



New Jersey Department of Environmental Protection
Site Remediation Program

REMEDIAL ACTION PROTECTIVENESS /
BIENNIAL CERTIFICATION FORM – GROUND WATER

Non-LSRP (Existing Cases) LSRP Subsurface Evaluator

Date Stamp
(For Department use only)

SECTION A. SITE NAME, LOCATION, AND INFORMATION

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 of Each Final Remediation Document:
Date CEA Was Established:
Duration in Years of CEA: Areal Extent in Acres of CEA:

- 1. Did the Municipal Block(s) and Lot(s) change since you established the CEA or your last submittal of the biennial certification and report?
If "Yes," list the new Municipal Block(s) and Lot(s) below:
Block # Lot # Block # Lot #
2. Is this form being submitted pursuant to a remedial action permit?
3. Is the Person Responsible for Monitoring the Protectiveness of the Remedial Action required to obtain a remedial action permit at this time?
4. Did you provide hard copies of this form to the municipal and county clerks for each municipality and county in which the site is located; the local, county and regional health department for each municipality and county in which the site is located; each current owner of the site; each current operator of the site; each current property owner within the footprint of the CEA and the Pinelands Commission, as applicable, consistent with N.J.A.C.7:26E-8.3(b)5; and the Highlands Commission as applicable?
5. Did you provide to NJDEP copies of this form in paper and PDF?

SECTION B. FEES

- Biennial Certification Non Permit \$375.00
Biennial Certification for Remedial Action Permit

Fee Billing Contact:
Business Name:
First Name of Contact: Last Name of Contact:
Title:
Phone Number: Ext: Fax:
Mailing Address:
City/Town: State: Zip Code:
Email Address:

SECTION C. CURRENT OWNER OF THE SITE

Changed Since Last Submittal

If same as Person Responsible for Monitoring the Protectiveness of the Remedial Action (Section O), check box and go to Section D.

Full Legal Name of the Owner: _____

First Name of Contact: _____ Last Name of Contact: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

SECTION D. CURRENT OPERATOR OF THE SITE

If same as Person Responsible for Monitoring the Protectiveness of the Remedial Action (Section O), check box and go to Section E.

Full Legal Name of the Operator: _____

First Name of Contact: _____ Last Name of Contact: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

SECTION E. CURRENT LESSEE OF THE SITE

If same as Person Responsible for Monitoring the Protectiveness of the Remedial Action (Section O), check box and go to Section F.

Full Legal Name of the Lessee: _____

First Name of Contact: _____ Last Name of Contact: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

SECTION F. IEC CONDITIONS

Since the establishment of the CEA or the last submittal of the biennial certification and report, did you discover any new Immediate Environmental Concern conditions? Yes No

If "No," go to G.

If "Yes," provide date IEC Contaminant Source Control Report was filed: _____

Indicate type(s) of IEC Conditions newly discovered: _____

SECTION G. STATUTORY AND REGULATORY CHANGES

1. Have you evaluated the Ground Water Quality Standards and other SRP regulations and guidance relevant to the CEA and any resulting vapor intrusion risk, that have been modified subsequent to the establishment of the CEA or the last submittal of the biennial certification and report? Yes No

2. After the evaluation in 1, was the remedial action still protective of public health, safety and of the environment? Yes No

If "No," complete Section N.

SECTION H. REMEDIAL ACTION (check all that apply)

Remedial action – Ground Water:

- Potable Water Treatment – IEC
- Multiple Phase Extraction System
- SVE/Air Sparging
- Ozone Sparging
- Treatment – Type _____
- Containment
- Hydraulic Control
- Monitored Natural Attenuation
- Chemical Oxidation
- Other (specify) _____

Remedial action – Vapor Intrusion:

- No remedial action required
- Sealed Vapor Barrier
- Soil Vapor Extraction System
- Subsurface Depressurization System
- Sealing of Openings and Cracks
- Monitoring and/or Maintenance Requirements
- Other (specify) _____
- Immediate Environmental Concern

The site is in the: Pinelands Highlands

SECTION I. PROPERTY USE (check all that apply)

Site Use at Time CEA Was Established

- | | |
|---|---|
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Agricultural |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Park or recreational use |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Vacant |
| <input type="checkbox"/> School or child care | <input type="checkbox"/> Government |
| <input type="checkbox"/> Landfill | <input type="checkbox"/> Other _____ |

Current Site Use

- | | |
|---|---|
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Agricultural |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Park or recreational use |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Vacant |
| <input type="checkbox"/> School or child care | <input type="checkbox"/> Government |
| <input type="checkbox"/> Landfill | <input type="checkbox"/> Other _____ |

Intended Future Site Use, if known

- | | |
|---|---|
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Park or recreational use |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Vacant |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Government |
| <input type="checkbox"/> School or child care | <input type="checkbox"/> Future site use unknown |
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Other _____ |

1. Describe the current site operations:

2. Has the site use changed from that at the time the CEA was established or the last submittal of the biennial certification and report? Yes No

If "Yes," go to 3. If "No," go to Section J.

3. Did the new site use require additional remediation? Yes No

If "Yes," complete Section N.

SECTION J. CURRENT OR PLANNED WATER USE WITHIN THE WELL SEARCH AREA (check all that apply)

Water Use Within the CEA When CEA Was Established

- Potable
- Well Head Protection Area
 - Tier 1 Tier 2 Tier 3
- Irrigation
- Industrial
- Geothermal

Current Water Use Within the CEA Boundaries

- Potable
- Well Head Protection Area
 - Tier 1 Tier 2 Tier 3
- Irrigation
- Industrial
- Geothermal

1. Are the results of the well search attached to this form? Yes No
2. Has water use changed within the well search area from that at the time the CEA was established or since the last submittal of the biennial certification and report? Yes No
If "Yes," complete item 3 in Section N.
3. Have any changes in water use changed the areal extent and or the duration of the CEA? Yes No
4. Have any of the following wells been installed within one mile up-gradient, side-gradient, and down-gradient of the CEA, since the last submission of the biennial certification and report? (check all that apply)
- Potable Industrial Irrigation
 Geothermal Production
5. Since the CEA was established or the last submittal of the biennial certification and report whichever is more recent, are there any planned changes in water use for the aquifers in which the CEA is located? Yes No
- Check all the sources that were evaluated to determine planned changes in water use:
- 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, wells or well fields
 Local and County ordinances restricting installation of potable wells
 Local and County boards of health
 Local planning officials
6. Did or could the actual or planned changes reported in items 1-5 above render the remedial action that includes the CEA not protective of public health, safety and of the environment? Yes No
If "Yes," complete Section N.

SECTION K. VAPOR INTRUSION

If volatile contaminants are not included in the CEA check not applicable (NA) here and go to Section L NA

Change in the Ground Water Contaminant Fate and Transport

1. Was it necessary to re-evaluate the fate and transport of the ground water contaminant plume or the contaminants in the CEA with regard to vapor intrusion? Yes No
2. Based on the most recent data available, do any of the contaminants in the CEA exceed the current ground water screening levels in the NJDEP Vapor Intrusion Guidance? Yes No

Change in Property Use

Were there any changes in property use that increased the risk of vapor intrusion? Yes No

Vapor Intrusion Investigation

1. Did you investigate the vapor intrusion pathway pursuant to the NJDEP Vapor Intrusion Guidance? Yes No
If "Yes," go to 2 and complete Section N. If "No," provide a written explanation for not evaluating the vapor intrusion pathway and go to Section L.
2. If the vapor intrusion pathway investigation in 1 indicates IEC conditions exist, provide the date of IEC Contaminant Source Control Report in Section F, above. If Vapor Concern conditions exist provide the date of the Vapor Concern Mitigation Response Action Report _____ and complete 3.
3. Was public notification conducted to notify all applicable parties listed at N.J.A.C. 7:26E-8.3(b)5 of the increased vapor intrusion risk? Yes No

SECTION L. LAND USE DISTURBANCES

1. Have disturbances of the land such as installation of a detention basin taken place?..... Yes No
If "Yes," complete this entire section. If "No," go to Section M.
2. Did these disturbances intercept the water table within the CEA area in such a way that ground water sampling was needed to determine if the ground water contaminant plume could discharge to surface water?..... Yes No
If "Yes," go to 3. If "No," go to Section M.
3. Does the ground water meet the more stringent of either the New Jersey Surface Water Quality Criteria, N.J.A.C. 7:9B or the Federal Surface Water Quality Criteria, CFR Part 131? Yes No
4. Did these disturbances result in a contaminated discharge to surface water that rendered the remedial action not protective of public health, safety and of the environment? Yes No
If "Yes," complete Section N.

SECTION M. CEA STATUS

1. Was the CEA originally established for a ground water natural attenuation remedial action? Yes No
2. Has the expiration date of the CEA passed? Yes No
- If "Yes," and 180 days have passed, attach the results of sampling conducted pursuant to N.J.A.C. 7:26E-8.6(b)7i.
 - If "No" but sampling was conducted pursuant to the remedial action work plan (RAW) or N.J.A.C. 7:26E-8.6(b)7iii, attach the results of the sampling. If applicable based on instructions, complete item 3 in Section N.
3. The results of ground water sampling conducted pursuant to N.J.A.C. 7:26E-8.6(b)7i or 8.6(b)7iii show that:
- Contaminant concentrations decreased to or below the applicable ground water quality standard throughout the entire area of the CEA; or
 - Contaminant concentrations **did not** decrease to or below the applicable ground water quality standard throughout the entire area of the CEA.
4. If contaminant concentrations decreased to or below the applicable ground water quality standard throughout the entire area of the CEA:
- If you have a remedial action permit, submit the Termination of Permit Form with this form and check this box; or
 - If you do not have a remedial action permit, submit a request to terminate the CEA with this form and check this box.
5. If sampling was conducted pursuant to N.J.A.C. 7:26E-8.6(b)7i and contaminant concentrations have **not** decreased to or below the applicable ground water quality standards throughout the entire area of the CEA, complete Section N.
6. Have monitoring wells associated with the CEA been damaged, vandalized, repaired, replaced, or decommissioned pursuant to N.J.S.A. 58:4A and N.J.A.C. 7:9D? Yes No
If "Yes," attach a description of what occurred and, if applicable, a copy of the Well Abandonment Report as specified at N.J.A.C. 7:26E-8.6(c)6 for each well that has been damaged, vandalized, repaired, replaced, or decommissioned. If wells have been replaced or additional wells installed complete item 3 in Section N.
7. Should the CEA be revised for any reason that did not require conducting additional remediation?..... Yes No
If yes, attach a revised CEA/WRA Fact Sheet form with any applicable or relevant Exhibits and indicate which major CEA component(s) should be revised: Contaminant List Boundaries Projected Term of CEA

SECTION N. ADDITIONAL REMEDIATION AND REQUIRED SUBMITTALS

1. If additional remediation was required list the Section letter corresponding to the work done, F, G, I, J, K and/or L
____, _____, _____, _____, _____, _____ and:
• Provide the name(s) and date(s) of reports submitted to the Department that document the work done excluding the IEC and vapor intrusion related reports indicated in Sections F and K
- _____ ; and attach
the applicable items listed below;

2. If ground water sampling pursuant to N.J.A.C. 7:26E-8.6(b)7i shows that contaminant concentrations have **not** decreased to or below the applicable ground water quality standards (see Section M) follow the instructions,
- Check here and attach the revised CEA application:
 - If you have a GW remedial action permit, submit with this form an application to modify the permit and check the appropriate box in 3 below; or
 - If you do not have a GW remedial action permit, check here if the GW Monitoring Plan spreadsheet is attached.
3. Per N.J.A.C. 7:26E-8.6(c)4, 5, 6, 7, 8, 12 and 13 complete the below and submit applicable documents with this form:
- Check here if question 2 in Section G was answered “No” and attach a table listing the regulatory, etc., changes;
 - Check here if the answer to question 2 in Section J was “Yes” and attach a scaled map showing the locations of any new wells or water lines within the well search area;
 - Check here if additional or replacement monitoring wells have been installed since the last submittal of the biennial certification and report, attach a map showing the locations of all monitoring wells associated with the CEA, the full monitoring well maintenance and evaluation log, and the construction specifications for each new or replacement well;
 - Check here if the actual or proposed changes or reevaluation listed at N.J.A.C. 7:26E-8.6(c)8 require or required additional remediation and attach a brief description of the additional remediation conducted or planned.
 - Check here if you are submitting an application to modify your remedial action permit for ground water;
 - Check here if an explanation of why contaminants are still present in ground water and a brief description of any additional remediation conducted must be attached because sampling pursuant to N.J.A.C. 7:26E-8.6(b)7i showed that ground water contaminant concentrations did **not** decrease to or below standards throughout the entire CEA.

SECTION O. PERSON RESPONSIBLE FOR MONITORING THE PROTECTIVENESS OF THE REMEDIAL ACTION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for monitoring the Protectiveness of the Remediation: _____

Representative First Name: _____ Representative Last Name: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

Relationship to the Site (check all that apply)

- I am the current Owner
- I am the current Operator
- I am the current Lessee
- I am the Person who conducted the remediation
- I am the Permittee
- I am the Co-Permittee

This certification shall be signed by the person responsible for submitting the remedial action protectiveness certification in accordance with the 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.

I also understand that engineering and institutional controls must be evaluated and maintained to ensure they remain protective of public health and safety and the environment.

Based upon the information provided herein, I hereby certify that the remedial action(s) implemented at the site that includes engineering and/or institutional controls remains protective of public health and safety and the environment.

Signature: _____ Date: _____

Name/Title: _____

SECTION P. 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 P. 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: _____

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 P. 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 <input type="checkbox"/>	

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