



New Jersey Department of Environmental Protection
Site Remediation Program

VAPOR CONCERN (VC) – RESPONSE ACTION 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):
Incident Number(s)/Com. Center Number(s):

SECTION B. NJDEP CASE MANAGER

Do you have an assigned Case Manager? Yes No
If "Yes," please list the Case Manager:

SECTION C. FEE BILLING CONTACT

Business Name: Phone:
Contact: Title:
Street Address:
City: State: Zip Code:

SECTION D. TYPE OF SUBMITTAL

14-Day Notification
1. Date of initial VC Identification:
2. Date of Health Department Notification: Contact Name/Agency
Note: Complete Section E below.
60-Day Reporting – VC Mitigation Plan
180-Day Reporting – VC Mitigation Report
Has contaminant source (Section E) information changed from prior submittal? Yes No
If "Yes," complete Section E below.
Note: Attach the VC Mitigation Report

SECTION E. CONTAMINANT SOURCE (Attach applicable justification.)

1. The source of the contamination is known. Yes No
2. The source of the contamination causing the VC Condition is found onsite. Yes No
3. The contamination is a contaminant of concern (COC) onsite. Yes No
4. The source of the contamination is from a federally regulated underground storage tank. Yes No
5. The contamination causing the VC impact is an unknown source. Justification must be provided substantiating claim of unknown source. Yes No

SECTION F. VAPOR INTRUSION PATHWAY EVALUATION

- 1. What condition triggered the VI Investigation? (check all that apply)
 - Odors in the structure
 - Structure within 100 feet of free product (excluding diesel) or dissolved ground water contamination (for non-petroleum compounds) above ground water-to-indoor air screening levels. List contaminant(s) and/or free product type:

 - Structure within 30 feet of petroleum related dissolved ground water contamination above ground water-to-indoor air screening levels. List contaminant(s) and/or free product type:

 - Other: Explain: _____
- 2. Have subslab soil gas samples been collected to evaluate the VI pathway? Yes No
If not collected, explain: _____
- 3. Has a complete vapor intrusion pathway been established? Yes No
Explain either answer: _____
- 4. Have any contaminants above indoor air screening levels or calculated indoor air screening levels been linked conclusively to indoor sources based on weight of evidence approach? (see VIG) Yes No
Explain either answer: _____

Attach indoor air survey and site sampling location maps.

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 form 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 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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Site Remediation Program
NJ Department of Environmental Protection
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Trenton, NJ 08625-0420

SECTION H. 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: _____

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