (.0306(b)(1))

"I certify under penalty of law that I am personally familiar with the information contained in this submittal, including any and all supporting documents accompanying this certification, and that the material and information contained herein is, to the best of my knowledge and belief, true, accurate and complete and complies with the Inactive Hazardous Sites Response Act G.S. 130A-310, et seq, and the remedial action program Rules 15A NCAC 13C .0300. I am aware that there are significant penalties for willfully submitting false, inaccurate or incomplete information."

_____
Name of Registered Site Manager

_____ _____
Signature of Registered Site Manager Date

NOTARIZATION

_____ (Enter State)

_____ **COUNTY**

I, _____, a Notary Public of said County and State, do hereby certify that _____ did personally appear and sign before me this day, produced proper identification in the form of _____, was duly sworn or affirmed, and declared that, he or she is the duly authorized environmental consultant of the remediating party of the property referenced above and that, to the best of his or her knowledge and belief, after thorough investigation, the information contained in the above certifications is true and accurate, and he or she then signed these Certifications in my presence.

WITNESS my hand and official seal this _____ day of _____, _____.

_____ (OFFICIAL SEAL)
Notary Public (signature)

My commission expires: _____.

PHASE I REMEDIAL INVESTIGATION COMPLETION CERTIFICATION 15A NCAC 13C.0306(b)(5)(A)

Media (check all that apply): ☐ All Media ☐ Soil ☐ Ground water ☐ Surface water ☐ Sediment

Site Name _____ Street Address _____

County _____ _____

Site ID No. _____ _____

The Phase I remedial investigation, which is the subject of this certification has, to the best of my knowledge, been completed in compliance with the Inactive Hazardous Sites Response Act G.S. 130A-310, et seq. and the remedial action program Rules 15A NCAC 13C .0300, and

_____
[REC Name]

is in compliance with Rules .0305(b)(2) and .0305(b)(3), of this section. I am aware that there are significant penalties for willfully submitting false, inaccurate or incomplete information.

_____ _____
RSM Signature Date

_____
RSM Name

_____ _____
REC Name Mailing Address

_____ _____
REC No. City, State, ZIP

NOTARIZATION

_____ (Enter State)

_____ COUNTY

I, _____, a Notary Public of said County and State, do hereby certify that _____did personally appear and sign before me this day, produced proper identification in the form of _____, was duly sworn or affirmed, and declared that, he or she is the duly authorized environmental consultant of the remediating party of the property referenced above and that, to the best of his or her knowledge and belief, after thorough investigation, the information contained in the above certification is true and accurate, and he or she then signed this Certification in my presence.

WITNESS my hand and official seal this ___day of _____, _____.

_____ (OFFICIAL SEAL)
Notary Public (signature)

My commission expires: _____.

REMEDIAL INVESTIGATION COMPLETION CERTIFICATION
15A NCAC 13C.0306(b)(5)(B)

Media (check all that apply): ☐ All Media ☐ Soil ☐ Ground water ☐ Surface water ☐ Sediment

Site Name _____ Street Address _____

County _____ _____

Site ID No. _____ _____

The remedial investigation, which is the subject of this certification has, to the best of my knowledge, been completed in compliance with the Inactive Hazardous Sites Response Act G.S. 130A-310, et seq. and the remedial action program Rules 15A NCAC 13C .0300, and

_____
[REC Name]

is in compliance with Rules .0305(b)(2) and .0305(b)(3), of this section. I am aware that there are significant penalties for willfully submitting false, inaccurate or incomplete information.

_____ _____
RSM Signature Date

_____
RSM Name

_____ _____
REC Name Mailing Address

_____ _____
REC No. City, State, ZIP

NOTARIZATION

_____ (Enter State)

_____ COUNTY

I, _____, a Notary Public of said County and State, do hereby certify that _____did personally appear and sign before me this day, produced proper identification in the form of _____, was duly sworn or affirmed, and declared that, he or she is the duly authorized environmental consultant of the remediating party of the property referenced above and that, to the best of his or her knowledge and belief, after thorough investigation, the information contained in the above certification is true and accurate, and he or she then signed this Certification in my presence.

WITNESS my hand and official seal this ___day of _____, _____.

_____ (OFFICIAL SEAL)
Notary Public (signature)

My commission expires: _____.

PROPOSED REMEDIAL ACTION PLAN COMPLETION CERTIFICATION 15A NCAC 13C.0306(b)(5)(C)

Media (check all that apply): ☐ All Media ☐ Soil ☐ Ground water ☐ Surface water ☐ Sediment

Site Name _____ Street Address _____

County _____ _____

Site ID No. _____ _____

The proposed remedial action plan, which is the subject of this certification has, to the best of my knowledge, been completed in compliance with the Inactive Hazardous Sites Response Act G.S. 130A-310, et seq. and the remedial action program Rules 15A NCAC 13C .0300, and

_____
[REC Name]

is in compliance with Rules .0305(b)(2) and .0305(b)(3), of this section. I am aware that there are significant penalties for willfully submitting false, inaccurate or incomplete information.

_____ _____
RSM Signature Date

_____
RSM Name

_____ _____
REC Name Mailing Address

_____ _____
REC No. City, State, ZIP

NOTARIZATION

_____ (Enter State)

_____ COUNTY

I, _____, a Notary Public of said County and State, do hereby certify that _____did personally appear and sign before me this day, produced proper identification in the form of _____, was duly sworn or affirmed, and declared that, he or she is the duly authorized environmental consultant of the remediating party of the property referenced above and that, to the best of his or her knowledge and belief, after thorough investigation, the information contained in the above certification is true and accurate, and he or she then signed this Certification in my presence.

WITNESS my hand and official seal this ___day of _____, _____.

_____ (OFFICIAL SEAL)
Notary Public (signature)

My commission expires: _____.

REMEDIAL DESIGN COMPLETION CERTIFICATION
15A NCAC 13C.0306(b)(5)(D)

Media (check all that apply): ☐ All Media ☐ Soil ☐ Ground water ☐ Surface water ☐ Sediment

Site Name _____ Street Address _____

County _____ _____

Site ID No. _____ _____

The remedial design, which is the subject of this certification has, to the best of my knowledge, been completed in compliance with the Inactive Hazardous Sites Response Act G.S. 130A-310, et seq. and the remedial action program Rules 15A NCAC 13C .0300, and

_____
[REC Name]

is in compliance with Rules .0305(b)(2) and .0305(b)(3), of this section. I am aware that there are significant penalties for willfully submitting false, inaccurate or incomplete information.

_____ _____
RSM Signature Date

_____
RSM Name

_____ _____
REC Name Mailing Address

_____ _____
REC No. City, State, ZIP

NOTARIZATION

_____ (Enter State)

_____ COUNTY

I, _____, a Notary Public of said County and State, do hereby certify that _____did personally appear and sign before me this day, produced proper identification in the form of _____, was duly sworn or affirmed, and declared that, he or she is the duly authorized environmental consultant of the remediating party of the property referenced above and that, to the best of his or her knowledge and belief, after thorough investigation, the information contained in the above certification is true and accurate, and he or she then signed this Certification in my presence.

WITNESS my hand and official seal this ___day of _____, _____.

_____ (OFFICIAL SEAL)
Notary Public (signature)

My commission expires: _____.

CONSTRUCTION COMPLETION CERTIFICATION
15A NCAC 13C.0306(b)(5)(D)

Media (check all that apply): ☐ All Media ☐ Soil ☐ Ground water ☐ Surface water ☐ Sediment

Site Name _____ Street Address _____

County _____ _____

Site ID No. _____ _____

The construction of the final remedy, which is the subject of this certification has, to the best of my knowledge, been completed in compliance with the Inactive Hazardous Sites Response Act G.S. 130A-310, et seq. and the remedial action program Rules 15A NCAC 13C .0300, and

_____
[REC Name]

is in compliance with Rules .0305(b)(2) and .0305(b)(3), of this section. I am aware that there are significant penalties for willfully submitting false, inaccurate or incomplete information.

_____ _____
RSM Signature Date

_____
RSM Name

_____ _____
REC Name Mailing Address

_____ _____
REC No. City, State, ZIP

NOTARIZATION

_____ (Enter State)

_____ COUNTY

I, _____, a Notary Public of said County and State, do hereby certify that _____did personally appear and sign before me this day, produced proper identification in the form of _____, was duly sworn or affirmed, and declared that, he or she is the duly authorized environmental consultant of the remediating party of the property referenced above and that, to the best of his or her knowledge and belief, after thorough investigation, the information contained in the above certification is true and accurate, and he or she then signed this Certification in my presence.

WITNESS my hand and official seal this ___day of _____, _____.

_____ (OFFICIAL SEAL)
Notary Public (signature)

My commission expires: _____.

REMEDIAL ACTION COMPLETION CERTIFICATION
15A NCAC 13C.0306(b)(5)(E)

Media (check all that apply): ☐ All Media ☐ Soil ☐ Ground water ☐ Surface water ☐ Sediment

Site Name _____ Street Address _____

County _____ _____

Site ID No. _____ _____

The approved and certified site remedial action plan has been implemented, and to the best of my knowledge and belief, cleanup levels determined pursuant to Rule .0308 of this Section have been achieved, and no significant or otherwise unacceptable risk or harm to human health or the environment remains at the site.

The remedial action which is the subject of this certification has, to the best of my knowledge, been completed in compliance with the Inactive Hazardous Sites Response Act G.S. 130A-310, et seq. and the remedial action program Rules 15A NCAC 13C .0300, and_____
[REC Name]
is in compliance with Rules .0305(b)(2) and .0305(b)(3), of this section. I am aware that there are significant penalties for willfully submitting false , inaccurate or incomplete information.

_____ _____
RSM Signature Date

_____
RSM Name

_____ _____
REC Name Mailing Address

_____ _____
REC No. City, State, ZIP

NOTARIZATION

_____ (Enter State)

_____ COUNTY

I, _____, a Notary Public of said County and State, do hereby certify that _____did personally appear and sign before me this day, produced proper identification in the form of _____, was duly sworn or affirmed, and declared that, he or she is the duly authorized environmental consultant of the remediating party of the property referenced above and that, to the best of his or her knowledge and belief, after thorough investigation, the information contained in the above certification is true and accurate, and he or she then signed this Certification in my presence.

WITNESS my hand and official seal this ___day of _____, _____.

_____ (OFFICIAL SEAL)
Notary Public (signature)

My commission expires: _____.

REMEDIAL ACTION COMPLETION CERTIFICATION "FOR REMEDY WITH LAND USE RESTRICTIONS" 15A NCAC 13C.0306(b)(5)(E)

Media (check all that apply): ☐ All Media ☐ Soil ☐ Ground water ☐ Surface water ☐ Sediment

Site Name _____ Street Address _____

County _____ _____

Site ID No. _____ _____

The approved and certified site remedial action plan has been implemented, and to the best of my knowledge and belief, cleanup levels determined pursuant to Rule .0308 of this Section have been achieved, and no significant or otherwise unacceptable risk or harm to human health or the environment remains at the site as long as the land use restrictions are maintained.

The remedial action which is the subject of this certification has, to the best of my knowledge, been completed in compliance with the Inactive Hazardous Sites Response Act G.S. 130A-310, et seq. and the remedial action program Rules 15A NCAC 13C .0300, and _____
[REC Name]
is in compliance with Rules .0305(b)(2) and .0305(b)(3), of this section. I am aware that there are significant penalties for willfully submitting false, inaccurate or incomplete information.

_____ _____
RSM Signature Date

_____
RSM Name

_____ _____
REC Name Mailing Address

_____ _____
REC No. City, State, ZIP

NOTARIZATION

_____ (Enter State)

_____ COUNTY

I, _____, a Notary Public of said County and State, do hereby certify that _____did personally appear and sign before me this day, produced proper identification in the form of _____, was duly sworn or affirmed, and declared that, he or she is the duly authorized environmental consultant of the remediating party of the property referenced above and that, to the best of his or her knowledge and belief, after thorough investigation, the information contained in the above certification is true and accurate, and he or she then signed this Certification in my presence.

WITNESS my hand and official seal this ___day of _____, _____.

_____ (OFFICIAL SEAL)
Notary Public (signature)

My commission expires: _____.

COMBINED REMEDIAL INVESTIGATION & REMEDIAL ACTION COMPLETION CERTIFICATION
"FOR NO ACTION REMEDY"
15A NCAC 13C.0306(b)(5)(B) AND (E)

Media (check all that apply): ☐ All Media ☐ Soil ☐ Ground water ☐ Surface water ☐ Sediment

Site Name _____ Street Address _____

County _____ _____

Site ID No. _____ _____

The remedial investigation, which is the subject of this certification has, to the best of my knowledge, been completed in compliance with the Inactive Hazardous Sites Response Act G.S. 130A-310, et seq. and the remedial action program Rules 15A NCAC 13C .0300, and _____
[REC Name]
is in compliance with Rules .0305(b)(2) and .0305(b)(3), of this section. I am aware that there are significant penalties for willfully submitting false, inaccurate or incomplete information.

This Combined Remedial Investigation and Remedial Action Completion Certification constitutes a "no action remedy" site remedial action plan for purposes of 15A NCAC 13C. 0306(b)(6). This approved and certified site remedial action plan has been implemented, and to the best of my knowledge and belief, cleanup levels determined pursuant to Rule .0308 of this Section have been achieved, and no significant or otherwise unacceptable risk or harm to human health or the environment remains at the site.

_____ _____
RSM Signature Date

_____
RSM Name

_____ _____
REC Name Mailing Address

_____ _____
REC No. City, State, ZIP

NOTARIZATION

_____ (Enter State)

_____ COUNTY

I, _____, a Notary Public of said County and State, do hereby certify that _____did personally appear and sign before me this day, produced proper identification in the form of _____, was duly sworn or affirmed, and declared that, he or she is the duly authorized environmental consultant of the remediating party of the property referenced above and that, to the best of his or her knowledge and belief, after thorough investigation, the information contained in the above certification is true and accurate, and he or she then signed this Certification in my presence.

WITNESS my hand and official seal this ___day of _____, _____.

_____ (OFFICIAL SEAL)
Notary Public (signature)

My commission expires: _____.