

## **APPENDIX G ECOLOGICAL EVALUATION SUPPORTING INFORMATION**

## **APPENDIX G-1 WORK PLAN DRAWINGS**



#### Legend

- Site Boundary
- 1000-foot radius
- Agriculture
- Barren Land
- Forest
- Urban
- Water
- Wetlands

0 250 500 1,000 Feet

#### Notes:

1. State Plane NAD83 Coordinates, U.S. Survey Feet;
2. New Jersey 2007 - 2008 High Resolution Orthophotography, NJ Office of Information Technology (NJIT), Office of Geographic Information Systems (OGIS), Trenton, New Jersey, 2009;
3. NJDEP 2007 Land use/Land Cover Update, Hackensack, Hudson, Pascack Watershed Management Area, WMA05, Trenton, New Jersey, 2010.



#### Land Use Within 1,000 Feet of the Site

PPG Industries  
Site 16  
Linden Avenue, Jersey City  
Hudson County, New Jersey

SCALE:	DATE:	PROJECT NUMBER:	PATH AND FILE NAME:
1:6,000	08/23/2010	60149955.4010A	\\PPG INDUSTRIES - PPG\GIS\site_16_landuse.mxd

**AECOM Environment**  
30 KNIGHTSBRIDGE ROAD, SUITE 520  
PISCATAWAY, NEW JERSEY 08854  
PHONE: (732) 564-3600  
FAX: (732) 369-0122  
WEB: [HTTP://WWW.AECOM.COM](http://www.aecom.com)

**AECOM**

FIGURE NUMBER:

**4**

SHEET NUMBER:

1 of 1





### Legend

- Site Boundary
- Artificial Lake
- 1/2-mile radius
- Dredged Lagoon
- Inland Bay and Tidal Waters
- Man-made Ditch

### Notes:

1. State Plane NAD83 Coordinates, U.S. Survey Feet;
2. New Jersey 2007 - 2008 High Resolution Orthophotography, NJ Office of Information Technology (NJGIT), Office of Geographic Information Systems (OGIS), Trenton, New Jersey, 2009;
3. Surface water bodies extracted from NJDEP 2007 Land use/Land Cover Update, Hackensack, Hudson, Pascack Watershed Management Area, WMA05, Trenton, New Jersey, 2010;
4. Additional waterbodies identified based on surveyed data by CT Male, 2010.



### Surface Water Bodies Within 1/2-Mile of the Site

PPG Industries  
Site 107 & 108  
Linden Avenue, Jersey City  
Hudson County, New Jersey

SCALE:	DATE:	PROJECT NUMBER:	PATH AND FILE NAME:
1:12,000	08/23/2010	60149955.4010A	\\PPG INDUSTRIES - PPG\GIS\site_16_SurfaceWater.mxd

**AECOM Environment**  
30 KNIGHTSBRIDGE ROAD, SUITE 520  
PISCATAWAY, NEW JERSEY 08854  
PHONE: (732) 564-3600  
FAX: (732) 369-0122  
WEB: [HTTP://WWW.AECOM.COM](http://www.aecom.com)

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FIGURE NUMBER:

**6**

SHEET NUMBER:

1 of 1





0 500 1,000 2,000  
Feet



#### Legend

- Site Boundary
- 1/2-mile radius
- DECIDUOUS SCRUB/SHRUB WETLANDS
- DISTURBED WETLANDS (MODIFIED)
- HERBACEOUS WETLANDS
- MANAGED WETLAND IN BUILT-UP MAINTAINED REC AREA
- PHRAGMITES DOMINATE INTERIOR WETLANDS
- Surface Water

#### Notes:

1. State Plane NAD83 Coordinates, U.S. Survey Feet;
2. New Jersey 2007 - 2008 High Resolution Orthophotography, NJ Office of Information Technology (NJ OIT), Office of Geographic Information Systems (OGIS), Trenton, New Jersey, 2009;
3. Wetlands and Surface Water extracted from NJDEP 2007 Land use/Land Cover Update, Hackensack, Hudson, Pascack Watershed Management Area, WMA05, Trenton, New Jersey, 2010;
4. Additional waterbodies identified based on surveyed data by CT Male, 2010.



#### Wetlands Within 1/2-Mile of the Site

PPG Industries  
Site 107 & 108  
Linden Avenue, Jersey City  
Hudson County, New Jersey

SCALE:	DATE:	PROJECT NUMBER:	PATH AND FILE NAME:
1:12,000	08/23/2010	60149955.4010A	\\PPG INDUSTRIES - PPG\GIS\site_16_wetlands.mxd

**AECOM**  
AECOM Environment  
30 KNIGHTSBRIDGE ROAD, SUITE 520  
PISCATAWAY, NEW JERSEY 08854  
PHONE: (732) 564-3600  
FAX: (732) 369-0122  
WEB: [HTTP://WWW.AECOM.COM](http://www.aecom.com)

FIGURE NUMBER:

7

SHEET NUMBER:

1 of 1



## **APPENDIX G-2 RECEPTOR EVALUATION REPORT SITE 016**



New Jersey Department of Environmental Protection  
Site Remediation Program

**RECEPTOR EVALUATION 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: \_\_\_\_\_

Mailing Address if different than street address: \_\_\_\_\_

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

The purpose of this form is to document the existence of receptors and the actions taken to protect receptors and is required unless an unrestricted remedial action is completed before the due date of the **initial** Receptor Evaluation. At the time of the initial or interim Receptor Evaluation the Department acknowledges that the remedial investigation may not be fully complete. The Receptor Evaluation should be completed in accordance with requirements and timeframes in the Technical Requirements for Site Remediation and is an ongoing process as the extent of contamination is defined. The Receptor Evaluation should be submitted within the Mandatory Timeframes.

- ☐ Initial Submission ☐ Interim Submission  
☐ No Change (if no change, indicate last RE date and skip to Section G: \_\_\_\_\_)

**SECTION B. ON SITE AND SURROUNDING PROPERTY USE**

1. Identify any sensitive populations/uses that are currently on-site or surrounding property usage within 200 feet of the site boundary (check all that apply):

	On-site	Off-site
None of the following .....	<input type="checkbox"/>	<input type="checkbox"/>
Residences or residential property .....	<input type="checkbox"/>	<input type="checkbox"/>
Public or Private Schools grades K-12 .....	<input type="checkbox"/>	<input type="checkbox"/>
Child care centers .....	<input type="checkbox"/>	<input type="checkbox"/>
Public parks, playgrounds or other recreation areas .....	<input type="checkbox"/>	<input type="checkbox"/>
Other sensitive population use(s) Explain .....	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above applies, attach a list of addresses, facility names, type of use, and a map depicting each location relative to the site.

2. Current site uses (check all that apply):

<input type="checkbox"/> Industrial	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Agricultural
<input type="checkbox"/> School or child care	<input type="checkbox"/> Government	<input type="checkbox"/> Park or recreational use	
<input type="checkbox"/> Vacant	<input type="checkbox"/> Other _____		

3. Planned future site uses and offsite use within 200 ft of site boundary (check all that apply):

<input type="checkbox"/> Industrial	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Agricultural
<input type="checkbox"/> School or child care	<input type="checkbox"/> Government	<input type="checkbox"/> Park or recreational use	
<input type="checkbox"/> Vacant	<input type="checkbox"/> Other _____		

Provide a map depicting the location of the proposed changes in land use.

- ☐ Initial Submission ☐ Interim Submission  
☐ No Change (if no change, indicate last RE date and skip to Section G: \_\_\_\_\_)

### SECTION C. DESCRIPTION OF CONTAMINATION

1. Identify if any of the following exist at the site (check all that apply):

- ☐ Free product [N.J.A.C. 7:26E-1.8]  
☐ Residual product [N.J.A.C. 7:26E-1.8]  
☐ Other high concentration source materials not identified above (e.g., buried drums, containers, unsecured friable asbestos)

Explain \_\_\_\_\_

2. If this evaluation is submitted with a technical document that includes this information, proceed to Section D. Otherwise attach a brief summary of all currently available data and information to be included in the site investigation or remedial investigation report. **See Attachment C-1**

- ☐ Initial Submission      ☐ Interim Submission  
☐ No Change (if no change, indicate last RE date and skip to Section G: \_\_\_\_\_)

### SECTION D. GROUND WATER USE

1. The requirement for ground water sampling has been triggered. If "No," proceed to Section F..... ☐ Yes    ☐ No  
2. Ground water is contaminated above the Ground Water Remediation Standards [N.J.A.C.7:9C]..... ☐ Yes    ☐ No

Or ☐ Awaiting laboratory data with the expected due date: \_\_\_\_\_

If "Yes," provide the date that the laboratory data were available and contamination exists above the Ground Water Remediation Standards. Date \_\_\_\_\_

If "No," or awaiting laboratory data proceed to Section F.

3. Identify if any of the following conditions exist based on the well search [N.J.A.C.7:26E-1.17(a)] (check all that apply):  
☐ Potable wells located within 1000 feet from the downgradient edge of the currently known extent of contamination.  
☐ Potable well located 250 feet upgradient or 500 feet side gradient of the currently known extent of contamination.  
☐ Ground water contamination is located within a wellhead protection area Tier 1 or Tier 2 (WHPA).  
Tier: Identify if **Tier 1** ☐ or **Tier 2** ☐.

4. Complete and attach the Well Search spreadsheet. **See Attachment D-1**

5. Potable use wells have been identified in the well search and the area has been canvassed for additional ground water use (potable and irrigation wells, etc.)..... ☐ Yes    ☐ No  
6. Potable wells and non-potable use wells were identified and ☐ potable well and /or ☐ non-potable use well sampling has been conducted..... ☐ Yes    ☐ No  
7. Contamination identified above Ground Water Remediation Standards but not suspected to be from the site (if "Yes," provide justification)..... ☐ Yes    ☐ No  
8. Potable wells were sampled and results were above State or Federal Drinking Water Standard..... ☐ Yes    ☐ No  
Date \_\_\_\_\_ Or ☐ Awaiting laboratory data with the expected due date \_\_\_\_\_

**If "Yes" to #8 for potable well contamination not attributable to background follow the IEC Guidance Document at [http://www.nj.gov/dep/srp/guidance/srra/iec\\_guidance\\_draft.pdf](http://www.nj.gov/dep/srp/guidance/srra/iec_guidance_draft.pdf).**

IEC was abated ..... ☐ Yes    ☐ No  
Date \_\_\_\_\_ NJDEP Case Manager \_\_\_\_\_

9. Receptors abated as part of mitigation (provide a brief narrative description)..... ☐ Yes    ☐ No  
10. Non-potable use wells were sampled and results were above GWQS.  
Date \_\_\_\_\_ Or ☐ Awaiting laboratory data and the expected due date: \_\_\_\_\_  
☐ Initial Submission      ☐ Interim Submission  
☐ No Change (if no change, indicate last RE date and skip to Section G: \_\_\_\_\_)

### SECTION E. VAPOR INTRUSION (VI)

1. Contaminants present in ground water exceed vapor intrusion ground water screening levels (see NJDEP Vapor Intrusion Guidance) that trigger a VI evaluation. .... ☐ Yes    ☐ No



Or ☐ Awaiting laboratory data and the expected due date: \_\_\_\_\_

Provide the date that the laboratory data was available and confirmed contamination above the Vapor Intrusion trigger levels. \_\_\_\_\_

If "No," or awaiting laboratory data, proceed to Section F.

1. Identify and locate on scaled map any structures/sensitive populations that exist within the following distances from ground water contamination with concentrations above the Ground Water Screening Levels for Vapor Intrusion or specific threats (check all that apply):
- ☐ 30 feet of dissolved petroleum hydrocarbon contamination in ground water.  
☐ 100 feet of any free product or any non-petroleum dissolved volatile organic ground water contamination.  
☐ No structures exist within the specified distances  
☐ Unsaturated zone contamination ☐ Methanogenic conditions  
☐ Landfills on or adjacent to site ☐ Elevated soil gas or indoor vapors  
☐ Elemental mercury ☐ Basement or sump contains contaminated ground water or product  
☐ Other \_\_\_\_\_
3. A VI evaluation has been conducted of the structures to address threats identified . . . . . ☐ Yes ☐ No
4. The vapor intrusion pathway is not a concern at or adjacent to the site (if "yes", attach justification) . . . . . ☐ Yes ☐ No
5. Contamination identified but not suspected to be from the site (if "Yes," attach justification) . . . . . ☐ Yes ☐ No
6. Indoor air sampling was conducted and results were above the Department's proposed vapor intrusion Rapid Action Levels. . . . . ☐ Yes ☐ No

Or ☐ Awaiting laboratory data

Provide the date that the laboratory data was received and detected contamination above the proposed vapor intrusion Rapid Action Levels. \_\_\_\_\_

**If "Yes" to #6 above, required actions for contamination follow the IEC Guidance Document at [http://www.nj.gov/dep/srp/guidance/srra/iec\\_guidance\\_draft.pdf](http://www.nj.gov/dep/srp/guidance/srra/iec_guidance_draft.pdf).**

The IEC receptor engineering system response for receptor control was implemented for all identified structures. . . . . ☐ Yes ☐ No

Date \_\_\_\_\_ NJDEP Case Manager \_\_\_\_\_

7. Indoor air sampling was conducted and results were above the Department's Indoor Air Screening Levels but at or below the proposed vapor intrusion Rapid Action Levels. . . . . ☐ Yes ☐ No

Or ☐ Awaiting laboratory data

**If "Yes" to #7 above, required actions are:**

Vapor Concern Response Action Form notification of the exceedances of the data has been completed (date \_\_\_\_\_) . . . . . ☐ Yes ☐ No

A plan to mitigate and monitor the exposure has been submitted (date \_\_\_\_\_) . . . . . ☐ Yes ☐ No

The mitigation response action report has been submitted (date \_\_\_\_\_) . . . . . ☐ Yes ☐ No

8. The vapor intrusion investigation is being completed and stepping out as part of the site investigation or remedial investigation (if "No" attach justification) . . . . . ☐ Yes ☐ No

☐ Initial Submission ☐ Interim Submission

☐ No Change (if no change, indicate last RE date and skip to Section G: \_\_\_\_\_)

## SECTION F. ECOLOGICAL RECEPTORS

1. Identify any of the following conditions that exist based on the investigations conducted to date (check all that apply):

The results of a baseline ecological evaluation [N.J.A.C.7:26E- 3.11] required that a remedial investigation of ecological receptors [N.J.A.C.7:26E-4.7] is conducted . . . . . ☐ Yes ☐ No

Provide the name(s) of any surface water body on or within 200 feet of the site. \_\_\_\_\_

Free product or residual product is located within 100 feet from an ecological receptor..... ☐ Yes ☐ No

2. Available data indicates an impact on ecological receptor(s), surface water or sediment. .... ☐ Yes ☐ No

☐ Initial Submission      ☐ Interim Submission

☐ No Change (if no change, indicate last RE date and skip to Section G: \_\_\_\_\_)

**SECTION G. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION**

Full Legal Name of the Person Responsible for Conducting the Remediation: \_\_\_\_\_

Representative First Name: \_\_\_\_\_ Representative Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

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: \_\_\_\_\_

Name/Title: \_\_\_\_\_ **No Changes Since Last Submittal** ☐



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

First Name: _____			Last Name: _____		
Phone Number: _____		Ext: _____		Fax: _____	
Mailing Address: _____					
City/Town: _____		State: _____		Zip Code: _____	
Email Address: _____					
<i>I believe that the information contained herein, and including all attached documents, is true, accurate and complete.</i>					
Signature: _____			Date: _____		
Name/Title: _____			<b>No Changes Since Last Submittal</b> <input type="checkbox"/>		
Company Name: _____					

Submit this form to the assigned case manager, municipal clerk and designate health department. 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 H. 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 SRRA 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, municipal clerk and designate health department. 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 H. SUBSURFACE EVALUATOR UST REPORT CERTIFICATION FORM

*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:	_____
<b>No Changes Since Last Submittal</b> <input type="checkbox"/>			

Submit this form to the assigned case manager, municipal clerk and designate health department. 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

## **Attachment C-1**

**Brief summary of all currently available  
data and information in reports previously  
submitted to the NJDEP**



## **ATTACHMENT C-1**

### **Brief summary of all currently available data and information in reports previously submitted to the NJDEP.**

ICF Kaiser Engineers, Inc., 1992a. *"Final Remedial Investigation Work Plan, Group 4, Site 016 – Linden East and Site 112A – Ultramar Petroleum #2 (South Ultramar Terminal)."* June, 1992.

ICF Kaiser Engineers, Inc., 1992b. *"Draft Remedial Investigation Report, Group 4, Route 185 Easement."* July 10, 1992.

ICF Kaiser Engineers, Inc., 1993. *"Draft Remedial Investigation Report, Group 4, Sites 016 and 112A."* August 31, 1993.

ICF Kaiser Engineers, Inc., 1997a. *"Draft Addendum 2 to the Remedial Investigation Work Plan, Group 4 Sites, Sites 016 and 112A."* May 27, 1997.

ICF Kaiser Engineers, Inc., 1997b. *"Draft Addendum 3 to the Remedial Investigation Work Plan, Group 4 Sites, Sites 016 and 112A."* June 20, 1997.

Killam Associates, 1988. *"Site Investigation Results for Ultramar Petroleum Inc: Referenced in ICF Kaiser Engineers, Inc, 1993 Draft Remedial Investigation Report, Group 4, Sites 016 and 112A for PPG Industries"*.

PPG Industries, Inc., 1994. *"Responses to NJDEPE Comments Dated May 10, 1994, Group 4 Sites – Sites 016 and 112A, PPG Non-Residential Sites Chromium Remediation Project."* June 23, 1994.

AECOM, 2009, *"Interim Remedial Action Report, PPG Hudson County Chromate Non-Residential Site 016"*. 2009

## **Attachment D-1**

### **Results of Well Search**

## Well Search for

**CASE NAME:**

Hudson County Chromate 16

**PROGRAM INTEREST (PI) ID # :**

G000008644

**SPREADSHEET SUBMISSION DATE:**



WELL_PERMIT_NUM	WELL_TYPE	LOCATION_ADDRESS	COUNTY	MUNICIPALITY	COMU	BLOCK	LOT	X	Y	COORD_METHOD	FINISHED_DEPTH	OPEN_INTER	STATIC_LEVEL	STATUS
2600012777	domestic	---	Hudson	Jersey City	0906	1500	7	606312	677478		22 ft			Authorized

9

## WELL ABANDONMENT REPORT

MAIL TO

WELL PERMIT # 26-12777  
of well sealed

Bureau of Water Allocation  
CN 029  
Trenton, NJ 08625

26 23 527

PROPERTY OWNER PORT LIBERTE  
ADDRESS FOOT OF CHAPLE AVE JERSEY CITY, N.J.  
WELL LOCATION FOOT OF CHAPLE AVE JERSEY CITY, N.J.  
Street & No, Township, County  
#1 Lot 7 Block 1500  
Well No, Lot & Block No, Longitude & Latitude

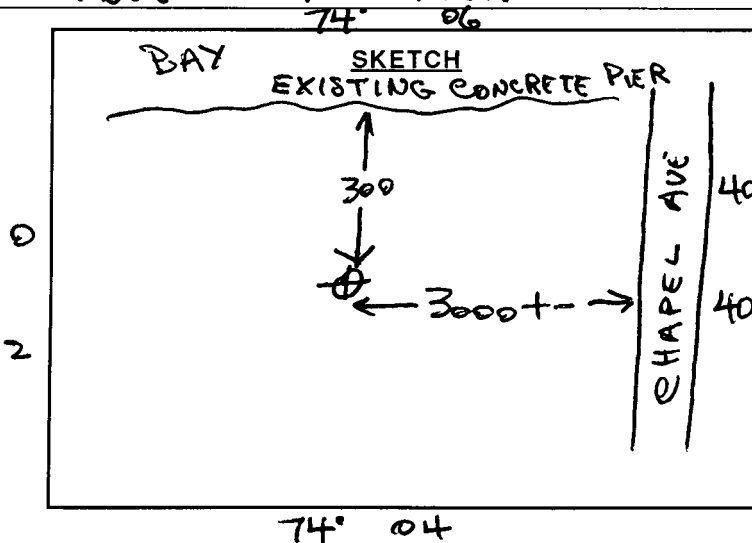
TYPE OF WELL ABANDONED ☐ IRRIGATION ☐ INDUSTRIAL ☐ MONITORING ☒ DOMESTIC  
☐ PUBLIC ☐ OBSERVATION ☐ OTHER

REASON FOR ABANDONMENT No LONGER NEEDED - CITY WATER PROVIDED

TOTAL DEPTH OF WELL 22'  
DIAMETER 4"  
CASING LENGTH 2'  
SCREEN LENGTH 20'

MATERIAL USED TO SEAL WELL  
13 Gallons of Water  
2 Bags of Cement  
6 Lbs of Bentonite  
1 Lbs of Sand/Gravel  
(none if well is contaminated)

FORMATION ☒ Consolidated  
☒ Unconsolidated



To permit adequate grouting, the casing should remain in place, but ungrouted liner pipes or any other obstructions must be removed. Pressure grouting is the only accepted method.

WAS CASING LEFT IN PLACE? ☒ Yes ☐ No

WERE OTHER OBSTRUCTIONS REMOVED? ☒ Yes ☐ No

R.V. GREGORY  
Name of Person Doing Sealing Work/Employer

Richard V Gregory  
Signature of Person Doing Sealing Work

1296  
License #

FOOT OF JERSEY AVE. J.C N.J  
Address

COPIES White & Yellow - Water Allocation

Pink - Health Dept

Goldenrod - Driller

NOT CC 2127