



New Jersey Department of Environmental Protection
Site Remediation Program

REMEDIAL INVESTIGATION 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	<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)

- 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 THE REMEDIAL INVESTIGATION REPORT

- Does the Remedial Investigation address:
 - Area(s) of Concern (AOCs) Only
 - Entire Site (based on a completed and submitted Preliminary Assessment/Site Investigation)
- Total number of contaminated AOCs associated with the site: _____
- Total number of contaminated AOCs addressed in this submittal: _____
- Is the Remedial Investigation complete? Yes No
 If "Yes," provide date: _____

SECTION F. 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	<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	<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	<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	<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	<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	<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	<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	<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	<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	<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	<input type="checkbox"/>			<input type="checkbox"/>	>5,100

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

- 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

SECTION G. 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 H. BACKGROUND CONDITIONS

Did the RI demonstrate via a background investigation, outside the influence of on-site AOCs **and** operational areas, that:

- 1. all or any part of the ground water contamination is migrating onto this site per N.J.A.C. 7:26E-3.7(g)? Yes No NA
- 2. soil contamination is naturally occurring per N.J.A.C. 7:26E-3.10 Yes No NA

SECTION I. 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 J. HISTORIC FILL

1. The presence of historic fill is supported by (check all that apply):

- Boring logs Test Pits Trenches Aerial Photos NJDEP Mapped Areas
- No historic fill identified at the site. If none, skip to K. below.

2. How was the historic fill characterized pursuant to N.J.A.C. 7:26E-4.6? (check all that apply)

- Samples were collected outside areas potentially impacted by on-site operations (i.e., AOC(s))
- Contaminant levels in Table 4.2 at N.J.A.C. 7:26E-4.6

3. Are any other AOCs (i.e., location of discharge and any contaminants that may have migrated from that area) located within the defined boundaries of the historic fill? Yes No

If "No," skip to K. below

4. Have the same contaminant type(s) (e.g., lead, arsenic, and/or benzo(a)pyrene, etc.) characterized as being present in the historic fill been **sampled for** as a contaminant of concern at these co-located AOCs? Yes No

SECTION K. GROUND WATER TRIGGER

1. Was a ground water investigation conducted at all AOCs where a ground water investigation was triggered pursuant to N.J.A.C. 7:26E-3.7 and 4.4(a)? Yes No NA

2. Is contamination in soils fully delineated?..... Yes No

SECTION L. GROUND WATER REMEDIAL INVESTIGATION INFORMATION

1. Are contaminants present with a specific gravity less than that of water? Yes No

a. If "Yes," were any monitor wells installed in unconfined aquifers in which the water table is higher than the top of the well screen? Yes No

If "Yes" to 1a, identify the affected wells. _____

2. Are contaminants present with a specific gravity greater than that of water? Yes No

a. If "Yes," were multiple depth discrete ground water samples collected in a vertical profile at each ground water sampling location where dense contaminants were suspected? Yes No

3. Is ground water in the bedrock aquifer contaminated? Yes No

If "Yes," answer questions 3a and 3b.

a. Were bedrock cores collected? Yes No

b. Were geophysical logging methods conducted to characterize the bedrock aquifer pursuant to N.J.A.C. 7:26E-4.4(g)5? Yes No

4. Is contamination in ground water fully delineated? Yes No

SECTION M. ECOLOGICAL RECEPTORS

- 1. Have soil, sediment, and/or surface water data been collected from Environmentally Sensitive Natural Resources (ESNR)? Yes No NA
 - a. If "Yes," do contaminant concentrations at the ESNR exceed ecological screening criteria or the aquatic chronic NJSWQS [N.J.A.C.7:9B]? Yes No
 - b. If "Yes," have soil and sediment data been collected from both surface and subsurface intervals in the ESNR? Yes No
 - c. If No for 1b, provide explanation _____
- 2. Have contaminant migration pathways from the site/AOC to the ESNR been identified? Yes No
- 3. Do the results of the Ecological Evaluation require a remedial investigation of ecological receptors? Yes No
If No, provide explanation _____
- 4. Has an Ecological Risk Assessment been conducted [N.J.A.C.7:26E-4.7]? Yes No
- 5. Is remediation required in an ESNR? Yes No

SECTION N. LABORATORY DATA

- 1. Were all data submitted in the appropriate full and/or reduced formats according to the deliverables defined in N.J.A.C. 7:26E-2? Yes No
- 2. Do all data submitted meet the quality assurance/quality control (QA/QC) requirements incorporated by reference in N.J.A.C. 7:26E-2 for:
 - sampling Yes No
 - analysis..... Yes No
- 3. How was it determined that the data complied with the QA/QC requirements?
 - Laboratory non-conformance summary/narrative
 - Laboratory correspondence
 - LSRP review
 - Independent contractor review
 - Other: _____
- 4. Has any data been qualified and used? Yes No
- 5. Has any data been rejected and used? Yes No
- 6. Comments:

SECTION O. MISCELLANEOUS

- 1. Were any regulated USTs identified during the course of the RI that were not previously known? Yes No
If "Yes," list tank size, contents and registration number(s). _____
- 1a. If "Yes," to item N.1. above and if these USTs were Federally Regulated, was the source/cause of release identified on a Confirmed Discharge Notification form? Yes No
If "No," complete and submit a revised Confirmed Discharge Notification form.
- 2. Were additional Areas of Concern identified during the RI? Yes No
If "Yes," identify AOC: _____

3. Identify Remedial Measures (RMs) conducted during the RI (check all that apply):
- | | |
|--|--|
| <input type="checkbox"/> Soil excavation | <input type="checkbox"/> UST closure |
| <input type="checkbox"/> Potable water supply treatment or replacement | <input type="checkbox"/> Free product recovery |
| <input type="checkbox"/> Hydraulic containment of source area | <input type="checkbox"/> Vapor intrusion mitigation |
| <input type="checkbox"/> Soil vapor extraction | <input type="checkbox"/> No RMs were conducted during the RI |
| <input type="checkbox"/> Enhanced fluid recovery (EFR) | |
| <input type="checkbox"/> Other(s), specify: _____ | |
4. Did the remedial investigation include sampling to characterize any on-site contaminated media for either on-site or off-site reuse? Yes No
5. Has clean fill has been brought onto the site? Yes No
 If yes, has it been analyzed? Yes No
6. Has new information (material facts, data or other information) been generated during the RI that corrects or contradicts information, or changes conclusions from, previously submitted reports or information? Yes No
 If "Yes," explain: _____
7. Have past deficiencies/notice of deficiencies been addressed in this submittal? Yes No

SECTION P. 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 Q. 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 Q. 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:

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Site Remediation Program
NJ Department of Environmental Protection
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PO Box 420
Trenton, NJ 08625-0420

SECTION Q. 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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