



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

**VAPOR CONCERN (VC) – RESPONSE ACTION FORM**

Date Stamp  
 (For Department use only)

**SECTION A. SITE NAME AND LOCATION**

Site Name: \_\_\_\_\_  
 List all AKAs: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Municipality: \_\_\_\_\_ (Township, Borough or City)  
 County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Program Interest (PI) Number(s): \_\_\_\_\_  
 Case Tracking Number(s): \_\_\_\_\_

**SECTION B. NJDEP CASE MANAGER**

Case Manager (if assigned): \_\_\_\_\_

**SECTION C. OFF SITE SOURCE CLAIM**

Are you claiming the source of the discharge is located off-site and is not attributable to the site? .....  Yes  No  
 If "Yes," justification for this claim must be submitted with this form pursuant to N.J.A.C. 7:26-3.9.

**SECTION D. FEE BILLING CONTACT**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Note:** IEC and VC cases are subject to traditional oversight costs in addition to annual Remediation Fees.  
 Please refer to instructions.

**SECTION E. TYPE OF SUBMISSION**

**14-Day Notification**

1. Date of initial VC Identification: ..... \_\_\_\_\_
2. Date of Health Department Notification: ..... \_\_\_\_\_  
 Contact Name/Agency: \_\_\_\_\_
3. Is the vapor intrusion pathway complete? .....  Yes  No

Answer "Yes," only if both a subslab and indoor air sample exceed the applicable screening level for the contaminant of concern. If the answer is "No," then this form should not be submitted to the NJDEP.

If both a subslab and indoor air sample exceed the applicable Rapid Action Level for the contaminant of concern then this is an IEC, not a VC, and the "Immediate Environmental Concern (IEC) – Response Action Form" should be submitted to the NJDEP, instead of this form.

**60-Day Reporting – VC Mitigation Plan**

**180-Day Reporting – VC Mitigation Response Action Report**

**SECTION F. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION**

Full Legal Name of the Person Responsible for Conducting the Remediation: \_\_\_\_\_

Representative First Name: \_\_\_\_\_ Representative Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Completed form should be sent to:

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

And electronically to: [DEPSRP\\_ICU@dep.nj.gov](mailto:DEPSRP_ICU@dep.nj.gov)

**SECTION G. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT**

LSRP ID Number: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

This statement shall be signed by the LSRP who is submitting this notification in accordance with N.J.S.A. 58:10C-14, and N.J.S.A. 58:10B-1.3b(1) and (2).

(1) *I certify, as a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C-1 et seq. to conduct business in New Jersey, that for the remediation described in this submission, and all attachments included in this submission, I personally: Managed, supervised, or performed the remediation conducted at this site that is described in this submission, and all attachments included in this submission; and/or periodically reviewed and evaluated the work performed by other persons that forms the basis for the information in this submission; and/or completed the work of another site remediation professional, licensed or not, after having: (1) reviewed all available documentation on which I relied; (2) conducted a site visit and observed the then-current conditions and verified the status of as much of the work as was reasonably observable; and (3) concluded, in the exercise of my independent professional judgment, that there was sufficient information upon which to complete any additional phase of remediation and prepare workplans and reports related thereto.*

- (2) *I certify:*
- *That I have read this submission and all attachments to this submission;*
  - *That in performing the professional services as the licensed site remediation professional for the entire site or each area of concern, I adhered to the professional conduct standards and requirements governing licensed site remediation professionals provided in N.J.S.A. 58:10C-16;*
  - *That the remediation conducted at the entire site or each area of concern, that is described in this submission and all attachments to this submission, was conducted pursuant to and in compliance with the remediation requirements in N.J.S.A. 58:10C-14.c;*
  - *That the remediation described in this submission, and all attachments to this submission, was conducted pursuant to and in compliance with the regulations of the Site Remediation Professional Licensing Board at N.J.A.C. 7:26I; and*
  - *That the information contained in this submission and all attachments to this submission is true, accurate, and complete.*

(3) *I certify, when this submission includes a response action outcome, that the entire site or each area of concern has been remediated in compliance with all applicable statutes, rules, and regulations and is protective of public health and safety and the environment.*

(4) *I certify that no other person is authorized or able to use any password, encryption method, or electronic signature that the Board or the Department have provided to me.*

- (5) *I certify that I understand and acknowledge that:*
- *If I knowingly make a false statement, representation, or certification in any document or information I submit to the Department I may be subject to civil and administrative enforcement pursuant to N.J.S.A. 58:10C-17.a.1(a)through (f) by the Board, including but not limited to license suspension, revocation, or denial of renewal; and*
  - *If I purposely, knowingly, or recklessly make a false statement, representation, or certification in any application, form, record, document or other information submitted to the Department or required to be maintained pursuant to the Site Remediation Reform Act, I shall be guilty, upon conviction, of a crime of the third degree and shall, notwithstanding the provisions of subsection b. of N.J.S.2C:43-3, be subject to a fine of not less than \$5,000 nor more than \$75,000 per day of violation, or by imprisonment, or both.*

(6) *I certify that I have read this certification prior to signing, certifying, and making this submission.*

LSRP Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
LSRP Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_