



New Jersey Department of Environmental Protection
Site Remediation Program

RECEPTOR EVALUATION 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):

The purpose of this form is to document the existence of receptors and the actions taken to protect receptors. A Receptor Evaluation (RE) is required unless an unrestricted remedial action is completed before the due date of the initial RE.

Initial RE Submission

Updated RE Submission

Indicate the reason for submission of an updated RE form

Submission of an Immediate Environmental Concern (IEC) source control report;

Submission of a Remedial Investigation Report;

Submission of a Remedial Action Report;

The known concentration or extent of contamination in any medium has increased;

A new AOC has been identified;

A new receptor is identified;

A new exposure pathway has been identified.

SECTION B. ON SITE AND SURROUNDING PROPERTY USE

1. Identify any sensitive populations/uses that are currently on-site or surrounding property usage within 200 feet of the site boundary (check all that apply):

Table with 2 columns: On-site, Off-site. Rows include: None of the following, Residences or residential property, Public or Private Schools grades K-12, Child care centers, Public parks, playgrounds or other recreation areas, Other sensitive population use(s) Explain.

If any of the above applies, attach a list of addresses, facility names, type of use, and a map depicting each location relative to the site.

2. Current site uses (check all that apply):

- Industrial Residential Commercial Agricultural
School or child care Government Park or recreational use
Vacant Other:

3. Planned future site uses and off-site use within 200 ft of site boundary (check all that apply):
- Industrial Residential Commercial Agricultural
- School or child care Government Park or recreational use
- Vacant Other: _____

Provide a map depicting the location of the proposed changes in land use.

SECTION C. DESCRIPTION OF CONTAMINATION

1. Identify if any of the following exist at the site (check all that apply):
- Free product [N.J.A.C. 7:26E-1.8] identified is LNAPL* or DNAPL**. Date identified: _____
- Residual product [N.J.A.C. 7:26E-1.8]
- Other high concentration source materials not identified above (e.g., buried drums, containers, unsecured friable asbestos)

Explain: _____

* LNAPL – measured thickness of .01 feet or more

**DNAPL – See [US EPA DNAPL Overview](#)

2. Soil Migration Pathway
- Has soil contamination been delineated to the applicable Direct Contact Soil Remediation Standard? Yes No
- Are all soils either below the applicable Direct Contact Criteria or under an institutional control (i.e. deed notice)? Yes No
3. If this evaluation is submitted with a technical document that includes contaminant summary information, proceed to Section D. Otherwise attach a brief summary of all currently available data and information to be included in the site investigation or remedial investigation report.

SECTION D. GROUND WATER USE

1. Has the requirement for ground water sampling been triggered? Yes No Unknown
If "No," proceed to Section F. If "Unknown," explain: _____
2. Is Ground water contaminated above the Ground Water Remediation Standards [N.J.A.C.7:9C]? Yes No Unknown
Or Awaiting laboratory data with the expected due date: _____
If "Yes," provide the date that the laboratory data was available and confirmed contamination above the Ground Water Remediation Standards. Date: _____
If "Unknown," explain: _____
If "No," or awaiting laboratory data proceed to Section F.
3. Has ground water contamination been delineated to the applicable Remediation Standard? Yes No
4. Has a well search been completed? Yes No
Date of most recent or updated well search: _____
Identify if any of the following conditions exist based on the well search [N.J.A.C.7:26E-1.17(a)] (check all that apply):
 Potable wells located within 1000 feet from the downgradient edge of the currently known extent of contamination.
 Potable well located 250 feet upgradient or 500 feet side gradient of the currently known extent of contamination.
 Ground water contamination is located within a wellhead protection area Tier 1 or Tier 2 (WHPA).
Tier: Identify if **Tier 1** or **Tier 2** .
5. Is a completed Well Search Spreadsheet or historical well search table attached and has an electronic copy of the spreadsheet been submitted to srpqis_wrs@dep.state.nj.us. Yes No
If "No," explain: _____
6. Are any private potable or irrigation wells located within ½ mile of the currently known extent of contamination? Yes No
If "Yes," was a door to door survey completed? Yes No
If survey was not completed explain: _____

7. Has sampling been conducted of potable well(s) and /or non-potable use well(s)?..... Yes No
 If "No," provide justification then proceed to Section E.

8. Has contamination been identified in potable well(s) above Ground Water Remediation Standards that is not suspected to be from the site? (If "Yes," provide justification) Yes No

9. Has contamination been identified in potable well(s) that is above the Ground Water Remediation Standards or Federal Drinking Water Standards? Yes No
 Provide date laboratory data was received: _____
 Or awaiting laboratory data with the expected due date: _____
- If "Yes" for potable well contamination **not attributable to background**, follow the IEC Guidance Document at <http://www.nj.gov/dep/srp/guidance/index.html#iec> for required actions and answer the following:
 Has an engineered system response action been completed on all receptors? Yes No
 Provide a brief narrative description:

- Date completed: _____ NJDEP Case Manager: _____
10. Were Non-potable use well(s) sampled and results were above Class II Ground Water Remediation Standards? Yes No
 Provide date laboratory data was received: _____
 Or awaiting laboratory data with the expected due date: _____
11. Has the ground water use evaluation been completed? Yes No

SECTION E. VAPOR INTRUSION (VI)

1. Contaminants present in ground water exceed the Vapor Intrusion Ground Water Screening Levels that trigger a VI evaluation. (see NJDEP Vapor Intrusion Technical Guidance). ... Yes No Unknown
 Or Awaiting laboratory data and the expected due date: _____
 Provide the date that the laboratory data was available and confirmed contamination above the Vapor Intrusion Trigger Levels. Date: _____
 If "No," or awaiting laboratory data, proceed to Section F.
2. Has ground water contamination been delineated to the applicable Ground Water Vapor Screening Level? Yes No
3. Was a site specific screening level developed for the evaluation of the VI pathway? Yes No
4. Identify and locate on a scaled map any structures/sensitive populations that exist within the following distances from ground water contamination with concentrations above the Vapor Intrusion Ground Water Screening Levels or specific threats (check all that apply):
- 30 feet of dissolved petroleum hydrocarbon contamination in ground water
 - 100 feet of any free product or any non-petroleum dissolved volatile organic ground water contamination
 - No structures exist within the specified distances
- Other existing conditions
- Unsaturated zone contamination
 - Landfills on or adjacent to site
 - Elemental mercury
 - Other _____
 - Methanogenic conditions
 - Elevated soil gas or indoor vapors
 - Basement or sump contains contaminated ground water or product
5. The vapor intrusion pathway is a concern at or adjacent to the site (if "No," attach justification) Yes No

6. Has vapor intrusion sampling of the structure(s) been conducted? Yes No N/A
 If "No," or "N/A," proceed to #10
7. Has indoor air sampling been conducted at the identified structure(s)? Yes No
 If "No," proceed to #10
8. Has indoor air contamination been identified but not suspected to be from the site?
 (if "Yes," attach justification) Yes No
9. Indoor air results were above the NJDEP's Vapor Intrusion Rapid Action Levels..... Yes No
 Provide the date that the laboratory data was available and confirmed contamination above the
 Vapor Intrusion Rapid Action Levels. Date: _____
 Or Awaiting laboratory data with the expected due date: _____
- If "Yes" to #8 above, follow the IEC Guidance Document at**
<http://www.nj.gov/dep/srp/guidance/index.html#iec> **for required actions.**
- The IEC receptor engineering system response for receptor control was implemented for all
 identified structures Yes No
 Date: _____ NJDEP Case Manager: _____
10. Indoor air sampling was conducted and results were above the NJDEP's Indoor Air Screening
 Levels but at or below the proposed vapor intrusion Rapid Action Levels..... Yes No
 Provide the date that the laboratory data was available. Date: _____
 Or Awaiting laboratory data with the expected due date: _____
- If "Yes" to #9 above, answer the following:**
- Has the Vapor Concern Response Action Form notifying the NJDEP of the exceedances
 been submitted? Yes No
 Date: _____
- Has a plan to mitigate and monitor the exposure been submitted? Yes No
 Date: _____
- Has the Mitigation Response Action Report been submitted? Yes No
 Date: _____
11. Has the vapor intrusion investigation been completed? Yes No
 If "No", is the vapor intrusion investigation stepping out as part of the site
 investigation or remedial investigation. (If "No," attach justification) Yes No

SECTION F. ECOLOGICAL RECEPTORS

1. Has a baseline Ecological Evaluation (BEE) has been conducted? [N.J.A.C. 7:26E-3.11] Yes No
 Date conducted: _____
2. Do the results of a BEE trigger a remedial investigation of ecological receptors? [N.J.A.C. 7:26E-4.7]. Yes No
3. Has a remedial investigation of ecological receptors been conducted? Yes No
 Date conducted: _____
4. Provide the name(s) of any surface water body on or within 200 feet of the site:

5. Is free product or residual product located within 100 feet from an ecological receptor? Yes No
6. Available data indicate an impact on: Ecological receptor(s) Surface water Sediment
 If this evaluation is submitted with a technical document that includes contaminant summary information, proceed to
 Section G. Otherwise attach a description of the type of contamination and provide a schedule and a description of
 all actions to be taken to mitigate exposure

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: _____

Completed forms should be sent to the municipal clerk, designate health department, and:

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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PO Box 420
Trenton, NJ 08625-0420

SECTION H. 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

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