



New Jersey Department of Environmental Protection
Site Remediation Program

**CLASSIFICATION EXCEPTION AREA / WELL
RESTRICTION AREA (CEA/WRA) PERMIT FACT SHEET**

Non-LSRP (Existing Cases) LSRP Subsurface Evaluator

Date Stamp
(For Department use only)

SECTION A. CASE INFORMATION

Case Name: _____

Case ID/Case Number: _____ Preferred ID (PI Number): _____

CEA Component Information

1. **Contaminant(s):** This CEA/WRA applies only to the contaminants above the applicable numeric values established by Ground Water Quality Standards (GWQS), N.J.A.C. 7:9C, listed in the table below. List below the maximum value for all contaminants included in Exhibit A using any well or sampling point used to establish the CEA.

| Contaminant | Concentration ⁽¹⁾ | GWQS ⁽²⁾ | SWQS ⁽³⁾ | GWSL ⁽⁴⁾ |
|-------------|------------------------------|---------------------|---------------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

- Notes: ⁽¹⁾ Maximum concentration in Micrograms Per Liter
⁽²⁾ New Jersey Ground Water Quality Standards, N.J.A.C. 7:9C
⁽³⁾ Surface Water Quality Standards, N.J.A.C. 7:9B - Applicable only where contaminants in the CEA may discharge to a surface water body.
⁽⁴⁾ Ground Water Screening Levels from most current NJDEP Vapor Intrusion Guidance

If attaching an Addendum to list additional contaminants and associated information.

Exhibit A: Monitor Well/Sampling Point Data – Per N.J.A.C 7:26E-8.3(b) submit a copy of a table that includes the most recent 24 months of ground water sampling.

2. **CEA Boundaries:**

Lot(s) and Block(s) included in the areal extent of the Classification Exception Area:

Year of tax map used: _____

| Block(s) | Lot(s) | Check if off-site |
|----------|--------|--------------------------|
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

| Block(s) | Lot(s) | Check if off-site |
|----------|--------|--------------------------|
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

If attaching an Addendum to list additional Blocks/Lots and associated information.

Exhibit B: Site Location Maps – USGS Quadrangle Map and Tax Lot and Block Map (N.J.A.C. 7:26E-8.3(b)3i and ii)

Exhibit C: Site Map(s) and Cross Section – Including actual/predicted contaminant isopleths, ground water flow direction, CEA boundary, monitor well/sampling point/boring locations/IDs, area(s) of concern. N.J.A.C 7:26E-8.3(b)3iii through v.

Insert NAICS responsible for area(s) of concern, if known: _____

Narrative description of proposed CEA:

Name of the affected Geologic Formation/Unit: _____

Direction of ground water flow: _____

Ground Water Classification: _____

Vertical Depth of CEA (ft bgs and msl)

Horizontal Extent of CEA (acres or square ft)

Exhibit D: Vertical Contaminant Data – A table, for the most recent 24 months of data, for each sampling point used to establish the CEA, or the subset of wells indicated in N.J.A.C. 7:26E-8.3(b)3iii, iv and v, that includes the following:

Depth (in feet bgs and msl elevation) to:

Water Table

Approximate Bottom of Plume⁽⁵⁾

Top of Plume⁽⁶⁾

Thickness of Clean Water Lens⁽⁶⁾

Notes: ⁽⁵⁾ Approximate maximum depth of contamination based on data included in Remedial Investigation Report (RIR);
⁽⁶⁾ Required only if plume is known to be below the water table based on vertical profiling or monitor well data in RIR.

Exhibit E: Fate and Transport Description and Model Documentation

Historic Fill exemption

All information required pursuant to N.J.A.C. 7:26E-8.3(b)2 and applicable guidance is included.

3. Projected Term of CEA: Based on modeling/calculations in Exhibit E

Proposed Duration in Years: _____

SECTION B. CURRENT AND PROJECTED GROUND WATER USE DOCUMENTATION

Exhibit F: Well Search Results – Include most recent well search per N.J.A.C. 7:26E-1.17.

Check each item where, pursuant to N.J.A.C. 7:26E-8.3(b)4, written documentation was obtained regarding future ground water use for a 25-year planning horizon based on:

Municipal master plans

Zoning plans

Local water purveyor plans and planning data pertaining to the existence of water lines and proposed future installation of water lines

Local planning officials

County and local boards of health

Local and/or county ordinances restricting installation of potable wells

SECTION C. WELL RESTRICTION INFORMATION

For Class II-A ground water and pursuant to the GWQS at N.J.A.C. 7:9C-1.6(d), where ground water quality data indicate contaminants exceed the values listed in the Primary Drinking Water Regulations, the Department shall restrict, or require the restriction of, potable ground water uses within any CEA. Therefore, the CEA established for this site is also a Well Restriction Area, the extent of which coincides with the boundaries of the CEA.

Well Restrictions set within the boundaries of the CEA:

Double Case Wells

Sample Potable Wells

Evaluate Production Wells

Other

SECTION E. 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 E. 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 SRRRA 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: _____

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SECTION E. SUBSURFACE EVALUATOR UST REPORT CERTIFICATION FORM

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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