



New Jersey Department of Environmental Protection  
Site Remediation Program

REMEDIAL INVESTIGATION REPORT FORM

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 Zip Code: 07940

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

Program Interest (PI) Number(s): 537604 Case Tracking Number(s): 10-01-08-0946-32

Date Remediation Initiated Pursuant to N.J.A.C. 7:26C-2.2 or 2.3(b): 09/23/2009

State Plane Coordinates for a central location at the site: Easting: 511081.5826 Northing: 706103.1112

Municipal Block(s) and Lot(s): Block # Block 201 Lot # 1.02

Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____

SECTION B. REQUIRED TECHNICAL SUBMITTALS

	Not Applicable	Included in this Submission	Previously Submitted	Date of Submission	Date of Revised Submission
Immediate Environmental Concern Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Immediate Response Action Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Preliminary Assessment Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Receptor Evaluation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Site Investigation Report	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Remedial Investigation/Remedial Action Work Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Feasibility Study Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Remedial Action Outcome Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Permit Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

SECTION C. SITE USE

Current Site Use (check all that apply)

- Industrial
- Residential
- Commercial
- School or child care
- Agricultural
- Park or recreational use
- Vacant
- Government

Intended Future Site Use, if known (check all that apply)

- Industrial
- Residential
- Commercial
- School or child care
- Park or recreational use
- Vacant
- Government
- Future site use unknown

SECTION D. PUBLIC FUNDS

Did the remediation utilize public funds? .....  Yes  No

- If "Yes," check applicable:
- UST Grant
  - HDSRF Grant
  - Spill Fund
  - UST Loan
  - HDSRF Loan
  - Schools Development Authority
  - Brownfield Reimbursement Program
  - Landfill Reimbursement Program

**SECTION E. SCOPE OF THE REMEDIAL INVESTIGATION REPORT**

- Area(s) of Concern Only (If submitted for specific AOC(s), attach Section B.1. of the PA/SI form.)
- Full Site (based on a completed and submitted Preliminary Assessment/Site Investigation)

Is the Remedial Investigation complete? .....  Yes  No

**SECTION F. SITE CONDITIONS**

1. Check each media-type and highest concentration of contamination currently present above any applicable standards/criteria:

	Soil in ppm				GW = Ground Water in ppb				SW = Surface Water in ppb				Sed = Sediment in ppm			
	Soil ppm	GW ppb	SW ppb	Sed ppm	Soil ppm	GW ppb	SW ppb	Sed ppm	Soil ppm	GW ppb	SW ppb	Sed ppm	Soil ppm	GW ppb	SW ppb	Sed ppm
*VOCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100-1,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>1,000	
*SVOCs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100-1,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>1,000	
*PAHs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>100	
*Metals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100-1,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>1,000	
PCBs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>100	
*Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>10	
Dioxin (ppb)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1 ppb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-10 ppb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>10 ppb	
Chromium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100-1,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>1,000	
Mercury	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100-1,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>1,000	
Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>100	
TPHC	<input type="checkbox"/>			<input type="checkbox"/>	<1,700	<input type="checkbox"/>			<input type="checkbox"/>	1,700-5,100	<input type="checkbox"/>			<input type="checkbox"/>	>5,100	

2. For any contaminant group (\*) checked above, identify the compound/element with the highest concentration over its applicable remediation standard:

Naphthalene 8ppm    BenzoAnth 35.1    BenzokFlour 18.9    Cholordane 0.3    Lead 8470

3. Were the laboratory reporting minimum detection limits below applicable remediation standards/criteria required for the site? .....  Yes  No

4. Are any of the following conditions currently present (check all that apply):

**Groundwater:**

- Contaminated ground water in the overburden aquifer
- Contaminated ground water in a confined aquifer
- Contaminated ground water in the bedrock aquifer
- Contaminated ground water in multiple aquifer units
- Multiple distinct ground water plumes
- Contaminated ground water migrating off-site
- Co-mingled on-site ground water plumes
- Co-mingled ground water plumes from both on-site and off-site sources
- Contaminated ground water discharging to surface water
- Residual or free product
- Radionuclides

**Soil:**

- On-site discharge(s) impacting soil off-site
- Chromate Production Waste
- Munitions and explosives of concern
- Contaminated soil in the saturated zone
- Historic pesticide impacts to soil
- Residual or free product
- Radionuclides
- Historic Fill
- Soil contamination due to naturally occurring background conditions

**SECTION G. APPLICABLE REMEDIATION STANDARDS**

Indicate the Remediation Standards used for all compounds (check all that apply).

- Default (check all that apply below)
  - Direct Contact       Impact to Groundwater Soil Screening Levels       Ecological Screening Levels
- Alternate Remediation Standards for the Ingestion/Dermal Pathway
- Alternate Remediation Standards for the Inhalation Pathway
- Site Specific Standards for the Impact to Groundwater Pathway (check all that apply below)
  - Soil-Water Partitioning Equation       SPLP       Sesoil       Sesoil/AT123D
- Ecological Remediation Goals

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

**SECTION H. BACKGROUND CONDITIONS**

1. Have all contaminants found in soil and ground water on site been linked to on-site areas of concern? .....  Yes     No
2. Did the RI demonstrate via a background investigation, outside the influence of on-site AOCs and operational areas, that:
  - a. all or any part of the ground water contamination is migrating onto this site per N.J.A.C. 7:26E-3.7(g)? .....  Yes     No     NA
  - b. soil contamination is naturally occurring per N.J.A.C. 7:26E-3.10 .....  Yes     No     NA

**SECTION I. ALTERNATIVE STANDARD / DEVIATIONS**

**Alternative remediation standard**

If proposing an alternative remediation standard pursuant to N.J.A.C. 7:26D-7.4, check here and attach the Alternative Soil Remediation Standard Application Form as an addendum.

**Deviation from regulations**

If the Licensed Site Remediation Professional has varied from the Technical Rules, provide the citation(s) from which the remediation varied and the page(s) in the attached document where the rationale for the deviation is provided.

- N.J.A.C. 7:26E- \_\_\_\_\_ Page \_\_\_\_\_
- N.J.A.C. 7:26E- \_\_\_\_\_ Page \_\_\_\_\_
- N.J.A.C. 7:26E- \_\_\_\_\_ Page \_\_\_\_\_

**SECTION J. HISTORIC FILL**

1. The presence of historic fill is supported by (check all that apply):
  - Boring logs       Test Pits       Trenches       Aerial Photos       NJDEP Mapped Areas
  - No historic fill identified at the site. If none, skip to K. below.
2. How was the historic fill characterized pursuant to N.J.A.C. 7:26E-4.6 (check all that apply)?
  - Samples were collected outside areas potentially impacted by on-site operations (i.e., AOC(s))
  - Contaminant levels in Table 4.2 at N.J.A.C. 7:26E-4.6
3. Are any other AOCs (i.e. location of discharge and any contaminants that may have migrated from that area) located within the defined boundaries of the historic fill? .....  Yes     No  
If "No," skip to K. below
4. Have the same contaminant type(s) (e.g., lead, arsenic, and/or benzo(a)pyrene, etc.) characterized as being present in the historic fill been sampled for as a contaminant of concern at these co-located AOCs? .....  Yes     No

**SECTION K. GROUND WATER TRIGGER**

Was a ground water investigation conducted at all AOCs where a ground water investigation was triggered pursuant to N.J.A.C. 7:26E-4.4 (a)? .....  Yes     No     NA

**SECTION L. GROUND WATER REMEDIAL INVESTIGATION INFORMATION**

1. Were any monitor wells installed in unconfined aquifers in which the water table is higher than the top of the well screen? .....  Yes  No  
If "Yes," identify the affected wells \_\_\_\_\_
2. If ground water in the bedrock aquifer is contaminated, were bedrock cores collected and/or were geophysical logging methods conducted to characterize the bedrock aquifer pursuant to N.J.A.C. 7:26E-4.4(g)5? .....  Yes  No  NA

**SECTION M. MISCELLANEOUS**

1. Were any regulated USTs identified during the course of the RI that were not previously known? .....  Yes  No  
If "Yes," list tank size, contents and registration number(s): \_\_\_\_\_
2. If "Yes," to item M.1. above and if these USTs were Federally Regulated, was the source/cause of release identified on a Confirmed Discharge Notification form? .....  Yes  No  
If "No," complete and submit a revised Confirmed Discharge Notification form.
3. Identify Remedial Measures (RMs) conducted during the RI (check all that apply):
- |  |   |
|--|---|
| <input type="checkbox"/> Soil excavation                               | <input type="checkbox"/> UST closure                                    |
| <input type="checkbox"/> Potable water supply treatment or replacement | <input type="checkbox"/> Free product recovery                          |
| <input type="checkbox"/> Hydraulic containment of source area          | <input type="checkbox"/> Vapor intrusion mitigation                     |
| <input type="checkbox"/> Soil vapor extraction                         | <input checked="" type="checkbox"/> No RMs were conducted during the RI |
| <input type="checkbox"/> Enhanced fluid recovery (EFR)                 |   |
| <input type="checkbox"/> Other(s), specify: _____                      |   |
4. Did the remedial investigation include sampling to characterize any on-site contaminated media for either on-site or off-site reuse? .....  Yes  No
5. Has new information (material facts, data or other information) been generated during the RI that corrects or contradicts information, or changes conclusions from, previously submitted reports or information? .....  Yes  No  
If "Yes," explain: \_\_\_\_\_

**SECTION N. 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) 593-3038 Ext: \_\_\_\_\_ Fax: (973) 593-3017

Mailing Address: 50 Kings Rd.

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 SRRA Section 16 d. and Section 30 b.2.

*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

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

LSRP ID Number: 508607

First Name: Joseph

Last Name: Norton

Phone Number: (908) 852-6046

Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

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 SRRR 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: \_\_\_\_\_

LSRP Name/Title: Joseph G. Norton

Company Name: Norcon Environmental / for PK Environmental