



New Jersey Department of Environmental Protection
Site Remediation Program

COVER/CERTIFICATION FORM

(Submit with Remedial Phase Report, Receptor Evaluation, and CEA Forms)

Date Stamp
(For Department use only)

SECTION A. SITE INFORMATION

Site Name: HUDSON COUNTY CHROMATE 174

AKAs: _____

Street Address: West 1st Street

Municipality: Bayonne (Township, Borough or City)

County: Hudson Zip Code: _____

Program Interest (PI) Number(s): G000011472

Case Tracking Number(s) for this submission: RPC930002

Date Remediation Initiated Pursuant to N.J.A.C. 7:26C-2: 07/19/1990

State Plane Coordinates for a central location at the site: Easting: 593718 Northing: 660249

List current Municipal Block and Lot Numbers of the Site:

Block # 383	Lot #(s) 3	Block # 383	Lot #(s) 4
Block # 383	Lot #(s) 5	Block # 383	Lot #(s) 7
Block # 383	Lot #(s) 6	Block # 383	Lot #(s) 8
Block # 384	Lot #(s) 1	Block # 384	Lot #(s) 2

SECTION B. SUBMISSION STATUS

Block 385, Lots 1 and 2; Block 385, portions of Lot 3; Block 385, portions of Lot 6; and a portion of West 1st Street

1. Indicate how the Electronic Data Deliverable (EDD) is being submitted:
- Via Email at srpedd@dep.state.nj.us (attach NJDEP confirmation email); or
 - CD (attach to this submission)
 - Not Applicable – No EDD

2. Complete the following Submission and Permit Status Table:

Remedial Phase Documents	N/A	Included in this Submission	Previously Submitted	Date of Submission	Date of Revised Submission	Date of Previous NJDEP Approval	Date of Document Withdrawal
Preliminary Assessment Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Site Investigation Report *	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	01/11/2000			
Remedial Investigation Report	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	08/09/2019		08/28/2019	
Remedial Action Work Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	08/09/2019		08/28/2019	
Remedial Action Report	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Response Action Outcome	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other Submissions							
Alternative Soil Remediation Standard and/or Screening level Application Form	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	08/06/2019		08/15/2019	
Case Inventory Document		<input checked="" type="checkbox"/>					
Classification Exception Area / Well Restriction Area (CEA/WRA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Discharge to Ground Water Permit by Rule Authorization Request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

IEC Engineered System Response Action Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Immediate Environmental Concern Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
LNAPL Interim Remedial Measure Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Public Notification	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	08/26/2015			
Receptor Evaluation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Technical Impracticability Determination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Vapor Concern Mitigation Report	<input checked="" 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"/>				
Radionuclide Remedial Action Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Radionuclide Remedial Action Workplan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Radionuclide Remedial Investigation Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Radionuclide Remedial Investigation Workplan	<input checked="" 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, if known: (check all that apply)

- Industrial
- Residential
- Commercial
- School or child care
- Other: _____
- Park or recreational use
- Vacant
- Government
- Future site use unknown

SECTION D. CASE TYPE: (check all that apply)

- Administrative Consent Order (ACO)
- Brownfield Development Area (BDA)
- Child Care Facility
- Chrome Site (Chromate chemical production waste)
- Coal Gas
- Due Diligence with RAO
- Hazardous Discharge Remediation Fund (HDSRF) Grant/Loan
- ISRA
- Landfill (SRP subject only)
- Regulated Underground Storage Tank (UST)
- Remediation Agreement (RA)/Remediation Certification
- School Development Authority (SDA)
- School facility
- Spill Act Defense – Government Entity
- Spill Act Discharge
- UST Grant/Loan
- Other: _____

Federal Case (check all that apply)

- RCRA GPRA 2020
- CERCLA/NPL
- USDOD
- USDOE

1. Is the party conducting remediation a government entity? Yes No
 If "Yes," check one: Federal State Municipal County

SECTION E. PUBLIC FUNDS

Did the remediation utilize public funds? Yes No

If "Yes," check applicable:

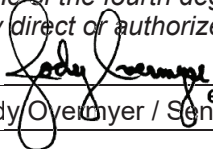
- UST Grant
- HDSRF Grant
- Spill Fund
- UST Loan
- HDSRF Loan
- Schools Development Authority
- Brownfield Reimbursement Program
- Landfill Reimbursement Program
- Environmental Infrastructure Trust

SECTION F. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: PPG
Representative First Name: Jody Representative Last Name: Overmyer
Title: Senior Remediation Project Manager
Phone Number: (412) 235-8881 Ext: _____ Fax: _____
Mailing Address: 440 College Park Drive
City/Town: Monroeville State: PA Zip Code: 15146
Email Address: overmyer@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:  Date: 11/29/2022
Name/Title: Jody Overmyer / Senior Remediation Proj. Mgr.

For CEA Submissions:

Check this box if the person above is also the property owner of the site or their representative. If this person is not the site property owner, please ensure the site property owner's name and address is in the first line of the table in Section E.2 of the Classification Exception Area / Well Restriction Area (CEA/WRA) Fact Sheet Form.

SECTION G. 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 N.J.S.A. 58:10C-14, and N.J.S.A. 58:10B-1.3b(1) and (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: _____
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