



New Jersey Department of Environmental Protection
Site Remediation Program
LIGHT NON-AQUEOUS PHASE LIQUID (LNAPL) REPORTING
FORM

Non LSRP (Existing Case) LSRP Subsurface Evaluator

Date Stamp
(For Department use only)

This form is to be used to report to the Department the presence of Light Non-Aqueous Phase Liquid (LNAPL) and to document initial LNAPL recovery efforts. (Note: Submittal of this form does not substitute for notifying the Department of a discharge pursuant to N.J.A.C. 7:26E-1.4.) In addition, this same form is used to accompany the report submittal that document actions taken for initial LNAPL recovery efforts and implementation of the interim remedial measure for LNAPL following completion of a focused remedial investigation conducted to determine the extent of LNAPL.

Submittal Type: Initial LNAPL Discovery 1-Year LNAPL Reporting Submission

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): _____

Date Remediation Initiated Pursuant to N.J.A.C.26C-2: _____

State Plane Coordinates for a central location at the site: Easting: _____ Northing: _____

Municipal Block(s) and Lot(s):

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

SECTION B. NJDEP CASE MANAGER

Do you have an assigned Case Manager? Yes No

If "Yes," please list the Case Manager: _____

SECTION C. ACTIONS BEING REPORTED

1. **LNAPL Discovery Date:** _____

Type of LNAPL (Check all that apply)

Gasoline Diesel Fuel #2 Fuel Oil #4 Fuel Oil #6 Fuel Oil Jet Fuel

Lubricating Oil Hydraulic Fluid Waste Oil Kerosene Unknown

Other, list: _____

List source(s) of LNAPL release (put unknown if source not identified) _____

Was an ongoing release discovered? Yes No

Was any ongoing release stopped? Yes No

If "No," explain: _____

LNAPL Thickness: _____

How was LNAPL discovered?

In Monitoring Well In Excavation In Utility, list type: _____

On Surface Water Seep Within a sump

Other, explain: _____

Initial LNAPL Recovery Efforts. (check all that apply)

- Bailing
- Sorbent material (socks, pads, etc.)
- Skimmers
- Ejector pumps
- Single or Dual-Phase Vacuum Extraction
- Technically Impracticable
- Other, explain: _____

List frequency of action: _____

2. LNAPL Interim Remedial Measure (IRM)

- a. Is the focused remedial investigation (delineation) for LNAPL complete? Yes No
If "No," explain: _____
- b. Is LNAPL still present at the site following initial recovery efforts? Yes No
If "No," skip to 2.g. below.
- c. Is the LNAPL present offsite? Yes No Unknown
- d. Has a LNAPL IRM been implemented at this site? Yes No
If "No," explain: _____
If "Yes," provide date IRM implemented: _____
List type of IRM: _____
- e. Does any monitoring data, information or observations indicate that the LNAPL is migrating horizontally (i.e. aerial extent of LNAPL is expanding)? Yes No
If "Yes," is the IRM designed to prevent further migration? Yes No
- g. Has the LNAPL response (Initial recovery, RI, IRM and reporting, as applicable) been performed following the "Light Non-Aqueous Phase Liquid (LNAPL) Initial Recovery and Interim Remedial Measures Guidance (LNAPL Guidance)"? Yes No
If "No", define any variance from the LNAPL Guidance. _____

Note: Whenever a narrative explanation is requested, attach additional sheets as need to provide a complete response. Attach reports documenting all remedial investigation and initial/interim remedial measure activities related to LNAPL including plans for operational monitoring. See the LNAPL Guidance for suggested report format.

SECTION D . VARIANCE FROM REGULATIONS

If the Licensed Site Remediation Professional has varied from the Technical Rules, provide the citation(s) from which the remediation varied and the page(s) in the attached document where the rationale for the variance is provided.

- N.J.A.C. 7:26E- _____ Page _____
- N.J.A.C. 7:26E- _____ Page _____
- N.J.A.C. 7:26E- _____ Page _____

SECTION E. 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 F. 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 F. 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**

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SECTION F. 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

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