



New Jersey Department of Environmental Protection
Site Remediation Program

**ALTERNATIVE SOIL REMEDIATION STANDARD
AND/OR SCREENING LEVEL APPLICATION FORM**

Non-LSRP (Existing Cases) LSRP Subsurface Evaluator

Date Stamp
(For Department use only)

NOTE: This form shall be completed for all contaminants for which a direct contact exposure pathway alternative soil remediation standard, site-specific impact to ground water exposure pathway soil remediation standard, and/or vapor intrusion screening level is being implemented and/or requested for a site or area of concern. The form shall be used regardless of whether Department pre-approval is required. Refer to the Remediation Standards, N.J.A.C. 7:26D-7.3 and 7.4 (http://www.nj.gov/dep/srp/regs/rs/rs_rule.pdf), and Section B1 of the instructions for this Application form.

SECTION A. SITE NAME AND LOCATION

Site Name: _____
 List all AKAs: _____
 Street Address: _____
 Municipality: _____ (Township, Borough or City)
 County: _____ Zip Code: _____
 Program Interest (PI) Number(s): _____ Case Tracking Number(s): _____

SECTION B: ALTERNATIVE STANDARDS OR SCREENING LEVELS REQUESTED/IMPLEMENTED

First complete the summary table and then provide details for each alternative Remediation Standard (ARS) or Screening level being requested or implemented in the area below. Attach additional pages if necessary.

Summary Table

List the chemical name and indicate the type of ARS or screening level for each ARS or screening Level that is being requested or implemented. If more than one ARS or screening level is being requested or implemented for a contaminant, list each request/notice on a separate line.

| Chemical Name | Ingestion-Dermal ARS | Inhalation ARS | Impact to Ground Water ARS | Vapor Intrusion Indoor Air Screening Level | Vapor Intrusion Ground Water Screening Level | Pre-Approval Required |
|---------------|--------------------------|--------------------------|----------------------------|--|--|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ARS/Screening Level Details

Request/Notice 1

- Chemical Name _____ CAS _____
- NJDEP pre-approval required? Yes No
- Concentration range on site _____ (include units)
- ARS Pathway/ Screening Level

| | |
|--|---|
| <input type="checkbox"/> Ingestion-Dermal Exposure Pathway | <input type="checkbox"/> Vapor Intrusion indoor Air Screening Level |
| <input type="checkbox"/> Inhalation Exposure Pathway | <input type="checkbox"/> Vapor Intrusion Ground Water Screening Level |
| <input type="checkbox"/> Impact to Ground Water Exposure Pathway | |

5. Scenario Residential Non-residential
6. Default Remediation Standard / Screening level _____ (include units)
7. Proposed Remediation Standard / Screening level _____ (include units)
8. Sesoil Model or Sesoil/AT123 model used Yes No
 If "Yes," attach IGW Alternative Remediation Standard Sesoil Model Table

Request/Notice 2

1. Chemical Name _____ CAS _____
2. NJDEP pre-approval required? Yes No
3. Concentration range on site _____ (include units)
4. ARS Pathway/ Screening Level
 Ingestion-Dermal Exposure Pathway Vapor Intrusion indoor Air Screening Level
 Inhalation Exposure Pathway Vapor Intrusion Ground Water Screening Level
 Impact to Ground Water Exposure Pathway
5. Scenario Residential Non-residential
6. Default Remediation Standard / Screening level _____ (include units)
7. Proposed Remediation Standard / Screening level _____ (include units)
8. Sesoil Model or Sesoil/AT123 model used Yes No
 If "Yes," attach IGW Alternative Remediation Standard Sesoil Model Table

Request/Notice 3

1. Chemical Name _____ CAS _____
2. NJDEP pre-approval required? Yes No
3. Concentration range on site _____ (include units)
4. ARS Pathway/ Screening Level
 Ingestion-Dermal Exposure Pathway Vapor Intrusion indoor Air Screening Level
 Inhalation Exposure Pathway Vapor Intrusion Ground Water Screening Level
 Impact to Ground Water Exposure Pathway
5. Scenario Residential Non-residential
6. Default Remediation Standard / Screening level _____ (include units)
7. Proposed Remediation Standard / Screening level _____ (include units)
8. Sesoil Model or Sesoil/AT123 model used Yes No
 If "Yes," attach IGW Alternative Remediation Standard Sesoil Model Table

Request/Notice 4

1. Chemical Name _____ CAS _____
2. NJDEP pre-approval required? Yes No
3. Concentration range on site _____ (include units)
4. ARS Pathway/ Screening Level
 Ingestion-Dermal Exposure Pathway Vapor Intrusion indoor Air Screening Level
 Inhalation Exposure Pathway Vapor Intrusion Ground Water Screening Level
 Impact to Ground Water Exposure Pathway
5. Scenario Residential Non-residential
6. Default Remediation Standard / Screening level _____ (include units)
7. Proposed Remediation Standard / Screening level _____ (include units)
8. Sesoil Model or Sesoil/AT123 model used Yes No
 If "Yes," attach IGW Alternative Remediation Standard Sesoil Model Table

Request/Notice 5

- 1. Chemical Name _____ CAS _____
- 2. NJDEP pre-approval required? Yes No
- 3. Concentration range on site _____ (include units)
- 4. ARS Pathway/ Screening Level
 - Ingestion-Dermal Exposure Pathway Vapor Intrusion indoor Air Screening Level
 - Inhalation Exposure Pathway Vapor Intrusion Ground Water Screening Level
 - Impact to Ground Water Exposure Pathway
- 5. Scenario Residential Non-residential
- 6. Default Remediation Standard / Screening level _____ (include units)
- 7. Proposed Remediation Standard / Screening level _____ (include units)
- 8. Sesoil Model or Sesoil/AT123 model used Yes No
If "Yes," attach IGW Alternative Remediation Standard Sesoil Model Table

Request/Notice 6

- 1. Chemical Name _____ CAS _____
- 2. NJDEP pre-approval required? Yes No
- 3. Concentration range on site _____ (include units)
- 4. ARS Pathway/ Screening Level
 - Ingestion-Dermal Exposure Pathway Vapor Intrusion indoor Air Screening Level
 - Inhalation Exposure Pathway Vapor Intrusion Ground Water Screening Level
 - Impact to Ground Water Exposure Pathway
- 5. Scenario Residential Non-residential
- 6. Default Remediation Standard / Screening level _____ (include units)
- 7. Proposed Remediation Standard / Screening level _____ (include units)
- 8. Sesoil Model or Sesoil/AT123 model used Yes No
If "Yes," attach IGW Alternative Remediation Standard Sesoil Model Table

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

Full Legal Name of the Person Responsible for Conducting the Remediation: _____

Representative First Name: _____ Representative Last Name: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

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: _____

Name/Title: _____ **No Changes Since Last Submittal**

SECTION D. NON-LSRP SITE REMEDIATION PROFESSIONAL STATEMENT

First Name: _____ Last Name: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

I believe that the information contained herein, and including all attached documents, is true, accurate and complete.

Signature: _____ Date: _____

Name/Title: _____ **No Changes Since Last Submittal**

Company Name: _____

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

SECTION D. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: _____
First Name: _____ Last Name: _____
Phone Number: _____ Ext: _____ Fax: _____
Mailing Address: _____
City/Town: _____ State: _____ Zip Code: _____
Email Address: _____

This statement shall be signed by the LSRP who is submitting this notification in accordance with SRRA Section 16 d. and Section 30 b.2.

I certify that I am a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C to conduct business in New Jersey. As the Licensed Site Remediation Professional of record for this remediation, I:

[SELECT ONE OR BOTH OF THE FOLLOWING AS APPLICABLE]:

- directly oversaw and supervised all of the referenced remediation, and/or*
- personally reviewed and accepted all of the referenced remediation presented herein.*

I believe that the information contained herein, and including all attached documents, is true, accurate and complete.

It is my independent professional judgment and opinion that the remediation conducted at this site, as reflected in this submission to the Department, conforms to, and is consistent with, the remediation requirements in N.J.S.A. 58:10C-14.

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.

I am aware pursuant to N.J.S.A. 58:10C-17 that for purposely, knowingly or recklessly submitting false statement, representation or certification in any document or information submitted to the board or Department, etc., that there are significant civil, administrative and criminal penalties, including license revocation or suspension, fines and being punished by imprisonment for conviction of a crime of the third degree.

LSRP Signature: _____ Date: _____
LSRP Name/Title: _____ **No Changes Since Last Submittal**
Company Name: _____

Completed forms should be sent to:

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NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420

SECTION D. SUBSURFACE EVALUATOR UST REPORT CERTIFICATION FORM

Certification by the Subsurface Evaluator:

I certify under penalty of law that the work was performed under my oversight and I have reviewed the report and all attached documents, and the submitted information is true, accurate and complete in accordance with the requirements of N.J.A.C. 7:14B and N.J.A.C. 7:26E. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information including fines and/or imprisonment.

Name: _____ UST Cert. No.: _____

Firm: _____ Firm's UST Cert. Number: _____

Firm Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone Number: _____ Ext: _____ Fax: _____

Signature: _____ Date: _____

No Changes Since Last Submittal

Completed forms should be sent to:

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