



New Jersey Department of Environmental Protection
Site Remediation Program

FULL LABORATORY DATA DELIVERABLES FORM

Non-LSRP (Existing Cases) LSRP Subsurface Evaluator

Date Stamp (For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name:
List all AKAs:
Street Address:
Municipality: (Township, Boro or City)
County: Zip Code:
Mailing Address if different than street address:
Program Interest (PI) Number(s): Case Tracking Number(s):

SECTION B. NJDEP CASE MANAGER

Do you have an assigned Case Manager? Yes No
If "Yes," please list the Case Manager:

SECTION C. REMEDIAL PHASE

Immediate Environmental Concern Preliminary Assessment Report
Site Investigation Report Remedial Investigation/Remedial Action Work Plan
Remedial Action Report Response Action Outcome

SECTION D. Matrix Type/Analysis and Number of Samples

Potable Well Water # of samples: Sampling Date:
Analytical Method(s)
Indoor Air # of samples: Sampling Date:
Analytical Method
Polychlorinated dibenzo-p-dioxins/polychlorinated dibenzofurans # of samples: Sampling Date:
Analytical Method
Hexavalent chromium soil sample # of samples: Sampling Date:
Analytical Method
Other # of samples: Sampling Date:
Analytical Method
Other # of samples: Sampling Date:
Analytical Method
Other # of samples: Sampling Date:
Analytical Method

SECTION E. GENERAL

1. Was a full laboratory data deliverables package provided? Yes No
2. Was a certified laboratory(s) used for the analyses? Yes No
Provide name of laboratory(s):
3. Were data summaries provided for all samples? Yes No
4. Were electronic deliverables submitted? Yes No
5. For air sample data, were the TO-15 Conversion Tables (hit-lists) provided on disc in the appropriate Excel format pursuant to the VIG? Yes No

Section F. Data Quality Assurance/Quality Control

1. Were the appropriate sample preservation requirements met? Yes No
2. Were appropriate sample holding times (for both extraction/sample preparation and analysis) met? Yes No
If "No," provide a brief explanation.

3. Were the samples diluted? Yes No
Indicate the identity of the samples and why.

4. If applicable, did sample dilutions result in elevated reporting limits that exceed applicable standards? .. Yes No
If "Yes," list the affected samples.

5. Were any applicable standards exceeded for any samples? Yes No
If "Yes," include the number of samples and laboratory sample identification numbers.

6. Were the laboratory reporting limits below the applicable remediation standards/criteria required for the site? Yes No
If "No," provide a brief explanation of action taken.

7. Were qualifications noted in the non-conformance summary? Yes No
Provide a brief explanation.

8. Were qualified data used?..... Yes No
9. Were rejections noted in the non-conformance summary?..... Yes No
Provide a brief explanation.

10. Were rejected data used? Yes No

If "Yes," please indicate reasons rejected data were used:

- For Hex Chrome, data were rejected because spike recovery was less than 50%.
- Data were rejected due to missing deliverables.
- Data were rejected but an applicable standard exceedance exists.
- Data were rejected in an early phase of a remediation; however, additional sampling and analysis are scheduled to be performed.
- Other reasons not noted directly above. Explain:

11. Were the quality control criteria associated with the compounds of concern at the site met? Yes No

12. Were the QC Summary Forms reviewed? Yes No

13. Surrogate recoveries acceptable Yes No

14. Internal Standards acceptable Yes No

15. MS/MSDs acceptable Yes No

16. Tune summaries acceptable Yes No

17. Calibration summaries acceptable Yes No

18. Serial dilutions acceptable Yes No

19. Inorganic duplicates acceptable Yes No

20. LCS recovery acceptable Yes No

21. Other QC acceptable? Yes No

Provide a brief explanation if applicable:

SECTION G. 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 H. 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: _____

Submit this form to the assigned case manager. If there is no assigned case manager, submit this form 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 H. 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: _____

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

SECTION D. SUBSURFACE EVALUATOR UST REPORT CERTIFICATION FORM

Facility Name: _____
Phone Number: _____ Ext: _____ Fax: _____
Facility Street Address: _____
Municipality: _____ (Township, Borough or City)
State: _____ Zip Code: _____

Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
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Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____

Owner's (or Responsible Party's) Name: _____
Street Address: _____
Municipality: _____ (Township, Borough or City)
State: _____ Zip Code: _____ Telephone Number: _____

Assigned Case Manager: _____ UST Registration Number: _____
Incident Report Number: _____ TMS Number: _____

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

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