



REMEDIAL ACTION REPORT FORM

Date Stamp
(For Department use only)

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. SCOPE OF REMEDIAL ACTION REPORT

- 1. Does the RAR 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. Are there any outstanding contaminated AOCs associated with the case where the remedial action has NOT been performed?
5. Does this RAR address a discharge/release from a federally regulated UST?

When answering the remaining questions on this form consider only the AOCs addressed in this submission.

SECTION C. GENERAL

- 1. Does this submission include Remedial Action Permit Application(s) that require Site Remediation Program approval?
2. 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?
3. Was an alternative remedy approved by the NJDEP?
4. Has the remediation varied from the Technical Rules?
5. 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?
6. Have past NJDEP-documented deficiencies been addressed in this submission?
7. Did the remediation deviate from that proposed in the Remedial Action Workplan?
8. Did the remedial action render the property unusable for future redevelopment or for recreational use (N.J.A.C. 7:26C-6.4(b))?

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 type="checkbox"/> Ingestion-Dermal Pathway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Inhalation Pathway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Impact to Ground Water Pathway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: _____
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: _____