



**SECTION C. SITE USE**

**Current Site Use (check all that apply)**

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

**Intended Future Site Use (check all that apply)**

- 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 WORKPLAN**

1. Does the RAW 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 prior to implementation of the remedial action(s)? .....  Yes  No  
If "Yes," please list the type and the 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 purposes of residential use, use as a licensed child care center or use as a school? .....  Yes  No  
If "Yes," is an unrestricted use or a presumptive remedy being proposed? .....  Yes  No
3. Is the proposed remedial action an alternative remedy pursuant to N.J.A.C. 7:26E-5.1? .....  Yes  No  
If "Yes," specify the section/page(s) of the RAW where the alternative remedy is proposed:  
\_\_\_\_\_
4. Is any radiological contamination currently present at the AOC/Site? .....  Yes  No
5. Did any of the site contain Ordnance and Explosives/unexploded ordnance (OE/UXO)? .....  Yes  No
6. Does the proposed remedial action involve containment of free product? .....  Yes  No
7. At any time, have any of the following compounds/elements ever been detected in sediment above the ecological screening levels?  Arsenic  Dioxin  Mercury  PCBs  None
8. Have past deficiencies been addressed in this submittal? .....  Yes  No
9. Will the proposed 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](http://www.nj.gov/dep/srp/guidance/srra/unusable_properties_draft.pdf))? .....  Yes  No
10. 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	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):

**Ground water:**

- 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

5. Check each of the following that applies to the primary objective of the remedial action:

- Treatment of: .....  Ground Water  Soil  Sediments  LNAPL  DNAPL  Soil Gas
- Removal of: .....  Ground Water  Soil  Sediments  LNAPL  DNAPL  Soil Gas
- Containment/Control of: .  Ground Water  Soil  Sediments  LNAPL  DNAPL  Soil Gas

With migration pathway(s) to:

- Indoor Air  Ground Water
- Surface Water  Sediments
- Other

With exposure to:

- Human receptors  Eco receptor(s)
- Offsite impacts

6. Is the remedial action an Interim Remedial Measure that was being implemented at the site?.....  Yes  No

**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. Will material **other than certified clean soil** be imported from an off-site source? .....  Yes  No

2. Will the remedial action involve on-site reuse of the contaminated media (soil or other materials)? .....  Yes  No

3. Will the remedial action involve exporting contaminated media off-site for reuse or recycling? .....  Yes  No

4. Will the remedial action involve soil blending for applied pesticides for agricultural purposes prior to any reuse? .....  Yes  No

**SECTION K. REMEDIAL ACTION WORKPLAN INFORMATION**

**General**

1. Are NJDEP-approved permits, other than any permits needing SRP approval, required prior to the implementation of the remedial action? .....  Yes  No

If "Yes," please list the type. \_\_\_\_\_

**Soils**

2. Check each type of remediation being proposed:

- No remedial action required
- Excavation
- Capping/other Engineering Control
- Bioremediation
- Institutional Control
- Soil Vapor Extraction
- Chemical Oxidation
- Chemical Reduction
- Thermal desorption
- Soil Washing
- Other (specify): \_\_\_\_\_

3. Does the proposed remedial action address all saturated zone source material, if applicable? .....  Yes  No

4. If an engineering control is proposed, indicate the receptor(s) each engineering control is intended to protect (check all that apply):

- Human
- Ecological
- Offsite Impacts
- No Engineering Control

5. If a restricted use is being proposed, has consent from all involved property owners been obtained? ....  Yes  No

6. Is the proposed remedial action a presumptive remedy? .....  Yes  No

**Ground Water**

7. Check each type of remediation being proposed:

- No remedial action required
- Containment
- Multiple Phase Extraction System
- Hydraulic Control
- SVE/Air Sparging
- Monitored Natural Attenuation
- Ozone Sparging
- Chemical Oxidation
- Pump & Treat
- Other (specify): \_\_\_\_\_

**Ecological**

8. Check each type of remediation being proposed:

- No remedial action required
- Capping
- Excavation/Dredging
- Other (specify): \_\_\_\_\_

**Indoor Air**

9. Are soil gas concentrations currently >10x SGSLs? .....  Yes  No

10. Check each type of remediation being proposed:

- No remedial action required
- Subsurface Depressurization System
- Sealed Vapor Barrier
- Sealing of Openings and Cracks
- Soil Vapor Extraction System
- Monitoring and Maintenance Schedule

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. Is 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:

Bureau of Case Assignment & Initial Notice  
Site Remediation Program  
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401-05H  
PO Box 420  
Trenton, NJ 08625-0420