



New Jersey Department of Environmental Protection
Site Remediation Program

**IMMEDIATE ENVIRONMENTAL CONCERN (IEC) –
RESPONSE ACTION 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, Borough or City)
 County: _____ Zip Code: _____
 Program Interest (PI) Number(s): _____ Case Tracking Number(s): _____
 Incident Number(s)/Com. Center 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. IDENTIFY THE TYPE(S) AND SOURCES OF IEC BEING REPORTED

- Identify the type(s) of IEC being reported. (Check All That Apply)
 - Potable Water
 - Vapor Intrusion (If checked, complete Section G below.)
 - Direct Contact
- Is the IEC related to the site? Yes No
- Is the IEC from an unknown source not related to the site? Yes No

SECTION D. FEE BILLING CONTACT

Business Name: _____ Phone: _____
 Contact: _____ Title: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____

SECTION E. TYPE OF SUBMITTAL

- IEC – Information Submittal**
- Date of initial IEC Identification:
 - Date(s) of Department Hotline Notification (Required) : _____
 - Date of Interim Response Action:
 - Date of Health Department Notification:
 Contact Name/Agency: _____
- If the type of IEC is Vapor Intrusion answer questions 5, 6, and 7.
- Have you conducted subslab sampling? Yes No
 - Have you conducted ambient air sampling? Yes No
 - Have you conducted indoor air sampling? Yes No

Note: Complete Section F below.

120-Day Reporting – IEC Engineered System Response Action Report

Has contaminant source (Section F) information changed from prior submittal? Yes No

If "Yes," complete Section F below.

Note: Attach the IEC Engineered System Response Action Report

1 Year Reporting – IEC Source Control Report

1. Has the contaminant source area(s) contributing to the IEC condition been identified? Yes No

If "No," explain _____

2. Has source control been initiated at this site? Yes No

Date of IEC source control initiation: _____

If "No," explain _____

3. Has contaminant source (Section F) information changed from prior submittal? Yes No

If "Yes," complete Section F below.

Note: Attach IEC Source Control Report.

SECTION F. CONTAMINANT SOURCE (Attach applicable justification.)

1. The source of the contamination is known. Yes No

2. The source of the contamination causing the IEC Condition is found onsite. Yes No

3. The contamination is a contaminant of concern (COC) onsite. Yes No

4. The source of the contamination is from a federally regulated underground storage tank. Yes No

5. The contamination causing the IEC impact is an unknown source. Justification must be provided substantiating claim of unknown source. Yes No

SECTION G. VAPOR INTRUSION PATHWAY EVALUATION (Complete when reporting a Vapor Intrusion IEC only)

1. What condition triggered the VI Investigation? (check all that apply)

Odors in the structure

Structure within 100 feet of free product (excluding diesel) or dissolved ground water contamination (for non-petroleum compounds) above ground water-to-indoor air screening levels. List contaminant(s) and/or free product type:

Structure within 30 feet of petroleum related dissolved ground water contamination above ground water-to-indoor air screening levels. List contaminant(s) and/or free product type:

Other: Explain: _____

2. Have subslab soil gas samples been collected to evaluate the VI pathway? Yes No

If not collected, explain: _____

3. Has a complete vapor intrusion pathway been established? Yes No

Explain either answer:

4. Have any contaminants above rapid action levels or calculated rapid action levels been linked conclusively to indoor sources based on weight of evidence approach? (see VIG) Yes No

Explain either answer:

Attach indoor air survey and site sampling location maps.

SECTION H. 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 I. 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 I. 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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SECTION I. 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: _____

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