

Same as above _____

6. Describe the basic construction of the building (s) onsite. (circle all that apply and indicated locations of different types)

Basic structure: concrete block / wood frame / steel frame / concrete tilt-up / other
If other, please explain: **This is the Public park area**

What type of exterior finish does the building have? wood / brick / stucco / other
If other, please explain: _____

What interior finishes are present?

Floors: vinyl tile / ceramic tile / linoleum / carpet / wood / other

If other, please explain: _____

Walls: drywall / masonry / corrugated steel walls / other

If other, please explain: _____

Ceilings: drywall / acoustic tiles / drop ceiling / other

If other, please explain: _____

7. Please list other current onsite support activities, including asking the following questions:

Does the facility wash vehicles (trucks, cars, trailers) or heavy equipment onsite? Yes **No**

If so, where (**Indicate on site sketch**)? _____

Is vehicle or heavy equipment maintenance conducted onsite? Yes **No**

If so, where (**Indicate on site sketch**)? _____

Is vehicle fueling conducted onsite? Yes **No**

If so, where (**Indicate on site sketch**)? _____

8. Does the site contact have any of the following historic documentation? (Check next to each document included with questionnaire)

<u>Prior Phase I/Phase II Reports</u>	Groundwater Monitoring Reports	Geotechnical Reports
Real Estate Assessment	Real Estate Flyer	Title Search
Underground Tanks		

Reports not available at time of visit, copies requested. **Yes.**

9. Is there apparent evidence site was constructed on fill (i.e. subject property is higher or lower than immediately surrounding area)? Yes No

If yes, does the site contact know the source of fill? **Some areas may be built on fill.**

10. Are there any indications or evidence of the following potential environmental issues on site? (If yes, **TAKE A PICTURE and INDICATE LOCATION ON THE SITE SKETCH**):

Stressed vegetation? Yes / **No** Comments: _____

Liquid waste dumping? Yes / **No** Comments: **Combined CSO system**

Solid waste dumping? Yes / **No** Comments: _____

Discolored flowing or standing water? Yes / No Comments: _____

Abnormal odors? Yes / **No** Comments: _____

Evidence of remedial activities (soil drums or soil stock piles)? Yes / **No** Comments: _____

Other: _____

11. Has the facility ever been named as a "potentially responsible party" for a Superfund site? Yes / No
(attach relevant documents): _____

N/A

12. Who are the Utility Service Providers to the facility? (if service is not used on site indicate who provides it in the area)

Potable Water Service by: Utility Services Associates of Perth Amboy (USAPA)

(if other than municipal service, i.e. well or bottled, indicate details in drinking water section below)

Wastewater Service by: Utility Services Associates of Perth Amboy (USAPA)

Electric Service by: PSE&G

Gas Service (indicate): Natural gas by Elizabeth Town Gas

Liquid Propane by _____

(list the number of bulk tanks below in the AST section)

SURROUNDING AREA

Usage (check all that apply) rural / residential / commercial / light industrial / heavy industrial

List **ALL** adjacent roadways and properties. Provide the name and address of all adjoining properties.
(attach additional sheets as needed)

CHECK YOUR DIRECTIONS

North Public Park

Northwest Residential

Northeast Bay Area

East Bay Area

South Park Area

Southeast Residential Area

Southwest Residential Area

site sketch

16. Are there any ASTs / USTs present at the site currently? No Yes, list below

Type (AST or UST)	Tank Vol. (Gal.)	Contents	Registered Tank? Y/N/UNK	Tank Material	Leak Detection Type	Install Date?	Active(A) Closed in Place (C)

***Attach additional sheets if needed. Document each tank with photos and show on site sketch**

17. Who owns the tanks? property owner / property occupant / other _____

18. What type(s) of secondary containment is (are) present?

None / Berm / trench and sump system / containment pallets / steel or concrete containment wall

19. Are there any tank tightness documents available? Yes (Attach most recent available test results) / No

20. Has there ever been a release from the tank(s)? No Yes List the dates - _____

What agency was the release reported to? N/A _____

What is status of incident? Open / Open, but closure pending / Closed (include a copy of closure letter or final monitoring report if available)

Comments: _____

***If the site is an IMP, skip to the IMP section for the remainder of the questionnaire if not continue with the next question**

21. Does the facility currently or has it previously generated hazardous wastes? No, **Skip to Question 25**

Yes, Facility RCRA ID Number: No _____

Generator Status (circle): LQG / SQG / Conditionally Exempt SQG / Non-Generator (a site that previously generated wastes, but is not currently doing so, and has filed or will file for a change in

status)

22. What wastes are produced? (i.e. solvents, sludge, ignitable liquids, etc.) _____

23. Where are the wastes stored? _____

24. Who is the transporter? N/A _____

(please include a copy of the available manifests)

CHEMICAL SUBSTANCES

25. What chemicals are used onsite?

Indicate chemicals observed or reported and approximate amounts (**attach additional sheets as needed**)
Obtain MSDS for significant (**greater than 100-gals or 500-lbs**) amounts of chemicals stored or used onsite. **None**

Soap- amt - _____	Paint (latex, oil, enamel) - amt - _____
Detergent - amt - _____	Adhesive / glue - amt - _____
Fabric softener- amt - _____	Disinfectant - amt - _____
Bleach - amt - _____	Furniture polish - amt - _____
Window cleaner - amt - _____	Floor wax - amt - _____
Degreaser - amt - _____	Carbon Dioxide - No. of cylinders - _____
General purpose	Helium - No. of cylinders - _____
surface cleaner - amt - _____	amt - _____
Floor cleaner - amt - _____	
Carpet cleaner - amt - _____	
Water based Ink and Ammonia for labelling purpose - amt - _____	

26. Where are these chemicals located on site? (show chem. storage areas on site sketch as well) **N/A**

27. Were all containers properly labeled? Yes No, _____

PETROLEUM PRODUCTS

28. What kinds of petroleum products does the facility use (Other than bulk fuels listed in UST/AST section above)?

Check if observed and indicate total amount (Attach additional sheets as needed)

No petroleum products used on site

motor oil - amt - _____ cutting oil - amt - _____ Gasoline - amt - _____

transmission Kerosene - amt - _____ Anti-Freeze - amt - _____

fluid/oil - amt - _____

Solvents (parts cleaner-show on sketch, degreasers, etc.) - amt - _____

hydraulic

oil/fluid - amt - _____
spray lube - amt- _____
(WD-40, etc.) - amt - _____

29. Does this facility generate used oil? (this question refers to petroleum not cooking oil) **No** Yes,
Is the oil recycled by an outside contractor? burned on site? Who is the contractor or where is it burned?

SOLID WASTE GENERATION

30. Solid waste generated on site consists of: **N/A**
Wastepaper General Packaging
Cardboard (see below) Food scraps (food service establishments)
Used cooking grease (sites with food service)
No solid waste currently generated on site
What type of container is solid waste accumulated in (check all that apply):
Compactor Dumpster Cans. How many of each is located on site?
Dumpsters _____, Compactors _____, Cans _____ (show each on the site sketch)
Who hauls the trash: _____
Is there a used cooking grease bin? No / Yes
Who services the grease bin? _____
(Note: a grease trap is not the same as a grease bin) _____

33. Is the storage location secure (i.e. locked)? Yes / No - **N/A**

34. Does the facility generate any of the following: **No** / Yes
Oily rags - collected by: _____
Used oil filters - collected by: _____
Used tires - recycled by: _____
Used lead-acid batteries - recycled by: _____

35. Is there any recycling of the following: No / Yes
Cardboard - recycled by: _____
Scrap metal - recycled by: _____
Wooden pallets - recycled by: _____
Aluminum - recycled by: _____
Office paper - recycled by: _____
Other materials - recycled by: _____

ASBESTOS

If the site was built before 1980 there is a potential for ACM (asbestos containing material) to have been used on site
Site was built around 1980

36. Did you observe any of the following at the site? No / Yes, list below (attach additional sheets as needed)

Suspect ACM	Location	Condition (good, fair, poor)
Floor tile (12"x12" or 9"x 9")		
Ceiling tile (12" x 12" not the 3' x 2')		
Boiler insulation		
Pipe insulation		
Roof materials		
other		

37. Has an ACM survey been conducted on the property? Yes / No

Was asbestos found onsite? No / Yes, (include a copy of report if available or indicate location(s) of samples below -attach additional sheets as needed)

Location (building name or ID)	Material	Friable (F)or Non-friable (N)	Condition (G) good (F) fair (P) poor)
_____		F N	G F P
_____		F N	G F P
_____		F N	G F P
_____		F N	G F P

38. If there are ACMs, is there an Operation & Maintenance (O & M) Plan for managing the ACMs? Yes / No

Date of O&M plan: _____

POTENTIALLY PCB CONTAINING EQUIPMENT

Transformers: EVERY commercial facility has at least one transformer. It or they may be pole mounted and located in a right of way that is adjacent to the subject site, but if the cable connects it or them to the building on site, then Note it below, take a picture and indicate the location on the site sketch.

39. How many transformers are located on site (including those that may be located in right of ways adjacent to the property boundaries)? _____

Detail each unit below. Use additional sheets as needed.

Pole or Pad	<u>PCB Content</u> Non-PCB (labeled) or Suspect (not labeled)	Serial #	Condition of Unit(s)	Indication of leaks? (i.e. staining on pad or body of transformer)

Elevators

40. Are there any elevators on site? **No** / Yes, What type?

Hydraulic

How many? _____ Age? _____

Serviced by? _____ Last service Date? _____

Any indication of leaks from the pump? Yes / No Comments: _____

Cable Lift

How many? _____ Age? _____

Serviced by? _____ Last service Date? _____

Condition of wench equipment: _____

Other hydraulic equipment

41. Are there any of the following on site?

Fork lifts - _____ How many? _____

Powered by? propane / gasoline / diesel / batteries (indicate location of charging station on the site sketch)

Are the forklifts: maintained by on site personnel_ / maintained by an off site contractor?

Vehicle lifts - How many: _____

LEAD-BASED PAINT

If the site was constructed pre-1978 - N/A

42. What was the condition of painted surfaces observed? Good or Moderate to Poor

Flaking or peeling noted, Where was the damage observed? _____

FACILITY WATER

Drinking Water

43. What is source of drinking water at the site? **Municipal** / Well (see section below) / Bottled

If wells are used for drinking water at the site, is water quality data available? No / Yes, (please attach a copy of most recent analysis. See question on wells below)

Wastewater

44. What type of wastewater is generated by the facility (check all that apply)?

Sanitary Non-contact Process, volume: _____ Gal/Day
Process, volume: _____ Gal/Day None

Discharge Features

45. Indicate the number and location of any of the following and show their locations on the site sketch;

Floor Drains ___ Sumps ___ Pits _____ Drainage ditches, circle: lined / unlined

46. Did you observe any staining near or in any of these features? No / Yes, list and describe: _____

47. What type of wastewater treatment is conducted on site? N/A

Grease trap (this is not the same as a grease bin, it is connected to the plumbing and is usually an in-ground unit with a manhole cover that may or may not be marked as a sewer)

septic (see below),

pH adjustment,

equalization,

Dissolved air flotation,

other _____

48. Where does the wastewater discharge to (check all that apply)?

Does a Permit Exist? Yes

Discharge to municipal sewer system Yes / No (Note: If the facility discharges anything other than sanitary there should be a permit)

Streams, rivers, etc (show on site sketch) Yes / No

Land application discharges Yes / No

Deep well injection Yes / No

Surface impoundments Yes / No

If permit(s) for wastewater discharges exist, obtain a copy of the current permit. Review any available monitoring reports and indicate if there are any violations. (Do not copy reports unless a problem is identified). Copy any notices of violation, orders, findings, or other documentation indicating any issues. Copy any compliance schedules. Identify and note if there are any required management plans, but don't copy unless there is a problem.

49. Is there a permit for the septic system (show Loc. of system on site sketch)? Yes / No N/A

What kind of septic system does the subject property operate?

Tank / Tank w/ leach field / Sand mound

Who services the system? _____ Last date of service? _____

STORMWATER

50. How is stormwater is managed:

Unmanaged / **Storm drains** / Drainage Ditches / Detention/Retention

Drywells ----- What was the condition of any features noted? _____

Any staining? No / Yes, Where? _____

51. Does the stormwater flow to a combined sewer? **Yes** / No

52. Does stormwater run-off from neighboring facilities and have potential to impact this facility? **No** / Yes

Describe: _____

53. Has the facility applied for a National Pollution Discharge Elimination System (NPDES) stormwater: **Per City Engineer, this is for the CSO discharge.** discharge permit? No / **Yes**, type: Individual / **General**

54. Has the facility received a NPDES stormwater discharge permit? No / **Yes**

55. Are there any industrial activities exposed to stormwater on site? **No** / Yes

If so, describe. Examples include; outdoor equipment storage, outdoor vehicle washing, outdoor equipment washing, bulk chemical or material storage in uncovered areas, including petroleum. Note areas of concern on site sketch.

WATER WELLS and GROUNDWATER

56. Are there any groundwater wells on site? **No** / Yes (show the location of each well on the site sketch)

Check all that apply: Supply (potable water and production) / Irrigation (non-potable)

Date of last inspection or sampling event (for supply or monitoring wells)? _____

Are there any regulatory agency inspection reports available? No / Yes (include a copy)

57. Is there known groundwater contamination at this facility? **No** / Yes

If yes, list the contaminants identified or attach a copy of the most recent monitoring report:

58. What is the source or cause of the contamination? **None**

59. Are there any monitoring wells? **Ask and LOOK** No / Yes, (Indicate the location on the site sketch)

How often are these monitoring wells sampled? monthly quarterly semi-annually annually Unknown

What are the wells sampled for? **None** _____

What regulatory agencies involved with monitoring? None

Current status of investigation/remediation? _____

WETLANDS

- 60. Does the site contact know if there are any delineated wetlands on site? No / Yes,
(Indicate location on sketch)
- 61. Did you observe any evidence of saturated soils or marshy ground noted onsite? No / Yes,
(Indicate location on sketch)
- 62. Did you observe any wetland vegetation present (e.g., cattails, sedge grasses, etc)? No / Yes,
(Indicate location on sketch)

RADON

- 63. Are there any basement (sub-grade) areas in the building? No / Yes N/A
- 64. Does the site contact know if radon sampling ever been conducted on site? No / Yes (attach a copy of sample results if available).
- 65. If there was an assessment and elevated radon levels were detected, is there any mitigation in place?
No / Yes,
Describe _____

AIR EMISSIONS

- 66. Does the facility operate any equipment (**other than heating and air conditioning**), or conduct any process or activity (**other than food preparation**) that produces smoke, vapors, fumes or particulate matter that is vented or may escape to the outside air? Examples include; paint booths, media blasting (sand blasting), parts washers, etc.
No / Yes, include the details below.
None

SPILLS

- 67. Has this facility ever had a spill or release of chemicals, or hazardous materials? No / Yes, City Engineer not aware of any kind of spills.

Complete the following information for spills which have occurred:

Date	Substance Spilled	Spill Location	Cleared Up Yes No	Report ed Yes No

OTHER

68. Are any pesticides used onsite? **No** / Yes.

Are any herbicides used onsite? **No** / Yes, list type and contractor name if applicable:

69. Are lead acid batteries stored or used onsite? **No** / Yes, indicate location of battery storage on site sketch

70. Is there equipment that contains ozone depleting substances (e.g., freon) at the facility? **No** / Yes, is the equipment maintained by onsite personnel? No / Yes, are they properly trained? No / Yes

71. Are there any other state or local regulations that affect the facility? No / Yes, if so, describe:

ADDITIONAL NOTES

This report was prepared with the assistance of City Engineer (Mr. Andrew Toth, City Office (260 High St, Perth Amboy, NJ 08861) and is working for the City for last two years. The general scope of work to rebuilding/refurbishment of the existing tennis courts, new storage location for kayak/boats, construction of approx. 2 ft tall concrete wall including railing, restoring the site after super storm Sandy. The proposed work also includes, boat ramp refurbishment, volley ball courts including bleachers, dune grass planation including fence, seasonal open beach shower and sand wash down station will be constructed in Area 1 location.

Area -2 new fishing pier, elevated promenade and wave scour pad will reconstructed, sidewalk reconstruction, landscaping, and other related. However at the time of visit, the Engineer indicated that the scope of work was revised from the earlier scope. Copy of revised scope of work requested.

The City pumping station at the start of Area 1 and Harbor side Marina buildings in Area 2 was not assessed during the site visit. The refurbishment work between Lewis St and Yacht club will commence soon.
