**Affirmative LEP Statement for a NAUL**

**Parcel Information – Physical Location**

|  |  |  |
| --- | --- | --- |
| **Property/Facility Name**: *Enter Parcel Name* | | |
| **Other Name(s):** *Enter Other Name(s)* | | |
| **Street Address**: *Enter Street Address* | | |
| **City/Town:** *Enter City/Town* | **State**: CT | **Zip Code**: *Zip* |
| **County**: *Choose County* | | |
| **Remediation Division Site Identification Number (REM ID#):** *Enter REM ID#* | | |

I the undersigned, hereby determine that:

* All of the information necessary to make a determination of whether to approve the NAUL, including, but not limited to, documents demonstrating compliance with RCSA section 22a-133q-3(b) have been prepared;
* An attorney licensed in the State of Connecticut has prepared an Attorney’s Statement of Compliance stating that each recorded interest in the parcel identified in RCSA section 22a-133q-3(b)(4) and each item identified in the owner’s affidavit in RCSA section 22a-133q-3(b)(6) either:
  + Allows only activities that do not interfere with the restrictions or affirmative obligations in the proposed NAUL; or
  + Allows activities that do interfere with the restrictions and affirmative obligations of the proposed NAUL, but the owner of each such interest has agreed to sign the NAUL pursuant to section 22a-133o(c)(6) of the Connecticut General Statutes;
* The proposed NAUL complies with all applicable legal requirements, including, but not limited to, the EUR regulations and the RSRs; and
* The proposed NAUL is protective of human health and the environment.

I understand that this statement is required by RCSA section 22a-133q-3(c)(2)(A). Based on the above findings, I intend to the sign the proposed NAUL.

By:

Date:

Name: *Enter LEP Name*

|  |  |
| --- | --- |
| Information for Licensed Environmental Professional:  Title: *Enter Title*  Company: *Enter Company*  Street Address: *Enter Street Address*  City/Town: *Enter City/Town*  State and Zip Code: *Enter State* *Zip* | Affix LEP Stamp: |