



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

**PRELIMINARY ASSESSMENT / SITE INVESTIGATION**

Non-LSRP (Existing Cases)     LSRP     Subsurface Evaluator

Date Stamp  
(For Department use only)

**A Phase I or Phase II is not equivalent to a Preliminary Assessment, therefore, it will not be an acceptable substitution.**

**SECTION A. SITE NAME AND LOCATION**

Site Name: Hudson County Chrome Site 203

List all AKAs: 346 Claremont Assoc. LP, Corona Lighting Corp., Lightolier Corp., NJTransit Parcel 76, Jersey City Bd of Ed

Street Address: 346 Claremont Avenue

Municipality: Jersey City (Township, Borough or City)

County: Hudson Zip Code: 07305

Incident Number(s)/Com. Center Number(s): \_\_\_\_\_

Program Interest (PI) Number(s): G000000999; G000044584 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: 606467 Northing: 685388

Municipal Block(s) and Lot(s): Block # 1781 Lot # A.1

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

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

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

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

**SECTION B. NJDEP CASE MANAGER**

Do you have an assigned Case Manager? .....  Yes     No

If "Yes," please list the Case Manager: Thomas Cozzi

**SECTION C. REQUIRED TECHNICAL SUBMITTALS**

	Not Applicable	Included in This Submission	Previously Submitted	Date of Submission	Date of Revised Submission
Immediate Environmental Concern Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Immediate Response Action Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Preliminary Assessment Report	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Receptor Evaluation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Site Investigation Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Remedial Investigation/Remedial Action Work Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Feasibility Study Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Response Action Outcome Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**SECTION D. 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
- Park or recreational use
- Vacant
- Government
- Future site use unknown

**SECTION E. CASE TYPE:** (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Child Care Facility  | <input type="checkbox"/> ISRA  |
| <input type="checkbox"/> School facility  | <input type="checkbox"/> Regulated Underground Storage Tank (UST)                    |
| <input type="checkbox"/> School Development Authority (SDA)                           | <input type="checkbox"/> Landfill  |
| <input type="checkbox"/> UST Grant/Loan   | <input type="checkbox"/> Federal oversight (RCRA, CERCLA, DOD, TSCA, etc.)           |
| <input type="checkbox"/> Hazardous Discharge Remediation Fund (HDSRF) Grant/Loan      | <input type="checkbox"/> Coal Gas  |
| <input type="checkbox"/> Administrative Consent Order (ACO)                           | <input checked="" type="checkbox"/> Chrome Site (Chromate chemical production waste) |
| <input type="checkbox"/> Remediation Agreement (RA)                                   | <input type="checkbox"/> Spill Act Discharge   |
| <input type="checkbox"/> Brownfield Development Area (BDA)                            | <input type="checkbox"/> Due Diligence with RAO                                      |
| <input type="checkbox"/> Site is located within an economic development priority area | <input type="checkbox"/> Not Applicable  |

**SECTION F. PUBLIC FUNDS**

Did the remediation utilize public funds? .....  Yes  No

- If "Yes," check applicable:
- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> UST Grant   | <input type="checkbox"/> UST Loan                      | <input type="checkbox"/> Brownfield Reimbursement Program |
| <input type="checkbox"/> HDSRF Grant | <input type="checkbox"/> HDSRF Loan                    | <input type="checkbox"/> Landfill Reimbursement Program   |
| <input type="checkbox"/> Spill Fund  | <input type="checkbox"/> Schools Development Authority |   |

**SECTION G. GENERAL**

- Was an inspection of the site conducted? .....  Yes  No  NA  
Date of the inspection 05/25/2011
- Did the PA identify any areas of concern? .....  Yes  No  NA  
If "Yes," please complete section H2.
- What page or appendix is the site map indicating all of the areas of concern located? Figure 3
- Did the PA identify any current or historic industrial, commercial, agricultural or residential use at the site dating back to the time the site was naturally vegetated? .....  Yes  No  NA  
If "Yes," please complete section H1.
- Prior to this submittal have any NFAs/RAOs been issued for this site? .....  Yes  No
  - Does the site currently have a Deed Notice? .....  Yes  No
  - Does the site currently have a CEA? .....  Yes  No
  - Has an order of magnitude evaluation been performed? .....  Yes  No
- Is the ground water at the site classified as a Class I Ground Water? .....  Yes  No
- Are there potable wells on-site? .....  Yes  No
- Has a well search been conducted pursuant to N.J.A.C. 7:26E-1.17? .....  Yes  No
  - If "Yes," are there any potable wells within 200' of the AOCs listed in H2 or within 200' of the site boundary? .....  Yes  No
- Is the site investigation complete? .....  Yes  No

**SECTION H. SITE INFORMATION**

**H1. Current and Historic Operators/Operations (attach additional sheets as necessary)**

Name of Operator	Type of Operation – e.g., dry cleaning, electro-plating, residence	Dates of Operation	
		Start	End
SEE PA REPORT TEXT			

**H2. Areas of Concern (For PA or PA/SI Report, list each AOC; for SI Report, list only AOCs documented in this submittal.)**

	Area of Concern	Currently Exists? <input checked="" type="checkbox"/> if "Yes"	Formerly Existed? <input checked="" type="checkbox"/> if "Yes"	Investigation	
				SI Conducted <input checked="" type="checkbox"/> if "Yes"	RI Proposed <input checked="" type="checkbox"/> if "Yes"
1	Above ground storage tank and associated piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Area of stressed vegetation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Area which receives flood or storm water from potentially contaminated areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Chemical storage cabinet and closet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Compressor vent discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Discharge area pursuant to N.J.A.C. 7:1E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Discolored or spill area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Drainage swale and culvert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Drywell and sump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Dumpster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Electrical transformer and capacitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Floor drain collection system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Former agricultural applied pesticide area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Hazardous material storage or handling area	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Historic fill or any other fill material	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Hydraulic lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Incinerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Landfill or landfarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Loading and unloading area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Non-contact cooling water discharge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Open area away from production area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Piping, above ground and below ground pumping station, sump and pit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Process area sink and piping which receive process waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Rail car	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Roof leader when process operations vent to the roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Septic system, leachfield or seepage pit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Silo	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Sprayfield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Storage pad including drum and/or waste storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Storm sewer and spill containment collection system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Storm water detention pond and fire pond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Surface impoundment and lagoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Surface water body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Underground piping including industrial process sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Underground storage tank and associated piping	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Waste pile as defined by N.J.A.C. 7:26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Waste water treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Other: Historic Site Uses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**H3. Complete this section only if an ISRA waiver was issued or an ISRA NFA was issued under an expedited review or Limited Site Review.**

ISRA Case #	Expedited Review	Limited Site Review	Remediation In Progress Waiver	Regulated UST Waiver	Date	Comments
	<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"/>	<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"/>		

**H4. REGULATED USTs: Complete if any underground storage tanks (USTs) on site are regulated Pursuant to N.J.A.C. 7:14B**

- a. Have all the regulated USTs on site been registered with the Department? .....  Yes  No
- b. Have all incidents related to regulated USTs been remediated/investigated? .....  Yes  No
- c. Have any USTs been removed on/after September 4, 1990? .....  Yes  No
- d. Including this submittal, has an SI/RI report been submitted for all USTs closed on/after September 4, 1990? .....  Yes  No

**H5. Compliance Check (Complete only if sampling of soil and/or ground water was conducted)**

- a. Identify the media if impacted above applicable standards/screening levels (check all that apply):  
 soil  ground water

Type of contamination in soil and ground water above applicable standards/screening levels (check all that apply):

<u>Soil</u>		<u>Water</u>		<u>Soil</u>		<u>Water</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volatile Organics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCBs
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polycyclic Aromatic Hydrocarbons(PAHs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chromium
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acid Extractables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dioxin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Base Neutrals (non-PAHs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mercury
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Metals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arsenic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perchlorate, RDX, TNT, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PHC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify _____

- b. For all AOCs at which a SI was conducted, but no RI/RA is proposed:
  - 1) Are any soil analytical results greater than the most stringent Direct Contact Soil Remediation Standards (DCSRs)? .....  Yes  No
  - 2) Are any soil analytical results greater than the default Impact to Ground Water Soil Screening Levels (IGWSSL)? .....  Yes  No
  - 3) Are any ground water analytical results greater than the Ground Water Quality Standards (GWQS)? .....  Yes  No  NA
  - 4) Are any Method Detection Limits (MDLs) greater than the applicable soil and/or ground water standards or screening levels? .....  Yes  No
  - 5) Are any surface water analytical results greater than the most stringent, both human and ecological, Surface Water Quality Standards? .....  Yes  No  NA
  - 6) Are any sediment analytical results above the screening levels? .....  Yes  No  NA
  - 7) Are any analytical results above the vapor intrusion screening levels? .....  Yes  No  NA
  - 8) Did the SI document, via a background investigation, outside the influence of onsite AOCs and operational areas, determine that:
    - a) contamination is migrating onto this site per N.J.A.C. 7:26E-3.7(g)? .....  Yes  No  NA
    - b) contamination is naturally occurring per N.J.A.C. 7:26E-3.10? .....  Yes  No  NA

- 9) Contamination is associated with an ongoing ISRA remediation.....  Yes  No  NA
- c. Have Alternative Remediation Standards (ARS) been utilized for Inhalation and/or Ingestion/Dermal pathways?.....  Yes  No
- d. Have any site specific Impact to Groundwater Soil Remediation Standards (IGWSRS) been established? .....  Yes  No

**Note: Complete if "Yes" to question b.) 1-4, c. or d. List affected AOC(s) below; attach additional sheets if necessary.**

Area of Concern (from H2. above)	Exceeds DCSRS	Exceeds IGWSSL	Exceeds GWQS	MDLs > Standards	ARS	Site Specific IGWSRS	Comments
North Side of Property along rail	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area was Deed Noticed
	<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"/>	<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 I. ALTERNATIVE REMEDIATION 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.

**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. 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: Director, Environmental Affairs Business Affiliation: \_\_\_\_\_

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

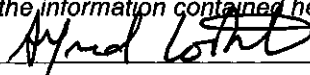
This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

*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:  Date: 1/16/2012

Name/Title: Mark Terril, Director, Environmental Affairs **No Changes Since Last Submittal**

**SECTION K. NON-LSRP SITE REMEDIATION PROFESSIONAL STATEMENT**

First Name: <u>Alfred</u>	Last Name: <u>LoPilato</u>	
Phone Number: <u>(845) 425-4980</u>	Ext: <u>17</u>	Fax: <u>(845) 425-4989</u>
Mailing Address: <u>100 Red Schoolhouse Road, Suite B-1</u>		
City/Town: <u>Chestnut Ridge</u>	State: <u>NY</u>	Zip Code: <u>10977</u>
Email Address: <u>alfred.lopilato@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>01/16/2012</u>	
Name/Title: <u>Alfred LoPilato / Program Manager</u>	<b>No Changes Since Last Submittal</b> <input type="checkbox"/>	
Company Name: <u>AECOM</u>		

Submit this form to the assigned case manager. If there is no assigned case manager, submit this form to:

Bureau of Case Assignment & Initial Notice  
New Jersey Department of Environmental Protection  
Site Remediation Program  
401 East State Street, PO Box 434  
Trenton, NJ 08625

**SECTION K. 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: \_\_\_\_\_ **No Changes Since Last Submittal**   
Company Name: \_\_\_\_\_

Submit this form to the assigned case manager. If there is no assigned case manager, submit this form to:

Bureau of Case Assignment & Initial Notice  
New Jersey Department of Environmental Protection  
Site Remediation Program  
401 East State Street, PO Box 434  
Trenton, NJ 08625

**SECTION K. SUBSURFACE EVALUATOR UST REPORT CERTIFICATION FORM**

Facility Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Facility Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ (Township, Borough or City)

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____

Owner's (or Responsible Party's) Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ (Township, Borough or City)

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Assigned Case Manager: \_\_\_\_\_ UST Registration Number: \_\_\_\_\_

Incident Report Number: \_\_\_\_\_ TMS Number: \_\_\_\_\_

**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: \_\_\_\_\_

**No Changes Since Last Submittal**

Submit this form to the assigned case manager. If there is no assigned case manager, submit this form to:

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Trenton, NJ 08625