



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

**FULL LABORATORY DATA DELIVERABLES FORM**

LSRP       Subsurface Evaluator

Date Stamp  
 (For Department use only)

**SECTION A. SITE NAME AND LOCATION**

Site Name: Hudson County Chromate - Al Smith Moving

List all AKAs: Al Smith Moving & Furniture Company, Inc.

Street Address: 33 Pacific Avenue

Municipality: Jersey City (Township, Boro or City)

County: Hudson Zip Code: 07035

Program Interest (PI) Number(s): 775998 Case Tracking Number(s): \_\_\_\_\_

**SECTION B. NJDEP CASE MANAGER**

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

If "Yes," please list the Case Manager: Dave Doyle

**SECTION C. REMEDIAL PHASE**

- |  |   |
|--|---|
| <input type="checkbox"/> Immediate Environmental Concern   | <input type="checkbox"/> Preliminary Assessment Report                    |
| <input type="checkbox"/> Site Investigation Report         | <input type="checkbox"/> Remedial Investigation/Remedial Action Work Plan |
| <input checked="" type="checkbox"/> Remedial Action Report | <input type="checkbox"/> Response Action Outcome                          |

**SECTION D. Matrix Type/Analysis and Number of Samples**

- |  |                          |                                  |
|--|--------------------------|----------------------------------|
| <input type="checkbox"/> Potable Well Water .....  | # of samples: _____      | Sampling Date: _____             |
| Analytical Method(s) _____   |                          |                                  |
| <input type="checkbox"/> Indoor Air.....   | # of samples: _____      | Sampling Date: _____             |
| Analytical Method _____  |                          |                                  |
| <input type="checkbox"/> Polychlorinated dibenzo-p-dioxins/polychlorinated dibenzofurans | # of samples: _____      | Sampling Date: _____             |
| Analytical Method _____  |                          |                                  |
| <input checked="" type="checkbox"/> Hexavalent chromium soil sample .....                | # of samples: <u>345</u> | Sampling Date: <u>01/19/2007</u> |
| Analytical Method <u>Method 7196/7199</u>  |                          |                                  |
| <input type="checkbox"/> Other _____   | # of samples: _____      | Sampling Date: _____             |
| Analytical Method _____  |                          |                                  |
| <input type="checkbox"/> Other _____   | # of samples: _____      | Sampling Date: _____             |
| Analytical Method _____  |                          |                                  |
| <input type="checkbox"/> Other _____   | # of samples: _____      | Sampling Date: _____             |
| Analytical Method _____  |                          |                                  |

**SECTION E. GENERAL**

- Was a full laboratory data deliverables package provided?.....  Yes     No
- Was a certified laboratory(s) used for the analyses? .....  Yes     No  
 Provide name of laboratory(s): TestAmerica (formerly Severn-Trent Laboratories), SGS/Accutest
- Were data summaries provided for all samples? .....  Yes     No
- Were electronic deliverables submitted?.....  Yes     No
- For air sample data, were the TO-15 Conversion Tables (hit-lists) provided on disc in the appropriate Excel format pursuant to the VIG? ...Not applicable.....  Yes     No

**Section F. Data Quality Assurance/Quality Control**

1. Were the appropriate sample preservation requirements met? .....  Yes  No  
2. Were appropriate sample holding times (for both extraction/sample preparation and analysis) met? .....  Yes  No  
If "No," provide a brief explanation.

3. Were the samples diluted? .....  Yes  No  
Indicate the identity of the samples and why.  
See Remedial Action Report, Al Smith Moving & Furniture Company, Inc. (AOC ASM-1) Soil Section 6.0 and Appendices E and F.

4. If applicable, did sample dilutions result in elevated reporting limits that exceed applicable standards?..  Yes  No  
If "Yes," list the affected samples.

5. Were any applicable standards exceeded for any samples? .....  Yes  No  
If "Yes," include the number of samples and laboratory sample identification numbers.  
See Remedial Action Report, Al Smith Moving & Furniture Company, Inc. (AOC ASM-1) Soil Table 5-1.

6. Were the laboratory reporting limits below the applicable remediation standards/criteria required for the site? .....  Yes  No  
If "No," provide a brief explanation of action taken.

7. Were qualifications noted in the non-conformance summary? .....  Yes  No  
Provide a brief explanation.  
See Remedial Action Report, Al Smith Moving & Furniture Company, Inc. (AOC ASM-1) Soil Section 6.0 and Appendices E and F.

8. Were qualified data used? .....  Yes  No  
9. Were rejections noted in the non-conformance summary? .....  Yes  No  
Provide a brief explanation.  
See Remedial Action Report, Al Smith Moving & Furniture Company, Inc. (AOC ASM-1) Soil Section 6.0 and Appendices E and F.

10. Were rejected data used?.....  Yes  No

If "Yes," please indicate reasons rejected data were used:

- For Hex Chrome, data were rejected because spike recovery was less than 50%.
- Data were rejected due to missing deliverables.
- Data were rejected but an applicable standard exceedance exists.
- Data were rejected in an early phase of a remediation; however, additional sampling and analysis are scheduled to be performed.
- Other reasons not noted directly above. Explain:

11. Were the quality control criteria associated with the compounds of concern at the site met?.....  Yes  No

12. Were the QC Summary Forms reviewed?.....  Yes  No

13. Surrogate recoveries acceptable Not applicable to hexavalent chromium (Cr<sup>6+</sup>).....  Yes  No

14. Internal Standards acceptable Not applicable to Cr<sup>6+</sup>.....  Yes  No

15. MS/MSDs acceptable.....  Yes  No

16. Tune summaries acceptable Not applicable to Cr<sup>6+</sup>.....  Yes  No

17. Calibration summaries acceptable.....  Yes  No

18. Serial dilutions acceptable Not applicable to Cr<sup>6+</sup>.....  Yes  No

19. Inorganic duplicates acceptable.....  Yes  No

20. LCS recovery acceptable.....  Yes  No

21. Other QC acceptable?.....  Yes  No

Provide a brief explanation if applicable:

See Remedial Action Report, Al Smith Moving & Furniture Company, Inc. (AOC ASM-1) Soil Section 6.0 and Appendices E and F.

### SECTION G. 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: 15219

Email Address: terril@ppg.com

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

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

Signature:  Date: 4/9/2019

Name/Title: Mark Terril / Corporate Dir., Environmental Affairs

**SECTION H. 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: \_\_\_\_\_

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

**Certification by the Subsurface Evaluator:**

*I certify under penalty of law that the work was performed under my oversight and I have reviewed the report and all attached documents, and the submitted information is true, accurate and complete in accordance with the requirements of N.J.A.C. 7:14B and N.J.A.C. 7:26E. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information including fines and/or imprisonment.*

Name: _____	UST Cert. No.: _____
Firm: _____	Firm's UST Cert. Number: _____
Firm Address: _____	
City/Town: _____	State: _____ Zip Code: _____
Phone Number: _____	Ext: _____ Fax: _____
Signature: _____	Date: _____

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