



**New Jersey Department of Environmental Protection
Site Remediation Program**

VAPOR CONCERN (VC) RESPONSE ACTION FORM INSTRUCTIONS

General Instructions

1. **Applicability.** Use this form to report a Vapor Concern condition at a site and remedial activities completed to address both potential receptors and any known source of the condition.
2. **Updates.** The NJDEP may update this form periodically. Please ensure you are using the latest version of this form. Download the latest version of this form from the NJDEP Website: <http://www.nj.gov/dep/srp/forms>.
3. **Signatures.** The form must be signed by the representative of the person responsible for conducting the remediation.

Please make sure you check the appropriate box with regards to the current status of the case; i.e.: non-LSRP (existing cases) – cases that have been with the Department prior to November 3, 2009 and are NOT regulated underground storage tanks(USTS); LSRP – cases that have come into the Department on or after November 3, 2009 or have an approved Request To Proceed Without Department Pre-Approvals Form; or Subsurface Evaluator – for existing regulated UST cases and cases with unregulated heating oil tanks (UHOT) where you are an NJDEP licensed Subsurface Evaluator. Insure that the corresponding signature page is included with the form.

Be advised that the Non-LSRP option will only be available until May 7, 2012. Also, the Subsurface Evaluator option will only be available on forms specific to the UHOT Program after May 7, 2012.

4. 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 A. Site Name and Location

- **Site Name:** provide the name of the site (i.e., ABC Corporation);
- **List all AKAs:** Provide all other known names for the site;
- **Street Address:** Provide the street address for the site NOTE: This should be the physical location of the site – not be the mailing address;
- **Municipality:** Provide the name of the municipality and indicate if it is a township, a borough, or a city. NOTE: This should be the name of the municipality and not the local name;
- **County:** Provide the name of the county where the site is located;
- **Zip code:** self explanatory
- **Program Interest (PI) Numbers:** The PI Number is assigned by the Department and can be obtained via the web at <http://www.nj.gov/dep/srp/> (DEP DATA MINER REPORTS). If this is a new site with no previous SRP involvement, leave blank.
- **Case Tracking Numbers:** Provide all NJDEP generated site identification numbers (UST Notice of Intent to Close numbers, ISRA numbers, etc.);
- **Incident Number(s)/Com. Center Number(s):** self-explanatory

Section B. NJDEP Case Manager

- Check the yes or no box to state whether you have an assigned NJDEP case manager. If you have an assigned NJDEP case manager, provide the case manager's name.

Section C. Fee Billing Contact

- Provide the name, business name and address where the NJDEP oversight invoices should be mailed.

Section D. Type of Submittal

- Check the box related to the type of notification and/or submission;
- Provide the dates requested where appropriate and the names and position of persons contacted and their positions as stated; and,
- Provide brief explanations when asked to describe why certain action items have not been completed.

Section E. Contaminant Source

- Check the boxes that apply to contaminant source(s) at the site.

Section F. Vapor Intrusion Pathway Evaluation

- Check all boxes that apply related to the condition(s) that triggered the vapor intrusion investigation;
- Provide the list of contaminants and/or free product type found as required;
- Provide brief explanations when asked to describe why certain conditions exist or what actions were taken; and,
- Attach an indoor air survey and site sampling location map as requested.

Additional vapor intrusion guidance can be found at <http://www.nj.gov/dep/srp/guidance/vaporintrusion> .

Section G. Person Responsible For Conducting the Remediation Information and Certification

The certification in this section shall be signed and dated by the person responsible for conducting the remediation. The certification in this section shall **not** be signed by the licensed site remediation professional or law firm hired to assist the owner or operator with their compliance obligations. The certification required in this section shall be executed as follows:

1. For a corporation or limited liability company, by a principal executive officer of at least the level of vice president; or
 2. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
 3. For a municipality, state, Federal or other public agency, by either a principal executive officer or ranking elected official; or
 4. By a duly authorized representative of the corporation, partnership, sole proprietorship, municipality, state or Federal or other public agency, as applicable. A person is deemed to be a duly authorized representative if the person is authorized in writing by an individual described in 1, 2 or 3 above and the authorization meets the following criteria:
 - i. The authorization specifies either an individual or a position having responsibility for the overall operation of the industrial establishment or activity, such as the position of plant manager, or a superintendent or person of equivalent responsibility (a duly authorized representative may thus be either a named individual or any individual occupying a named position);
 - ii. The written authorization is submitted to the Department along with the certification; and
 - iii. If an authorization is no longer accurate because a different individual or position has responsibility for the overall operation of the industrial establishment or activity, a new authorization satisfying the requirements of this section shall be submitted to the Department prior to or together with any reports, information, or applications to be signed by an authorized representative.
- Provide the full legal name of the person responsible for conducting the remediation;
 - Provide the full name of the representative of the person responsible for conducting the remediation, pursuant to N.J.A.C. 7:26C-1. Enter "Same" if the representative is the same person as the person responsible for conducting the remediation;
 - Provide the title of the representative of the person responsible for conducting the remediation;
 - Provide the telephone number, extension number, and fax number of the representative of the person responsible for conducting the remediation;
 - Provide the mailing address, including the city/town, state, and zip code of the representative of the person responsible for conducting the remediation;
 - Provide the email address of the representative of the person responsible for conducting the remediation;
 - The representative for the person responsible for conducting the remediation shall provide:
 - ❖ His/her signature where indicated;
 - ❖ His/her name and title (i.e., President, CEO); and
 - ❖ The date when the signing occurred.
 - The person responsible for conducting the remediation should note by placing an X in the box if there have been no changes since the last submittal.

Section H. Based on the current case status i.e., non-LSRP (Existing Cases), LSRP and Subsurface Evaluator, please complete the appropriate signature requirements below:

Non-LSRP Site Remediation Professional Statement

- Provide the name, phone number, email and mailing address (city/town, state, zip code) of the Site Remediation Professional (Consultant).
- The statement shall be signed and dated by the Site Remediation Professional.
- The Non-LSRP Site Remediation Professional should indicate by placing an "X" in the box if there have been no changes since the last submittal.

Licensed Site Remediation Professional Information and Statement

- LSRP ID Number: Provide the Licensed Site Remediation Professional ID Number.
- Provide the name, phone number, email and mailing address (city/town, state, zip code) of the Licensed Site Remediation Professional.
- The Licensed Site Remediation Professional should indicate the level of oversight he/she provided by placing an "X" in appropriate box(es).
- The certification in this section shall be signed and dated by the Licensed Site Remediation Professional.
- The Licensed Site Remediation Professional should indicate by placing an "X" in the box if there have been no changes since the last submittal.

Subsurface Evaluator UST Report Certification Form

- The certification in this section shall be signed and dated by the Subsurface Evaluator. Include the evaluator's name, UST certification number, the firm's name, the firm's UST certification number, address (city/town, state, zip code) and telephone number.
- The Subsurface Evaluator should indicate by placing an "X" in the box if there have been no changes since the last submittal.