



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

RECEPTOR EVALUATION (RE) FORM

Date Stamp
 (For Department use only)

SECTION A. SITE

Site Name: _____

Program Interest (PI) Number(s): _____

Communication Center Number(s) and/or ISRA number(s) for this submission: (as many as will fit in the space provided)

**This form must be attached to the Cover/Certification Form
 if not submitted through a Remedial Phase Online Service**

Indicate the type of submission:

Initial RE Submission

Updated RE Submission

Indicate the reason for submission of an updated RE form

Submission of an Immediate Environmental Concern (IEC) source control report;

Submission of a Remedial Investigation Report;

Submission of a Remedial Action Report;

Check if included in updated RE

The known concentration or extent of contamination in any medium has increased;

A new AOC has been identified;

A new receptor is identified;

A new exposure pathway has been identified.

SECTION B. ON SITE AND SURROUNDING PROPERTY USE

1. Identify any sensitive populations/uses that are currently on-site or surrounding property usage within 200 feet of the site property boundary (check all that apply):

	On-site	Off-site
None of the following	<input type="checkbox"/>	<input type="checkbox"/>
Residences or residential property	<input type="checkbox"/>	<input type="checkbox"/>
Public or Private Schools Grades K-12	<input type="checkbox"/>	<input type="checkbox"/>
Child care centers	<input type="checkbox"/>	<input type="checkbox"/>
Public parks, playgrounds or other recreation areas	<input type="checkbox"/>	<input type="checkbox"/>
Other sensitive population use(s) Explain _____	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above applies, attach a list of addresses, facility names, type of use, and a map depicting each location relative to the site.

2. Current site uses (check all that apply):

- | | | |
|-----------------------------------------------|---------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> School or child care | <input type="checkbox"/> Government | <input type="checkbox"/> Park or recreational use |
| <input type="checkbox"/> Vacant | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Other: _____ |

3. Planned future on-site uses and off-site uses within 200 feet of the site boundary (check all that apply):

<u>On-Site</u>	<u>Off-Site</u>		<u>On-Site</u>	<u>Off-Site</u>		<u>On-Site</u>	<u>Off-Site</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	<input type="checkbox"/>	Residential	<input type="checkbox"/>	<input type="checkbox"/>	Commercial
<input type="checkbox"/>	<input type="checkbox"/>	School or child care	<input type="checkbox"/>	<input type="checkbox"/>	Government	<input type="checkbox"/>	<input type="checkbox"/>	Park or recreational use
<input type="checkbox"/>	<input type="checkbox"/>	Vacant	<input type="checkbox"/>	<input type="checkbox"/>	Agricultural	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Provide a map depicting the location of the proposed changes in land use.

SECTION C. DESCRIPTION OF CONTAMINATION

1. Identify if any of the following exist at the site:

Yes No

Free product [N.J.A.C. 7:26E-1.8] identified is LNAPL* or DNAPL**.

Date identified: _____

Residual product [N.J.A.C. 7:26E-1.8]

Other primary source materials not identified above (e.g., buried drums, containers, unsecured friable asbestos). See form instructions for additional information.

Explain: _____

* LNAPL – measured thickness of .01 feet or more

**DNAPL – See *Ground Water Technical Guidance and USEPA Assessment and Delineation of DNAPL Source Zones at Hazardous Waste Sites* (attached as Appendix A of the NJDEP GW Guidance) available at: http://www.nj.gov/dep/srp/guidance/#pa_si_ri_gw. Also, see US EPA DNAPL Overview available at: [http://clu.in.org/contaminantfocus/default.focus/sec/Dense_Nonaqueous_Phase_Liquids_\(DNAPLS\)/cat/Overview](http://clu.in.org/contaminantfocus/default.focus/sec/Dense_Nonaqueous_Phase_Liquids_(DNAPLS)/cat/Overview)

2. Soil Migration Pathway

Has soil contamination been delineated to the applicable Direct Contact Soil Remediation Standard pursuant to N.J.A.C. 7:26E-4.2? Yes No

Are all soils either below the applicable Direct Contact Criteria or under an institutional control (i.e. deed notice)? Yes No

3. If this evaluation is submitted with a technical document that includes contaminant summary information, proceed to Section D. Otherwise, attach a brief summary of all currently available data and information to be included in the site investigation or remedial investigation report.

SECTION D. GROUND WATER USE

1. Have all potentially contaminated areas of concern been evaluated to determine if there is a potential that ground water is contaminated pursuant to N.J.A.C. 7:26E-3.5? Yes No

If “No,” proceed to Section E.

2. Is a ground water investigation required? Yes No

If “No,” proceed to Section E.

3. Has a groundwater investigation been conducted? Yes No

If “Yes”:

Has the laboratory data package been received? Yes No

If the laboratory data package has not been received, provide the expected due date for data: _____ and proceed to Section E.

If “No”:

Proceed to Section E.

4. Is ground water contaminated above the Ground Water Remediation Standards [N.J.A.C.7:9C]? Yes No

If “Yes”: Provide the date that the laboratory data package was available and confirmed contamination was identified above the Ground Water Remediation Standards. Date: _____

If “No”: Proceed to Section E.

5. Has ground water contamination been delineated to the applicable Remediation Standard pursuant to N.J.A.C 7:26E-4.3? Yes No

6. What is the ground water classification for this site as per N.J.A.C. 7:9C? (check all that apply)

- Class I-A Class II-A
- Class I-PL Pinelands Protection Area Class III-A
- Class I-PL Pinelands Preservation Area Class III-B

7. Has a well search been completed? Yes No
 Date of most recent or updated well search: _____
8. Is a completed Well Search Spreadsheet or historical well search table attached and has an electronic copy of the spreadsheet been submitted to srpgis_wrs@dep.nj.gov. Yes No
Note: Redacted wells must be excluded from all non-confidential documents including maps, tables, etc. (see RE Instructions).
 If "No," explain: _____
9. Are any potable or irrigation wells located within ½ mile of the currently known extent of contamination? Yes No
 If "Yes,":
- A door to door survey is required in accordance with [N.J.A.C.7:26E-1.14(a)ii]. Attach results of the door to door survey.
 - Identify if any of the following conditions exist based on the well search and door to door survey [N.J.A.C.7:26E-1.14(a)]:
- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Potable wells located within 500 feet from the downgradient edge of the currently known extent of contamination. |
| <input type="checkbox"/> | <input type="checkbox"/> | Potable wells located 250 feet upgradient or 500 feet side gradient of the currently known extent of contamination. |
| <input type="checkbox"/> | <input type="checkbox"/> | Ground water contamination from the discharge is located within a Tier 1 wellhead protection area (WHPA). |
10. Has sampling been conducted of potable well(s) and /or non-potable use well(s)? Yes No
 If "No," provide justification then proceed to Question 12.

11. Has contamination been identified in potable well(s), **not attributed to background conditions**, above the Class II Ground Water Remediation Standards or State Safe Drinking Water levels, N.J.A.C 7:1E, whichever is applicable? Yes No
 If "Yes":
- Provide the date laboratory data package was received: _____
 - Follow the **IEC** Guidance Document at <http://www.nj.gov/dep/srp/guidance/IEC/index.html> for required actions and answer the following:
 - Has an engineered system response action been completed on all impacted receptors? Yes No
 Provide a brief narrative description:
- Date completed: _____ NJDEP Case Manager: _____
12. Has contamination been identified in non-potable well(s), **not attributed to background conditions**, above the Class II Ground Water Remediation Standards? Yes No
 If "Yes," provide the date laboratory data package was received: _____
13. Has the ground water use evaluation been completed pursuant to N.J.A.C. 7:26E-1.14? Yes No

SECTION E. VAPOR INTRUSION (VI)

1. Indicate if any of the following conditions exist that trigger a Vapor Intrusion investigation. For each condition checked "Yes", provide the date the condition was first identified (e.g. date laboratory data package was available). (see NJDEP Vapor Intrusion Technical Guidance)

<u>Yes</u>	<u>No</u>	<u>Date Condition First Identified</u>
<input type="checkbox"/>	<input type="checkbox"/>	Ground water contamination in excess of the NJDEP Vapor Intrusion Ground Water Screening Levels (VIGWSL) and within 30 feet of a building for Petroleum Hydrocarbon Compounds (PHC) or 100 feet for non-PHC compounds .. _____
<input type="checkbox"/>	<input type="checkbox"/>	Free product within 30 feet of a building for PHC or 100 feet for non-PHC compounds .. _____
<input type="checkbox"/>	<input type="checkbox"/>	Soil gas contamination detected at concentrations that exceed the Soil Gas Screening Levels (SGSL) .. _____
<input type="checkbox"/>	<input type="checkbox"/>	Indoor air contamination that exceeds the Indoor Air Screening Levels..... _____
<input type="checkbox"/>	<input type="checkbox"/>	Wet basement or sump containing free product or ground water containing detectable concentration of volatile organic contaminants .. _____
<input type="checkbox"/>	<input type="checkbox"/>	Methane generating conditions causing oxygen deficient or explosion concern .. _____
<input type="checkbox"/>	<input type="checkbox"/>	Other human or safety concern from the VI pathway (i.e. elemental mercury, unsaturated soil contamination), <i>explain below:</i> .. _____

If you checked "No" to all boxes in Question 1., proceed to Section F, "Ecological Receptors", otherwise complete the rest of this section.

2. Has ground water contamination been delineated to the applicable Vapor Intrusion Ground Water Screening Levels pursuant to N.J.A.C 7:26E-4.3? Yes No

3. Was a site-specific screening level, modeling or other alternative approach employed for the VI pathway? Yes No

4. Identify and locate, on a scaled map, any buildings/sensitive populations that exist within the following distances from ground water contaminant concentrations above the Vapor Intrusion Ground Water Screening Levels or other specific triggers noted in Question 1 above.:

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	30 feet of petroleum free product or dissolved petroleum hydrocarbon contamination in ground water
<input type="checkbox"/>	<input type="checkbox"/>	100 feet of any non-petroleum free product (e.g. chlorinated hydrocarbons) or any non-petroleum dissolved volatile organic ground water contamination
<input type="checkbox"/>	<input type="checkbox"/>	Other specific triggers
<input type="checkbox"/>	<input type="checkbox"/>	No buildings exist within the specified distances or other specific triggers

5. Is the vapor intrusion pathway a concern at or adjacent to the site? (if "No," attach justification) Yes No

6. Has soil gas sampling of the building(s) been conducted? Yes No

If "Yes," has the laboratory data package been received? Yes No

If the data package was received, did constituents exceed the Soil Gas Screening Levels? Yes No

If "No," attach technical justification consistent with the NJDEP Vapor Intrusion Technical Guidance.

7. Has indoor air sampling been conducted at the identified building(s)? Yes No

If "Yes," has the laboratory data package been received? Yes No

If the data package has been received, did constituents exceed the Indoor Air Screening Levels? .. Yes No

If "No," or awaiting indoor air laboratory data package, proceed to Question 12.

8. Has indoor air contamination been identified but not suspected to be from a discharge? (if "Yes," attach justification) Yes No
9. Were indoor air results above the NJDEP's Rapid Action Levels? Yes No
- If "Yes":
- Provide the date laboratory data package was received: _____
 - Follow the IEC Guidance Document at <http://www.nj.gov/dep/srp/guidance/index.html#iec> for required actions and answer the following:
 - Was the IEC engineering system response for control implemented for all impacted structures? Yes No
- Date implemented: _____ NJDEP Case Manager: _____
10. Were the results of indoor air sampling above the NJDEP's Indoor Air Screening Levels but at, or below, the Rapid Action Levels Yes No
- If "Yes," answer the following:
- Provide the date laboratory data package was received: _____
 - Has the Vapor Concern (VC) Response Action Form notifying the NJDEP of the exceedances been submitted? Yes No
 - Date: _____
 - Has a plan to mitigate and monitor the exposure been submitted? Yes No
 - Date: _____
 - Has the Mitigation Response Action Report been submitted? Yes No
 - Date: _____
11. Do one or more buildings have an Indeterminate VI Pathway status? Yes No
- If "Yes," attach a list of the building(s) with address(s) and block/lot(s)
12. Has the vapor intrusion investigation been completed? Yes No
- If "No", is the vapor intrusion investigation stepping out as part of the site investigation or remedial investigation. (If "No," attach justification) Yes No

SECTION F. ECOLOGICAL RECEPTORS

1. Has an Ecological Evaluation (EE) been conducted? [N.J.A.C. 7:26E-1.16] Yes No
- Date conducted: _____
2. Are any site-related contaminants above any Ecological Screening Criteria? Yes No
3. Are there any Environmentally Sensitive Natural Resources (ESNRs) on or adjacent to the site, or potentially impacted by site related contamination? [N.J.A.C. 7:26E-1.16] Yes No
4. Do any potential or complete migration pathways exist between Contaminant of Potential Ecological Concern (COPECs) and ESNRs, or did historic migration pathways exist? Yes No

If You answered "No" to Questions 2, 3, or 4, above Stop Here (form is complete).

5. If site-related free or residual product is/was present, does/did a potential or complete migration pathway exist to an ESNR? Yes No
6. Do the results of an EE trigger a remedial investigation of ecological receptors? [N.J.A.C. 7:26E-4.8] Yes No
- If "Yes", has a remedial investigation of ecological receptors been conducted? Yes No
- Date conducted: _____

7. Do available data indicate an impact (COPECs above Ecological Screening Criteria in ESNRs) to Ecological Receptor(s), Surface water, or Sediment? Yes No

If "Yes,"

a) Check all ESNRs or media that apply:

Surface water Sediment Soil Wetlands

b) If this information is not submitted with an ecological evaluation that includes contaminant summary information, attach a brief summary of all currently available data and a description of all actions to be taken to mitigate exposure.

8. Have COPECs been fully delineated to the Ecological Screening Criteria [N.J.A.C. 7:26E-4.8(a)] in:

a) Migration pathways Yes No

b) ESNR Yes No

9. Has an Ecological Risk Assessment been conducted? Yes No

10. Provide the following information for any on-site and/or off-site surface water body, which is potentially impacted by the site related discharges:

Surface Water Body Name	Stream Classification	Antidegradation Designation	Trout Production	Trout Maintenance
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

11. Has a Program Interest (PI) or Permit number been issued for any regulated areas by the Division of Land Use Regulation? (e.g. wetlands, transition areas, flood hazard areas, coastal areas, tidelands, etc.) Yes No

If "Yes,":

Identify the type(s) of regulated areas: _____

Provide the Land Use Regulation Program (LURP) PI or Permit number(s) for the site:

12. Are there any **pending** applications for LURP jurisdiction letters or approvals under review by the NJDEP for the remediation? Yes No

13. Are there any **valid** LURP jurisdiction letters or approvals issued for the remediation? Yes No

Completed forms should be sent to the municipal clerk, designate health department, and:

Bureau of Case Assignment & Initial Notice
 Site Remediation Program
 NJ Department of Environmental Protection
 401-05H
 PO Box 420
 Trenton, NJ 08625-0420