



New Jersey Department of Environmental Protection
 Site Remediation Program

REMEDIAL ACTION REPORT 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): _____

Date Remediation Initiated Pursuant to N.J.A.C. 7:26C-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. SUBMITTAL STATUS

	Not Applicable	Included in this Submission	Previously Submitted	Date of Submission	Date of Revised Submission	Date of Document Withdrawal
Public Notification Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Immediate Environmental Concern Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
IEC Engineered System Response Action Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Vapor Concern Mitigation Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
LNAPL Interim Remedial Measure Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Preliminary Assessment Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Receptor Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Site Investigation Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Remedial Investigation/Remedial Action Work Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Remedial Action Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Response Action Outcome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Alternative Soil Remediation Standard and/or Screening level Application Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Case Inventory Document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Permit Application – list:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

SECTION C. SITE USE

Current Site Use (check all that apply)

Intended Future Site Use (check all that apply)

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

- Industrial
- Residential
- Commercial
- School or child care
- Park or recreational use
- Vacant
- Government
- Future site use unknown

SECTION D. PUBLIC FUNDS

Did the remediation utilize public funds? Yes No

- If "Yes," check applicable:
- UST Grant
 - HDSRF Grant
 - Spill Fund
 - UST Loan
 - HDSRF Loan
 - Schools Development Authority
 - Brownfield Reimbursement Program
 - Landfill Reimbursement Program

SECTION E. SCOPE OF REMEDIAL ACTION REPORT

1. Does the RAR address:
 - Area(s) of Concern (AOCs) Only
 - Entire Site (Based on a completed and submitted Preliminary Assessment/Site Investigation)
2. Total number of contaminated AOCs associated with the site: _____
3. Total number of contaminated AOCs addressed in this submittal: _____

SECTION F. GENERAL

1. Does the report contain a permit(s) request that requires Site Remediation Program approval for completion of the remedial action? Yes No
If "Yes," please list the type and the section/page(s) of the report that contain the permit request(s).

2. Was a remediation initiated after May 6, 2010, for new construction or a change in the use of the site proposed for the purpose of residential use, use as a licensed child care center or use as a school? If "Yes," answer questions 2a and 2b. If "No" go to question 3. Yes No
 - 2a. Was an unrestricted use or a presumptive remedy implemented? Yes No
 - 2b. Was an alternative remedy approved by the Department? Yes No
If Yes" Date of the approval: _____
3. At any time, was there any radiological contamination detected at the AOC/site? Yes No
4. At any time, did the site contain Ordnance and Explosives/Unexploded Ordnance (OE/UXO)? Yes No
5. Did the remedial action involve containment of free product? Yes No
6. Have any of the following compounds/elements ever been detected in sediment above the ecological screening levels?
 Arsenic Dioxin Mercury PCBs None
7. Have past deficiencies been addressed in this submittal? Yes No
8. Does this submittal document deviate from the proposed remedial action workplan? Yes No
9. Did the remedial action render the property unusable for future redevelopment or for recreational use (N.J.A.C. 7:26C-6.4(b) and guidance that can be found at http://www.nj.gov/dep/srp/guidance/srra/unusable_properties_draft.pdf)? Yes No
10. Is remediation complete in all affected media? Yes No
11. Are contaminants from the site discharging to surface water Yes No
If "Yes," identify the contaminant(s) and concentration(s) in the monitoring well(s) nearest to the surface water body:

Well	Contaminant	Concentration	Well	Contaminant	Concentration

SECTION G. SITE CONDITIONS

1. Check each media-type and highest concentration of contamination present above any applicable standards/criteria at the time of remedial investigation:

	Soil in ppm				GW = Ground Water in ppb				SW = Surface Water in ppb				Sed = Sediment in ppm			
	Soil ppm	GW ppb	SW ppb	Sed ppm		Soil ppm	GW ppb	SW ppb	Sed ppm		Soil ppm	GW ppb	SW ppb	Sed ppm		
*VOCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100-1,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>1,000	
*SVOCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100-1,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>1,000	
*PAHs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>100	
*Metals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100-1,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>1,000	
PCBs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>100	
*Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>10	
Dioxin (ppb)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1 ppb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-10 ppb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>10 ppb	
Chromium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100-1,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>1,000	
Mercury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100-1,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>1,000	
Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>100	
EPH	<input type="checkbox"/>			<input type="checkbox"/>	<1,700	<input type="checkbox"/>			<input type="checkbox"/>	1,700-5,100	<input type="checkbox"/>			<input type="checkbox"/>	>5,100	

2. For any contaminant group (*) checked above, identify the compound/element with the highest concentration over its applicable remediation standard:

3. Were the laboratory reporting minimum detection limits below applicable remediation standards/criteria required for the site? Yes No

4. Are any of the following conditions currently present (check all that apply):

Groundwater:

- Contaminated ground water in the overburden aquifer
- Contaminated ground water in a confined aquifer
- Contaminated ground water in the bedrock aquifer
- Contaminated ground water in multiple aquifer units
- Multiple distinct ground water plumes
- Contaminated ground water migrating off-site
- Background ground water contamination
- Contaminated ground water discharging to surface water
- Residual or free product
- Radionuclides

Soil:

- On-site discharge(s) impacting soil off-site
- Chromate Production Waste
- Munitions and explosives of concern
- Contaminated soil in the saturated zone
- Historic pesticide impacts to soil
- Residual or free product
- Radionuclides
- Historic Fill
- Soil contamination due to naturally occurring background conditions

SECTION H. ALTERNATIVE STANDARD / VARIANCES

Alternative remediation standard

If proposing an alternative remediation standard pursuant to N.J.A.C. 7:26D-7.4, or alternate vapor intrusion screening level, check here and attach the Alternative Soil Remediation Standard and/or Screening Level Application Form as an addendum.

A site-specific screening level was developed for the evaluation of the VI pathway Yes No

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 I. APPLICABLE REMEDIATION STANDARDS

- 1. Were Default Remediation Standards used for all compounds? Yes No
(If "Yes," check all that apply)
 - Direct Contact
 - Impact to Ground Water Soil Screening Levels
 - Ecological Screening Levels
- 2. Has compliance averaging been utilized to determine compliance with the Inhalation Pathway? Yes No
- 3. Has a compliance option been utilized to determine compliance with the Impact to Ground Water Pathway? (If "Yes," check all that apply) Yes No
 - Immobile Compounds
 - Data evaluation for metals and semi-volatiles
 - Data evaluation for volatile organics derived from discharges of petroleum mixtures
- 4. Were Alternate Remediation Standards used for the Ingestion/Dermal Pathway? Yes No
- 5. Were Alternate Remediation Standards used for the Inhalation Pathway?..... Yes No
- 6. Were Site Specific Standards used for the Impact to Ground Water Pathway? Yes No
(If "Yes," check all that apply)
 - Soil-Water Partitioning Equation SPLP Sesoil Sesoil/AT123D
 - DAF Modification Immobile Chemicals List
 - Soil and Ground Water Analytical Data Evaluation
- 7. Were site specific Ecological Remediation Goals used? Yes No
- 8. What is the ground water classification for this site as per N.J.A.C. 7:9C? (check all that apply)
 - Class I-A Class II-A
 - Class I-PL Pinelands Protection Area Class III-A
 - Class I-PL Pinelands Preservation Area Class III-B

SECTION J. SOIL/SEDIMENT REUSE

- 1. Was material **other than certified clean soil** imported from an off-site source? Yes No
- 2. Did the remedial action involve on-site reuse of the contaminated media (soil or other materials)? Yes No
- 3. Did the remedial action involve exporting contaminated media off-site for reuse or recycling? Yes No
- 4. Did the remedial action involve soil blending for applied pesticides for agricultural purposes prior to any reuse? Yes No

SECTION K. REMEDIAL ACTION REPORT INFORMATION

SOILS

- 1. Is a restricted use required? Yes No
If "Yes," indicate the type of restriction being implemented. _____
- 2. If applicable, has consent from all involved property owners been obtained (i.e., for institutional or engineering controls)? Yes No
- 3. If an engineering control was required, indicate the receptor(s) each engineering control is intended to protect (check all that apply):
 - Human Ecological Offsite Impacts No Engineering Control

GROUND WATER

- 1. Is an unrestricted use being proposed for ground water? Yes No
- 2. Is a revised CEA required? Yes No
- 3. Do any contaminant levels in ground water currently exceed the vapor intrusion ground water trigger? Yes No

ECOLOGICAL

- 1. Was post-remedial sampling performed to determine whether contaminant levels currently meet ecological screening levels or ecological remediation goals? Yes No
- 2. Did the remedial action require filling of State open waters or wetlands? Yes No

3. Have ecological risk-based remediation goals been developed? Yes No
 If "Yes," have the ecological risk-based remediation goals been approved by NJDEP? Yes No
4. Have Risk Management Decision (RMD) goals been developed? Yes No
 If "Yes," have the RMD goals been approved by NJDEP? Yes No

INDOOR AIR

1. Is an engineering control required in order to mitigate a vapor hazard in a structure? Yes No
2. If "Yes," check each type of engineering control that was implemented:
- Subsurface Depressurization System
 - Sealed Vapor Barrier
 - Soil Vapor Extraction System
 - Other (specify): _____

SECTION L. MISCELLANEOUS

1. Will any injured natural resources be restored concurrent with the remedial action? Yes No
 If "Yes," is the Office of Natural Resources Restoration involved? Yes No
2. Was the proposed remedial action a presumptive remedy? Yes No

SECTION M. 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 N. 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 N. 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: _____

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 N. 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

Completed forms should be sent to:

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