



**New Jersey Department of Environmental Protection**  
**Site Remediation Program**  
**PRELIMINARY ASSESSMENT / SITE INVESTIGATION FORM**  
**(Also Use this Form For Unknown Source Investigations)**

PA    SI    Unknown Source Investigation

Date Stamp  
 (For Department use only)

**A Phase I or Phase II is not equivalent to a Preliminary Assessment or Site Investigation; therefore, they are not acceptable substitutions.**

**SECTION A. SITE**

Site Name: \_\_\_\_\_  
 Program Interest (PI) Number(s): \_\_\_\_\_  
 Case Tracking Number(s) for this submission: \_\_\_\_\_

**This form must be attached to the Cover/Certification Form**

**SECTION B. GENERAL**

1. Prior to this submission have any NFAs/RAOs been issued for this site? .....  Yes    No
  - a. Does the site currently have a Deed Notice? .....  Yes    No
  - b. Does the site currently have a Classification Exception Area (CEA)? .....  Yes    No
  - c. Has an order of magnitude evaluation been performed? .....  Yes    No    N/A
2. Is the ground water at the site classified as a Class I Ground Water? .....  Yes    No
3. Are there potable wells on-site? .....  Yes    No
4. 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 \_\_\_\_\_

**5. Areas of Concern:**

- a) For PA or PA/SI Report, list each AOC.
- b) For SI Report or Unknown Source Investigation, check **only** AOCs documented in this submission

	Area of Concern	Currently Exists? <input checked="" type="checkbox"/> if "Yes"	Formerly Existed? <input checked="" type="checkbox"/> if "Yes"	Investigation	
				SI Conducted <input checked="" type="checkbox"/> if "Yes"	RI Proposed <input checked="" type="checkbox"/> if "Yes"
1	Above ground storage tank and associated piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Area of stressed vegetation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Area which receives flood or storm water from potentially contaminated areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Chemical storage cabinet and closet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Compressor vent discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Discharge area pursuant to N.J.A.C. 7:1E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Discolored or spill area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Drainage swale and culvert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Drywell and sump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Dumpster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Electrical transformer and capacitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12	Floor drain collection system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Former agricultural applied pesticide area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Hazardous material storage or handling area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Historic fill or any other fill material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Hydraulic lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Incinerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Landfill or landfarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Loading and unloading area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Non-contact cooling water discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Open area away from production area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Piping, above ground and below ground pumping station, sump and pit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Process area sink and piping which receive process waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Rail car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Roof leader when process operations vent to the roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Septic system, leachfield or seepage pit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Silo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Sprayfield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Storage pad including drum and/or waste storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Storm sewer and spill containment collection system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Storm water detention pond and fire pond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Surface impoundment and lagoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Surface water body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Underground piping including industrial process sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Underground storage tank and associated piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Waste pile as defined by N.J.A.C. 7:26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Waste water treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION C. PRELIMINARY ASSESSMENT**

**Complete this section only if you are submitting a PA**

1. Was an inspection of the site conducted? .....  Yes  No  
Date of the most recent inspection: \_\_\_\_\_
2. Did the PA identify any areas of concern? .....  Yes  No
3. Identify the location in the report (e.g. page #, Figure #, Appendix #) of the site map showing AOCs: \_\_\_\_\_
4. Identify all current and historic industrial, commercial, agricultural or residential uses at the site dating back to the time the site was naturally vegetated.

Provide the current and historic operators/operations. (attach additional sheets as necessary)

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


5. Have all regulated USTs on site been registered with the NJDEP?.....  Yes  No  NA  
*If "No," complete and submit an UST Facility Certification Questionnaire to the NJDEP to update the registration prior to submitting this form.*
6. Have all regulated USTs that have been closed been delisted from the registration?.....  Yes  No  NA  
*If "No," complete and submit an UST Facility Certification Questionnaire to the NJDEP to update the registration prior to submitting this form.*
7. Have any USTs been removed on/after September 4, 1990?.....  Yes  No  NA
8. Including this submission, has an SI/RI report been submitted for all USTs closed on/after September 4, 1990? .....  Yes  No  NA

**SECTION D. SITE INVESTIGATION**

**Complete this section only if you are submitting a SI or Unknown Source Investigation Report**

1. Does the SI address:  
 Area(s) of Concern (AOCs) Only  
 Entire Site (Based on a completed and submitted Preliminary Assessment/Site Investigation)
2. Total number of contaminated AOCs associated with the case: \_\_\_\_\_
3. Total number of contaminated AOCs addressed in this submission: \_\_\_\_\_
4. Identify the media impacted above applicable standards/screening levels (*check all that apply*).  
 Soil  Ground water  Sediment  Surface water  
 Soil gas  Indoor air  
 No sampling results above applicable standards/screening levels.

If any media have been impacted above applicable standards/screening levels, identify the type of contamination below (*check all that apply*).

Soil	Ground Water	Sediment	Surface Water	Type Of Contamination
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volatile Organics
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polycyclic Aromatic Hydrocarbons(PAHs)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acid Extractables
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Base Neutrals (non-PAHs)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Metals (other than arsenic, chromium & mercury)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pesticides
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PHC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCBs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chromium
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dioxin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mercury
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arsenic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perchlorate, RDX, TNT, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify: _____

5. Has a well search been conducted pursuant to N.J.A.C. 7:26E-1.14? .....  Yes  No  
 If "Yes," are there any potable wells within 200' of the contaminated AOCs listed in Section F above or within 200' of the site boundary? .....  Yes  No
6. Has the presence of free product been identified? .....  Yes  No
7. Is an environmentally sensitive natural resource (ESNR) present on, adjacent to, or potentially impacted by the site? .....  Yes  No  
 If "Yes," provide the following information:
- a. Specify the section/page(s) of the report where the site map showing the location of all ESNRs can be found (e.g. page #, Figure #, Appendix #): \_\_\_\_\_
- b. Are there visible signs of impact/impairment (e.g., discolored media, stressed vegetation, discharge/spill, seeps, fish kill)? .....  Yes  No
- c. Were land use permits required to complete any of the investigative activities? .....  Yes  No
- d. Specify the section/page(s) of the report where the land use permits are discussed: \_\_\_\_\_
8. Have Alternative Soil Remediation Standards (ASRS) been utilized for Inhalation and/or Ingestion/Dermal pathways? .....  Yes  No
9. Are you proposing an alternative remediation standard pursuant to N.J.A.C. 7:26D-7.4, alternate vapor intrusion screening level, or ecological site specific goal? .....  Yes  No  
 If "Yes," attach the Alternative Remediation Standard and/or Screening Level Application Form as an addendum.
10. Was a site-specific screening level developed for the evaluation of the VI pathway? .....  Yes  No
11. Have any site specific Impact to Groundwater Soil Remediation Standards (IGWSRS) been established? .....  Yes  No
12. Was an Interim Soil Remediation Standard proposed where a Standard does not currently exist? .....  Yes  No  
 If "Yes," attach the Alternative Remediation Standard and/or Screening Level Application Form as an addendum.
13. Is Historic Fill present? .....  Yes  No  
 If "Yes":
- a). What is the evidence that Historic Fill is present?
- b). Are any other AOCs co-located within the Historic Fill? .....  Yes  No  
 If "Yes," have the same contaminant types (e.g. lead arsenic, etc.) characterized as being present in the Historic Fill been sampled for as contaminants of concern at these co-located AOCs? .....  Yes  No
14. Is ground water contamination present above applicable standards? .....  Yes  No  
 If "Yes,":
- a). Describe conditions:
- b). Is contaminated ground water present in bedrock aquifer? .....  Yes  No
- c). Is ground water contamination present at levels above Vapor Intrusion Screening Levels? .....  Yes  No  
 If "Yes,":
- 1). Was a vapor intrusion investigation conducted? .....  Yes  No
- 2). Has a Vapor Concern (VC) or Immediate Environmental Concern (IEC) condition been identified? .....  Yes  No

15. Does this investigation address a discharge/release from a federally regulated UST? .....  Yes  No

**Note:** An UST system is Federally regulated unless one of the following conditions apply:

- The UST system is less than 110 gallons in rated volume;
- The UST system is a SUMP as defined in the UST regulations at N.J.A.C. 7:14B-1.6;
- The hazardous substance stored in the UST system is a RCRA regulated waste;
- The UST system contained heating oil used exclusively for onsite consumption;
- The UST system was used for motor fuel for non-commercial farm or residential purposes and the total rated capacity of all motor fuel USTs at the site is less than 1,100 gallons.

*If you answered "Yes" to question 15, provide the following information:*

Date Discharge Occurred or Identified: \_\_\_\_\_

Date Discharge Reported to the NJDEP: \_\_\_\_\_

Media Contaminated (*check all that apply*):

Soil  Groundwater  Surface Water Receiving Water: \_\_\_\_\_

Tank ID (from Registration): \_\_\_\_\_ Tank System Size: \_\_\_\_\_

Contents: \_\_\_\_\_

*If a Confirmed Discharge Notification (CDN) form has not been previously submitted to the NJDEP specifically for the discharge from a Federally Regulated UST, attach a completed CDN form to this submission.*

16. Have all regulated USTs addressed in this submission been registered with the NJDEP? .....  Yes  No  NA

*If "No," complete and submit an UST Facility Certification Questionnaire to the NJDEP to update the registration prior to submitting this form.*

17. Have all regulated USTs addressed in this submission that have been closed been delisted from the registration? .....  Yes  No  NA

*If "No," complete and submit an UST Facility Certification Questionnaire to the NJDEP to update the registration prior to submitting this form.*

18. Are there any AOCs at which an SI was conducted and an RI/RA is not proposed? .....  Yes  No

*If "Yes," answer the following questions, if "No," proceed to next section.*

**Answer the following questions ONLY for AOCs at which an SI was conducted and an RI and/or RA is not proposed:**

19. Are any soil analytical results greater than the most stringent Direct Contact Soil Remediation Standards (DCSRS)? .....  Yes  No

20. Are any soil analytical results greater than the default Impact to Ground Water Soil Screening Levels (IGWSSL)? .....  Yes  No

21. Are any ground water analytical results greater than the Ground Water Quality Standards (GWQS)? .....  Yes  No  NA

22. Are any Reporting Limits (RLs) greater than the applicable soil and/or ground water standards or screening levels? .....  Yes  No

23. Are any surface water analytical results greater than the most stringent Surface Water Quality Standards? .....  Yes  No  NA

24. Are any sediment analytical results above the screening levels? .....  Yes  No  NA

25. Are any soil analytical results greater than Soil Ecological Screening Criteria in an Environmentally Sensitive Natural Resource (ESNR)? .....  Yes  No  NA

26. Are any analytical results above the vapor intrusion screening levels? .....  Yes  No  NA

27. Did the SI demonstrate via background investigation per N.J.A.C. 7:26E-3.8 that contamination is naturally occurring? .....  Yes  No  NA

28. Did the SI demonstrate via background investigation per N.J.A.C. 7:26E-3.9, that contamination is migrating onto this site? .....  Yes  No  NA

29. Contamination is associated with an ongoing ISRA remediation not related to this investigation. ....  Yes  No  NA

**SECTION E. LABORATORY DATA**

**Complete only if sampling was conducted**

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? (*check all that apply*)  
 Laboratory non-conformance summary/narrative  
 Laboratory correspondence  
 LSRP review  
 Independent contractor review  
 Other: \_\_\_\_\_
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: \_\_\_\_\_