



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

**REMEDIAL ACTION REPORT FORM**

Date Stamp  
 (For Department use only)

**SECTION A. SITE NAME AND LOCATION**

Site Name: Hudson County Chromate Site 186

List all AKAs: HCC Site 186

Street Address: 947 Garfield Avenue

Municipality: Jersey City (Township, Borough or City)

County: Hudson Zip Code: 07305

Program Interest (PI) Number(s): G000011477 Case Tracking Number(s): \_\_\_\_\_

Date Remediation Initiated Pursuant to N.J.A.C. 7:26C-2: 08/19/2013

State Plane Coordinates for a central location at the site: Easting: 611259.03910300000 Northing: 684173.86652900

Municipal Block(s) and Lot(s):

Block #: 19802 Lot #: 2 Block #: \_\_\_\_\_ Lot #: \_\_\_\_\_

Block #: \_\_\_\_\_ Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Lot #: \_\_\_\_\_

Block #: \_\_\_\_\_ Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Lot #: \_\_\_\_\_

Block #: \_\_\_\_\_ Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Lot #: \_\_\_\_\_

**SECTION B. SUBMITTAL STATUS**

1. Indicate how the Electronic Data Deliverable (EDD) for this submittal is being provided to the NJDEP:

- Via Email at [srpedd@dep.state.nj.us](mailto:srpedd@dep.state.nj.us) (attach NJDEP confirmation email); or
- CD (attach to this submittal)

2. Complete the following Submittal and Permit Status Table:

	Not Applicable	Included in this Submission	Previously Submitted	Date of Submission	Date of Revised Submission	Date of Document Withdrawal
Public Notification 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 checked="" 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 checked="" type="checkbox"/>	04/10/2013	10/25/2013	
Remedial Action Report	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>			
Technical Impracticability Determination	<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"/>			
Radionuclide Remedial Investigation Workplan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Radionuclide Remedial Investigation Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Radionuclide Remedial Action Workplan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Radionuclide Remedial Action Report	<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. 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)
- School Development Authority (SDA)
- School facility
- Spill Act Defense – Government Entity
- Spill Act Discharge
- UST Grant/Loan

Federal Case (check all that apply)

- RCRA GPRA 2020
- CERCLA/NPL
- USDOD
- USDOE
- TSCA
- Other (explain): \_\_\_\_\_

**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

**SECTION F. SCOPE OF REMEDIAL ACTION REPORT**

- Does the RAR 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 case: 2
- Total number of contaminated AOCs addressed in this submittal: 1
- Are there any outstanding contaminated AOCs associated with the case where the remedial action has NOT been performed? .....  Yes  No

**SECTION G. GENERAL**

- Does the report contain a permit(s) request that requires Site Remediation Program approval for completion of the remedial action?.....  Yes  No  
If "Yes," please list the type and the section/page(s) of the report that contain the permit request(s).  
\_\_\_\_\_
- Was a remediation initiated after May 6, 2010, for new construction or a change in the use of the site proposed for the purpose of residential use, use as a licensed child care center or use as a school? .  Yes  No  
If "Yes," was an unrestricted use or a presumptive remedy implemented? .....  Yes  No

3. Was an alternative remedy approved by the Department? .....  Yes  No  
 If Yes" Date of the approval: \_\_\_\_\_
4. At any time, was there any radiological contamination detected at the AOC/site? .....  Yes  No
5. At any time, did the site contain Ordnance and Explosives/Unexploded Ordnance (OE/UXO)?.....  Yes  No
6. Did the remedial action involve containment of free product?.....  Yes  No
7. Have any of the following compounds/elements ever been detected in sediment above the ecological screening levels?  
 Arsenic  Dioxin  Mercury  PCBs  Pesticides  None
8. Have past deficiencies been addressed in this submittal?.....  Yes  No  N/A
9. Does this submittal document deviate from the proposed remedial action workplan? .....  Yes  No
10. Did the remedial action render the property unusable for future redevelopment or for recreational use (N.J.A.C. 7:26C-6.4(b)? .....  Yes  No
11. Is remediation complete in all affected media? .....  Yes  No
12. Are contaminants from the site discharging to surface water? .....  Yes  No
13. Are contaminants from the site discharging to an Environmentally Sensitive Natural Resource (ESNR)? .....  Yes  No
14. If you answered "Yes," to either question 12 or 13, identify the contaminant(s) and concentration(s) in the monitoring well(s) nearest to the surface water body or ESNR in the table below:

Well	Contaminant	Concentration	Well	Contaminant	Concentration

**SECTION H. SITE CONDITIONS**

1. Has dioxin been detected in any site media .....  Yes  No
2. 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	
*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	
*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	
*Metals	<input checked="" 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	
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	
*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	
Chromium	<input checked="" 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	
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	
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	
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	

3. For any contaminant group (\*) checked above, identify the contaminant with the highest concentration over its applicable remediation standard and/or screening level:  
 Chromium (Cr+6)      Metals - Vanadium

4. Were the laboratory reporting minimum detection limits below applicable remediation standards/screening levels required for the site? .....  Yes  No

5. Are any of the following conditions currently present (check all that apply):

**Groundwater:**

- 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 or ESNR
- Residual or free product
- Radionuclides

**Soil:**

- On-site discharge(s) impacting soil off-site
- Chromate Chemical Production Waste/COPR
- 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
- Soil contamination in an ESNR

**SECTION I. ALTERNATIVE STANDARD / VARIANCES**

**Alternative remediation standard**

If proposing an alternative remediation standard pursuant to N.J.A.C. 7:26D-7.4, alternate vapor intrusion screening level, or ecological site specific goal 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. APPLICABLE REMEDIATION STANDARDS**

1. Were Default Remediation Standards used for all contaminants? .....  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  
 If "Yes," check all that apply:

**Compliance Averaging Method Utilized**

<b>Pathway</b>	<b>Arithmetic Mean</b>	<b>95 Percent UCL</b>	<b>Spatially Weighted Average</b>	<b>75 Percent/ 10X Procedure</b>
<input type="checkbox"/> Ingestion-Dermal Pathway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Inhalation Pathway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Impact to Ground Water Pathway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 K. ALTERNATIVE AND CLEAN FILL USE**

1. Was alternative fill used? .....  Yes  No
2. Was clean fill used? .....  Yes  No
3. Was material sent off-site for use as alternative and/or clean fill? .....  Yes  No  
 If "Yes," specify the section/page in the RAR where it states the SRP site receiving this alternative and/or clean fill: \_\_\_\_\_
4. Was soil that has been blended due to historically applied pesticides for agricultural purposes used for alternative and/or clean fill? .....  Yes  No
5. Was alternative fill used in excess of the amount required for the remedial action? .....  Yes  No  
 If "Yes," was the NJDEP's preapproval obtained pursuant to N.J.A.C. 7:26E-5.2(b)3? .....  Yes  No

**SECTION L. REMEDIAL ACTION REPORT INFORMATION**

**SOILS**

1. Is a restricted use required?.....  Yes  No  
 If "Yes," indicate the type of restriction being implemented. \_\_\_\_\_
2. If applicable, has consent from all involved property owners been obtained (i.e., for institutional or engineering controls)?.....  Yes  No
3. If an engineering control was required, indicate the receptor(s) each engineering control is intended to protect (check all that apply):
- Human     Ecological     Offsite Impacts     No Engineering Control

**GROUND WATER**

4. Is an unrestricted use being proposed for ground water? .....  Yes  No
5. Is a revised CEA required? .....  Yes  No
6. Do any contaminant levels in ground water currently exceed the vapor intrusion ground water trigger? .....  Yes  No

**ECOLOGICAL**

7. Was post-remedial sampling performed to determine whether contaminant levels currently meet ecological screening levels or ecological remediation goals?.....  Yes  No
8. Did the remedial action require filling of State open waters or wetlands? .....  Yes  No
9. Have ecological risk-based remediation goals been developed? .....  Yes  No  
 If "Yes," have the ecological risk-based remediation goals been approved by NJDEP?.....  Yes  No
10. Have Risk Management Decision (RMD) goals been developed?.....  Yes  No  
 If "Yes," have the RMD goals been approved by NJDEP? .....  Yes  No

**INDOOR AIR**

11. Is an engineering control required in order to mitigate a vapor hazard in a structure? .....  Yes  No

If "Yes," check each type of engineering control that was implemented:

- Subsurface Depressurization System
- Subsurface Ventilation System
- Soil Vapor Extraction System
- HVAC Positive Pressure
- Other (specify): \_\_\_\_\_

**NATURAL RESOURCE RESTORATION**

12. Will any injured natural resources be restored concurrent with the remedial action? .....  Yes  No

If "Yes," is the Office of Natural Resources Restoration involved? .....  Yes  No

**SECTION M. 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: Corporate Director, Environmental Affairs

Phone Number: (412) 492-5466 Ext: \_\_\_\_\_ Fax: (412) 492-5377

Mailing Address: 4325 Rosanna Drive, Building E

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: March 21, 2014

Name/Title: Mark E. Terril/Corporate Director Environmental Affairs

No changes to contact information since last submittal

**SECTION N. 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: \_\_\_\_\_

Company Name: \_\_\_\_\_

**No changes to contact information since last submittal**

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