

April 20, 2016

CERTIFIED, RETURN RECEIPT

Mr. David Lerman
Arqeo Management
1519 Spruce Street
Philadelphia, PA 19102

RECEIVED
APR 26 2016
CITY CLERK'S OFFICE

Re: NJDEP Cover Certification
NJDEP Classification Exception Area/Well Restriction Area Fact Sheet Form
SICO 845
918 E. Broad Street
Millville, New Jersey

Dear David:

In accordance with N.J.A.C. 7:26C-7.3(d) please find copies of the referenced NJDEP forms for the referenced facility.

Questions or requests for additional information should be directed to the Licensed Site Remediation Professional (LSRP) identified in the Cover Certification Form.

Sincerely,
MARSHALL GEOSCIENCE, INC.


Joseph Diamadi, Jr., PG
Senior Project Geologist
JD\

Cc: **Municipal Clerk, Millville City**
County Clerk, Cumberland County
Cumberland County Department of Planning
Cumberland County Health Department
Maria Foschi-Williams, Block 337, Lot 11
Carol Howarth, Block 337, Lot 10
Jesus Cardona, Block 337, Lot 9



New Jersey Department of Environmental Protection
Site Remediation Program

COVER/CERTIFICATION FORM

(Submit with Remedial Phase Report, Receptor Evaluation, and CEA Forms)

Date Stamp
(For Department use only)

SECTION A. SITE INFORMATION

Site Name: SICO 845

AKAs: _____

Street Address: 918 E. Broad Street

Municipality: Millville City (Township, Borough or City)

County: Cumberland Zip Code: 08332

Program Interest (PI) Number(s): 010411

Case Tracking Number(s) for this submission: 98-10-05-1451-40

Date Remediation Initiated Pursuant to N.J.A.C. 7:26C-2: 10/05/1998

State Plane Coordinates for a central location at the site: Easting: 343440 Northing: 207940

List current Municipal Block and Lot Numbers of the Site:

Block # <u>337</u>	Lot #(s) <u>1</u>	Block # _____	Lot #(s) _____
Block # _____	Lot #(s) _____	Block # _____	Lot #(s) _____
Block # _____	Lot #(s) _____	Block # _____	Lot #(s) _____
Block # _____	Lot #(s) _____	Block # _____	Lot #(s) _____

SECTION B. SUBMISSION STATUS

1. Indicate how the Electronic Data Deliverable (EDD) for this submission is being provided to the NJDEP:

- Via Email at srpedd@dep.state.nj.us (attach NJDEP confirmation email); or
- CD (attach to this submission)
- Not Applicable – No EDD

2. Complete the following Submission and Permit Status Table:

Remedial Phase Documents	N/A	Included in this Submission	Previously Submitted	Date of Submission	Date of Revised Submission	Date of Previous NJDEP Approval	Date of Document Withdrawal
Preliminary Assessment Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Site Investigation Report	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11/15/2007			
Remedial Investigation Report	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Remedial Action Work Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Remedial Action Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Response Action Outcome	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other Submissions							
Alternative Soil Remediation Standard and/or Screening level Application Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Case Inventory Document		<input checked="" type="checkbox"/>					
Classification Exception Area / Well Restriction Area (CEA/WRA)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Discharge to Ground Water Permit by Rule Authorization Request	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

IEC Engineered System Response Action Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Immediate Environmental Concern Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
LNAPL Interim Remedial Measure Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Public Notification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Receptor Evaluation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Technical Impracticability Determination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Vapor Concern Mitigation Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Permit Application – list:	<input checked="" 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"/>				
Radionuclide Remedial Action Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Radionuclide Remedial Action Workplan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Radionuclide Remedial Investigation Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Radionuclide Remedial Investigation Workplan	<input checked="" 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
- Other: _____
- Agricultural
- Park or recreational use
- Vacant
- Government

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

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

SECTION D. CASE TYPE: (check all that apply)

- Administrative Consent Order (ACO)
- Brownfield Development Area (BDA)
- Child Care Facility
- Chrome Site (Chromate chemical production waste)
- Coal Gas
- Due Diligence with RAO
- Hazardous Discharge Remediation Fund (HDSRF) Grant/Loan
- ISRA
- Landfill (SRP subject only)
- Regulated Underground Storage Tank (UST)
- Remediation Agreement (RA)/Remediation Certification
- School Development Authority (SDA)
- School facility
- Spill Act Defense – Government Entity
- Spill Act Discharge
- UST Grant/Loan
- Other: _____

Federal Case (check all that apply)

- RCRA GPRA 2020
- CERCLA/NPL
- USDOD
- USDOE

1. Is the party conducting remediation a government entity? Yes No
 If "Yes," check one: Federal State Municipal County

SECTION E. 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
- Environmental Infrastructure Trust

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

Full Legal Name of the Person Responsible for Conducting the Remediation: 918 E Broad LLC

Representative First Name: David Representative Last Name: Lerman

Title: Authorized Representative

Phone Number: (215) 545-4545 Ext: _____ Fax: _____

Mailing Address: 1519 Spruce Street

City/Town: Philadelphia State: PA Zip Code: 19102

Email Address: dlerman@arqeo.com

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: David Lerman, Authorized Representative

For CEA Submissions:

Check this box if the person above is also the property owner of the site or their representative. If this person is not the site property owner, please ensure the site property owner's name and address is in the first line of the table in Section E.2 of the Classification Exception Area / Well Restriction Area (CEA/WRA) Fact Sheet Form.

SECTION G. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENTLSRP ID Number: 573785First Name: GilbertLast Name: MarshallPhone Number: (610) 454-1172

Ext: _____

Fax: (610) 454-1176Mailing Address: 170 E. First AvenueCity/Town: CollegevilleState: PAZip Code: 19426Email Address: marshallgeoscience@verizon.net

This statement shall be signed by the LSRP who is submitting this notification in accordance with section 14 of P.L.2009 c.60 (N.J.S.A. 58:10C-14), and paragraphs (1) and (2) of subsection b. of section 30 of P.L.2009 c.60 (N.J.S.A. 58:10B=1.3b(1) and (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: Gilbert J. Marshall, Jr./PresidentCompany Name: Marshall Geoscience, Inc.

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