



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

VAPOR CONCERN (VC) RESPONSE ACTION FORM INSTRUCTIONS

General Instructions

1. **Applicability.** Use this form to report a Vapor Concern condition at a site and remedial activities completed to address both potential receptors and any known source of the condition.
2. **Updates.** The NJDEP may update this form periodically. Please ensure you are using the latest version of this form. Download the latest version of this form from the NJDEP Website: <http://www.nj.gov/dep/srp/forms>.
3. **Signatures.** The form must be signed by the person responsible for conducting the remediation and the Licensed Site Remediation Professional (LSRP).
4. Completed forms 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 . The electronic version must be signed and include as a separate attachment(s) any supporting documentation required.

Section A. Site Name and Location

- **Site Name:** Provide the name of the site (i.e., ABC Corporation);
- **List all AKAs:** Provide all other known names for the site;
- **Street Address:** Provide the street address for the site NOTE: This should be the physical location of the site – not the mailing address;
- **Municipality:** Provide the name of the municipality(ies) in which the facility is physically located and indicate if it is a township, borough, village, or city. NOTE: This should be the name of the incorporated municipality and not the local name;
- **County:** Provide the name of the county(ies) where the site is located;
- **Zip code:** Enter the five digit code for the physical location of the site;
- **Program Interest (PI) Numbers:** The PI Number is assigned by the Department and can be obtained via the web at <http://www.nj.gov/dep/srp/> (DEP DATA MINER REPORTS). If this is a new site with no previous SRP involvement, leave blank;
- **Case Tracking Numbers:** Provide all NJDEP generated site identification numbers (Hotline incident numbers, UST Notice of Intent to Close numbers, ISRA numbers, etc.).

Section B. NJDEP Case Manager

If you have an assigned NJDEP case manager, provide the case manager's name.

Section C. Off Site Source Claim

Indicate if you are claiming the source of the discharge is located off-site and not attributable to the site. If you are claiming the source of the discharge is located off-site and not attributable to the site, you should call the Hotline, and continue to address the IEC pursuant to N.J.A.C. 7:26E-1.11. Additionally, you must provide justification for your claim with this form pursuant to N.J.A.C. 7:26-3.9. The justification should include at a minimum; historical site information, site and regional hydrogeology, contaminant concentrations and distribution, ground water flow direction and an updated Preliminary Assessment / Site Investigation (PA/SI). Additional IEC guidance is available at <http://www.nj.gov/dep/srp/guidance/#iec>.

Section D. Fee Billing Contact

Complete this section for the fee billing contact person. The Annual Permit Fee Invoice will be mailed to this person.

N.J.A.C. 7:26C-4.7 requires that the person responsible for conducting the remediation pay applicable oversight costs for IEC and VC cases. These costs are in addition to the annual remediation fee. Any person responsible for conducting the remediation who fails to pay the NJDEP's fees or costs will be subject to the provisions of N.J.A.C. 7:26C-4.9(c).

Section E. Type of Submission

Check the appropriate box to indicate the type of submission.

If you are submitting a 14-Day Report:

- Provide the dates requested where appropriate;
- The name and Agency of person(s) contacted, and;
- Indicate if the vapor intrusion pathway is complete.

Section F. Person Responsible For Conducting the Remediation Information and Certification

The certification in this section shall be signed and dated by the person responsible for conducting the remediation. The certification in this section shall **not** be signed by the licensed site remediation professional or law firm hired to assist the owner or operator with their compliance obligations. The certification required in this section shall be executed as follows:

1. For a corporation or limited liability company, by a principal executive officer of at least the level of vice president; or
 2. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
 3. For a municipality, state, Federal or other public agency, by either a principal executive officer or ranking elected official; or
 4. By a duly authorized representative of the corporation, partnership, sole proprietorship, municipality, state or Federal or other public agency, as applicable. A person is deemed to be a duly authorized representative if the person is authorized in writing by an individual described in 1, 2 or 3 above and the authorization meets the following criteria:
 - i. The authorization specifies either an individual or a position having responsibility for the overall operation of the industrial establishment or activity, such as the position of plant manager, or a superintendent or person of equivalent responsibility (a duly authorized representative may thus be either a named individual or any individual occupying a named position);
 - ii. The written authorization is submitted to the Department along with the certification; and
 - iii. If an authorization is no longer accurate because a different individual or position has responsibility for the overall operation of the industrial establishment or activity, a new authorization satisfying the requirements of this section shall be submitted to the Department prior to or together with any reports, information, or applications to be signed by an authorized representative.
- Provide the full legal name of the person responsible for conducting the remediation;
 - Provide the full name of the representative of the person responsible for conducting the remediation, pursuant to N.J.A.C. 7:26C-1. Enter "Same" if the representative is the same person as the person responsible for conducting the remediation;
 - Provide the title of the representative of the person responsible for conducting the remediation;
 - Provide the telephone number, extension number, and fax number of the representative of the person responsible for conducting the remediation;
 - Provide the mailing address, including the city/town, state, and zip code of the representative of the person responsible for conducting the remediation;
 - Provide the email address of the representative of the person responsible for conducting the remediation;
 - The representative for the person responsible for conducting the remediation shall provide:
 - ❖ His/her signature where indicated;
 - ❖ His/her name and title (i.e., President, CEO); and
 - ❖ The date when the signing occurred.

Section G. Licensed Site Remediation Professional Information and Statement

- LSRP ID Number: Provide the Licensed Site Remediation Professional ID Number.

- Provide the name, phone number, email and mailing address (city/town, state, zip code) of the Licensed Site Remediation Professional.
- The certification in this section shall be signed and dated by the Licensed Site Remediation Professional.