



**New Jersey Department of Environmental Protection**  
Site Remediation and Waste Management 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 16

AKAs: \_\_\_\_\_

Street Address: 45 Linden Avenue East

Municipality: Jersey City (Township, Borough or City)

County: Hudson Zip Code: 07035

Program Interest (PI) Number(s): G000008644

Case Tracking Number(s) for this submission: RPC110001

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: 607617 Northing: 676472

List current Municipal Block and Lot Numbers of the Site:

Block # 27401 Lot #(s) 31 Block # 27401 Lot #(s) 33

Block # 27401 Lot #(s) 35 Block # \_\_\_\_\_ Lot #(s) \_\_\_\_\_

Block # \_\_\_\_\_ Lot #(s) \_\_\_\_\_ Block # \_\_\_\_\_ Lot #(s) \_\_\_\_\_

Block # \_\_\_\_\_ Lot #(s) \_\_\_\_\_ Block # \_\_\_\_\_ Lot #(s) \_\_\_\_\_

**SECTION B. SUBMISSION STATUS**

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

☒ Via Email at [srpedd@dep.nj.gov](mailto:srpedd@dep.nj.gov) (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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                    |                            |                                 |                             |
| Remedial Investigation Report   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 03/30/2012         | 03/05/2013                 |                                 |                             |
| Remedial Action Work Plan   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 04/16/2013         | 08/14/2013                 | 07/31/2014                      |                             |
| 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"/> | 03/06/2020         |                            | 05/29/2020                      |                             |
| Case Inventory Document   |                                     | <input checked="" type="checkbox"/> |                                     |                    |                            |                                 |                             |
| Classification Exception Area / Well Restriction Area (CEA/WRA)               | <input 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 type="checkbox"/> |  |  |  |  |
| 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      ☐ 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  
☐ Other: \_\_\_\_\_

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

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

- |                                      |  |   |
|--------------------------------------|--|---|
| <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 | <input type="checkbox"/> Environmental Infrastructure Trust |



## SECTION F. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: \_\_\_\_\_

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

Phone Numbers: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Municipality: \_\_\_\_\_ 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).

(1) I certify, as a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C-1 et seq. to conduct business in New Jersey, that for the remediation described in this submission, and all attachments included in this submission, I personally: Managed, supervised, or performed the remediation conducted at this site that is described in this submission, and all attachments included in this submission; and/or periodically reviewed and evaluated the work performed by other persons that forms the basis for the information in this submission; and/or completed the work of another site remediation professional, licensed or not, after having: (1) reviewed all available documentation on which I relied; (2) conducted a site visit and observed the then-current conditions and verified the status of as much of the work as was reasonably observable; and (3) concluded, in the exercise of my independent professional judgment, that there was sufficient information upon which to complete any additional phase of remediation and prepare workplans and reports related thereto.

(2) I certify:

- That I have read this submission and all attachments to this submission;
- That in performing the professional services as the licensed site remediation professional for the entire site or each area of concern, I adhered to the professional conduct standards and requirements governing licensed site remediation professionals provided in N.J.S.A. 58:10C-16;
- That the remediation conducted at the entire site or each area of concern, that is described in this submission and all attachments to this submission, was conducted pursuant to and in compliance with the remediation requirements in N.J.S.A. 58:10C-14.c;
- That the remediation described in this submission, and all attachments to this submission, was conducted pursuant to and in compliance with the regulations of the Site Remediation Professional Licensing Board at N.J.A.C. 7:26f; and
- That the information contained in this submission and all attachments to this submission is true, accurate, and complete.

(3) I certify, when this submission includes a response action outcome, that the entire site or each area of concern has been remediated in compliance with all applicable statutes, rules, and regulations and is protective of public health and safety and the environment.

(4) I certify that no other person is authorized or able to use any password, encryption method, or electronic signature that the Board or the Department have provided to me.

(5) I certify that I understand and acknowledge that:

- If I knowingly make a false statement, representation, or certification in any document or information I submit to the Department I may be subject to civil and administrative enforcement pursuant to N.J.S.A. 58:10C-17.a.1(a) through (f) by the Board, including but not limited to license suspension, revocation, or denial of renewal; and
- If I purposely, knowingly, or recklessly make a false statement, representation, or certification in any application, form, record, document or other information submitted to the Department or required to be maintained pursuant to the Site Remediation Reform Act, I shall be guilty, upon conviction, of a crime of the third degree and shall, notwithstanding the provisions of subsection b. of N.J.S.2C:43-3, be subject to a fine of not less than \$5,000 nor more than \$75,000 per day of violation, or by imprisonment, or both.

(6) I certify that I have read this certification prior to signing, certifying, and making this submission.

LSRP Signature: \_\_\_\_\_

Date: \_\_\_\_\_

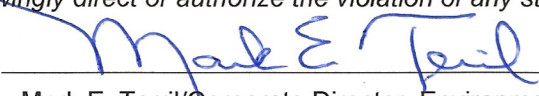
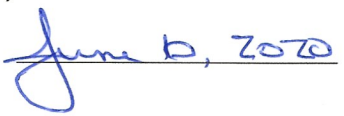
LSRP Name: \_\_\_\_\_

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

**SECTION G. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION**Full Legal Name of the Person Responsible for Conducting the Remediation: PPGRepresentative First Name: Mark Representative Last Name: TerrilTitle: Corporate Director, Environmental AffairsPhone Number: (412) 434-2708 Ext.: \_\_\_\_\_ FAX: \_\_\_\_\_Mailing Address: One PPG PlaceMunicipality: Pittsburgh State: PA Zip code: 15272Email 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: Name/Title: Mark E. Terril/Corporate Director, Environmental Affairs**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.

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





## State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Site Remediation and Waste Management Program  
DIVISION OF ENFORCEMENT, TECHNICAL & FINANCIAL SUPPORT  
BUREAU OF ENVIRONMENTAL EVALUATION AND RISK ASSESSMENT  
401 East State Street  
P.O. Box 420, Mail Code 401-05W  
Trenton, NJ 08625-0420  
Tel: (609) 633-7413  
Fax: (609) 633-2360

PHIL MURPHY  
*Governor*

CATHERINE MCCABE  
*Commissioner*

SHEILA OLIVER  
*Lt. Governor*

### MEMORANDUM

**TO:** *David Doyle, Case Manager, Remediation Oversight Element*

**FROM:** *Erica Snyder, Research Scientist, BEERA/ETRA*

**SUBJECT:** *Hudson County Chrome Site 16  
45 Linden Avenue  
Jersey City, Hudson County  
Alternative Soil Remediation Standards for Vanadium and Nickel  
PI# G000008644*

**DATE:** *May 29, 2020*

ETRA has evaluated the Alternative or New Soil Remediation Standard (ARS) Application Form (received May 7, 2020) submitted to the Department for the above Hudson County Chrome Site 16. The property is under direct oversight and does not have a Licensed Site Remediation Professional (LSRP) assigned to the site. ARS were requested for vanadium, based on the ingestion-dermal pathway, and nickel, based on the impact to ground water (IGW) pathway. See comments for each contaminant below.

#### Vanadium

The submittal requested that an ARS for vanadium of 390 mg/kg for residential use is appropriate based on updated toxicity information found in EPA's *Integrated Risk Information System (IRIS)* and recorded in EPA's *Regional Screening Level (RSL) Tables (November 2020)*. The concentration of vanadium on site ranged up to 87.6 mg/kg, which exceeds the current vanadium residential standard (78 mg/kg). The submittal has been reviewed and an ARS for vanadium of 390 mg/kg for residential use is approved on a site-specific basis using DEP standard exposure assumptions.

#### Nickel

The Synthetic Precipitation Leaching Procedure (SPLP) spreadsheet included with the submission was reviewed, and provided that the sampling is representative of the Area of

Concern (AOC) and the QA/QC is acceptable, the proposed IGW ARS of 654 mg/kg for nickel is approved.

If you have any questions regarding this notice, you may contact Erica Snyder at [erica.snyder@dep.nj.gov](mailto:erica.snyder@dep.nj.gov) for questions related to the ingestion-dermal pathway or Swati Toppin at [swati.toppin@dep.nj.gov](mailto:swati.toppin@dep.nj.gov) for questions related to the IGW pathway.

c: Kevin Schick, Bureau Chief, BEERA  
Swati Toppin, BEERA/ETRA





New Jersey Department of Environmental Protection  
Site Remediation and Waste Management Program

**ALTERNATIVE OR NEW REMEDIATION STANDARD  
AND/OR SCREENING LEVEL APPLICATION FORM**

Date Stamp  
(For Department use only)

**NOTE:** This form shall be completed for all contaminants for which a direct contact exposure pathway alternative or new remediation standard, alternative impact to ground water soil remediation standard, alternative vapor intrusion screening level, ecological risk-based remediation goal, and/or ecological risk management decision goal is being implemented and/or requested for a site or area of concern. The form shall be used regardless of whether Department pre-approval is required.

**SECTION A. SITE NAME AND LOCATION**

Site Name: Hudson County Chrome Site 16

List all AKAs: \_\_\_\_\_

Street Address: 45 Linden Avenue

Municipality: Jersey City (Township, Borough or City)

County: Hudson Zip Code: 07305

Program Interest (PI) Number(s): G000008644

Case Tracking Number(s): \_\_\_\_\_

**SECTION B. REMEDIATION STANDARD NOTIFICATION SPREADSHEET**

Complete and attach the Remediation Standard Notification Spreadsheet which can be found at:  
<http://www.nj.gov/dep/srp/srra/forms/>. This form will not be processed by the NJDEP if the spreadsheet is not attached.

**SECTION C. PURPOSE FOR SUBMISSION**

Pre-Approval Required:

- ☒ Ingestion/Dermal Alternative Soil Remediation Standard  
☐ Inhalation Alternative Soil Remediation Standard  
(New Toxicity Data, New Modeling, etc.)  
☐ Development of New Remediation Standard  
☐ Ecological Risk Based Remediation Goal  
☐ Ecological Risk Management Decision Goal

No Pre-Approval Required:

- ☐ Inhalation Alternative Soil Remediation Standard  
(Calculation Spreadsheet)  
☒ Impact to Groundwater Alternative Soil Remediation Standard  
☐ Vapor Intrusion Alternative Screening Level  
☐ Development of New Vapor Intrusion Screening Level

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

Full Legal Name of the Person Responsible for Conducting the Remediation: PPG

Representative First Name: Mark Representative Last Name: Terril

Title: Corporate Director, Environmental Affairs

Phone Number: (412) 434-2708 Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: One PPG Place

City/Town: Pittsburgh State: PA Zip Code: 15272

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

Date: February 26, 2020



## SECTION E. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: \_\_\_\_\_

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

Phone Numbers: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Municipality: \_\_\_\_\_ 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).

- (1) I certify, as a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C-1 et seq. to conduct business in New Jersey, that for the remediation described in this submission, and all attachments included in this submission, I personally: Managed, supervised, or performed the remediation conducted at this site that is described in this submission, and all attachments included in this submission; and/or periodically reviewed and evaluated the work performed by other persons that forms the basis for the information in this submission; and/or completed the work of another site remediation professional, licensed or not, after having: (1) reviewed all available documentation on which I relied; (2) conducted a site visit and observed the then-current conditions and verified the status of as much of the work as was reasonably observable; and (3) concluded, in the exercise of my independent professional judgment, that there was sufficient information upon which to complete any additional phase of remediation and prepare workplans and reports related thereto.
- (2) I certify:
- That I have read this submission and all attachments to this submission;
  - That in performing the professional services as the licensed site remediation professional for the entire site or each area of concern, I adhered to the professional conduct standards and requirements governing licensed site remediation professionals provided in N.J.S.A. 58:10C-16;
  - That the remediation conducted at the entire site or each area of concern, that is described in this submission and all attachments to this submission, was conducted pursuant to and in compliance with the remediation requirements in N.J.S.A. 58:10C-14.c;
  - That the remediation described in this submission, and all attachments to this submission, was conducted pursuant to and in compliance with the regulations of the Site Remediation Professional Licensing Board at N.J.A.C. 7:26I; and
  - That the information contained in this submission and all attachments to this submission is true, accurate, and complete.
- (3) I certify, when this submission includes a response action outcome, that the entire site or each area of concern has been remediated in compliance with all applicable statutes, rules, and regulations and is protective of public health and safety and the environment.
- (4) I certify that no other person is authorized or able to use any password, encryption method, or electronic signature that the Board or the Department have provided to me.
- (5) I certify that I understand and acknowledge that:
- If I knowingly make a false statement, representation, or certification in any document or information I submit to the Department I may be subject to civil and administrative enforcement pursuant to N.J.S.A. 58:10C-17.a.1(a) through (f) by the Board, including but not limited to license suspension, revocation, or denial of renewal; and
  - If I purposely, knowingly, or recklessly make a false statement, representation, or certification in any application, form, record, document or other information submitted to the Department or required to be maintained pursuant to the Site Remediation Reform Act, I shall be guilty, upon conviction, of a crime of the third degree and shall, notwithstanding the provisions of subsection b. of N.J.S.2C:43-3, be subject to a fine of not less than \$5,000 nor more than \$75,000 per day of violation, or by imprisonment, or both.
- (6) I certify that I have read this certification prior to signing, certifying, and making this submission.

LSRP Signature: \_\_\_\_\_

Date: \_\_\_\_\_

LSRP Name: \_\_\_\_\_

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



## REMEDIATION STANDARD NOTIFICATION SPREADSHEET

### Instructions

Clear Form

Site Name: Hudson County Chrome Site 16

Program Interest Number: G000008644

### ALTERNATIVE STANDARDS OR SCREENING LEVELS REQUESTED/IMPLEMENTED

[illegible]

# NUDEP SPLP Spreadsheet, V3.1, November 2013

Case name/area of concern:

|             |
|-------------|
| PPG Site 16 |
| G00000791   |
| 12/20/2012  |

Case number:

Sampling date:

Contaminant:

|                |
|----------------|
| Nickel (total) |
|----------------|

|   |           |
|---|-----------|
| CAS No:                                 | 7440-02-0 |
| Water solubility (mg/L)                 | NA        |
| Aqueous reporting limit (µg/L):         | 4.00E+00  |
| Soil reporting limit (mg/kg):           | 4.00E+00  |
| Health-based GWQC (µg/L)                | 1.00E+02  |
| DAF (20, or site-specific if approved): | 20        |
| Leachate Criterion (µg/L):              | 2.00E+03  |
| Henry's law constant (dimensionless):   | 0.00E+00  |

NOTE:

USE ONE PAGE PER CONTAMINANT, do not leave empty rows between samples

Do not enter samples with soil concentrations at or below the reporting limit

When leachate concentration is non-detect, enter the aqueous reporting limit

Enter site-specific dilution-attenuation factor (DAF) if desired

Data entry cells (do not skip rows)

Optional data entry

Calculated or locked cells

Indicates that Alternative Remediation Standard needs to be recalculated

| Sample ID     | Soil sample weight (kg) | Leachate Volume (L) | Total Soil Concentration (mg/kg) | SPLP Leachate Concentration (µg/L) | Final pH of Leachate (except VOCs) | Optional data       |           |                        | Kd (L/kg) | % Contaminant in Leachate | Field leachate concentration (µg/L) | Pass or fail? |
|---------------|-------------------------|---------------------|----------------------------------|------------------------------------|------------------------------------|---------------------|-----------|------------------------|-----------|---------------------------|-------------------------------------|---------------|
|               |                         |                     |                                  |                                    |                                    | Sampling Depth (ft) | Soil Type | Organic Carbon (mg/kg) |           |                           |                                     |               |
| 016_K007_4.0  | 0.1                     | 2                   | 149                              | 4.1                                | 10.02                              |                     |           |                        | 36321.5   | 0.06                      | 4.10                                | PASS          |
| 016_F005_2.0  | 0.1                     | 2                   | 654                              | 4.2                                | 11.17                              |                     |           |                        | 155694.3  | 0.01                      | 4.20                                | PASS          |
| 016_K007_4.0X | 0.1                     | 2                   | 131                              | 4.2                                | 10.1                               |                     |           |                        | 31170.5   | 0.06                      | 4.20                                | PASS          |
| 016_F005_1.0  | 0.1                     | 2                   | 26.2                             | 6.6                                | 10.21                              |                     |           |                        | 3949.7    | 0.50                      | 6.63                                | PASS          |

## SPLP RESULTS for

OPTION 1a: All adjusted leachate concentrations are below the leachate criterion

REMEDIATION STANDARD = 654 mg/kg

OPTION 1b: Simple inspection of tabulated results to find highest acceptable standard  
EVERYTHING PASSED, OPTION 1b NOT VALID

OPTION 2: Remediation standard using site-specific Kd value

Kd ratio = 39.42, USE MINIMUM Kd

Kd USED FOR CALCULATING STANDARD = 3949.7 L/kg

result before rounding = 7899.7006 mg/kg

REMEDIATION STANDARD = 650 mg/kg (controlled by maximum soil concentration)

OPTION 3: Remediation standard using linear regression

Number of points = 4

Soil concentration midrange = 340.1

Number of points above midrange = 1

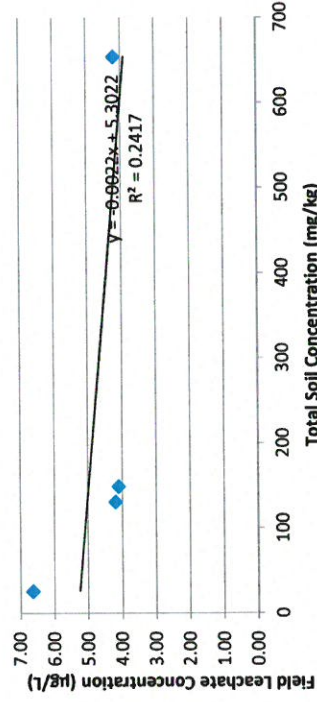
Enough points above midrange? NO

R-Square high enough? NO

Leachate criterion within range of leachate concentrations? NO

OPTION 3 NOT VALID

## Regression of SPLP results







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## MEMORANDUM

|         |  |        |
|---------|--|--------|
| To      | Crystal L. Leavey, LSRP  | Page 1 |
| CC      | File   |        |
| Subject | Alternative Remediation Standard for Nickel and Vanadium<br>PPG Site 16, 45 Linden Avenue East, Jersey City<br>PI G000008644 |        |
| From    | Matthew Collier, LSRP  |        |
| Date    | January 18, 2018   |        |

### Site Background

The Site was identified as a Non-Residential Hudson County Chrome (HCC) site by the New Jersey Department of Environmental Protection (NJDEP) and is designated as HCC Site 16 in the July 19, 1990 Administrative Consent Order (ACO) between the NJDEP and PPG. Previous buildings at Site 16 included a transformer house. The east side of Site 16 was occupied by Lehigh Valley Railroad (LVRR) Warehouse and the west side was occupied by a junk yard. The LVRR occupied the majority of the area in Site 16, as well as the area to the east of Site 16. Standard Oil occupied the area to the north of Site 16 (AECOM, 2011). The LVRR Warehouse was constructed by Lawrence Construction and is currently used as a storage facility. The majority of the Site is currently used by the warehouse and the remaining areas consist of a paved asphalt parking lot and unpaved areas. Soil investigations completed between 1987 and 2013 documented the presence of chromate chemical production waste (CCPW) or CCPW-impacted materials and analytical exceedances of the NJDEP's Soil Remediation Standards (SRS) and/or the Chromium Soil Cleanup Criteria (CrSCC). The recommended Remedial Action (RA) for soils at the Site included the excavation and removal of visible CCPW and soils with concentrations of Hexavalent Chromium and Total Chromium above the CrSCC and Antimony, Nickel, Thallium, and Vanadium above the SRS or default IGW SSLs.

### Site-Specific Impact to Groundwater Soil Remediation Standard (IGWSRS) for Nickel

A site-specific IGWSRS was calculated for nickel using the Synthetic Precipitation Leaching Procedure (SPLP) methodology and the NJDEP's SPLP Spreadsheet (V3.1, November 2013). Four soil samples were collected from the Site on December 20, 2012 and submitted for total nickel analysis and SPLP nickel analysis.

Based on the NJDEP's guidance, the Default Leachate Criterion for Class II Ground Water for nickel is 2,000 micrograms per liter (ug/l). Option 1 of the NJDEP's guidance allows for the determination of a site-specific IGWSRS from a direct comparison of field leachate concentrations against the Default Leachate Criterion. The results of the total and SPLP nickel analyses were entered into the NJDEP SPLP Spreadsheet for the calculation of field leachate concentrations. Calculated field leachate concentrations were observed to be below the Default Leachate Criterion of 2,000 ug/l and ranged from 4.1 ug/l to 6.6 ug/l. Option 1 allows the highest total contaminant concentration to be used as the site-specific IGWSRS. The highest total nickel

concentration was observed in sample 016\_F005\_2.0. As a result, the site-specific IGWSRS for nickel is 654 milligrams per kilogram (mg/kg).

Soil samples used for the calculation of a site-specific IGWSRS for nickel, including 016\_F005\_2.0, were removed during soil excavation activities. Following the completion of RA activities for soil, nickel concentrations remaining on the site range from 7.8 mg/kg to 96.3 mg/kg.

#### Ingestion/Dermal Alternative Soil Remediation Standard for Vanadium

In correspondence dated July 15, 2016, the NJDEP indicated that a change in the Technical Regulations for Site Remediation (N.J.A.C. 7:26E) that required analysis for metals using the Target Analyte List (TAL) rather than Priority Pollutant (PP) metals, has resulted in the NJDEP receiving a larger data set for vanadium than in the past. Background soil studies conducted in NJ have typically shown vanadium concentrations of 25 mg/kg, and the NJDEP has indicated that recent data sets are indicating a wide range of naturally elevated vanadium with no use or discharges of vanadium at sites within the Site Remediation Program.

Prior to RA activities, vanadium concentrations in soil ranged from non-detect to 718 mg/kg. Following the completion of RA activities for soil, vanadium concentrations remaining on the site range from 8 mg/kg to 87.6 mg/kg.

The USEPA has developed Regional Soil Screening Level of 390 mg/kg for residential exposure for vanadium and compounds (<https://www.epa.gov/risk/regional-screening-levels-rsls-users-guide-november-2015>) as listed in the Generic Tables (May 2016 - <https://www.epa.gov/risk/regional-screening-levels-rsls-generic-tables-may-2016>) with a target cancer risk (TR) of 1E-06 and a target hazard quotients (THQ) of 1.0. PPG proposes to use 390 mg/kg as the Ingestion Alternative Soil Remediation Standard for vanadium for this site.



Case Name: Hudson County Chrome Site 16  
PI #: G000008644

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2) If passing from a Word document, use the Paste option: **Match Destination Formatting**  
3) If the text turns **red** you have exceeded the character limit for that column

Case Inventory Document Version 1.4 02/23/17

| AOC ID | AOC Type  | AOC Description   | Confirmed Contamination | AOC Status | Status Date | Incident # | DEP AOC Number | Contaminated Media | Contaminants of Concern | Additional Contaminants of Concern | Additional Contaminants of Concern | Applicable Remediation Standard | Exposure Route | Additional Exposure Route | RA Type | Additional RA Type | Additional RA Type | Was an Order of Magnitude Evaluation Conducted? | Activity   |
|--------|---|---|-------------------------|------------|-------------|------------|----------------|--------------------|-------------------------|------------------------------------|------------------------------------|---------------------------------|----------------|---------------------------|---------|--------------------|--------------------|---|--|
| AOC 1  | Discharge and disposal area - Historic fill material area/other fill area | Exterior soil (onsite) contaminated with Chromate Chemical Production Waste | Yes                     | RAR        | 2/27/2020   |            |                | Soil               | Metals                  |                                    |                                    |                                 |                |                           |         |                    |                    |   | <p>1987: Soil sampling was conducted to determine the extent of chromium impacted soil along the eastern boundary of the Site. The drainage ditch was remediated as a result of the 1987 investigation.</p> <p>1989: a second investigation as completed to identify the extent of chromium present in soil and to determine potential impacts t surface water and sediments.</p> <p>1992: A third investigation was completed to verify the extent of the chromium and hexavalent chromium contamination in sediment and soil. The hydrogeological properties and groundwater were characterized.</p> <p>1992: Interim Remedial Measures (IRM), fencing and paving of the access road were completed.</p> <p>2008: additional IRM were implemented in the current loading dock area. Pre-excavation borings were advanced adjacent to the building and the results identified CCPW. Soil was excavated and disposed of offsite. Excavation locations were backfilled with certified clean fill materials. Post-excavation concrete sampling revealed hexavalent chromium and a liner was installed along the building foundation. Visual CCPW was identified/observed as being embedded in the foundation wall.</p> <p>2002: The drainage ditch was remediated and received NFA in August 2004.</p> <p>August 2011 and December 2012-January 2013. Site investigation identified and delineated the extent of the CCPW contamination. Initial investigation collected 463 soil samples. Delineation investigation collected 27 soil samples. Nickel, vanadium, thallium, and hexavalent chromium were detected at concentrations greater than their respective soil remediation standards. Antimony was detected at concentrations exceeding the impact to groundwater soil screening level. The limit of contamination was identified and a calculated volume of soil to be removed and disposed was calculated based on the results of the field investigations.</p> <p>2013: A total of 54 soil borings and 4 geotechnical borings were drilled between August and October 2013 and 241 samples were collected for laboratory analysis.</p> <p>June 2014 - August 2015: Excavation of impacted materials outside the footprint of the existing structure: 894 truckloads (approximately 23,204 tons) of CCPW impacted non-hazardous material removed; 925 truckloads and roll-off containers (approximately 22,705 tons) of CCPW-impacted hazardous fill material removed; 422 tanker loads (approximately 2,668,600 gallons) of impacted storm water, groundwater, and/or decontamination water disposed.</p> <p>December 2017: Additional base samples for Sample Grids 2B, 3B, 4W, and 6P and additional sidewall samples for Sample Grids 2U, 3W, 15O, and 17/18U, were collected and analyzed for hexavalent chromium, total chromium, antimony, nickel, thallium, and vanadium. Targeted contaminants were not identified at concentrations in excess of their respective soil remediation standards. Historical soil boring, 016_L005 (Grid 3S) exhibited a hexavalent chromium concentration in excess of the CrSCC at a depth of 20 feet below grade. This boring location was over-drilled using an 8-inch diameter hollow stem auger to a target depth of 25 ft bgs. A sample was collected from 19.5-20 feet below grade and analyzed for hexavalent chromium, total chromium, antimony, nickel, thallium, and vanadium. Targeted contaminants were not identified at concentrations in excess of their respective soil remediation standards.</p> <p>April 2019: An additional base sample was collected for Sample Grid 8Q and analyzed for hexavalent chromium, total chromium, antimony, nickel, thallium, and vanadium. Targeted contaminants were not identified at concentrations in excess of their respective soil remediation standards. Post-excavation soil samples collected indicate that CCPW-impacted soil and fill materials have been removed from this AOC. Issuance of a NFA equivalent is appropriate at this time.</p> |

Case Name: Hudson County Chrome Site 16  
PI #: G000008644

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Case Inventory Document Version 1.4 02/23/17

| AOC ID | AOC Type  | AOC Description  | Confirmed Contamination | AOC Status | Status Date | Incident # | DEP AOC Number | Contaminated Media | Contaminants of Concern | Additional Contaminants of Concern | Additional Contaminants of Concern | Applicable Remediation Standard | Exposure Route | Additional Exposure Route | RA Type | Additional RA Type | Additional RA Type | Was an Order of Magnitude Evaluation Conducted? | Activity   |
|--------|---|--|-------------------------|------------|-------------|------------|----------------|--------------------|-------------------------|------------------------------------|------------------------------------|---------------------------------|----------------|---------------------------|---------|--------------------|--------------------|---|--|
| AOC 2  | Environmental media - Media Ground water                                  | Groundwater contaminated with Chromate Chemical Production Waste                       | Yes                     | RI         | 2/2/2019    |            |                | Ground Water       | Metals                  |                                    |                                    |                                 |                |                           |         |                    |                    |   | August 2011 and January/February 2013: Site investigation identified the metal contamination. Field investigation collected groundwater samples from two groundwater sampling events (2011 and 2013). Chromium was present at concentrations above the NJDEP GWQS. Vanadium exceeded the GWQS in one sample.<br>December 2017/January 2018: Post-excavation, three new shallow permanent monitoring wells, gauging of interior and exterior shallow monitoring wells, and the collection and analysis of two rounds of groundwater samples from the exterior monitoring wells for total and hexavalent chromium, antimony, nickel, thallium, and vanadium. Targeted contaminants were not reported in excess of the GWQS in the exterior monitoring wells. No further investigation or action is warranted with respect to this AOC relative to CCPW-impacts.<br>December 2018 - February 2019: one new monitoring well (MW-104) installed offsite to complete delineation of chromium exceedance in monitoring well 016, MW02; groundwater sampled in January 2019 and February 2019 via low-flow for CCPW-related metals and hexavalent chromium; results below GWQS or ND; delineation of AOC-2 complete<br>October 2019: A draft Remedial Investigation Report Addendum for Groundwater (AOC-2) and Linden Avenue East (AOC-4) was submitted to the NJDEP. The results of the groundwater remedial investigations completed to date indicate that horizontal and vertical delineation of CCPW-related contaminants is complete. A proposal for a CEAWRA was presented. The interior of the building and existing IRMs within the building will continue to be inspected on a quarterly basis until such time as the soil contamination beneath the building is remediated and post-soil remediation of groundwater investigations are complete. Comments were received from the NJDEP in February 2020 and a revision to this document is pending. |
| AOC 3  | Discharge and disposal area - Historic fill material area/other fill area | Interior soil and building footer contaminated with Chromate Chemical Production Waste | Yes                     | RI         |             |            |                | Soil               | Metals                  |                                    |                                    |                                 |                |                           |         |                    |                    |   | 1993: 9 soil borings were advanced by ICF Kaiser within the building footprint. Hexavalent chromium was not reported in excess of 20 mg/kg.<br>2011: 60+ soil borings were advanced by Tetra Tech within the building footprint. Tetra Tech reported the presence of COPR in 27 of the interior soil borings. Exceedances of hexavalent chromium ranged from 23 mg/kg in soil boring 016, H012 to 276 mg/kg in 016, I012.<br>2014-2015: Concrete chip sample 2H-Concrete (2 BSG) exhibited a hexavalent chromium concentration of 25.2 mg/kg and concrete chip sample 3K-SW-South2 (4 BSG) exhibited a hexavalent chromium concentration of 25.5 mg/kg. Concrete chip sample 3K-SW-South2 (4 BSG) was reanalyzed due to low MS recovery. The laboratory reported a hexavalent chromium concentration of 11.6 mg/kg. Concrete chip sample 3K-SW-South2 (4 BSG) also exhibited a vanadium concentration of 424 mg/kg. These samples will be addressed during remediation of AOC-3<br>October 2019: A draft Remedial Action Work Plan (RAWP) for AOC-3: Interior Soil and AOC-4: Linden Avenue East was submitted. NJDEP review is pending PPG negotiations with the property owner. The RAWP proposed the use of engineering and institutional controls for AOC-3 and AOC-4.   |
| AOC 4  | Discharge and disposal area - Historic fill material area/other fill area | Portion of Linden Avenue East contaminated with Chromate Chemical Production Waste     | Yes                     | RAW        | 12/18/2018  |            |                | Soil               | Metals                  |                                    |                                    |                                 |                |                           |         |                    |                    |   | August 2014: Three soil borings were completed in Linden Avenue did not identify the presence of CCPW. Analysis of soil samples did not result in any exceedances of the NJDEP remediation standards for CrSCC or SRS.<br>May 2015: Six soil borings were advanced adjacent to the southeast corner of the warehouse building. CCPW was encountered in three borings. Analysis of the soil samples did not result in exceedance of the CrSCC or SRS.<br>November 2015: 17 soil borings were advanced and CCPW was observed in 2 of the 17 soil borings. An additional 2 provisional soil borings were advanced to complete delineation. Blooming was encountered in several borings. Additional soil borings to delineate the hexavalent chromium exceedance identified in soil boring LA.7 were proposed in APTIM's August 10, 2018 Remedial Investigation Work Plan Addendum; Hudson County Chrome Site 16, which was approved by the NJDEP on August 23, 2018.<br>October 2018: A draft Remedial Action Work Plan (RAWP) for AOC-3: Interior Soil and AOC-4: Linden Avenue East was submitted. NJDEP review is pending PPG negotiations with the property owner. The RAWP proposed the use of engineering and institutional controls for AOC-3 and AOC-4.<br>December 2018: Soil boring LA_7A advanced to delineate hexavalent chromium exceedance; soil samples collected from 0.8 feet below grade to 7.2 feet below grade for CCPW-metals and hexavalent chromium analysis; results below CrSCC, IGWSRS, RDCSRS, and NRDCSRS; delineation of CCPW-related contamination in AOC-4 complete  |



New Jersey Department of Environmental Protection  
Site Remediation and Waste Management Program

RECEPTOR EVALUATION (RE) FORM

Date Stamp  
(For Department use only)

SECTION A. SITE

Site Name: Hudson County Chromate 16

Program Interest (PI) Number(s): G000008644

Communication Center Number(s) and/or ISRA number(s) for this submission: (as many as will fit in the space provided)

**This form must be attached to the Cover/Certification Form  
if not submitted through a Remedial Phase Online Service**

Indicate the type of submission:

☐ Initial RE Submission

☒ Updated RE Submission

Indicate the reason for submission of an updated RE form

☐ Submission of an Immediate Environmental Concern (IEC) source control report;

☐ Submission of a Remedial Investigation Report;

☒ Submission of a Remedial Action Report;

Check if included in updated RE

☐ The known concentration or extent of contamination in any medium has increased;

☐ A new AOC has been identified;

☐ A new receptor is identified;

☐ A new exposure pathway has been identified.

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 property boundary (check all that apply):

|   | On-site                             | Off-site                            |
|---|-------------------------------------|-------------------------------------|
| None of the following .....                               | <input checked="" 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 checked="" 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):

☒ Industrial

☐ Residential

☒ Commercial

☐ School or child care

☐ Government

☐ Park or recreational use

☐ Vacant

☐ Agricultural

☐ Other: \_\_\_\_\_

3. Planned future on-site uses and off-site uses within 200 feet of the site boundary (check all that apply):

On-Site Off-Site

On-Site Off-Site

On-Site Off-Site

☒ ☐ Industrial

☐ ☐ Residential

☒ ☐ Commercial

☐ ☐ School or child care

☐ ☐ Government

☐ ☒ Park or recreational use

☐ ☐ Vacant

☐ ☐ Agricultural

☐ ☐ Other: \_\_\_\_\_

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



## SECTION C. DESCRIPTION OF CONTAMINATION

1. Identify if any of the following exist at the site:

**Yes No**

☐ ☒ Free product [N.J.A.C. 7:26E-1.8] identified is ☐ LNAPL\* or ☐ DNAPL\*\*.

Date identified: \_\_\_\_\_

☐ ☒ Residual product [N.J.A.C. 7:26E-1.8]

☒ ☐ Other primary source materials not identified above (e.g., buried drums, containers, unsecured friable asbestos). See form instructions for additional information.

Explain: Chromate Chemical Production Waste (CCPW)

\* LNAPL – measured thickness of .01 feet or more

\*\*DNAPL – See *Ground Water Technical Guidance and USEPA Assessment and Delineation of DNAPL Source Zones at Hazardous Waste Sites* (attached as Appendix A of the NJDEP GW Guidance) available at: [http://www.nj.gov/dep/srp/guidance/#pa\\_si\\_ri\\_gw](http://www.nj.gov/dep/srp/guidance/#pa_si_ri_gw). Also, see US EPA DNAPL Overview available at: [http://clu.in.org/contaminantfocus/default.focus/sec/Dense\\_Nonaqueous\\_Phase\\_Liquids\\_\(DNAPLS\)/cat/Overview](http://clu.in.org/contaminantfocus/default.focus/sec/Dense_Nonaqueous_Phase_Liquids_(DNAPLS)/cat/Overview)

2. Soil Migration Pathway

Has soil contamination been delineated to the applicable Direct Contact Soil

Remediation Standard pursuant to N.J.A.C. 7:26E-4.2? ..... ☒ Yes ☐ No

Are all soils either below the applicable Direct Contact Criteria or under an institutional control (i.e. deed notice)? ..... ☐ Yes ☒ No

3. If this evaluation is submitted with a technical document that includes contaminant summary 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.

## SECTION D. GROUND WATER USE

1. Have all potentially contaminated areas of concern been evaluated to determine if there is a potential that ground water is contaminated pursuant to N.J.A.C. 7:26E-3.5? ..... ☒ Yes ☐ No

If “No,” proceed to Section E.

2. Is a ground water investigation required? ..... ☒ Yes ☐ No

If “No,” proceed to Section E.

3. Has a groundwater investigation been conducted? ..... ☒ Yes ☐ No

If “Yes”:

Has the laboratory data package been received? ..... ☒ Yes ☐ No

If the laboratory data package has not been received, provide the expected due date for data: \_\_\_\_\_ and proceed to Section E.

If “No”:

Proceed to Section E.

4. Is ground water contaminated above the Ground Water Remediation Standards [N.J.A.C. 7:9C]? ..... ☒ Yes ☐ No

If “Yes”: Provide the date that the laboratory data package was available and confirmed contamination was identified above the Ground Water Remediation Standards.

Date: 10/01/1992

If “No”: Proceed to Section E.

5. Has ground water contamination been delineated to the applicable Remediation Standard pursuant to N.J.A.C. 7:26E-4.3? ..... ☒ Yes ☐ No

6. 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

7. Has a well search been completed?.....☒ Yes ☐ No

Date of most recent or updated well search: 01/21/2018

8. Is a completed Well Search Spreadsheet or historical well search table attached and has an electronic copy of the spreadsheet been submitted to [srpgis\\_wrs@dep.nj.gov](mailto:srpgis_wrs@dep.nj.gov). ....☒ Yes ☐ No

**Note: Redacted wells must be excluded from all non-confidential documents including maps, tables, etc. (see RE Instructions).**

If "No," explain: \_\_\_\_\_

9. Are any potable or irrigation wells located within ½ mile of the currently known extent of contamination? .....☒ Yes ☐ No

If "Yes,":

- A door to door survey is required in accordance with [N.J.A.C.7:26E-1.14(a)ii]. Attach results of the door to door survey.
- Identify if any of the following conditions exist based on the well search and door to door survey [N.J.A.C.7:26E-1.14(a)]:

**Yes No**

- ☐ ☒ Potable wells located within 500 feet from the downgradient edge of the currently known extent of contamination.
- ☐ ☒ Potable wells located 250 feet upgradient or 500 feet side gradient of the currently known extent of contamination.
- ☐ ☒ Ground water contamination from the discharge is located within a Tier 1 wellhead protection area (WHPA).

10. Has sampling been conducted of ☐ potable well(s) and /or ☐ non-potable use well(s)? .....☐ Yes ☒ No

If "No," provide justification then proceed to Question 12.

No wells were identified within 250 feet upgradient, 500 feet downgradient or 500 feet sidegradient

11. Has contamination been identified in potable well(s), **not attributed to background conditions**, above the Class II Ground Water Remediation Standards or State Safe Drinking Water levels, N.J.A.C 7:1E, whichever is applicable? .....☐ Yes ☐ No

If "Yes":

- Provide the date laboratory data package was received: \_\_\_\_\_
- Follow the **IEC** Guidance Document at <http://www.nj.gov/dep/srp/guidance/IEC/index.html> for required actions and answer the following:
- Has an engineered system response action been completed on all impacted receptors? .....☐ Yes ☐ No  
Provide a brief narrative description:

Date completed: \_\_\_\_\_ NJDEP Case Manager: \_\_\_\_\_

12. Has contamination been identified in non-potable well(s), **not attributed to background conditions**, above the Class II Ground Water Remediation Standards?.....☐ Yes ☒ No

If "Yes," provide the date laboratory data package was received: \_\_\_\_\_

13. Has the ground water use evaluation been completed pursuant to N.J.A.C. 7:26E-1.14? .....☒ Yes ☐ No

## SECTION E. VAPOR INTRUSION (VI)

1. Indicate if any of the following conditions exist that trigger a Vapor Intrusion investigation. For each condition checked "Yes", provide the date the condition was first identified (e.g. date laboratory data package was available).  
(see NJDEP Vapor Intrusion Technical Guidance)

| Yes                      | No                                  |  | Date Condition First Identified |
|--------------------------|-------------------------------------|--|---------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ground water contamination in excess of the NJDEP Vapor Intrusion Ground Water Screening Levels (VIGWSL) and within 30 feet of a building for Petroleum Hydrocarbon Compounds (PHC) or 100 feet for non-PHC compounds .. | _____                           |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Free product within 30 feet of a building for PHC or 100 feet for non-PHC compounds ..   | _____                           |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Soil gas contamination detected at concentrations that exceed the Soil Gas Screening Levels (SGSL) ..  | _____                           |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Indoor air contamination that exceeds the Indoor Air Screening Levels.....   | _____                           |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Wet basement or sump containing free product or ground water containing detectable concentration of volatile organic contaminants ..   | _____                           |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Methane generating conditions causing oxygen deficient or explosion concern ..   | _____                           |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other human or safety concern from the VI pathway (i.e. elemental mercury, unsaturated soil contamination), <i>explain below:</i> ..   | _____                           |

If you checked "No" to all boxes in Question 1., proceed to Section F, "Ecological Receptors", otherwise complete the rest of this section.

2. Has ground water contamination been delineated to the applicable Vapor Intrusion Ground Water Screening Levels pursuant to N.J.A.C 7:26E-4.3? ..... ☐ Yes ☐ No
3. Was a site-specific screening level, modeling or other alternative approach employed for the VI pathway? ..... ☐ Yes ☐ No
4. Identify and locate, on a scaled map, any buildings/sensitive populations that exist within the following distances from ground water contaminant concentrations above the Vapor Intrusion Ground Water Screening Levels or other specific triggers noted in Question 1 above.:
- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 30 feet of petroleum free product or dissolved petroleum hydrocarbon contamination in ground water  |
| <input type="checkbox"/> | <input type="checkbox"/> | 100 feet of any non-petroleum free product (e.g. chlorinated hydrocarbons) or any non-petroleum dissolved volatile organic ground water contamination |
| <input type="checkbox"/> | <input type="checkbox"/> | Other specific triggers   |
| <input type="checkbox"/> | <input type="checkbox"/> | No buildings exist within the specified distances or other specific triggers  |
5. Is the vapor intrusion pathway a concern at or adjacent to the site? (if "No," attach justification) ..... ☐ Yes ☐ No
6. Has soil gas sampling of the building(s) been conducted? ..... ☐ Yes ☐ No
- If "Yes," has the laboratory data package been received? ..... ☐ Yes ☐ No
- If the data package was received, did constituents exceed the Soil Gas Screening Levels? ..... ☐ Yes ☐ No
- If "No," attach technical justification consistent with the NJDEP Vapor Intrusion Technical Guidance.
7. Has indoor air sampling been conducted at the identified building(s)? ..... ☐ Yes ☐ No
- If "Yes," has the laboratory data package been received? ..... ☐ Yes ☐ No
- If the data package has been received, did constituents exceed the Indoor Air Screening Levels? .. ☐ Yes ☐ No
- If "No," or awaiting indoor air laboratory data package, proceed to Question 12.



8. Has indoor air contamination been identified but not suspected to be from a discharge?  
(if "Yes," attach justification) ..... ☐ Yes ☐ No
9. Were indoor air results above the NJDEP's Rapid Action Levels? ..... ☐ Yes ☐ No
- If "Yes":
- Provide the date laboratory data package was received: \_\_\_\_\_
  - Follow the IEC Guidance Document at <http://www.nj.gov/dep/srp/guidance/index.html#iec> for required actions and answer the following:
  - Was the IEC engineering system response for control implemented for all impacted structures? ..... ☐ Yes ☐ No
- Date implemented: \_\_\_\_\_ NJDEP Case Manager: \_\_\_\_\_
10. Were the results of indoor air sampling above the NJDEP's Indoor Air Screening Levels but at, or below, the Rapid Action Levels ..... ☐ Yes ☐ No
- If "Yes," answer the following:
- Provide the date laboratory data package was received: \_\_\_\_\_
  - Has the Vapor Concern (VC) Response Action Form notifying the NJDEP of the exceedances been submitted? ..... ☐ Yes ☐ No
- Date: \_\_\_\_\_
- Has a plan to mitigate and monitor the exposure been submitted? ..... ☐ Yes ☐ No
- Date: \_\_\_\_\_
- Has the Mitigation Response Action Report been submitted? ..... ☐ Yes ☐ No
- Date: \_\_\_\_\_
11. Do one or more buildings have an Indeterminate VI Pathway status? ..... ☐ Yes ☐ No
- If "Yes," attach a list of the building(s) with address(s) and block/lot(s)
12. Has the vapor intrusion investigation been completed? ..... ☐ Yes ☐ No
- If "No", is the vapor intrusion investigation stepping out as part of the site investigation or remedial investigation. (If "No," attach justification) ..... ☐ Yes ☐ No

#### SECTION F. ECOLOGICAL RECEPTORS

1. Has an Ecological Evaluation (EE) been conducted? [N.J.A.C. 7:26E-1.16] ..... ☒ Yes ☐ No
- Date conducted: 05/01/2013
2. Are any site-related contaminants above any Ecological Screening Criteria? ..... ☒ Yes ☐ No
3. Are there any Environmentally Sensitive Natural Resources (ESNRs) on or adjacent to the site, or potentially impacted by site related contamination? [N.J.A.C. 7:26E-1.16] ..... ☒ Yes ☐ No
4. Do any potential or complete migration pathways exist between Contaminant of Potential Ecological Concern (COPECs) and ESNRs, or did historic migration pathways exist? ..... ☒ Yes ☐ No

If You answered "No" to Questions 2, 3, or 4, above **Stop Here** (form is complete).

5. If site-related free or residual product is/was present, does/did a potential or complete migration pathway exist to an ESNR? ..... ☐ Yes ☒ No
6. Do the results of an EE trigger a remedial investigation of ecological receptors? [N.J.A.C. 7:26E-4.8] ..... ☐ Yes ☒ No
- If "Yes", has a remedial investigation of ecological receptors been conducted? ..... ☐ Yes ☒ No
- Date conducted: \_\_\_\_\_

7. Do available data indicate an impact (COPECs above Ecological Screening Criteria in ESNRs) to Ecological Receptor(s), Surface water, or Sediment? ..... ☒ Yes ☐ No

If "Yes,"

- a) Check all ESNRs or media that apply:

☐ Surface water ☒ Sediment ☐ Soil ☐ Wetlands

- b) If this information is not submitted with an ecological evaluation that includes contaminant summary information, attach a brief summary of all currently available data and a description of all actions to be taken to mitigate exposure.

8. Have COPECs been fully delineated to the Ecological Screening Criteria [N.J.A.C. 7:26E-4.8(a)] in:

a) Migration pathways ..... ☒ Yes ☐ No

b) ESNR ..... ☒ Yes ☐ No

9. Has an Ecological Risk Assessment been conducted? ..... ☒ Yes ☐ No

10. Provide the following information for any on-site and/or off-site surface water body, which is potentially impacted by the site related discharges:

| Surface Water Body Name | Stream Classification | Antidegradation Designation | Trout Production         | Trout Maintenance        |
|-------------------------|-----------------------|-----------------------------|--------------------------|--------------------------|
|                         |                       |                             | <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"/> |

11. Has a Program Interest (PI) or Permit number been issued for any regulated areas by the Division of Land Use Regulation? (e.g. wetlands, transition areas, flood hazard areas, coastal areas, tidelands, etc.). ..... ☒ Yes ☐ No

If "Yes,":

Identify the type(s) of regulated areas: Claremont Ditch

Provide the Land Use Regulation Program (LURP) PI or Permit number(s) for the site:

0906-14-0008.1 GP15 & FWGP4; 0906-14-0023.2 GP15 & FWGP4

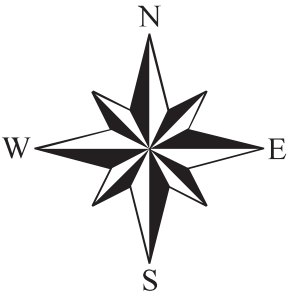
12. Are there any **pending** applications for LURP jurisdiction letters or approvals under review by the NJDEP for the remediation? ..... ☐ Yes ☒ No

13. Are there any **valid** LURP jurisdiction letters or approvals issued for the remediation? ..... ☐ Yes ☒ No

Completed forms should be sent to the municipal clerk, designate health department, and:

Bureau of Case Assignment & Initial Notice  
Site Remediation Program  
NJ Department of Environmental Protection  
401-05H  
PO Box 420  
Trenton, NJ 08625-0420





**Legend**

- 0906\_27401\_35  SITE PARCEL AND ID  
Municipality\_Block\_Lot
-  PARCELS WITHIN BUFFER


**Note:**

250' & 500' buffer extends 250-feet upgradient, 500 feet side gradient, and 500 feet down gradient.

This map is set in NJ State Plane coordinate system (NAD83)

REFERENCE:  
Hudson County parcel data 2015  
StreetMap USA  
New Jersey 2015 High Resolution Orthophotography, NAD83  
(2011) NJ State Plane Feet, MrSID Tiles



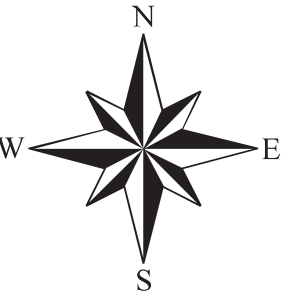
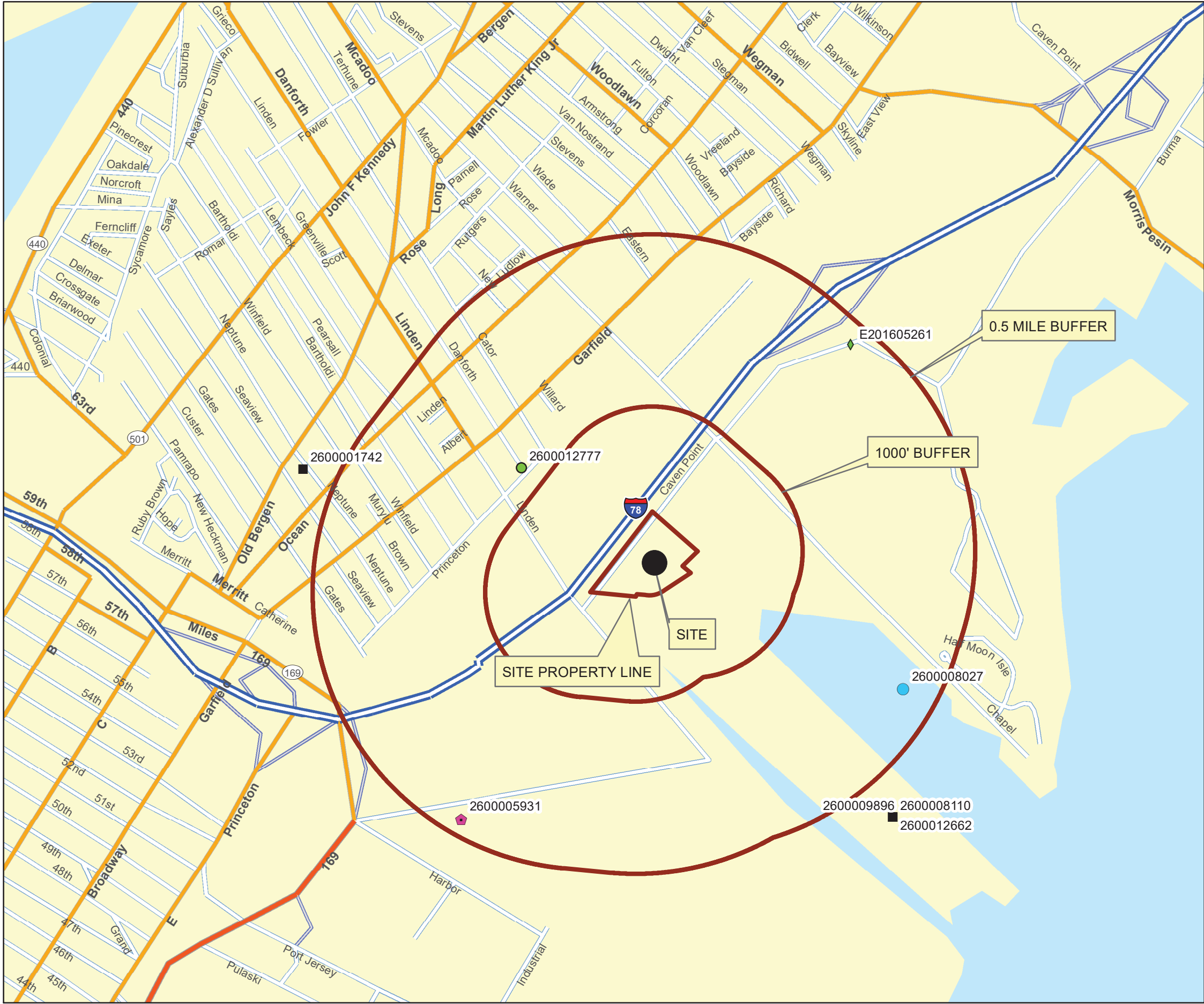
|   |   |
|---|---|
| SITE 016<br>45 LINDEN AVENUE EAST<br>JERSEY CITY, NEW JERSEY                                |   |
| REFERENCE SECTION B.1 OF RECEPTOR EVALUATION FORM   |   |
| FIGURE<br>NUMBER<br>1   | PROPERTY OWNERS WITHIN<br>250' & 500' BUFFER<br>MAP |
|  APTIM |   |
| 200 Horizon Center<br>Trenton, NJ 08691<br>www.APTIM.com                                    |   |



**Receptor Evaluation**  
**Section B**  
**Property Usage**  
**Site 16, 45 Linden Avenue East, Jersey City, NJ**  
**NJDEP SRP ID G000008644**

| BLOCK | LOT | Municipality | Property Location        | Property Owner                      | Owner Address           | Owner City, State     | Owner ZIP | Property Description |
|-------|-----|--------------|--------------------------|-------------------------------------|-------------------------|-----------------------|-----------|----------------------|
| 27401 | 32  | Jersey City  | LINDEN AVE.E.            | LIBERTY NATIONAL DEVELOPMENT C. LLC | 100 CAVEN POINT ROAD    | JERSEY CITY, NJ       | 07305     | VACANT LAND          |
| 27401 | 33  | Jersey City  | HWY.RT. 185              | N.J. DEPT. OF TRANSPORTATION        | 1035 PARKWAY AVE.CN 600 | TRENTON, N.J.         | 08625     | VACANT LAND          |
| 27401 | 34  | Jersey City  | 1 CHAPEL AVENUE          | JERSEY CITY RECREATION AFFAIRS      | 1 CHAPEL AVENUE         | JERSEY CITY, NJ       | 07305     | RECREATION           |
| 30305 | 26  | Jersey City  | 9 EAST LINDEN AVE.       | CITY OF JERSEY CITY                 | 280 GROVE STREET        | JERSEY CITY, NJ       | 07302     | VACANT LAND          |
| 27401 | 31  | Jersey City  | LINDEN AVE.E.            | N.J. DEPT. OF TRANSPORTATION        | 1035 PARKWAY AV.BX.101  | TRENTON, N.J.         | 08625     | VACANT LAND          |
| 27401 | 30  | Jersey City  | 100 LINDEN AVE. EAST     | A-B PP HOLDINGS FOR JERSEY CITY,LLC | ONE BUSCH PL., 202-5    | ST.LOUIS, MO          | 63118     | 1S-B-IN              |
| 27401 | 46  | Jersey City  | INSIDE CAVEN POINT RD    | CITY OF JERSEY CITY                 | 280 GROVE ST            | JERSEY CITY, N J      | 07302     | VACANT LAND          |
| 27401 | 36  | Jersey City  | NEW YORK BAY             | CONSOLIDATED RAIL                   | P.O. BOX 8499           | PHILADELPHIA, PA.     | 19101     | VACANT LAND          |
| 27401 | 38  | Jersey City  | MORRIS CANAL             | CONSOLIDATED RAIL                   | P.O. BOX 8499           | PHILADELPHIA, PA.     | 19101     | MAIN STEM            |
| 30305 | 25  | Jersey City  | 35 LINDEN AVE. EAST      | CITY OF JERSEY CITY                 | 280 GROVE ST.           | JERSEY CITY, NJ       | 07302     | VACANT LAND          |
| 27401 | 37  | Jersey City  | FT OF CHAPEL&CAVEN PT RD | UNITED STATES GOVERNMENT            | PENTAGON BUILDING       | WASHINGTON, D C       | 20000     | ARMY DEPOT           |
| 27401 | 21  | Jersey City  | PROPOSED ROUTE 185       | N.J. DEPT. OF TRANSPORTATION        | 1035 PARKWAY AVENUE     | EWING TOWNSHIP, N. J. | 08618     | VACANT LAND          |
| 30306 | 7   | Jersey City  | 101 LINDEN AVE. EAST     | ANHEUSER-BUSCH SALES OF NJ, LLC     | ONE BUSCH PL. 202-5     | ST.LOUIS, MISSOURI    | 63118     | 1S-C-IN-H            |
| 27401 | 35  | Jersey City  | 45 LINDEN AVE.E.         | K.I.D.S. REALTY CO., LLC            | 4931 FISHER ISLAND DR.  | MIAMI BEACH, FL       | 33109     | 1S-CB-IN-O           |
| 27401 | 34  | Jersey City  | 9 LINDEN AVE. EAST       | CONSOLIDATED RAIL CORP.             | P. O. BOX 8499          | PHILADELPHIA, PA.     | 19101     | 1S-SS-M-H-V-AC       |
| 27401 | 39  | Jersey City  | E.LINDEN TO CHAPEL       | METRO REALTY CORP.                  | 10 EAST LINDEN AVE      | JERSEY CITY, NJ       | 07305     | VACANT LAND          |
| 27401 | 40  | Jersey City  | MORRIS CANAL             | VIVIAN REALTY LLC                   | 10 EAST LINDEN AVENUE   | JERSEY CITY, NJ       | 07305     | 1S-O-G               |
| 27401 | 29  | Jersey City  | FT OF LINDEN AVENUE      | N.J. DEPT. OF TRANSPORTATION        | 1035 PARKWAY AVENUE     | TRENTON, N J          | 08625     | VACANT LAND          |
| 27401 | 38  | Jersey City  | MORRIS CANAL             | CONSOLIDATED RAIL                   | P.O. BOX 8499           | PHILADELPHIA, PA.     | 19101     | MAIN STEM            |
| 27401 | 28  | Jersey City  | FT. OF CHAPEL AVE.       | LINDEN AVE. JC. LLC.                | 534 BROADWAY AVE.       | BAYONNE, NJ           | 07002     |                      |
| 27401 | 23  | Jersey City  | LINDEN AVE.E.            | LIBERTY NATIONAL DEVELOPMENT C. LLC | 100 CAVEN POINT ROAD    | JERSEY CITY, NJ       | 07305     | VACANT LAND          |
| 27401 | 22  | Jersey City  | LINDEN AVE.E.            | LIBERTY NATIONAL DEVELOPMENT C. LLC | 100 CAVEN POINT ROAD    | JERSEY CITY, NJ       | 07305     | VACANT LAND          |
| 30303 | 1   | Jersey City  | Route 169                | NJ TURNPIKE AUTHORITY               | 581 MAIN ST. BOX 5042   | Woodbridge, NJ        | 07095     | VACANT LAND          |





### Legend

#### WELL TYPE


- Domestic
- Industrial
- Irrigation
- Non-Public
- Public Non-Community

2600005931 Well Permit Number

This map is set in NJ State Plane coordinate system (NAD83)

REFERENCE:  
NJDEP SRP Dataminer report "XY Well Search"  
StreetMap USA



|  |   |
|--|---|
| SITE 016<br>45 LINDEN AVENUE EAST<br>JERSEY CITY, NEW JERSEY   |   |
| REFERENCE SECTION D OF RECEPTOR EVALUATION FORM  |   |
| FIGURE<br>NUMBER<br><b>2</b>   | <b>1000 FEET AND 0.5 MILE<br/>WELL SEARCH MAP</b> |
|  <b>APTIM</b><br>200 Horizon Center<br>Trenton, NJ 08691<br>www.APTIM.com |   |

| Download Document             | Permit Number | Well Use             | Potentially Potable | Document | Date (permitted /drilled /sealed) | Physical Address      | County | Municipality |  | Block | Lot  | Location Method      | Easting (X) | Northing (Y) | Distance (Feet) | Depth (ft) | Capacity (gal/min) |
|-------------------------------|---------------|----------------------|---------------------|----------|-----------------------------------|-----------------------|--------|--------------|--|-------|------|----------------------|-------------|--------------|-----------------|------------|--------------------|
| <a href="#">.PDF Document</a> | E201605261    | Irrigation           | Yes                 | Permit   | 5/4/2016                          | 100 Caven Point Road  | Hudson | Jersey City  |  | 27401 | 16   | Digital Image        | 609444      | 678650       | 2843            | 300        | 65                 |
| <a href="#">.PDF Document</a> | E201605261    | Irrigation           | Yes                 | Record   | 6/3/2016                          | 100 Caven Point Road  | Hudson | Jersey City  |  | 27401 | 16   | GPS                  | 609444      | 678650       | 2843            | 300        |                    |
|                               | 2600001742    | Industrial           | Yes                 | Permit   | 10/25/1957                        |                       | Hudson | Jersey City  |  |       |      | Prop Loc - Hard Copy | 604232      | 677468       |                 | 200        | 5                  |
|                               | 2600005931    | Public Non-Community | Yes                 | Record   | 12/1/1982                         | 120 HARBOR DR         | Hudson | Jersey City  |  | 2-15  | 1507 | Prop Loc - Dig Image | 605737      | 674136       | 2999            | 150        | 0                  |
|                               | 2600008110    | Industrial           | Yes                 | Record   | 11/2/1985                         | LINDEN AVE.           | Hudson | Jersey City  |  | 1507  | 10B  | Prop Loc - Dig Image | 609845      | 674156       | 3214            | 240        | 54                 |
|                               | 2600008027    | Non-Public           | Yes                 | Permit   | 12/30/1985                        |                       | Hudson | Jersey City  |  | 1507  | 2L5, | Prop Loc - Hard Copy | 609942      | 675370       |                 | 20         |                    |
|                               | 2600008027    | Non-Public           | Yes                 | Record   |                                   |                       | Hudson | Jersey City  |  | 1507  | 2L5, | Prop Loc - Hard Copy | 609942      | 675370       |                 |            |                    |
|                               | 2600009896    | Industrial           | Yes                 | Record   | 11/19/1986                        | LINDEN ST             | Hudson | Jersey City  |  | 1507  | 10B  | Prop Loc - Dig Image | 609845      | 674156       | 3214            | 160        | 50                 |
|                               | 2600012777    | Domestic             | Yes                 | Permit   | 4/21/1988                         | FOOT OF CHAPEL AVENUE | Hudson | Jersey City  |  | 1500  | 7    | Prop Loc - Hard Copy | 606312      | 677478       |                 | 15         |                    |
|                               | 2600012777    | Domestic             | Yes                 | Record   | 4/25/1988                         | FOOT OF CHAPEL AVENUE | Hudson | Jersey City  |  | 1500  | 7    | Prop Loc - Hard Copy | 606312      | 677478       |                 | 22         |                    |
|                               | 2600012662    | Industrial           | Yes                 | Record   | 4/13/1988                         | FT LINCOLN STREET     | Hudson | Jersey City  |  | 1507  | 10B  | Prop Loc - Dig Image | 609845      | 674156       | 3214            | 160        | 20                 |



APTIM  
200 Horizon Center  
Trenton, New Jersey 08691  
Tel: 609-584-8900  
Fax: 609.588.6300  
[www.aptim.com](http://www.aptim.com)

January 24, 2018

LIBERTY NATIONAL DEVELOPMENT C. LLC  
100 CAVEN POINT ROAD  
JERSEY CITY, NJ 07305

**Re: Potable Well Questionnaire  
LINDEN AVE.E.  
Block 27401, Lot 32  
Jersey City, Hudson County, NJ**

To Whom It May Concern:

On behalf of our client, APTIM Environmental & Infrastructure Inc. (APTIM) is conducting a door-to-door survey to identify nearby potable (drinking water and/or irrigation) wells in the Jersey City area. Our client is required to evaluate groundwater usage pursuant to the New Jersey Department of Environmental Protection (NJDEP) *Technical Requirements for Site Remediation* (N.J.A.C. 7:26E-1.14(a)2 et seq.). If you have a private potable well at your property, we may ask to collect a sample at no cost to you. If sampling is conducted, a summary of the analytical test results will be provided.

Enclosed is a questionnaire that will help us determine if you have a private potable well at your property. We ask that you complete this form and return it no later than January 31, 2018. You return the form using your preferred method: mail (return envelope enclosed), email, or fax.

Upon receipt of your well questionnaire, APTIM will contact if you have a private potable well at your property. Any follow up, if required, will be conducted in February and March 2018.

Thank you for your assistance in this matter. If you have any questions regarding this well survey, please contact Matthew Coller at 609-588-6383 or [matthew.coller@aptim.com](mailto:matthew.coller@aptim.com).

Sincerely,

Matthew Coller, LSRP  
Project Manager I

Enclosure



**Matthew Coller, LSRP**  
**APTIM**  
**200 Horizon Center Boulevard**  
**Trenton, NJ 08691**  
**Phone: (609) 588-6383**  
**Email: matthew.coller@aptim.com**  
**Fax: (609) 588-6300**

**WELL LOCATION**

Street Address: LINDEN AVE.E.  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 27401 / 32

**POTABLE WELL INFORMATION FORM**

*Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.*

Date: \_\_\_\_\_

1. Indicate your relationship to this property. (Circle one)

Property Owner      Renter/Lessee      Other (please explain) \_\_\_\_\_

Please provide your contact information/mailling address.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Please circle the phone number above that you prefer we use to contact you.**

E-MAIL ADDRESS: \_\_\_\_\_

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

2. Is any of the water used at the residence supplied by a private well? **YES NO**  
**(If NO, please stop here and return form)**

3. What is the depth of the well? \_\_\_\_\_ feet      Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences? **YES NO Unknown**  
If **YES**, how many? \_\_\_\_\_

5. Do you use the well water for drinking and/or cooking? **YES NO**  
If **NO**, what is the source of your drinking/cooking water? \_\_\_\_\_

|    |                                |                         |               |
|----|--------------------------------|-------------------------|---------------|
| 6. | Do you use the well water for: | bathing?                | <b>YES NO</b> |
|    |                                | washing clothes?        | <b>YES NO</b> |
|    |                                | lawn/garden/irrigation? | <b>YES NO</b> |

7. Has this well been tested recently? **YES NO**

If **YES**, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.) \_\_\_\_\_

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? **YES NO**

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? **YES NO**

If **YES**,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? **YES NO NOT SURE**

If **YES**, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If **NO**,

Is there an outside spigot from which we can take a sample? **YES NO**

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? **YES NO**

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: LINDEN AVE.E.

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 27401 / 32



APTIM  
200 Horizon Center  
Trenton, New Jersey 08691  
Tel: 609-584-8900  
Fax: 609.588.6300  
[www.aptim.com](http://www.aptim.com)

January 24, 2018

N.J. DEPT. OF TRANSPORTATION  
1035 PARKWAY AVE.CN 600  
TRENTON, N.J. 08625

**Re: Potable Well Questionnaire  
HWY.RT. 185  
Block 27401, Lot 33  
Jersey City, Hudson County, NJ**

To Whom It May Concern:

On behalf of our client, APTIM Environmental & Infrastructure Inc. (APTIM) is conducting a door-to-door survey to identify nearby potable (drinking water and/or irrigation) wells in the Jersey City area. Our client is required to evaluate groundwater usage pursuant to the New Jersey Department of Environmental Protection (NJDEP) *Technical Requirements for Site Remediation* (N.J.A.C. 7:26E-1.14(a)2 et seq.). If you have a private potable well at your property, we may ask to collect a sample at no cost to you. If sampling is conducted, a summary of the analytical test results will be provided.

Enclosed is a questionnaire that will help us determine if you have a private potable well at your property. We ask that you complete this form and return it no later than January 31, 2018. You return the form using your preferred method: mail (return envelope enclosed), email, or fax.

Upon receipt of your well questionnaire, APTIM will contact if you have a private potable well at your property. Any follow up, if required, will be conducted in February and March 2018.

Thank you for your assistance in this matter. If you have any questions regarding this well survey, please contact Matthew Coller at 609-588-6383 or [matthew.coller@aptim.com](mailto:matthew.coller@aptim.com).

Sincerely,

Matthew Coller, LSRP  
Project Manager I

Enclosure



**Matthew Coller, LSRP**  
**APTIM**  
**200 Horizon Center Boulevard**  
**Trenton, NJ 08691**  
**Phone: (609) 588-6383**  
**Email: matthew.coller@aptim.com**  
**Fax: (609) 588-6300**

**WELL LOCATION**

Street Address: HWY.RT. 185  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 27401 / 33

**POTABLE WELL INFORMATION FORM**

*Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.*

Date: \_\_\_\_\_

1. Indicate your relationship to this property. (Circle one)

Property Owner      Renter/Lessee      Other (please explain) \_\_\_\_\_

Please provide your contact information/mailling address.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Please circle the phone number above that you prefer we use to contact you.**

E-MAIL ADDRESS: \_\_\_\_\_

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

2. Is any of the water used at the residence supplied by a private well? **YES NO**  
**(If NO, please stop here and return form)**

3. What is the depth of the well? \_\_\_\_\_ feet      Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences? **YES NO Unknown**  
If **YES**, how many? \_\_\_\_\_

5. Do you use the well water for drinking and/or cooking? **YES NO**  
If **NO**, what is the source of your drinking/cooking water? \_\_\_\_\_

|    |                                |                         |               |
|----|--------------------------------|-------------------------|---------------|
| 6. | Do you use the well water for: | bathing?                | <b>YES NO</b> |
|    |                                | washing clothes?        | <b>YES NO</b> |
|    |                                | lawn/garden/irrigation? | <b>YES NO</b> |

7. Has this well been tested recently? **YES NO**

If **YES**, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.) \_\_\_\_\_

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? **YES NO**

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? **YES NO**

If **YES**,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? **YES NO NOT SURE**

If **YES**, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If **NO**,

Is there an outside spigot from which we can take a sample? **YES NO**

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? **YES NO**

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: HWY.RT. 185

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 27401 / 33



APTIM  
200 Horizon Center  
Trenton, New Jersey 08691  
Tel: 609-584-8900  
Fax: 609.588.6300  
[www.aptim.com](http://www.aptim.com)

January 24, 2018

CITY OF JERSEY CITY  
280 GROVE STREET  
JERSEY CITY, NJ 07302

**Re: Potable Well Questionnaire  
9 EAST LINDEN AVE.  
Block 30305, Lot 26  
Jersey City, Hudson County, NJ**

To Whom It May Concern:

On behalf of our client, APTIM Environmental & Infrastructure Inc. (APTIM) is conducting a door-to-door survey to identify nearby potable (drinking water and/or irrigation) wells in the Jersey City area. Our client is required to evaluate groundwater usage pursuant to the New Jersey Department of Environmental Protection (NJDEP) *Technical Requirements for Site Remediation* (N.J.A.C. 7:26E-1.14(a)2 et seq.). If you have a private potable well at your property, we may ask to collect a sample at no cost to you. If sampling is conducted, a summary of the analytical test results will be provided.

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Thank you for your assistance in this matter. If you have any questions regarding this well survey, please contact Matthew Coller at 609-588-6383 or [matthew.coller@aptim.com](mailto:matthew.coller@aptim.com).

Sincerely,

Matthew Coller, LSRP  
Project Manager I

Enclosure



**Matthew Coller, LSRP**  
**APTIM**  
**200 Horizon Center Boulevard**  
**Trenton, NJ 08691**  
**Phone: (609) 588-6383**  
**Email: matthew.coller@aptim.com**  
**Fax: (609) 588-6300**

**WELL LOCATION**

Street Address: 9 EAST LINDEN AVE.  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 30305 / 26

**POTABLE WELL INFORMATION FORM**

*Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.*

Date: \_\_\_\_\_

1. Indicate your relationship to this property. (Circle one)

Property Owner      Renter/Lessee      Other (please explain) \_\_\_\_\_

Please provide your contact information/mailling address.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Please circle the phone number above that you prefer we use to contact you.**

E-MAIL ADDRESS: \_\_\_\_\_

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

2. Is any of the water used at the residence supplied by a private well? **YES NO**  
**(If NO, please stop here and return form)**

3. What is the depth of the well? \_\_\_\_\_ feet      Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences? **YES NO Unknown**  
If **YES**, how many? \_\_\_\_\_

5. Do you use the well water for drinking and/or cooking? **YES NO**  
If **NO**, what is the source of your drinking/cooking water? \_\_\_\_\_

|    |                                |                         |               |
|----|--------------------------------|-------------------------|---------------|
| 6. | Do you use the well water for: | bathing?                | <b>YES NO</b> |
|    |                                | washing clothes?        | <b>YES NO</b> |
|    |                                | lawn/garden/irrigation? | <b>YES NO</b> |

7. Has this well been tested recently? **YES NO**

If **YES**, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.)

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? **YES NO**

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? **YES NO**

If **YES**,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? **YES NO NOT SURE**

If **YES**, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If **NO**,

Is there an outside spigot from which we can take a sample? **YES NO**

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? **YES NO**

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: 9 EAST LINDEN AVE.

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 30305 / 26



APTIM  
200 Horizon Center  
Trenton, New Jersey 08691  
Tel: 609-584-8900  
Fax: 609.588.6300  
[www.aptim.com](http://www.aptim.com)

January 24, 2018

N.J. DEPT. OF TRANSPORTATION  
1035 PARKWAY AV.BX.101  
TRENTON, N.J. 08625

**Re: Potable Well Questionnaire  
LINDEN AVE.E.  
Block 27401, Lot 31  
Jersey City, Hudson County, NJ**

To Whom It May Concern:

On behalf of our client, APTIM Environmental & Infrastructure Inc. (APTIM) is conducting a door-to-door survey to identify nearby potable (drinking water and/or irrigation) wells in the Jersey City area. Our client is required to evaluate groundwater usage pursuant to the New Jersey Department of Environmental Protection (NJDEP) *Technical Requirements for Site Remediation* (N.J.A.C. 7:26E-1.14(a)2 et seq.). If you have a private potable well at your property, we may ask to collect a sample at no cost to you. If sampling is conducted, a summary of the analytical test results will be provided.

Enclosed is a questionnaire that will help us determine if you have a private potable well at your property. We ask that you complete this form and return it no later than January 31, 2018. You return the form using your preferred method: mail (return envelope enclosed), email, or fax.

Upon receipt of your well questionnaire, APTIM will contact if you have a private potable well at your property. Any follow up, if required, will be conducted in February and March 2018.

Thank you for your assistance in this matter. If you have any questions regarding this well survey, please contact Matthew Coller at 609-588-6383 or [matthew.coller@aptim.com](mailto:matthew.coller@aptim.com).

Sincerely,

Matthew Coller, LSRP  
Project Manager I

Enclosure



**Matthew Coller, LSRP**  
**APTIM**  
**200 Horizon Center Boulevard**  
**Trenton, NJ 08691**  
**Phone: (609) 588-6383**  
**Email: matthew.coller@aptim.com**  
**Fax: (609) 588-6300**

**WELL LOCATION**

Street Address: LINDEN AVE.E.  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 27401 / 31

**POTABLE WELL INFORMATION FORM**

*Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.*

Date: \_\_\_\_\_

1. Indicate your relationship to this property. (Circle one)

Property Owner      Renter/Lessee      Other (please explain) \_\_\_\_\_

Please provide your contact information/mailling address.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Please circle the phone number above that you prefer we use to contact you.**

E-MAIL ADDRESS: \_\_\_\_\_

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

2. Is any of the water used at the residence supplied by a private well? **YES NO**  
**(If NO, please stop here and return form)**

3. What is the depth of the well? \_\_\_\_\_ feet      Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences? **YES NO Unknown**  
If **YES**, how many? \_\_\_\_\_

5. Do you use the well water for drinking and/or cooking? **YES NO**  
If **NO**, what is the source of your drinking/cooking water? \_\_\_\_\_

|    |                                |                         |               |
|----|--------------------------------|-------------------------|---------------|
| 6. | Do you use the well water for: | bathing?                | <b>YES NO</b> |
|    |                                | washing clothes?        | <b>YES NO</b> |
|    |                                | lawn/garden/irrigation? | <b>YES NO</b> |

7. Has this well been tested recently? **YES NO**

If **YES**, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.) \_\_\_\_\_

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? **YES NO**

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? **YES NO**

If **YES**,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? **YES NO NOT SURE**

If **YES**, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If **NO**,

Is there an outside spigot from which we can take a sample? **YES NO**

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? **YES NO**

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: LINDEN AVE.E.

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 27401 / 31



APTIM  
200 Horizon Center  
Trenton, New Jersey 08691  
Tel: 609-584-8900  
Fax: 609.588.6300  
[www.aptim.com](http://www.aptim.com)

January 24, 2018

A-B PP HOLDINGS FOR JERSEY CITY,LLC  
ONE BUSCH PL., 202-5  
ST.LOUIS, MO 63118

**Re: Potable Well Questionnaire  
100 LINDEN AVE. EAST  
Block 27401, Lot 30  
Jersey City, Hudson County, NJ**

To Whom It May Concern:

On behalf of our client, APTIM Environmental & Infrastructure Inc. (APTIM) is conducting a door-to-door survey to identify nearby potable (drinking water and/or irrigation) wells in the Jersey City area. Our client is required to evaluate groundwater usage pursuant to the New Jersey Department of Environmental Protection (NJDEP) *Technical Requirements for Site Remediation* (N.J.A.C. 7:26E-1.14(a)2 et seq.). If you have a private potable well at your property, we may ask to collect a sample at no cost to you. If sampling is conducted, a summary of the analytical test results will be provided.

Enclosed is a questionnaire that will help us determine if you have a private potable well at your property. We ask that you complete this form and return it no later than January 31, 2018. You return the form using your preferred method: mail (return envelope enclosed), email, or fax.

Upon receipt of your well questionnaire, APTIM will contact if you have a private potable well at your property. Any follow up, if required, will be conducted in February and March 2018.

Thank you for your assistance in this matter. If you have any questions regarding this well survey, please contact Matthew Coller at 609-588-6383 or [matthew.coller@aptim.com](mailto:matthew.coller@aptim.com).

Sincerely,

Matthew Coller, LSRP  
Project Manager I

Enclosure



**Matthew Coller, LSRP**  
**APTIM**  
**200 Horizon Center Boulevard**  
**Trenton, NJ 08691**  
**Phone: (609) 588-6383**  
**Email: matthew.coller@aptim.com**  
**Fax: (609) 588-6300**

**WELL LOCATION**

Street Address: 100 LINDEN AVE. EAST  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 27401 / 30

**POTABLE WELL INFORMATION FORM**

*Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.*

Date: \_\_\_\_\_

1. Indicate your relationship to this property. (Circle one)

Property Owner      Renter/Lessee      Other (please explain) \_\_\_\_\_

Please provide your contact information/mailling address.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Please circle the phone number above that you prefer we use to contact you.**

E-MAIL ADDRESS: \_\_\_\_\_

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

2. Is any of the water used at the residence supplied by a private well? **YES NO**  
**(If NO, please stop here and return form)**

3. What is the depth of the well? \_\_\_\_\_ feet      Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences? **YES NO Unknown**  
If **YES**, how many? \_\_\_\_\_

5. Do you use the well water for drinking and/or cooking? **YES NO**  
If **NO**, what is the source of your drinking/cooking water? \_\_\_\_\_

|    |                                |                         |               |
|----|--------------------------------|-------------------------|---------------|
| 6. | Do you use the well water for: | bathing?                | <b>YES NO</b> |
|    |                                | washing clothes?        | <b>YES NO</b> |
|    |                                | lawn/garden/irrigation? | <b>YES NO</b> |

7. Has this well been tested recently? **YES NO**

If **YES**, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.)

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? **YES NO**

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? **YES NO**

If **YES**,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? **YES NO NOT SURE**

If **YES**, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If **NO**,

Is there an outside spigot from which we can take a sample? **YES NO**

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? **YES NO**

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: 100 LINDEN AVE. EAST

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 27401 / 30



APTIM  
200 Horizon Center  
Trenton, New Jersey 08691  
Tel: 609-584-8900  
Fax: 609.588.6300  
[www.aptim.com](http://www.aptim.com)

January 24, 2018

CITY OF JERSEY CITY  
280 GROVE ST  
JERSEY CITY, N J 07302

**Re: Potable Well Questionnaire  
INSIDE CAVEN POINT RD  
Block 27401, Lot 46  
Jersey City, Hudson County, NJ**

To Whom It May Concern:

On behalf of our client, APTIM Environmental & Infrastructure Inc. (APTIM) is conducting a door-to-door survey to identify nearby potable (drinking water and/or irrigation) wells in the Jersey City area. Our client is required to evaluate groundwater usage pursuant to the New Jersey Department of Environmental Protection (NJDEP) *Technical Requirements for Site Remediation* (N.J.A.C. 7:26E-1.14(a)2 et seq.). If you have a private potable well at your property, we may ask to collect a sample at no cost to you. If sampling is conducted, a summary of the analytical test results will be provided.

Enclosed is a questionnaire that will help us determine if you have a private potable well at your property. We ask that you complete this form and return it no later than January 31, 2018. You return the form using your preferred method: mail (return envelope enclosed), email, or fax.

Upon receipt of your well questionnaire, APTIM will contact if you have a private potable well at your property. Any follow up, if required, will be conducted in February and March 2018.

Thank you for your assistance in this matter. If you have any questions regarding this well survey, please contact Matthew Coller at 609-588-6383 or [matthew.coller@aptim.com](mailto:matthew.coller@aptim.com).

Sincerely,

Matthew Coller, LSRP  
Project Manager I

Enclosure



**Matthew Coller, LSRP**  
**APTIM**  
**200 Horizon Center Boulevard**  
**Trenton, NJ 08691**  
**Phone: (609) 588-6383**  
**Email: matthew.coller@aptim.com**  
**Fax: (609) 588-6300**

**WELL LOCATION**

Street Address: INSIDE CAVEN POINT RD  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 27401 / 46

**POTABLE WELL INFORMATION FORM**

*Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.*

Date: \_\_\_\_\_

1. Indicate your relationship to this property. (Circle one)

Property Owner      Renter/Lessee      Other (please explain) \_\_\_\_\_

Please provide your contact information/mailling address.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Please circle the phone number above that you prefer we use to contact you.**

E-MAIL ADDRESS: \_\_\_\_\_

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

2. Is any of the water used at the residence supplied by a private well? **YES NO**

**(If NO, please stop here and return form)**

3. What is the depth of the well? \_\_\_\_\_ feet      Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences? **YES NO Unknown**

If **YES**, how many? \_\_\_\_\_

5. Do you use the well water for drinking and/or cooking? **YES NO**

If **NO**, what is the source of your drinking/cooking water? \_\_\_\_\_

|    |                                |                         |               |
|----|--------------------------------|-------------------------|---------------|
| 6. | Do you use the well water for: | bathing?                | <b>YES NO</b> |
|    |                                | washing clothes?        | <b>YES NO</b> |
|    |                                | lawn/garden/irrigation? | <b>YES NO</b> |

7. Has this well been tested recently? **YES NO**

If **YES**, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.) \_\_\_\_\_

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? **YES NO**

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? **YES NO**

If **YES**,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? **YES NO NOT SURE**

If **YES**, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If **NO**,

Is there an outside spigot from which we can take a sample? **YES NO**

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? **YES NO**

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: INSIDE CAVEN POINT RD

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 27401 / 46



APTIM  
200 Horizon Center  
Trenton, New Jersey 08691  
Tel: 609-584-8900  
Fax: 609.588.6300  
[www.aptim.com](http://www.aptim.com)

January 24, 2018

CONSOLIDATED RAIL  
P.O. BOX 8499  
PHILADELPHIA, PA. 19101

**Re: Potable Well Questionnaire  
NEW YORK BAY  
Block 27401, Lot 36  
Jersey City, Hudson County, NJ**

To Whom It May Concern:

On behalf of our client, APTIM Environmental & Infrastructure Inc. (APTIM) is conducting a door-to-door survey to identify nearby potable (drinking water and/or irrigation) wells in the Jersey City area. Our client is required to evaluate groundwater usage pursuant to the New Jersey Department of Environmental Protection (NJDEP) *Technical Requirements for Site Remediation* (N.J.A.C. 7:26E-1.14(a)2 et seq.). If you have a private potable well at your property, we may ask to collect a sample at no cost to you. If sampling is conducted, a summary of the analytical test results will be provided.

Enclosed is a questionnaire that will help us determine if you have a private potable well at your property. We ask that you complete this form and return it no later than January 31, 2018. You return the form using your preferred method: mail (return envelope enclosed), email, or fax.

Upon receipt of your well questionnaire, APTIM will contact if you have a private potable well at your property. Any follow up, if required, will be conducted in February and March 2018.

Thank you for your assistance in this matter. If you have any questions regarding this well survey, please contact Matthew Coller at 609-588-6383 or [matthew.coller@aptim.com](mailto:matthew.coller@aptim.com).

Sincerely,

Matthew Coller, LSRP  
Project Manager I

Enclosure



**Matthew Coller, LSRP**  
**APTIM**  
**200 Horizon Center Boulevard**  
**Trenton, NJ 08691**  
**Phone: (609) 588-6383**  
**Email: matthew.coller@aptim.com**  
**Fax: (609) 588-6300**

**WELL LOCATION**

Street Address: NEW YORK BAY  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 27401 / 36

**POTABLE WELL INFORMATION FORM**

*Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.*

Date: \_\_\_\_\_

1. Indicate your relationship to this property. (Circle one)

Property Owner      Renter/Lessee      Other (please explain) \_\_\_\_\_

Please provide your contact information/mailling address.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Please circle the phone number above that you prefer we use to contact you.**

E-MAIL ADDRESS: \_\_\_\_\_

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

2. Is any of the water used at the residence supplied by a private well? **YES NO**

**(If NO, please stop here and return form)**

3. What is the depth of the well? \_\_\_\_\_ feet      Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences? **YES NO Unknown**

If **YES**, how many? \_\_\_\_\_

5. Do you use the well water for drinking and/or cooking? **YES NO**

If **NO**, what is the source of your drinking/cooking water? \_\_\_\_\_

|    |                                |                         |               |
|----|--------------------------------|-------------------------|---------------|
| 6. | Do you use the well water for: | bathing?                | <b>YES NO</b> |
|    |                                | washing clothes?        | <b>YES NO</b> |
|    |                                | lawn/garden/irrigation? | <b>YES NO</b> |

7. Has this well been tested recently? **YES NO**

If **YES**, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.) \_\_\_\_\_

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? **YES NO**

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? **YES NO**

If **YES**,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? **YES NO NOT SURE**

If **YES**, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If **NO**,

Is there an outside spigot from which we can take a sample? **YES NO**

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? **YES NO**

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: NEW YORK BAY

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 27401 / 36



APTIM  
200 Horizon Center  
Trenton, New Jersey 08691  
Tel: 609-584-8900  
Fax: 609.588.6300  
[www.aptim.com](http://www.aptim.com)

January 24, 2018

CONSOLIDATED RAIL  
P.O. BOX 8499  
PHILADELPHIA, PA. 19101

**Re: Potable Well Questionnaire  
MORRIS CANAL  
Block 27401, Lot 38  
Jersey City, Hudson County, NJ**

To Whom It May Concern:

On behalf of our client, APTIM Environmental & Infrastructure Inc. (APTIM) is conducting a door-to-door survey to identify nearby potable (drinking water and/or irrigation) wells in the Jersey City area. Our client is required to evaluate groundwater usage pursuant to the New Jersey Department of Environmental Protection (NJDEP) *Technical Requirements for Site Remediation* (N.J.A.C. 7:26E-1.14(a)2 et seq.). If you have a private potable well at your property, we may ask to collect a sample at no cost to you. If sampling is conducted, a summary of the analytical test results will be provided.

Enclosed is a questionnaire that will help us determine if you have a private potable well at your property. We ask that you complete this form and return it no later than January 31, 2018. You return the form using your preferred method: mail (return envelope enclosed), email, or fax.

Upon receipt of your well questionnaire, APTIM will contact if you have a private potable well at your property. Any follow up, if required, will be conducted in February and March 2018.

Thank you for your assistance in this matter. If you have any questions regarding this well survey, please contact Matthew Coller at 609-588-6383 or [matthew.coller@aptim.com](mailto:matthew.coller@aptim.com).

Sincerely,

Matthew Coller, LSRP  
Project Manager I

Enclosure

**Matthew Coller, LSRP**  
**APTIM**  
**200 Horizon Center Boulevard**  
**Trenton, NJ 08691**  
**Phone: (609) 588-6383**  
**Email: matthew.coller@aptim.com**  
**Fax: (609) 588-6300**

**WELL LOCATION**

Street Address: MORRIS CANAL  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 27401 / 38

**POTABLE WELL INFORMATION FORM**

*Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.*

Date: \_\_\_\_\_

1. Indicate your relationship to this property. (Circle one)

Property Owner      Renter/Lessee      Other (please explain) \_\_\_\_\_

Please provide your contact information/mailling address.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Please circle the phone number above that you prefer we use to contact you.**

E-MAIL ADDRESS: \_\_\_\_\_

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

2. Is any of the water used at the residence supplied by a private well? **YES NO**

**(If NO, please stop here and return form)**

3. What is the depth of the well? \_\_\_\_\_ feet      Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences? **YES NO Unknown**

If **YES**, how many? \_\_\_\_\_

5. Do you use the well water for drinking and/or cooking? **YES NO**

If **NO**, what is the source of your drinking/cooking water? \_\_\_\_\_

|    |                                |                         |               |
|----|--------------------------------|-------------------------|---------------|
| 6. | Do you use the well water for: | bathing?                | <b>YES NO</b> |
|    |                                | washing clothes?        | <b>YES NO</b> |
|    |                                | lawn/garden/irrigation? | <b>YES NO</b> |



7. Has this well been tested recently? **YES NO**

If **YES**, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.)

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? **YES NO**

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? **YES NO**

If **YES**,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? **YES NO NOT SURE**

If **YES**, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If **NO**,

Is there an outside spigot from which we can take a sample? **YES NO**

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? **YES NO**

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: MORRIS CANAL

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 27401 / 38



APTIM  
200 Horizon Center  
Trenton, New Jersey 08691  
Tel: 609-584-8900  
Fax: 609.588.6300  
[www.aptim.com](http://www.aptim.com)

January 24, 2018

CITY OF JERSEY CITY  
280 GROVE ST.  
JERSEY CITY, NJ 07302

**Re: Potable Well Questionnaire  
35 LINDEN AVE. EAST  
Block 30305, Lot 25  
Jersey City, Hudson County, NJ**

To Whom It May Concern:

On behalf of our client, APTIM Environmental & Infrastructure Inc. (APTIM) is conducting a door-to-door survey to identify nearby potable (drinking water and/or irrigation) wells in the Jersey City area. Our client is required to evaluate groundwater usage pursuant to the New Jersey Department of Environmental Protection (NJDEP) *Technical Requirements for Site Remediation* (N.J.A.C. 7:26E-1.14(a)2 et seq.). If you have a private potable well at your property, we may ask to collect a sample at no cost to you. If sampling is conducted, a summary of the analytical test results will be provided.

Enclosed is a questionnaire that will help us determine if you have a private potable well at your property. We ask that you complete this form and return it no later than January 31, 2018. You return the form using your preferred method: mail (return envelope enclosed), email, or fax.

Upon receipt of your well questionnaire, APTIM will contact if you have a private potable well at your property. Any follow up, if required, will be conducted in February and March 2018.

Thank you for your assistance in this matter. If you have any questions regarding this well survey, please contact Matthew Coller at 609-588-6383 or [matthew.coller@aptim.com](mailto:matthew.coller@aptim.com).

Sincerely,

Matthew Coller, LSRP  
Project Manager I

Enclosure

**Matthew Coller, LSRP**  
**APTIM**  
**200 Horizon Center Boulevard**  
**Trenton, NJ 08691**  
**Phone: (609) 588-6383**  
**Email: matthew.coller@aptim.com**  
**Fax: (609) 588-6300**

**WELL LOCATION**

Street Address: 35 LINDEN AVE. EAST  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 30305 / 25

**POTABLE WELL INFORMATION FORM**

*Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.*

Date: \_\_\_\_\_

1. Indicate your relationship to this property. (Circle one)

Property Owner      Renter/Lessee      Other (please explain) \_\_\_\_\_

Please provide your contact information/mailling address.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Please circle the phone number above that you prefer we use to contact you.**

E-MAIL ADDRESS: \_\_\_\_\_

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

2. Is any of the water used at the residence supplied by a private well? **YES NO**  
**(If NO, please stop here and return form)**

3. What is the depth of the well? \_\_\_\_\_ feet      Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences? **YES NO Unknown**  
If **YES**, how many? \_\_\_\_\_

5. Do you use the well water for drinking and/or cooking? **YES NO**  
If **NO**, what is the source of your drinking/cooking water? \_\_\_\_\_

|    |                                |                         |               |
|----|--------------------------------|-------------------------|---------------|
| 6. | Do you use the well water for: | bathing?                | <b>YES NO</b> |
|    |                                | washing clothes?        | <b>YES NO</b> |
|    |                                | lawn/garden/irrigation? | <b>YES NO</b> |

7. Has this well been tested recently? **YES NO**

If **YES**, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.)

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? **YES NO**

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? **YES NO**

If **YES**,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? **YES NO NOT SURE**

If **YES**, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If **NO**,

Is there an outside spigot from which we can take a sample? **YES NO**

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? **YES NO**

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: 35 LINDEN AVE. EAST

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 30305 / 25





APTIM  
200 Horizon Center  
Trenton, New Jersey 08691  
Tel: 609-584-8900  
Fax: 609.588.6300  
[www.aptim.com](http://www.aptim.com)

January 24, 2018

UNITED STATES GOVERNMENT  
PENTAGON BUILDING  
WASHINGTON, D C 20000

**Re: Potable Well Questionnaire  
FT OF CHAPEL&CAVEN PT RD  
Block 27401, Lot 37  
Jersey City, Hudson County, NJ**

To Whom It May Concern:

On behalf of our client, APTIM Environmental & Infrastructure Inc. (APTIM) is conducting a door-to-door survey to identify nearby potable (drinking water and/or irrigation) wells in the Jersey City area. Our client is required to evaluate groundwater usage pursuant to the New Jersey Department of Environmental Protection (NJDEP) *Technical Requirements for Site Remediation* (N.J.A.C. 7:26E-1.14(a)2 et seq.). If you have a private potable well at your property, we may ask to collect a sample at no cost to you. If sampling is conducted, a summary of the analytical test results will be provided.

Enclosed is a questionnaire that will help us determine if you have a private potable well at your property. We ask that you complete this form and return it no later than January 31, 2018. You return the form using your preferred method: mail (return envelope enclosed), email, or fax.

Upon receipt of your well questionnaire, APTIM will contact if you have a private potable well at your property. Any follow up, if required, will be conducted in February and March 2018.

Thank you for your assistance in this matter. If you have any questions regarding this well survey, please contact Matthew Coller at 609-588-6383 or [matthew.coller@aptim.com](mailto:matthew.coller@aptim.com).

Sincerely,

Matthew Coller, LSRP  
Project Manager I

Enclosure

**Matthew Coller, LSRP**  
**APTIM**  
**200 Horizon Center Boulevard**  
**Trenton, NJ 08691**  
**Phone: (609) 588-6383**  
**Email: matthew.coller@aptim.com**  
**Fax: (609) 588-6300**

**WELL LOCATION**

Street Address: FT OF CHAPEL&CAVEN PT RD  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 27401 / 37

**POTABLE WELL INFORMATION FORM**

*Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.*

Date: \_\_\_\_\_

1. Indicate your relationship to this property. (Circle one)

Property Owner      Renter/Lessee      Other (please explain) \_\_\_\_\_

Please provide your contact information/mailling address.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Please circle the phone number above that you prefer we use to contact you.**

E-MAIL ADDRESS: \_\_\_\_\_

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

2. Is any of the water used at the residence supplied by a private well? **YES NO**

**(If NO, please stop here and return form)**

3. What is the depth of the well? \_\_\_\_\_ feet      Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences? **YES NO Unknown**

If **YES**, how many? \_\_\_\_\_

5. Do you use the well water for drinking and/or cooking? **YES NO**

If **NO**, what is the source of your drinking/cooking water? \_\_\_\_\_

|    |                                |                         |               |
|----|--------------------------------|-------------------------|---------------|
| 6. | Do you use the well water for: | bathing?                | <b>YES NO</b> |
|    |                                | washing clothes?        | <b>YES NO</b> |
|    |                                | lawn/garden/irrigation? | <b>YES NO</b> |

7. Has this well been tested recently? **YES NO**

If **YES**, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.)

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? **YES NO**

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? **YES NO**

If **YES**,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? **YES NO NOT SURE**

If **YES**, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If **NO**,

Is there an outside spigot from which we can take a sample? **YES NO**

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? **YES NO**

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: FT OF CHAPEL&CAVEN PT RD

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 27401 / 37



APTIM  
200 Horizon Center  
Trenton, New Jersey 08691  
Tel: 609-584-8900  
Fax: 609.588.6300  
[www.aptim.com](http://www.aptim.com)

January 24, 2018

N.J. DEPT. OF TRANSPORTATION  
1035 PARKWAY AVENUE  
EWING TOWNSHIP, N. J. 08618

**Re: Potable Well Questionnaire  
PROPOSED ROUTE 185  
Block 27401, Lot 21  
Jersey City, Hudson County, NJ**

To Whom It May Concern:

On behalf of our client, APTIM Environmental & Infrastructure Inc. (APTIM) is conducting a door-to-door survey to identify nearby potable (drinking water and/or irrigation) wells in the Jersey City area. Our client is required to evaluate groundwater usage pursuant to the New Jersey Department of Environmental Protection (NJDEP) *Technical Requirements for Site Remediation* (N.J.A.C. 7:26E-1.14(a)2 et seq.). If you have a private potable well at your property, we may ask to collect a sample at no cost to you. If sampling is conducted, a summary of the analytical test results will be provided.

Enclosed is a questionnaire that will help us determine if you have a private potable well at your property. We ask that you complete this form and return it no later than January 31, 2018. You return the form using your preferred method: mail (return envelope enclosed), email, or fax.

Upon receipt of your well questionnaire, APTIM will contact if you have a private potable well at your property. Any follow up, if required, will be conducted in February and March 2018.

Thank you for your assistance in this matter. If you have any questions regarding this well survey, please contact Matthew Coller at 609-588-6383 or [matthew.coller@aptim.com](mailto:matthew.coller@aptim.com).

Sincerely,

Matthew Coller, LSRP  
Project Manager I

Enclosure



**Matthew Coller, LSRP**  
**APTIM**  
**200 Horizon Center Boulevard**  
**Trenton, NJ 08691**  
**Phone: (609) 588-6383**  
**Email: matthew.coller@aptim.com**  
**Fax: (609) 588-6300**

**WELL LOCATION**

Street Address: PROPOSED ROUTE 185  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 27401 / 21

**POTABLE WELL INFORMATION FORM**

*Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.*

Date: \_\_\_\_\_

1. Indicate your relationship to this property. (Circle one)

Property Owner      Renter/Lessee      Other (please explain) \_\_\_\_\_

Please provide your contact information/mailling address.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Please circle the phone number above that you prefer we use to contact you.**

E-MAIL ADDRESS: \_\_\_\_\_

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

2. Is any of the water used at the residence supplied by a private well? **YES NO**  
**(If NO, please stop here and return form)**

3. What is the depth of the well? \_\_\_\_\_ feet      Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences? **YES NO Unknown**  
If **YES**, how many? \_\_\_\_\_

5. Do you use the well water for drinking and/or cooking? **YES NO**  
If **NO**, what is the source of your drinking/cooking water? \_\_\_\_\_

|    |                                |                         |               |
|----|--------------------------------|-------------------------|---------------|
| 6. | Do you use the well water for: | bathing?                | <b>YES NO</b> |
|    |                                | washing clothes?        | <b>YES NO</b> |
|    |                                | lawn/garden/irrigation? | <b>YES NO</b> |

7. Has this well been tested recently? **YES NO**

If **YES**, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.) \_\_\_\_\_

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? **YES NO**

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? **YES NO**

If **YES**,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? **YES NO NOT SURE**

If **YES**, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If **NO**,

Is there an outside spigot from which we can take a sample? **YES NO**

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? **YES NO**

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: PROPOSED ROUTE 185

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 27401 / 21



APTIM  
200 Horizon Center  
Trenton, New Jersey 08691  
Tel: 609-584-8900  
Fax: 609.588.6300  
[www.aptim.com](http://www.aptim.com)

January 24, 2018

ANHEUSER-BUSCH SALES OF NJ, LLC  
ONE BUSCH PL. 202-5  
ST. LOUIS, MISSOURI 63118

**Re: Potable Well Questionnaire  
101 LINDEN AVE. EAST  
Block 30306, Lot 7  
Jersey City, Hudson County, NJ**

To Whom It May Concern:

On behalf of our client, APTIM Environmental & Infrastructure Inc. (APTIM) is conducting a door-to-door survey to identify nearby potable (drinking water and/or irrigation) wells in the Jersey City area. Our client is required to evaluate groundwater usage pursuant to the New Jersey Department of Environmental Protection (NJDEP) *Technical Requirements for Site Remediation* (N.J.A.C. 7:26E-1.14(a)2 et seq.). If you have a private potable well at your property, we may ask to collect a sample at no cost to you. If sampling is conducted, a summary of the analytical test results will be provided.

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Upon receipt of your well questionnaire, APTIM will contact if you have a private potable well at your property. Any follow up, if required, will be conducted in February and March 2018.

Thank you for your assistance in this matter. If you have any questions regarding this well survey, please contact Matthew Coller at 609-588-6383 or [matthew.coller@aptim.com](mailto:matthew.coller@aptim.com).

Sincerely,

Matthew Coller, LSRP  
Project Manager I

Enclosure

**Matthew Coller, LSRP**  
**APTIM**  
**200 Horizon Center Boulevard**  
**Trenton, NJ 08691**  
**Phone: (609) 588-6383**  
**Email: matthew.coller@aptim.com**  
**Fax: (609) 588-6300**

**WELL LOCATION**

Street Address: 101 LINDEN AVE. EAST  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 30306 / 7

**POTABLE WELL INFORMATION FORM**

*Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.*

Date: \_\_\_\_\_

1. Indicate your relationship to this property. (Circle one)

Property Owner      Renter/Lessee      Other (please explain) \_\_\_\_\_

Please provide your contact information/mailling address.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Please circle the phone number above that you prefer we use to contact you.**

E-MAIL ADDRESS: \_\_\_\_\_

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

2. Is any of the water used at the residence supplied by a private well? **YES NO**

**(If NO, please stop here and return form)**

3. What is the depth of the well? \_\_\_\_\_ feet      Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences? **YES NO Unknown**

If **YES**, how many? \_\_\_\_\_

5. Do you use the well water for drinking and/or cooking? **YES NO**

If **NO**, what is the source of your drinking/cooking water? \_\_\_\_\_

|    |                                |                         |               |
|----|--------------------------------|-------------------------|---------------|
| 6. | Do you use the well water for: | bathing?                | <b>YES NO</b> |
|    |                                | washing clothes?        | <b>YES NO</b> |
|    |                                | lawn/garden/irrigation? | <b>YES NO</b> |



7. Has this well been tested recently? **YES NO**

If **YES**, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.)

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? **YES NO**

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? **YES NO**

If **YES**,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? **YES NO NOT SURE**

If **YES**, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If **NO**,

Is there an outside spigot from which we can take a sample? **YES NO**

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? **YES NO**

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: 101 LINDEN AVE. EAST

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 30306 / 7



APTIM  
200 Horizon Center  
Trenton, New Jersey 08691  
Tel: 609-584-8900  
Fax: 609.588.6300  
[www.aptim.com](http://www.aptim.com)

January 24, 2018

K.I.D.S. REALTY CO., LLC  
4931 FISHER ISLAND DR.  
MIAMI BEACH, FL 33109

**Re: Potable Well Questionnaire  
45 LINDEN AVE.E.  
Block 27401, Lot 35  
Jersey City, Hudson County, NJ**

To Whom It May Concern:

On behalf of our client, APTIM Environmental & Infrastructure Inc. (APTIM) is conducting a door-to-door survey to identify nearby potable (drinking water and/or irrigation) wells in the Jersey City area. Our client is required to evaluate groundwater usage pursuant to the New Jersey Department of Environmental Protection (NJDEP) *Technical Requirements for Site Remediation* (N.J.A.C. 7:26E-1.14(a)2 et seq.). If you have a private potable well at your property, we may ask to collect a sample at no cost to you. If sampling is conducted, a summary of the analytical test results will be provided.

Enclosed is a questionnaire that will help us determine if you have a private potable well at your property. We ask that you complete this form and return it no later than January 31, 2018. You return the form using your preferred method: mail (return envelope enclosed), email, or fax.

Upon receipt of your well questionnaire, APTIM will contact if you have a private potable well at your property. Any follow up, if required, will be conducted in February and March 2018.

Thank you for your assistance in this matter. If you have any questions regarding this well survey, please contact Matthew Coller at 609-588-6383 or [matthew.coller@aptim.com](mailto:matthew.coller@aptim.com).

Sincerely,

Matthew Coller, LSRP  
Project Manager I

Enclosure

**Matthew Coller, LSRP**  
**APTIM**  
**200 Horizon Center Boulevard**  
**Trenton, NJ 08691**  
**Phone: (609) 588-6383**  
**Email: matthew.coller@aptim.com**  
**Fax: (609) 588-6300**

**WELL LOCATION**

Street Address: 45 LINDEN AVE.E.  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 27401 / 35

**POTABLE WELL INFORMATION FORM**

*Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.*

Date: \_\_\_\_\_

1. Indicate your relationship to this property. (Circle one)

Property Owner      Renter/Lessee      Other (please explain) \_\_\_\_\_

Please provide your contact information/mailling address.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Please circle the phone number above that you prefer we use to contact you.**

E-MAIL ADDRESS: \_\_\_\_\_

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

2. Is any of the water used at the residence supplied by a private well? **YES NO**  
**(If NO, please stop here and return form)**

3. What is the depth of the well? \_\_\_\_\_ feet      Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences? **YES NO Unknown**  
If **YES**, how many? \_\_\_\_\_

5. Do you use the well water for drinking and/or cooking? **YES NO**  
If **NO**, what is the source of your drinking/cooking water? \_\_\_\_\_

|    |                                |                         |               |
|----|--------------------------------|-------------------------|---------------|
| 6. | Do you use the well water for: | bathing?                | <b>YES NO</b> |
|    |                                | washing clothes?        | <b>YES NO</b> |
|    |                                | lawn/garden/irrigation? | <b>YES NO</b> |

7. Has this well been tested recently? **YES NO**

If **YES**, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.) \_\_\_\_\_

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? **YES NO**

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? **YES NO**

If **YES**,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? **YES NO NOT SURE**

If **YES**, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If **NO**,

Is there an outside spigot from which we can take a sample? **YES NO**

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? **YES NO**

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: 45 LINDEN AVE.E.

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 27401 / 35



APTIM  
200 Horizon Center  
Trenton, New Jersey 08691  
Tel: 609-584-8900  
Fax: 609.588.6300  
[www.aptim.com](http://www.aptim.com)

January 24, 2018

CONSOLIDATED RAIL CORP.  
P. O. BOX 8499  
PHILADELPHIA, PA. 19101

**Re: Potable Well Questionnaire  
9 LINDEN AVE. EAST  
Block 27401, Lot 34  
Jersey City, Hudson County, NJ**

To Whom It May Concern:

On behalf of our client, APTIM Environmental & Infrastructure Inc. (APTIM) is conducting a door-to-door survey to identify nearby potable (drinking water and/or irrigation) wells in the Jersey City area. Our client is required to evaluate groundwater usage pursuant to the New Jersey Department of Environmental Protection (NJDEP) *Technical Requirements for Site Remediation* (N.J.A.C. 7:26E-1.14(a)2 et seq.). If you have a private potable well at your property, we may ask to collect a sample at no cost to you. If sampling is conducted, a summary of the analytical test results will be provided.

Enclosed is a questionnaire that will help us determine if you have a private potable well at your property. We ask that you complete this form and return it no later than January 31, 2018. You return the form using your preferred method: mail (return envelope enclosed), email, or fax.

Upon receipt of your well questionnaire, APTIM will contact if you have a private potable well at your property. Any follow up, if required, will be conducted in February and March 2018.

Thank you for your assistance in this matter. If you have any questions regarding this well survey, please contact Matthew Coller at 609-588-6383 or [matthew.coller@aptim.com](mailto:matthew.coller@aptim.com).

Sincerely,

Matthew Coller, LSRP  
Project Manager I

Enclosure



**Matthew Coller, LSRP**  
**APTIM**  
**200 Horizon Center Boulevard**  
**Trenton, NJ 08691**  
**Phone: (609) 588-6383**  
**Email: matthew.coller@aptim.com**  
**Fax: (609) 588-6300**

**WELL LOCATION**

Street Address: 9 LINDEN AVE. EAST  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 27401 / 34

**POTABLE WELL INFORMATION FORM**

*Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.*

Date: \_\_\_\_\_

1. Indicate your relationship to this property. (Circle one)

Property Owner      Renter/Lessee      Other (please explain) \_\_\_\_\_

Please provide your contact information/mailling address.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Please circle the phone number above that you prefer we use to contact you.**

E-MAIL ADDRESS: \_\_\_\_\_

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

2. Is any of the water used at the residence supplied by a private well? **YES NO**  
**(If NO, please stop here and return form)**

3. What is the depth of the well? \_\_\_\_\_ feet      Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences? **YES NO Unknown**  
If **YES**, how many? \_\_\_\_\_

5. Do you use the well water for drinking and/or cooking? **YES NO**  
If **NO**, what is the source of your drinking/cooking water? \_\_\_\_\_

|    |                                |                         |               |
|----|--------------------------------|-------------------------|---------------|
| 6. | Do you use the well water for: | bathing?                | <b>YES NO</b> |
|    |                                | washing clothes?        | <b>YES NO</b> |
|    |                                | lawn/garden/irrigation? | <b>YES NO</b> |

7. Has this well been tested recently? **YES NO**

If **YES**, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.) \_\_\_\_\_

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? **YES NO**

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? **YES NO**

If **YES**,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? **YES NO NOT SURE**

If **YES**, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If **NO**,

Is there an outside spigot from which we can take a sample? **YES NO**

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? **YES NO**

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: 9 LINDEN AVE. EAST

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 27401 / 34



APTIM  
200 Horizon Center  
Trenton, New Jersey 08691  
Tel: 609-584-8900  
Fax: 609.588.6300  
[www.aptim.com](http://www.aptim.com)

January 24, 2018

METRO REALTY CORP.  
10 EAST LINDEN AVE  
JERSEY CITY, NJ 07305

**Re: Potable Well Questionnaire  
E.LINDEN TO CHAPEL  
Block 27401, Lot 39  
Jersey City, Hudson County, NJ**

To Whom It May Concern:

On behalf of our client, APTIM Environmental & Infrastructure Inc. (APTIM) is conducting a door-to-door survey to identify nearby potable (drinking water and/or irrigation) wells in the Jersey City area. Our client is required to evaluate groundwater usage pursuant to the New Jersey Department of Environmental Protection (NJDEP) *Technical Requirements for Site Remediation* (N.J.A.C. 7:26E-1.14(a)2 et seq.). If you have a private potable well at your property, we may ask to collect a sample at no cost to you. If sampling is conducted, a summary of the analytical test results will be provided.

Enclosed is a questionnaire that will help us determine if you have a private potable well at your property. We ask that you complete this form and return it no later than January 31, 2018. You return the form using your preferred method: mail (return envelope enclosed), email, or fax.

Upon receipt of your well questionnaire, APTIM will contact if you have a private potable well at your property. Any follow up, if required, will be conducted in February and March 2018.

Thank you for your assistance in this matter. If you have any questions regarding this well survey, please contact Matthew Coller at 609-588-6383 or [matthew.coller@aptim.com](mailto:matthew.coller@aptim.com).

Sincerely,

Matthew Coller, LSRP  
Project Manager I

Enclosure

**Matthew Coller, LSRP**  
**APTIM**  
**200 Horizon Center Boulevard**  
**Trenton, NJ 08691**  
**Phone: (609) 588-6383**  
**Email: matthew.coller@aptim.com**  
**Fax: (609) 588-6300**

**WELL LOCATION**

Street Address: E.LINDEN TO CHAPEL  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 27401 / 39

**POTABLE WELL INFORMATION FORM**

*Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.*

Date: \_\_\_\_\_

1. Indicate your relationship to this property. (Circle one)

Property Owner      Renter/Lessee      Other (please explain) \_\_\_\_\_

Please provide your contact information/mailling address.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Please circle the phone number above that you prefer we use to contact you.**

E-MAIL ADDRESS: \_\_\_\_\_

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

2. Is any of the water used at the residence supplied by a private well? **YES NO**  
**(If NO, please stop here and return form)**

3. What is the depth of the well? \_\_\_\_\_ feet      Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences? **YES NO Unknown**  
If **YES**, how many? \_\_\_\_\_

5. Do you use the well water for drinking and/or cooking? **YES NO**  
If **NO**, what is the source of your drinking/cooking water? \_\_\_\_\_

|    |                                |                         |               |
|----|--------------------------------|-------------------------|---------------|
| 6. | Do you use the well water for: | bathing?                | <b>YES NO</b> |
|    |                                | washing clothes?        | <b>YES NO</b> |
|    |                                | lawn/garden/irrigation? | <b>YES NO</b> |

7. Has this well been tested recently? **YES NO**

If **YES**, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.) \_\_\_\_\_

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? **YES NO**

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? **YES NO**

If **YES**,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? **YES NO NOT SURE**

If **YES**, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If **NO**,

Is there an outside spigot from which we can take a sample? **YES NO**

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? **YES NO**

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: E.LINDEN TO CHAPEL

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 27401 / 39





APTIM  
200 Horizon Center  
Trenton, New Jersey 08691  
Tel: 609-584-8900  
Fax: 609.588.6300  
[www.aptim.com](http://www.aptim.com)

January 24, 2018

VIVIAN REALTY LLC  
10 EAST LINDEN AVENUE  
JERSEY CITY, NJ 07305

**Re: Potable Well Questionnaire  
MORRIS CANAL  
Block 27401, Lot 40  
Jersey City, Hudson County, NJ**

To Whom It May Concern:

On behalf of our client, APTIM Environmental & Infrastructure Inc. (APTIM) is conducting a door-to-door survey to identify nearby potable (drinking water and/or irrigation) wells in the Jersey City area. Our client is required to evaluate groundwater usage pursuant to the New Jersey Department of Environmental Protection (NJDEP) *Technical Requirements for Site Remediation* (N.J.A.C. 7:26E-1.14(a)2 et seq.). If you have a private potable well at your property, we may ask to collect a sample at no cost to you. If sampling is conducted, a summary of the analytical test results will be provided.

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Upon receipt of your well questionnaire, APTIM will contact if you have a private potable well at your property. Any follow up, if required, will be conducted in February and March 2018.

Thank you for your assistance in this matter. If you have any questions regarding this well survey, please contact Matthew Coller at 609-588-6383 or [matthew.coller@aptim.com](mailto:matthew.coller@aptim.com).

Sincerely,

Matthew Coller, LSRP  
Project Manager I

Enclosure

**Matthew Coller, LSRP**  
**APTIM**  
**200 Horizon Center Boulevard**  
**Trenton, NJ 08691**  
**Phone: (609) 588-6383**  
**Email: matthew.coller@aptim.com**  
**Fax: (609) 588-6300**

**WELL LOCATION**

Street Address: MORRIS CANAL  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 27401 / 40

**POTABLE WELL INFORMATION FORM**

*Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.*

Date: \_\_\_\_\_

1. Indicate your relationship to this property. (Circle one)

Property Owner      Renter/Lessee      Other (please explain) \_\_\_\_\_

Please provide your contact information/mailling address.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Please circle the phone number above that you prefer we use to contact you.**

E-MAIL ADDRESS: \_\_\_\_\_

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

2. Is any of the water used at the residence supplied by a private well? **YES NO**  
**(If NO, please stop here and return form)**

3. What is the depth of the well? \_\_\_\_\_ feet      Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences? **YES NO Unknown**  
If **YES**, how many? \_\_\_\_\_

5. Do you use the well water for drinking and/or cooking? **YES NO**  
If **NO**, what is the source of your drinking/cooking water? \_\_\_\_\_

|    |                                |                         |               |
|----|--------------------------------|-------------------------|---------------|
| 6. | Do you use the well water for: | bathing?                | <b>YES NO</b> |
|    |                                | washing clothes?        | <b>YES NO</b> |
|    |                                | lawn/garden/irrigation? | <b>YES NO</b> |

7. Has this well been tested recently? **YES NO**

If **YES**, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.)

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? **YES NO**

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? **YES NO**

If **YES**,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? **YES NO NOT SURE**

If **YES**, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If **NO**,

Is there an outside spigot from which we can take a sample? **YES NO**

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? **YES NO**

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: MORRIS CANAL

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 27401 / 40



APTIM  
200 Horizon Center  
Trenton, New Jersey 08691  
Tel: 609-584-8900  
Fax: 609.588.6300  
[www.aptim.com](http://www.aptim.com)

January 24, 2018

N.J. DEPT. OF TRANSPORTATION  
1035 PARKWAY AVENUE  
TRENTON, N J 08625

**Re: Potable Well Questionnaire  
FT OF LINDEN AVENUE  
Block 27401, Lot 29  
Jersey City, Hudson County, NJ**

To Whom It May Concern:

On behalf of our client, APTIM Environmental & Infrastructure Inc. (APTIM) is conducting a door-to-door survey to identify nearby potable (drinking water and/or irrigation) wells in the Jersey City area. Our client is required to evaluate groundwater usage pursuant to the New Jersey Department of Environmental Protection (NJDEP) *Technical Requirements for Site Remediation* (N.J.A.C. 7:26E-1.14(a)2 et seq.). If you have a private potable well at your property, we may ask to collect a sample at no cost to you. If sampling is conducted, a summary of the analytical test results will be provided.

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Thank you for your assistance in this matter. If you have any questions regarding this well survey, please contact Matthew Coller at 609-588-6383 or [matthew.coller@aptim.com](mailto:matthew.coller@aptim.com).

Sincerely,

Matthew Coller, LSRP  
Project Manager I

Enclosure

**Matthew Collier, LSRP**  
**APTIM**  
**200 Horizon Center Boulevard**  
**Trenton, NJ 08691**  
**Phone: (609) 588-6383**  
**Email: matthew.collier@aptim.com**  
**Fax: (609) 588-6300**

**WELL LOCATION**

Street Address: FT OF LINDEN AVENUE  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 27401 / 29

**POTABLE WELL INFORMATION FORM**

*Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.*

Date: \_\_\_\_\_

1. Indicate your relationship to this property. (Circle one)

Property Owner      Renter/Lessee      Other (please explain) \_\_\_\_\_

Please provide your contact information/mailling address.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Please circle the phone number above that you prefer we use to contact you.**

E-MAIL ADDRESS: \_\_\_\_\_

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

2. Is any of the water used at the residence supplied by a private well? **YES NO**  
**(If NO, please stop here and return form)**

3. What is the depth of the well? \_\_\_\_\_ feet      Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences? **YES NO Unknown**  
If **YES**, how many? \_\_\_\_\_

5. Do you use the well water for drinking and/or cooking? **YES NO**  
If **NO**, what is the source of your drinking/cooking water? \_\_\_\_\_

|    |                                |                         |               |
|----|--------------------------------|-------------------------|---------------|
| 6. | Do you use the well water for: | bathing?                | <b>YES NO</b> |
|    |                                | washing clothes?        | <b>YES NO</b> |
|    |                                | lawn/garden/irrigation? | <b>YES NO</b> |



7. Has this well been tested recently? **YES NO**

If **YES**, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.) \_\_\_\_\_

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? **YES NO**

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? **YES NO**

If **YES**,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? **YES NO NOT SURE**

If **YES**, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If **NO**,

Is there an outside spigot from which we can take a sample? **YES NO**

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? **YES NO**

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: FT OF LINDEN AVENUE

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 27401 / 29



APTIM  
200 Horizon Center  
Trenton, New Jersey 08691  
Tel: 609-584-8900  
Fax: 609.588.6300  
[www.aptim.com](http://www.aptim.com)

January 24, 2018

CONSOLIDATED RAIL  
P.O. BOX 8499  
PHILADELPHIA, PA. 19101

**Re: Potable Well Questionnaire  
MORRIS CANAL  
Block 27401, Lot 38  
Jersey City, Hudson County, NJ**

To Whom It May Concern:

On behalf of our client, APTIM Environmental & Infrastructure Inc. (APTIM) is conducting a door-to-door survey to identify nearby potable (drinking water and/or irrigation) wells in the Jersey City area. Our client is required to evaluate groundwater usage pursuant to the New Jersey Department of Environmental Protection (NJDEP) *Technical Requirements for Site Remediation* (N.J.A.C. 7:26E-1.14(a)2 et seq.). If you have a private potable well at your property, we may ask to collect a sample at no cost to you. If sampling is conducted, a summary of the analytical test results will be provided.

Enclosed is a questionnaire that will help us determine if you have a private potable well at your property. We ask that you complete this form and return it no later than January 31, 2018. You return the form using your preferred method: mail (return envelope enclosed), email, or fax.

Upon receipt of your well questionnaire, APTIM will contact if you have a private potable well at your property. Any follow up, if required, will be conducted in February and March 2018.

Thank you for your assistance in this matter. If you have any questions regarding this well survey, please contact Matthew Coller at 609-588-6383 or [matthew.coller@aptim.com](mailto:matthew.coller@aptim.com).

Sincerely,

Matthew Coller, LSRP  
Project Manager I

Enclosure

**Matthew Coller, LSRP**  
**APTIM**  
**200 Horizon Center Boulevard**  
**Trenton, NJ 08691**  
**Phone: (609) 588-6383**  
**Email: matthew.coller@aptim.com**  
**Fax: (609) 588-6300**

**WELL LOCATION**

Street Address: MORRIS CANAL  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 27401 / 38

**POTABLE WELL INFORMATION FORM**

*Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.*

Date: \_\_\_\_\_

1. Indicate your relationship to this property. (Circle one)

Property Owner      Renter/Lessee      Other (please explain) \_\_\_\_\_

Please provide your contact information/mailling address.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Please circle the phone number above that you prefer we use to contact you.**

E-MAIL ADDRESS: \_\_\_\_\_

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

2. Is any of the water used at the residence supplied by a private well? **YES NO**  
**(If NO, please stop here and return form)**

3. What is the depth of the well? \_\_\_\_\_ feet      Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences? **YES NO Unknown**  
If **YES**, how many? \_\_\_\_\_

5. Do you use the well water for drinking and/or cooking? **YES NO**  
If **NO**, what is the source of your drinking/cooking water? \_\_\_\_\_

|    |                                |                         |               |
|----|--------------------------------|-------------------------|---------------|
| 6. | Do you use the well water for: | bathing?                | <b>YES NO</b> |
|    |                                | washing clothes?        | <b>YES NO</b> |
|    |                                | lawn/garden/irrigation? | <b>YES NO</b> |

7. Has this well been tested recently? **YES NO**

If **YES**, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.) \_\_\_\_\_

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? **YES NO**

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? **YES NO**

If **YES**,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? **YES NO NOT SURE**

If **YES**, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If **NO**,

Is there an outside spigot from which we can take a sample? **YES NO**

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? **YES NO**

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: MORRIS CANAL

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 27401 / 38



APTIM  
200 Horizon Center  
Trenton, New Jersey 08691  
Tel: 609-584-8900  
Fax: 609.588.6300  
[www.aptim.com](http://www.aptim.com)

January 24, 2018

LINDEN AVE. JC. LLC.  
534 BROADWAY AVE.  
BAYONNE, NJ 07002

**Re: Potable Well Questionnaire  
FT. OF CHAPEL AVE.  
Block 27401, Lot 28  
Jersey City, Hudson County, NJ**

To Whom It May Concern:

On behalf of our client, APTIM Environmental & Infrastructure Inc. (APTIM) is conducting a door-to-door survey to identify nearby potable (drinking water and/or irrigation) wells in the Jersey City area. Our client is required to evaluate groundwater usage pursuant to the New Jersey Department of Environmental Protection (NJDEP) *Technical Requirements for Site Remediation* (N.J.A.C. 7:26E-1.14(a)2 et seq.). If you have a private potable well at your property, we may ask to collect a sample at no cost to you. If sampling is conducted, a summary of the analytical test results will be provided.

Enclosed is a questionnaire that will help us determine if you have a private potable well at your property. We ask that you complete this form and return it no later than January 31, 2018. You return the form using your preferred method: mail (return envelope enclosed), email, or fax.

Upon receipt of your well questionnaire, APTIM will contact if you have a private potable well at your property. Any follow up, if required, will be conducted in February and March 2018.

Thank you for your assistance in this matter. If you have any questions regarding this well survey, please contact Matthew Coller at 609-588-6383 or [matthew.coller@aptim.com](mailto:matthew.coller@aptim.com).

Sincerely,

Matthew Coller, LSRP  
Project Manager I

Enclosure



**Matthew Coller, LSRP**  
**APTIM**  
**200 Horizon Center Boulevard**  
**Trenton, NJ 08691**  
**Phone: (609) 588-6383**  
**Email: matthew.coller@aptim.com**  
**Fax: (609) 588-6300**

**WELL LOCATION**

Street Address: FT. OF CHAPEL AVE.  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 27401 / 28

**POTABLE WELL INFORMATION FORM**

*Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.*

Date: \_\_\_\_\_

1. Indicate your relationship to this property. (Circle one)

Property Owner      Renter/Lessee      Other (please explain) \_\_\_\_\_

Please provide your contact information/mailling address.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Please circle the phone number above that you prefer we use to contact you.**

E-MAIL ADDRESS: \_\_\_\_\_

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

2. Is any of the water used at the residence supplied by a private well? **YES NO**  
**(If NO, please stop here and return form)**

3. What is the depth of the well? \_\_\_\_\_ feet      Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences? **YES NO Unknown**  
If **YES**, how many? \_\_\_\_\_

5. Do you use the well water for drinking and/or cooking? **YES NO**  
If **NO**, what is the source of your drinking/cooking water? \_\_\_\_\_

|    |                                |                         |               |
|----|--------------------------------|-------------------------|---------------|
| 6. | Do you use the well water for: | bathing?                | <b>YES NO</b> |
|    |                                | washing clothes?        | <b>YES NO</b> |
|    |                                | lawn/garden/irrigation? | <b>YES NO</b> |

7. Has this well been tested recently? **YES NO**

If **YES**, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.) \_\_\_\_\_

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? **YES NO**

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? **YES NO**

If **YES**,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? **YES NO NOT SURE**

If **YES**, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If **NO**,

Is there an outside spigot from which we can take a sample? **YES NO**

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? **YES NO**

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: FT. OF CHAPEL AVE.

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 27401 / 28



APTIM  
200 Horizon Center  
Trenton, New Jersey 08691  
Tel: 609-584-8900  
Fax: 609.588.6300  
[www.aptim.com](http://www.aptim.com)

January 24, 2018

LIBERTY NATIONAL DEVELOPMENT C. LLC  
100 CAVEN POINT ROAD  
JERSEY CITY, NJ 07305

**Re: Potable Well Questionnaire  
LINDEN AVE.E.  
Block 27401, Lot 23  
Jersey City, Hudson County, NJ**

To Whom It May Concern:

On behalf of our client, APTIM Environmental & Infrastructure Inc. (APTIM) is conducting a door-to-door survey to identify nearby potable (drinking water and/or irrigation) wells in the Jersey City area. Our client is required to evaluate groundwater usage pursuant to the New Jersey Department of Environmental Protection (NJDEP) *Technical Requirements for Site Remediation* (N.J.A.C. 7:26E-1.14(a)2 et seq.). If you have a private potable well at your property, we may ask to collect a sample at no cost to you. If sampling is conducted, a summary of the analytical test results will be provided.

Enclosed is a questionnaire that will help us determine if you have a private potable well at your property. We ask that you complete this form and return it no later than January 31, 2018. You return the form using your preferred method: mail (return envelope enclosed), email, or fax.

Upon receipt of your well questionnaire, APTIM will contact if you have a private potable well at your property. Any follow up, if required, will be conducted in February and March 2018.

Thank you for your assistance in this matter. If you have any questions regarding this well survey, please contact Matthew Coller at 609-588-6383 or [matthew.coller@aptim.com](mailto:matthew.coller@aptim.com).

Sincerely,

Matthew Coller, LSRP  
Project Manager I

Enclosure

**Matthew Coller, LSRP**  
**APTIM**  
**200 Horizon Center Boulevard**  
**Trenton, NJ 08691**  
**Phone: (609) 588-6383**  
**Email: matthew.coller@aptim.com**  
**Fax: (609) 588-6300**

# WELL LOCATION

Street Address: LINDEN AVE.E.  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 27401 / 23

## POTABLE WELL INFORMATION FORM

Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.

Date: \_\_\_\_\_

1. Indicate your relationship to this property. (Circle one)

Property Owner      Renter/Lessee      Other (please explain) \_\_\_\_\_

Please provide your contact information/mailling address.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Please circle the phone number above that you prefer we use to contact you.**

E-MAIL ADDRESS: \_\_\_\_\_

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

2. Is any of the water used at the residence supplied by a private well? **YES NO**  
**(If NO, please stop here and return form)**

3. What is the depth of the well? \_\_\_\_\_ feet      Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences? **YES NO Unknown**  
If **YES**, how many? \_\_\_\_\_

5. Do you use the well water for drinking and/or cooking? **YES NO**  
If **NO**, what is the source of your drinking/cooking water? \_\_\_\_\_

|    |                                |                         |               |
|----|--------------------------------|-------------------------|---------------|
| 6. | Do you use the well water for: | bathing?                | <b>YES NO</b> |
|    |                                | washing clothes?        | <b>YES NO</b> |
|    |                                | lawn/garden/irrigation? | <b>YES NO</b> |

7. Has this well been tested recently? **YES NO**

If **YES**, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.)

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? **YES NO**

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? **YES NO**

If **YES**,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? **YES NO NOT SURE**

If **YES**, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If **NO**,

Is there an outside spigot from which we can take a sample? **YES NO**

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? **YES NO**

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: LINDEN AVE.E.

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 27401 / 23



APTIM  
200 Horizon Center  
Trenton, New Jersey 08691  
Tel: 609-584-8900  
Fax: 609.588.6300  
[www.aptim.com](http://www.aptim.com)

January 24, 2018

LIBERTY NATIONAL DEVELOPMENT C. LLC  
100 CAVEN POINT ROAD  
JERSEY CITY, NJ 07305

**Re: Potable Well Questionnaire  
LINDEN AVE.E.  
Block 27401, Lot 22  
Jersey City, Hudson County, NJ**

To Whom It May Concern:

On behalf of our client, APTIM Environmental & Infrastructure Inc. (APTIM) is conducting a door-to-door survey to identify nearby potable (drinking water and/or irrigation) wells in the Jersey City area. Our client is required to evaluate groundwater usage pursuant to the New Jersey Department of Environmental Protection (NJDEP) *Technical Requirements for Site Remediation* (N.J.A.C. 7:26E-1.14(a)2 et seq.). If you have a private potable well at your property, we may ask to collect a sample at no cost to you. If sampling is conducted, a summary of the analytical test results will be provided.

Enclosed is a questionnaire that will help us determine if you have a private potable well at your property. We ask that you complete this form and return it no later than January 31, 2018. You return the form using your preferred method: mail (return envelope enclosed), email, or fax.

Upon receipt of your well questionnaire, APTIM will contact if you have a private potable well at your property. Any follow up, if required, will be conducted in February and March 2018.

Thank you for your assistance in this matter. If you have any questions regarding this well survey, please contact Matthew Coller at 609-588-6383 or [matthew.coller@aptim.com](mailto:matthew.coller@aptim.com).

Sincerely,

Matthew Coller, LSRP  
Project Manager I

Enclosure



**Matthew Coller, LSRP**  
**APTIM**  
**200 Horizon Center Boulevard**  
**Trenton, NJ 08691**  
**Phone: (609) 588-6383**  
**Email: matthew.coller@aptim.com**  
**Fax: (609) 588-6300**

**WELL LOCATION**

Street Address: LINDEN AVE.E.  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 27401 / 22

**POTABLE WELL INFORMATION FORM**

*Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.*

Date: \_\_\_\_\_

1. Indicate your relationship to this property. (Circle one)

Property Owner      Renter/Lessee      Other (please explain) \_\_\_\_\_

Please provide your contact information/mailling address.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Please circle the phone number above that you prefer we use to contact you.**

E-MAIL ADDRESS: \_\_\_\_\_

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

2. Is any of the water used at the residence supplied by a private well? **YES NO**  
**(If NO, please stop here and return form)**

3. What is the depth of the well? \_\_\_\_\_ feet      Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences? **YES NO Unknown**  
If **YES**, how many? \_\_\_\_\_

5. Do you use the well water for drinking and/or cooking? **YES NO**  
If **NO**, what is the source of your drinking/cooking water? \_\_\_\_\_

|    |                                |                         |               |
|----|--------------------------------|-------------------------|---------------|
| 6. | Do you use the well water for: | bathing?                | <b>YES NO</b> |
|    |                                | washing clothes?        | <b>YES NO</b> |
|    |                                | lawn/garden/irrigation? | <b>YES NO</b> |

7. Has this well been tested recently? **YES NO**

If **YES**, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.) \_\_\_\_\_

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? **YES NO**

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? **YES NO**

If **YES**,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? **YES NO NOT SURE**

If **YES**, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If **NO**,

Is there an outside spigot from which we can take a sample? **YES NO**

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? **YES NO**

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: LINDEN AVE.E.

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 27401 / 22



APTIM  
200 Horizon Center  
Trenton, New Jersey 08691  
Tel: 609-584-8900  
Fax: 609.588.6300  
[www.aptim.com](http://www.aptim.com)

January 24, 2018

NJ TURNPIKE AUTHORITY  
581 MAIN ST. BOX 5042  
Woodbridge, NJ 07095

**Re: Potable Well Questionnaire  
Route 169  
Block 30303, Lot 1  
Jersey City, Hudson County, NJ**

To Whom It May Concern:

On behalf of our client, APTIM Environmental & Infrastructure Inc. (APTIM) is conducting a door-to-door survey to identify nearby potable (drinking water and/or irrigation) wells in the Jersey City area. Our client is required to evaluate groundwater usage pursuant to the New Jersey Department of Environmental Protection (NJDEP) *Technical Requirements for Site Remediation* (N.J.A.C. 7:26E-1.14(a)2 et seq.). If you have a private potable well at your property, we may ask to collect a sample at no cost to you. If sampling is conducted, a summary of the analytical test results will be provided.

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Upon receipt of your well questionnaire, APTIM will contact if you have a private potable well at your property. Any follow up, if required, will be conducted in February and March 2018.

Thank you for your assistance in this matter. If you have any questions regarding this well survey, please contact Matthew Coller at 609-588-6383 or [matthew.coller@aptim.com](mailto:matthew.coller@aptim.com).

Sincerely,

Matthew Coller, LSRP  
Project Manager I

Enclosure

**Matthew Coller, LSRP**  
**APTIM**  
**200 Horizon Center Boulevard**  
**Trenton, NJ 08691**  
**Phone: (609) 588-6383**  
**Email: matthew.coller@aptim.com**  
**Fax: (609) 588-6300**

**WELL LOCATION**

Street Address: Route 169  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 30303 / 1

**POTABLE WELL INFORMATION FORM**

*Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.*

Date: \_\_\_\_\_

1. Indicate your relationship to this property. (Circle one)

Property Owner      Renter/Lessee      Other (please explain) \_\_\_\_\_

Please provide your contact information/mailling address.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Please circle the phone number above that you prefer we use to contact you.**

E-MAIL ADDRESS: \_\_\_\_\_

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

2. Is any of the water used at the residence supplied by a private well? **YES NO**  
**(If NO, please stop here and return form)**

3. What is the depth of the well? \_\_\_\_\_ feet      Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences? **YES NO Unknown**  
If **YES**, how many? \_\_\_\_\_

5. Do you use the well water for drinking and/or cooking? **YES NO**  
If **NO**, what is the source of your drinking/cooking water? \_\_\_\_\_

|    |                                |                         |               |
|----|--------------------------------|-------------------------|---------------|
| 6. | Do you use the well water for: | bathing?                | <b>YES NO</b> |
|    |                                | washing clothes?        | <b>YES NO</b> |
|    |                                | lawn/garden/irrigation? | <b>YES NO</b> |

7. Has this well been tested recently? **YES NO**

If **YES**, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.) \_\_\_\_\_

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? **YES NO**

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? **YES NO**

If **YES**,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? **YES NO NOT SURE**

If **YES**, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If **NO**,

Is there an outside spigot from which we can take a sample? **YES NO**

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? **YES NO**

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: Route 169

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 30303 / 1



APTIM  
200 Horizon Center  
Trenton, New Jersey 08691  
Phone: 609-588-8900  
Fax: 609-588-6300  
[www.aptim.com](http://www.aptim.com)

## Memorandum

| To      | File   | Page 1 |
|---------|--|--------|
| Subject | NGA Document 16-021: Remedial Investigation Report Addendum for Groundwater (AOC-2) and Linden Avenue East (AOC-4) |        |
|         | Receptor Evaluation Groundwater Door-to-Door Survey  |        |
| From    | Matthew Coller, APTIM  |        |
| Date    | March 9, 2018  |        |

Time 1630

Maitee Salado of KIDS REALTY contacted Matthew Coller of APTIM regarding 45 Linden Avenue East in Jersey City, NJ. Ms. Salado informed Mr. Coller that the property was on city water and sewer and did not have a potable or irrigation well on the property.



## Coller, Matthew

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**From:** Rossi, Christopher <crossi@turnpike.state.nj.us>  
**Sent:** Monday, January 29, 2018 11:04 AM  
**To:** Coller, Matthew  
**Subject:** Potable well search-Jersey City, NJ  
**Attachments:** 201801291049.pdf

Matt,

Attached is the complete PW Information Form as requested. No well(s) exist at the referenced property.

Thanks  
Chris

Christopher Rossi  
Senior Environmental Manager  
New Jersey Turnpike Authority  
1 Turnpike Plaza  
PO Box 5042  
Woodbridge, NJ 07095  
Tel. (732) 750-5300 x8257  
Email: crossi@turnpike.state.nj.us

-----Original Message-----

From: ricoh@turnpike.state.nj.us [mailto:ricoh@turnpike.state.nj.us]  
Sent: Monday, January 29, 2018 10:49 AM  
To: Rossi, Christopher  
Subject: Message from "eng-ricoh-3"

This E-mail was sent from "eng-ricoh-3" (Aficio MP 5002).

Scan Date: 01.29.2018 10:49:04 (-0500)  
Queries to: ricoh@turnpike.state.nj.us

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This e-mail is a private communication, intended only for the use of the named recipient(s), and may contain information that is confidential or privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the contents of this message is strictly prohibited. If you have received this message in error, or are not the named recipient, please notify us immediately by contacting the sender at the e-mail address noted above, or by calling the sender at 732-750-5300, and delete and destroy all copies of this message. Thank you.

Matthew Coller, LSRP  
APTIM  
200 Horizon Center Boulevard  
Trenton, NJ 08691  
Phone: (609) 588-6383  
Email: matthew.coller@aptim.com  
Fax: (609) 588-6300

WELL LOCATION

Street Address: Route 169  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 30303 / 1

POTABLE WELL INFORMATION FORM

Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.

Date: 1/29/18

1. Indicate your relationship to this property. (Circle one)

Property Owner

Renter/Lessee

Other (please explain) \_\_\_\_\_

Please provide your contact information/mailling address.

NAME: Chris Rossi, Sr. Env. Manager (NJ Turnpike Auth.)

ADDRESS: PO Box 5042, Woodbridge, NJ 07095

PHONE #: 732-750-5300 x8057 (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Please circle the phone number above that you prefer we use to contact you.

E-MAIL ADDRESS: crossti@turnpike.state.nj.us

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

2. Is any of the water used at the residence supplied by a private well?

YES NO

(If NO, please stop here and return form)

3. What is the depth of the well? \_\_\_\_\_ feet Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences?

YES NO Unknown

If YES, how many? \_\_\_\_\_

5. Do you use the well water for drinking and/or cooking?

YES NO

If NO, what is the source of your drinking/cooking water? \_\_\_\_\_

6. Do you use the well water for:

bathing?

YES NO

washing clothes?

YES NO

lawn/garden/irrigation?

YES NO

7. Has this well been tested recently? YES NO

If YES, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.) \_\_\_\_\_

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? YES NO

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? YES NO

If YES,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? YES NO NOT SURE

If YES, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If NO,

Is there an outside spigot from which we can take a sample? YES NO

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? YES NO

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: Route 169

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 30303 / 1

## Coller, Matthew

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**From:** Yousef, Mohammed <Mohammad.Yousef@dot.nj.gov>  
**Sent:** Thursday, February 08, 2018 1:50 PM  
**To:** Coller, Matthew  
**Cc:** Yovankin, Meghan; Tadmori, Kinan; Nowak, Jason  
**Subject:** Potable Well Questionnaire associated with Block 27401, Lot 29

Mr. Coller,

Please be advised that NJDOT does not have any potable wells at NJDOT Jersey City Maintenance Facility. The Potable Well Questionnaire was completed and mailed to APTIM via USPS.

If you have any further questions, Please feel free to contact our office,

Mohammad Yousef

*Mohammad Yousef*, **Section Chief** | Site Remediation Program/Hazardous Materials Manager |

**New Jersey Department of Transportation, Division of Environmental Resources**

951 Parkway Avenue, PO Box 600 | Trenton, NJ 08625-0600 | Phone: 609-530-2973 | Fax: 609-530-5305

Matthew Coller, LSRP  
APTIM  
200 Horizon Center Boulevard  
Trenton, NJ 08691  
Phone: (609) 588-6383  
Email: matthew.coller@aptim.com  
Fax: (609) 588-6300

WELL LOCATION

Street Address: LINDEN AVE.E.  
Municipality: Jersey City, Hudson County, NJ  
Block/Lot #: 27401 / 31

**POTABLE WELL INFORMATION FORM**

Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by January 31, 2018.

Date: 1/26/2018

1. Indicate your relationship to this property. (Circle one)

☒ Property Owner

☐ Renter/Lessee

☐ Other (please explain)

NJDOT Right of way

Please provide your contact information/ mailing address.

NAME: KINAN TADMORI, Environmental Specialist 1  
ADDRESS: 951 Parkway Avenue, Trenton NJ 08625  
PHONE #: 609-530-5460 (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Please circle the phone number above that you prefer we use to contact you.

E-MAIL ADDRESS: kinan.tadmori@dot.nj.gov

If you are a renter or tenant, please provide the owner's contact information.

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

2. Is any of the water used at the residence supplied by a private well?  
(If NO, please stop here and return form)

YES

☒ NO

3. What is the depth of the well? \_\_\_\_\_ feet Check here if unknown: \_\_\_\_\_

4. Does the well supply water for any other residences?  
If YES, how many? \_\_\_\_\_

YES

☐ NO ☐ Unknown

5. Do you use the well water for drinking and/or cooking?

YES

☐ NO

If NO, what is the source of your drinking/cooking water? \_\_\_\_\_

6. Do you use the well water for:

bathing?

YES

☐ NO

washing clothes?

YES

☐ NO

lawn/garden/irrigation?

YES

☐ NO

7. Has this well been tested recently? YES NO

If YES, please enclose a copy of the results if possible.

a) What date was it most recently tested? \_\_\_\_\_

b) Who tested the well water? \_\_\_\_\_

c) What was the well tested for? (Circle all that apply.)

Bacteria

Volatile Organics

Metals

Other (please explain): \_\_\_\_\_

d) Did the sampling detect any contaminants? YES NO

8. We would like to sample untreated water. Do you have any treatment system(s) on the well? YES NO

If YES,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): \_\_\_\_\_

b. Can the treatment system be bypassed to collect an untreated water sample? YES NO NOT SURE

If YES, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If NO,

Is there an outside spigot from which we can take a sample? YES NO

Where is the spigot located? \_\_\_\_\_

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? YES NO

10. Please provide any other information that you feel would be helpful for us to know about your well.

**WELL LOCATION**

Street Address: LINDEN AVE.E.

Municipality: Jersey City, Hudson County, NJ

Block/Lot #: 27401 / 31





New Jersey Department of Environmental Protection  
Site Remediation Program

REMEDIAL ACTION REPORT FORM

Date Stamp  
(For Department use only)

SECTION A. SITE

Site Name: Hudson County Chrome Site 16

Program Interest (PI) Number(s): G000008644

Case Tracking Number(s) for this submission: RPC110001

This form must be attached to the Cover/Certification Form

SECTION B. 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: 4
- Total number of contaminated AOCs addressed in this submission: 1
- Are there any outstanding contaminated AOCs associated with the case where the remedial action has NOT been performed? ☒ Yes ☐ No
- Does this RAR address a discharge/release from a federally regulated UST? ☐ Yes ☒ No

When answering the remaining questions on this form consider only the AOCs addressed in this submission.

SECTION C. GENERAL

- Does this submission include Remedial Action Permit Application(s) that require Site Remediation Program approval? ☐ Yes ☒ No
- Was a remediation initiated after May 6, 2010, for new construction / 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
- Was an alternative remedy approved by the NJDEP? ☐ Yes ☒ No  
If "Yes," provide the date of the approval: \_\_\_\_\_
- Has the remediation varied from the Technical Rules? ☐ Yes ☒ No  
If "Yes," provide the citation(s) from which the remediation has 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 \_\_\_\_\_
- Were the laboratory Reporting Limits below applicable remediation standards/screening levels criteria required for the contaminants of concern for the AOCs addressed in this submission? ☒ Yes ☐ No
- Have past NJDEP-documented deficiencies been addressed in this submission? ☒ Yes ☐ No ☐ N/A
- Did the remediation deviate from that proposed in the Remedial Action Workplan? ☐ Yes ☒ No  
If "Yes," specify the section/page(s) in the report where the deviation(s) are discussed:  
\_\_\_\_\_
- 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

## SECTION D. SITE CONDITIONS

1. At any time, was there any radiological contamination detected at the AOCs addressed in this submission? ..... ☐ Yes ☒ No
2. At any time, did any of the AOCs addressed in this submission contain Ordnance and Explosives/Unexploded Ordnance (OE/UXO)? ..... ☐ Yes ☒ No
3. Did the remedial action involve containment of free product? ..... ☐ Yes ☒ No
4. Has dioxin been detected at levels above NJDEP's interim direct contact soil screening level of 50 ppt dioxin TEQ (TCDD Toxicity Equivalence Quotient) in any AOCs addressed in this submission? ..... ☐ Yes ☒ No
5. Have any of the following contaminants ever been detected in sediment above the ecological screening levels at the AOCs addressed in this submission? ..... ☐ Yes ☒ No  
If "Yes," check all that apply:  
☐ Arsenic ☐ Dioxin ☐ Mercury ☐ PCBs ☐ Pesticides
6. Is remediation complete in all affected media at the AOCs addressed in this submission? ..... ☐ Yes ☒ No
7. Did contaminants from the AOCs addressed in this submission discharge to surface water? ..... ☐ Yes ☒ No
8. Did contaminants from the AOCs addressed in this submission discharge to an Environmentally Sensitive Natural Resource (ESNR)? ..... ☐ Yes ☒ No
9. Are any of the following conditions currently present for the AOCs addressed in this submission? (*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
- ☐ Natural background ground water contamination
- ☐ Contaminated ground water discharging to surface water or Environmentally Sensitive Natural Resource (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
- ☐ Natural background only above Impact to Ground Water Cleanup Criteria
- ☐ Natural background above Direct Contact Remediation Standards
- ☐ Soil contamination in an ESNR

## SECTION E. 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 Soil Remediation Standards? ..... ☒ Yes ☐ No  
If "Yes," check all that apply:

### Compliance Averaging Method Utilized

| Pathway  | Arithmetic Mean          | 95 Percent UCL           | Spatially Weighted Average | 75 Percent/ 10X Procedure           |
|--|--------------------------|--------------------------|----------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> Ingestion-Dermal Pathway       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Inhalation Pathway             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Impact to Ground Water Pathway | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input checked="" 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. Was an interim standard used for a contaminant where a standard does not exist? ..... ☐ Yes ☒ No
5. Were Alternate Remediation Standards used for the Ingestion/Dermal Pathway? ..... ☒ Yes ☐ No
6. Were Alternate Remediation Standards used for the Inhalation Pathway? ..... ☐ Yes ☒ No
7. 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
8. Were Site Specific Ecological Remediation Goals used? ..... ☐ Yes ☒ No
9. 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 F. 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 material sent off-site for use as alternative and/or clean fill at a non-SRP site?..... ☐ Yes ☒ No
- If "Yes," specify the section/page in the RAR where it states the non-SRP site receiving this alternative and/or clean fill: \_\_\_\_\_
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 G. REMEDIAL ACTION REPORT INFORMATION

### Soils

1. Did the remedy include a remedial action for soils? ..... ☒ Yes ☐ No
- If "No," skip to **Ground Water**
2. Is a restricted use required? ..... ☐ Yes ☒ No
- If "Yes," indicate the type of restriction being implemented. \_\_\_\_\_
3. If applicable, has consent from all involved property owners been obtained (i.e., for institutional or engineering controls)? ..... ☐ Yes ☐ No
4. Was an engineering control required? ..... ☐ Yes ☒ No
- If "Yes," indicate the receptor(s) each engineering control is intended to protect. (*check all that apply*)
- ☐ Human ☐ Ecological ☐ Offsite Impacts

### Ground Water

5. Did the remedy include a remedial action for ground water? ..... ☐ Yes ☒ No
- If "No," skip to **Ecological**
6. Is a restricted use required for ground water?..... ☐ Yes ☐ No

7. Is a revised CEA required?..... ☐ Yes ☐ No
8. Do any contaminant levels in ground water currently exceed the vapor intrusion ground water trigger?..... ☐ Yes ☐ No

#### Ecological

9. Did the remedy include a remedial action for Environmentally Sensitive Natural Resources (ESNRs)? ..... ☐ Yes ☒ No  
If "No," skip to **Indoor Air**
10. Was post-remedial sampling performed to determine whether contaminant levels currently meet ecological screening levels or ecological remediation goals? ..... ☐ Yes ☐ No
11. Did the remedial action require filling of State open waters or wetlands? ..... ☐ Yes ☐ No
12. 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
13. Have Risk Management Decision (RMD) goals been developed? ..... ☐ Yes ☐ No  
If "Yes," have the RMD goals been approved by NJDEP? ..... ☐ Yes ☐ No

#### Indoor Air

14. Have any vapor intrusion engineering controls/mitigation systems been installed in order to mitigate a vapor condition 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): \_\_\_\_\_

#### SECTION H. 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: Data underwent full validation by APTIM (f/k/a CB&I)
4. Has any data been qualified and used? ..... ☒ Yes ☐ No
5. Has any data been rejected and used? ..... ☐ Yes ☒ No
6. Provide the page number for the "Reliability of Data" section of the report: 7-1