



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-2.2 or 2.3(b): _____

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. REQUIRED SUBMITTALS

	Not Applicable	Included in this Submission	Previously Submitted	Date of Submission	Date of Revised Submission
Annual Remediation Fee Reporting 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 Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Alternative Soil Remediation Standard Application	<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 Agricultural
 Residential Park or recreational use
 Commercial Vacant
 School or child care Government
 Other _____

Intended Future Site Use, if known (check all that apply)

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

SECTION D. PUBLIC FUNDS

Did the remediation utilize public funds? Yes No

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

SECTION E. SCOPE OF THE REMEDIAL INVESTIGATION REPORT

Area(s) of Concern Only (If submitted for specific AOC(s))
 Entire Site (based on a completed and submitted Preliminary Assessment/Site Investigation)

Is the Remedial Investigation complete? Yes No

Provide date: _____

Number of contaminated AOCs _____

SECTION F. SITE CONDITIONS Remedial Investigation Report for Soil only

1. Check each media-type and highest concentration of contamination currently 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
TPHC	<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

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

SECTION G. APPLICABLE REMEDIATION STANDARDS

Indicate the Remediation Standards used for all compounds (check all that apply)

- Default (check all that apply below)
 - Direct Contact Impact to Ground Water Soil Screening Levels Ecological Screening Levels
- Alternate Remediation Standards for the Ingestion/Dermal Pathway
- Alternate Remediation Standards for the Inhalation Pathway
- Site Specific Standards for the Impact to Ground Water Pathway (check all that apply)
 - Soil-Water Partitioning Equation SPLP Sesoil Sesoil/AT123D
 - DAF Modification Immobile Chemicals List Soil and Ground Water Analytical Data Evaluation
- Ecological Remediation Goals

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 / DEVIATIONS

Alternative remediation standard

If proposing an alternative remediation standard pursuant to N.J.A.C. 7:26D-7.4, check here and attach the Alternative Soil Remediation Standard Application Form as an addendum.

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

Deviation 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 deviation 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

The groundwater RI will be presented in a separate RI Report.

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

SECTION L. GROUND WATER REMEDIAL INVESTIGATION INFORMATION

1. Are contaminants present with a specific gravity less than that of water? Yes No
If "Yes," answer question 1a.
- 1a. 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," identify the affected wells. _____
2. Are contaminants present with a specific gravity greater than that of water? Yes No
If "Yes," answer question 2a.
- 2a. 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.
- 3a. Were bedrock cores collected? Yes No
- 3b. Were geophysical logging methods conducted to characterize the bedrock aquifer pursuant to N.J.A.C. 7:26E-4.4(g)5? Yes No

SECTION M. 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 N. 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 checked="" 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 checked="" type="checkbox"/> Other(s), specify: <u>Quarterly Inspection of Interim Remedial Measures (IRMs)</u> | |
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? Addressed in the IRM#1 Remedial Action Report..... Yes No
If yes, has it been analyzed? Addressed in the IRM#1 Remedial Action Report..... 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 O. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: PPG Industries, Inc.

Representative First Name: Mark Representative Last Name: Terril

Title: Global Manager, Remediation

Phone Number: (412) 492-5466 Ext: _____ Fax: (412) 492-5277

Mailing Address: PPG Industries, Inc., Building C, 4325 Rosanna Drive

City/Town: Allison Park State: PA Zip Code: 15101

Email Address: terril@ppg.com

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).

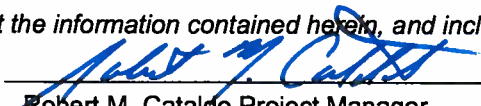
I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that 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: Mark E. Terril Date: 2/2/2012

Name/Title: MARK E. TERRIL / CORPORATE DIRECTOR Environmental No Changes Since Last Submittal

AFFAIRS

SECTION P. NON-LSRP SITE REMEDIATION PROFESSIONAL STATEMENT

First Name: <u>Robert</u>	Last Name: <u>Cataldo</u>
Phone Number: <u>(978) 905-2154</u>	Ext: _____ Fax: <u>(978) 905-2101</u>
Mailing Address: <u>250 Apollo Drive</u>	
City/Town: <u>Chelmsford</u>	State: <u>MA</u> Zip Code: <u>01824</u>
Email Address: <u>robert.cataldo@aecom.com</u>	
<i>I believe that the information contained herein, and including all attached documents, is true, accurate and complete.</i>	
Signature: 	Date: <u>2/9/12</u>
Name/Title: <u>Robert M. Cataldo Project Manager</u>	No Changes Since Last Submittal <input checked="" type="checkbox"/>
Company Name: <u>AECOM</u>	

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

Table 1-1
 Summary of Investigation Sites
 PPG Industries, Jersey City, New Jersey
 Remedial Investigation Report - Soil

Site Number	NJDEP SRP-PI	Site Address (Name)	Block	Lot	Owner
ACO-114	G000008791 ¹ G000005480 ²	880 Garfield Avenue	2026.1	2.A	Jersey City Redevelopment Agency (JCRA)
		900 Garfield Avenue	2026.A	1	900 Garfield Ave.C/O Thomson Tax Acct.
		2 Dakota Street	2026.A	3.A	JCRA
		884 Garfield Avenue (also known as Dakota Street)	2026.1	4.A	JCRA
		70 Carteret Avenue	2026.1	3.B	JCRA
ACO-132	G000008749	824 Garfield Avenue (former Town and Country Linen)	2006.A (also designated as 2006.1)	2	JCRA
ACO-133	025695	22 Halladay St. (former Ross Wax Bldg.)	2017	PLOT.H	2-68 Halladay LLC
ACO-135	246332	51-99 Pacific Avenue (Former Vitarroz)	2017	69	Pacific 18, LLC
ACO-137	G000008753	45 Halladay Street (Rudolph Bass)	2016	A.2	Halladay Street Corporation
		25 Halladay Street		A.1	25 Halladay Street, LLC
ACO-143	G000008759	846 Garfield Avenue (Talarico Auto)	2007	21A.99	846 Garfield Avenue, LLC
186 (Garfield Avenue #1)	G000011477	947 Garfield Avenue (Garfield Avenue #1)	1967	A.2	HIT OR MISS, INC. C/O M. WINOGRAD

Notes:

NJDEP SRP-PI = New Jersey Department of Environmental Protection Site Remediation Program Program Identification Number.

In 1990 and on later dates, each ACO site was given a Group Number and often a common Tax Block Number based on their proximity to each other.

On the tax maps, two lot numbers were often referenced for the same lot, only the most recent lot number from the tax records search was used in the table.

¹ SRP ID G000008791, Site ID 70942 - HCC Various Locations, Activity # RPC000043 - 880 Garfield Avenue

² SRP ID G000005480 Halladay Street Former Coal Gas PSEG, Halladay & Carteret Streets, Site ID 63924

Source: Tax Records Search 10/10/2011, District: 0906 Jersey City Data as of 10/07/11; http://tax1.co.monmouth.nj.us/cgi-bin/prc6.cgi?menu=index&ms_user=glou&passwd=data&district=0801&mode=11