



New Jersey Department of Environmental Protection
Contaminated Site Remediation & Redevelopment

INDOOR AIR AND SOIL GAS INFORMATION FORM

Date Stamp
(For Department use only)

Please return the completed and signed form to your DEP Community Relations Coordinator within **7 days** of receipt by either mail or email. The mailing address and email format are provided at the bottom of the form.

SECTION A. SITE NAME AND SAMPLING LOCATION

Site Name: _____

Program Interest (PI) Number(s): _____

Sampling Address: _____

Municipality: _____ (Township, Borough, or City)

County: _____ Zip Code: _____

Municipal Block(s) and Lot(s) of the sampling location: _____

SECTION B. PROPERTY OWNER CONTACT INFORMATION

Name of Organization (if applicable): _____

First Name of Contact: _____ Last Name of Contact: _____

Title (if applicable): _____

Preferred Phone Number: _____ Alternative Phone Number: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Email Address(es): _____

SECTION C. OCCUPANT CONTACT INFORMATION

Check if same as Property Owner Contact Information, then skip to next section.

First Name: _____ Last Name: _____

Preferred Phone Number: _____ Alternative Phone Number: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Email Address(es): _____

Indicate Your relationship to this property.

Property Owner Renter/Lessee Other: _____

SECTION D. PROPERTY INFORMATION

1. What type of building(s) are present on this property? (Check all that apply)

Residential Office Commercial

Multi-family Residential Strip Mall Industrial

Other: _____

2. Is the property occupied (partly or entirely) by a sensitive population (e.g., daycare, school)? Yes No

If "Yes", check all that apply:

Daycare Nursing Home Hospital School

Other: _____

3. Indicate the type(s) of foundations present at the building. (*Check all that apply*)

Full Basement Crawlspace Slab-on-grade

Other: _____

If the building has a **full basement** or **crawlspace**:

a) How is this area accessed?: _____

b) What is the construction of the subgrade floor? (*Check all that apply*)

Concrete Dirt Floating Stone

Other: _____

4. Does the building have an existing subsurface depressurization (radon) system in place? Yes No

5. Does a sub-slab vapor/moisture barrier exist within the building? Yes No

If "Yes", specify the type of barrier: _____

6. Please provide any other information that you feel would be helpful for us to know about your property/building:

SECTION E. AUTHORIZATION TO ENTER PROPERTY

I authorize DEP personnel to enter my property to collect a sample of soil gas and/or indoor air.

Signature: _____ Date: _____

Name: _____

Email completed forms to your Community Relations Coordinator at: **Firstname.Lastname@dep.nj.gov**

OR

Mail completed forms to:

ATTN: [*Name of Coordinator*], Community Relations Coordinator
NJDEP Contaminated Site Remediation & Redevelopment
Office of Community Relations
P.O. Box 420
Mail Code 401-05N
Trenton, NJ 08625-0420