



New Jersey Department of Environmental Protection
Site Remediation Program

RECEPTOR EVALUATION FORM

Non-LSRP (Existing Cases) LSRP Subsurface Evaluator

Date Stamp
(For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name: Bayley Ellard Field

List all AKAs: _____

Street Address: Danforth Ave. & Madison Ave.

Municipality: Madison Borough (Township, Borough or City)

County: Morris County Zip Code: 07940

Mailing Address if different than street address: 50 Kings Rd. Madison, NJ 07940

Program Interest (PI) Number(s): _____ Case Tracking Number(s): 10-01-08-0946-32

The purpose of this form is to document the existence of receptors and the actions taken to protect receptors and is required unless an unrestricted remedial action is completed before the due date of the Initial Receptor Evaluation. At the time of the initial or interim Receptor Evaluation the Department acknowledges that the remedial investigation may not be fully complete. The Receptor Evaluation must be completed in accordance with requirements and timeframes in the Technical Requirements for Site Remediation and is an ongoing process as the extent or contamination is defined. The Receptor Evaluation shall be submitted within the Mandatory Timeframes.

Initial Submission Interim Submission No Change (if no change, indicate last RE date: _____)

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 boundary or contaminated site (check all that apply):

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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other sensitive use(s) Explain.....	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above applies, attach a list of addresses, facility names and a map depicting each location.

2. Provide current site usage:

Industrial Vacant property
 Commercial Other Recreation field

3. The current site usage and/or off site use within 200 feet is proposed or expected to be changed in the future? Yes No

If "Yes," provide a brief narrative description of the change and map depicting the location of proposed changes(s).

SECTION C. DESCRIPTION OF CONTAMINATION

1. If this evaluation is submitted with a technical document that includes this information proceed to item 2 below, otherwise attach a brief summary of all currently available data and information to be included in the site investigation or remedial investigation report.

2. Identify if any of the following exist at the site (check all that apply):

- Free product [N.J.A.C. 7:26E-1.8]
- Residual product [N.J.A.C. 7:26E-1.8]
- Contamination that exceeds acute criteria, where guidance has been established by NJDEP
- Other high concentration source materials not identified above (i.e. buried drums, containers, asbestos)

Explain _____

SECTION D. GROUND WATER USE

1. The requirement for ground water sampling has been triggered. If "No," proceed to Section F..... Yes No

2. Ground water is contaminated above the Ground Water Quality Standards [N.J.A.C.7:9C]..... Yes No

Or Awaiting laboratory data and the expected due date: _____

If "Yes," provide the date that the laboratory data was available and confirmed contamination exists above the Ground Water Quality Standards. Date _____

If "No," or awaiting laboratory data proceed to Section F.

3. Identify if any of the following conditions exist based on the well search [N.J.A.C.7:26E-1.17(a)] (check all that apply):

- Potable wells located within 1000 feet from the downgradient edge of the currently known extent of contamination.
- Potable well located 250 feet upgradient or 500 feet side gradient of the currently known extent of contamination.
- The site is located within a mapped wellhead protection area Tier 1 or Tier 2 (WHPA). Tier: Identify if Tier 1 or Tier 2 .

4. Potable use wells have been identified in the well search and the area has been canvassed for additional ground water use (potable and irrigation wells, etc.)..... Yes No

5. Potable wells and non-potable use wells were identified and potable well and /or non-potable use well sampling has been conducted..... Yes No

6. Contamination identified but not suspected to be from the site (if "Yes," provide justification)..... Yes No

7. Potable wells were sampled and results were above State and Federal Drinking Water Standard..... Yes No

Date _____ Or Awaiting laboratory data and the expected due date _____

If "Yes" to #7 for potable well contamination not attributable to background, required actions are: immediate abatement and an immediate NJDEP IEC Notification followed by submission of an IEC Response Action Form. An updated RE form, including the analytical summary sheet and scaled map, shall be submitted.

IEC was abated..... Yes No

Date _____ NJDEP Case Manager _____

8. Receptors abated as part of mitigation (provide a brief narrative description)..... Yes No

9. Non-potable use wells were sampled and results were above GWQS.

Date _____ Or Awaiting laboratory data and the expected due date: _____

SECTION E. VAPOR INTRUSION (VI)

1. Contaminants present in ground water exceed vapor intrusion ground water screening levels (see NJDEP Vapor Intrusion Guidance) that trigger a VI evaluation..... Yes No

Or Awaiting laboratory data and the expected due date: _____

Provide the date that the laboratory data was available and confirmed contamination above the Vapor Intrusion trigger levels. _____

If "No," or awaiting laboratory data, proceed to Section F.

2. Identify any structures/sensitive populations that exist within the following distances from ground water contamination with concentrations above the Ground Water Screening Levels for Vapor Intrusion or specific threats (check all that apply):

- 30 feet of dissolved petroleum hydrocarbon contamination in ground water.
- 100 feet of any free product or any non-petroleum dissolved volatile organic ground water contamination.

OR

SECTION G. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: Madison Borough

Representative First Name: Raymond Representative Last Name: Codey

Title: Borough Administrator

Phone Number: (973) 593-3030 Ext: _____ Fax: (973) 593-3017

Mailing Address: 50 Kings Road

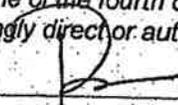
City/Town: Madison State: NJ Zip Code: 07940

Email Address: codeyr@adm.rosenet.org

Developer Certification Included or Filed _____ Date of Filing _____

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: 9/1/10

Name/Title: Raymond Codey / Borough Administrator Changes Since Last Submittal

SECTION H: NON-LSRP SITE REMEDIATION PROFESSIONAL STATEMENT

First Name: Sandra Last Name: Kehrley

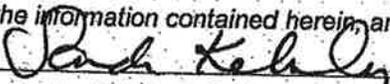
Phone Number: (973) 635-4011 Ext: _____ Fax: (973) 635-4023

Mailing Address: PO Box 1066 - 205 Main Street

City/Town: Chatham State: NJ Zip Code: 07928

Email Address: sandy@pkenvironmental.com

I believe that the information contained herein, and including all attached documents, is true, accurate and complete.

Signature:  Date: 9.1.10

Name/Title: Sandra Kehrley, PE / Project Manager

Company Name: PK Environmental

SECTION H LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: 508607

First Name: Joseph Last Name: Norton

Phone Number: (908) 852-6046 Ext: _____ Fax: (908) 852-9775

Mailing Address: 300 Valentine St. Suite G

City/Town: Hackettstown State: NJ Zip Code: 07840

Email Address: joe@norconenviro.com

This statement shall be signed by the LSRP who is submitting this notification in accordance with SRRA Section 16 d. and Section 30 b.2.

I certify that I am a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C to conduct business in New Jersey. As the Licensed Site Remediation Professional of record for this remediation, I:

[SELECT ONE OR BOTH OF THE FOLLOWING AS APPLICABLE]:

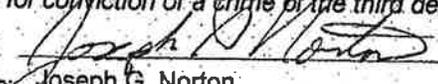
- directly oversaw and supervised all of the referenced remediation, and/or*
- personally reviewed and accepted all of the referenced remediation presented herein.*

I believe that the information contained herein, and including all attached documents, is true, accurate and complete.

It is my independent professional judgment and opinion that the remediation conducted at this site, as reflected in this submission to the Department, conforms to, and is consistent with, the remediation requirements in N.J.S.A. 58:10C-14.

My conduct and decisions in this matter were made upon the exercise of reasonable care and diligence, and by applying the knowledge and skill ordinarily exercised by licensed site remediation professionals practicing in good standing, in accordance with N.J.S.A. 58:10C-16, in the State of New Jersey at the time I performed these professional services.

I am aware pursuant to N.J.S.A. 58:10C-17 that for purposely, knowingly or recklessly submitting false statement, representation or certification in any document or information submitted to the board or Department, etc., that there are significant civil, administrative and criminal penalties, including license revocation or suspension, fines and being punished by imprisonment for conviction of a crime of the third degree.

LSRP Signature:  Date: 9/1/2010

LSRP Name/Title: Joseph G. Norton Changes Since Last Submittal

Company Name: Norcon Envi. / for PK Environmental