



June 10, 2020

Bureau of Case Assignment & Initial Notice
New Jersey Department of Environmental Protection
Site Remediation Program
Mail Code: 401-05
P.O. Box 420
Trenton, New Jersey 08625-0420

**Re: Remedial Action Permit for Ground Water Application
Former Sunoco Service Station # 0006-9898
49 South Avenue West & Lincoln Avenue West
Cranford, Union County, NJ
NJDEP Incident #s 92-0608-0953 and 05-03-03-1418
SRP PI # 016450**

To Whom It May Concern:

Please find the enclosed Remedial Action Permit for Groundwater Application for the above referenced site prepared by EnviroTrac Ltd. (EnviroTrac) on behalf of Sunoco, Inc. (R&M) ("Sunoco").

Should you have any questions or comments regarding this report, please feel free to contact me at (609) 387-5553.

Sincerely,

A handwritten signature in blue ink, appearing to read "David Jones", is written over a faint, light blue circular stamp.

David Jones
Regional Operations Manager
LSRP # 584527

Enclosure

cc: Jeremy Fultz, Sunoco
File, ET-NJS

IMPORTANT: 1) Do not delete or copy and paste across multiple columns because it can disrupt hidden equations.
 2) If copying from a Word document, use the Paste option: **Match Destination Formatting**
 3) If the text turns red you have exceeded the character limit for that column

Case Inventory Document Version 1.4 02/23/17

AOC ID	AOC Type	AOC Description	Confirmed Contamination	AOC Status	Status Date	Incident #	DEP AOC Number	Contaminated Media	Contaminants of Concern	Additional Contaminants of Concern	Additional Contaminants of Concern	Applicable Remediation Standard	Exposure Route	Additional Exposure Route	RA Type	Additional RA Type	Additional RA Type	Was an Order of Magnitude Evaluation Conducted?	Activity
AOC 1	Storage tank and appurtenance - State or Federal Regulated underground storage tank	Three former 8,000 gallon UST(E1,E2,E3) former dispenser islands, and associated piping	Yes	RAR	6/9/2020	92-06-08-0953, 05-03-03-1418		Mixed Media	VO			Soil Cleanup Criteria (MUST have RAW approved for AOC prior to 12/2/2009)	Ground Water		Excavation	Dual phase extraction		Yes	June 9, 1992: The investigation was initiated when petroleum hydrocarbon-impacted soils were detected during a USEPA Retrofit Boring Subsurface Investigation, however no samples were collected. The New Jersey Department of Environmental Protection (NJDEP) was notified and incident #92-06-08-0953 was assigned. May 1994 - February 1995: A soil investigation was conducted to investigate the UST field as a possible source of free product observed in the monitoring wells. October 16, 1996: The RAW for a dual phase extraction system was approved. July 26, 2001: The NJDEP approved discontinued operation of the TPE remedial system. March 3, 2005: Product was detected in monitoring well MW11 at a thickness of 0.09 feet. In response, the NJDEP Action Hotline was called and the incident #02-03-03-1418-04 was subsequently assigned. March 28, 2013: Post remedial soil samples were collected for previous soil samples S4 and PL2. Both post remedial soil samples (S4R and PL2R) reported all targeted compound concentrations as either ND or below NJDEP SCC. June 13, 2012: The NJDEP approved the CEA. January 2014: An RIR was submitted to the NJDEP. January - March 2014: A remedial excavation was conducted in which the three USTs and all associated piping were removed (TMS #N13-9457). Post-remedial soil samples reported all targeted compound concentrations as either ND or below the applicable NJDEP SRS. All Soils are in compliance and below applicable standards. On April 17, 2017, 0.01 feet of LNAPL was detected in monitoring well MW2. July 13, 2017: 0.11 ft. of LNAPL was present in monitoring well MW2. A vacuum extraction events conducted. LNAPL has not been detected in any monitoring well since May 10, 2018. October 26, 2018: Vertical MW13 installed onsite. January 2020: GW delineation completed with sategradient temp wells and MW13 June 2020: RAR, revised CEA, and Remedial Action Permit (MAP) for Groundwater submitted.
AOC 2	Storage tank and appurtenance - Unregulated underground storage tank	One former unregulated 1,000-gallon fuel oil UST (vicinity of former dispenser island)	No	SI	2/21/2014			None	EPH			Soil Cleanup Criteria (MUST have RAW approved for AOC prior to 12/2/2009)							April 21, 1995: One unregulated 1,000-gallon fuel oil UST was discovered and removed from the subsurface. Post excavation soil samples (PES1 through PES4) were collected. All targeted compound concentrations were reported below NJDEP SRS. No further remedial investigation was required and a RIR was submitted to the NJDEP on 2/21/2014.
AOC 3	Storage tank and appurtenance - State or Federal Regulated underground storage tank	One former 1,000 gallon waste oil UST	No	RAO-A (Unrestricted Use)	7/9/2014			None	EPH			Soil Cleanup Criteria (MUST have RAW approved for AOC prior to 12/2/2009)							On January 24, 2014, One 1,000 gallon waste oil UST was removed. Post excavation soil samples, W01,W02,W03 were collected and analyzed for EPH. All results were ND. An unrestricted RAO was issued for this AOC on July 9, 2014.
AOC 4	Storage tank and appurtenance - Unregulated underground storage tank	One former 1,000 gallon fuel oil UST(Adjacent to site building)	No	RAO-A (Unrestricted Use)	7/9/2014			None				Soil Cleanup Criteria (MUST have RAW approved for AOC prior to 12/2/2009)							One 1,000-gallon fuel oil UST was removed from the subsurface. Post-excavation soil samples (F01, F02, and F03) were collected and analyzed for EPH. Analytical results reported all total EPH concentrations as ND. An Unrestricted AOC specific RAO was issued by the LSRP on July 9, 2014. No further remediation is required at this time.
AOC 5	Storage tank and appurtenance - Unregulated underground storage tank	One former 1,000 gallon fuel oil UST(Adjacent to site building)	No	RAO-A (Unrestricted Use)	7/9/2014			None	EPH			Soil Cleanup Criteria (MUST have RAW approved for AOC prior to 12/2/2009)							On January 20, 2014, the UST was removed in preparation for the remedial excavation. Post-removal soil analytical results reported all targeted compound concentrations as either ND, or below the applicable IGWSSS, RAOSSS, and NROSSS. On July 9, 2014, an Unrestricted Use RAO was issued for this AOC. No further investigation is warranted for this AOC at this time.



New Jersey Department of Environmental Protection
 Site Remediation and Waste Management Program
REMEDIAL ACTION PERMIT INITIAL APPLICATION –
GROUND WATER

Date Stamp
 (For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name: Former Sunoco Service Station #0006-9898

List All AKAs: Sunoco Cranford

Street Address: 49 South Aveue West & Lincoln Avenue West

Municipality: Cranford (Township, Borough, or City)

County: Union Zip Code: 07016

Program Interest (PI) Number(s): 016450

Case Tracking Number(s): 92-06-08-0953 and 05-03-03-1418

Municipal Block(s) and Lot(s) of the site/property: Block 473, Lot 1

Is this site a Federal case?..... Yes No

If "Yes", indicate the Federal Case Type:

RCRA GPRA 2020 CERCLA/NPL USDOD USDOE

Other (explain): _____

SECTION B. INITIAL GROUND WATER REMEDIAL ACTION PERMIT APPLICATION

1. Reason for Initial Ground Water Remedial Action Permit (RAP) Application: (*check one*)

To support a Response Action Outcome (RAO)

To support a Post-No Further Action (NFA)

Note: This permit application will not be processed until all past RAP annual fees and the Remedial Action Protectiveness/Biennial-Certification fee have been paid in full.

Subdivision of an existing Ground Water RAP

Has the Ground Water RAP Modification or Termination Application also been submitted for the original parcel(s)?..... Yes No

If "No", please explain why in Section K below.

Other (provide reason - see instructions): _____

2. The appropriate Initial Ground Water RAP Application fee must be enclosed with this application.

	Effective on or Before June 30, 2019	Effective July 1, 2019
Ground Water Natural Attenuation RAP Fee – Initial	\$2,100.00	\$990.00
Ground Water Active System RAP Fee – Initial	\$3,055.00	\$550.00

SECTION C. FEE BILLING CONTACT PERSON

Business Name: Evergreen Resources Group, LLC
First Name of Contact: Jeremy Last Name of Contact: Fultz
Title: Senior Specialist
Phone Number: (302) 485-4081 Ext.: _____ Fax: _____
Mailing Address: 2 Righter Parkway, Suite 120
Municipality: Wilmington State: DE Zip Code: 19803
Email Address: JDFultz@Evergreenresmgt.com

SECTION D. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION – CO-PERMITTEE

Addendum for additional Person Responsible for Conducting the Remediation has been completed.
Affiliation/Name of Organization: Sunoco LLC
First Name of Contact: Jeremy Last Name of Contact: Fultz
Title: Senior Specialist
Phone Number: (302) 485-4081 Ext.: _____ Fax: _____
Mailing Address: 2 Righter Parkway, Suite 120
Municipality: Wilmington State: DE Zip Code: 19803
Email Address: JDFultz@Evergreenresmgt.com
 Check if the Person Responsible for Conducting the Remediation has Primary Responsibility for Permit Compliance

SECTION E. CURRENT OWNER OF THE SITE – CO-PERMITTEE

Addendum for additional Owner of the Site has been completed.
Affiliation/Name of Organization: Calcedonia Inc
First Name of Contact: Frank Last Name of Contact: Farmer
Title: Member
Phone Number: (484) 459-2018 Ext.: _____ Fax: _____
Mailing Address: 285 Cherry Lane
Municipality: Kennett Square State: PA Zip Code: 19348
Email Address: fpf119@verizon.net
 Check if the owner has Primary Responsibility for Permit Compliance

SECTION F. ATTACHED DOCUMENTS

Attach the following documents:

Note: All electronic copies should be provided in Adobe PDF file format on a compact disc (CD) except the Ground Water Monitoring Plan which should be provided in MS Excel file format on a CD.

- Hard copy **and** electronic copy of the completed Initial Ground Water RAP Application using the current form on the NJDEP Website.
- Remedial Action Report (RAR) submitted through the online portal unless this application is related to a Post-NFA Case. For Post-NFA Cases, submit an electronic copy of the RAR and any other pertinent reports/letters (e.g., Remedial Action Workplan (RAW) Approval Letters).

Provide the Licensed Site Document (LSD) Activity Number for the RAR online submission: 200001

- Electronic copy of a map or the location in the RAR (*Section #s/Figure #s*) of the map(s) showing area of concern/source and showing and/or explaining horizontal and vertical delineation of the ground water contamination.
Location in the RAR (*Section #s/Figure #s*): Section 2.0, 10.0, 11.0; Figure 19 and Figure 20
- Electronic copy of ground water contour maps for at least the last four ground water sampling events or the location in the RAR with these maps.
Location in the RAR (*Figure #s*): Figures 6 to 19
- Electronic copy of a table summarizing the monitoring well construction details (below ground surface (bgs)) for all the monitoring wells at the site or the location in the RAR with this table.
Location in the RAR (*Table #*): Table 4
- Electronic copy of the Classification Exception Area/Well Restriction Area (CEA/WRA) Fact Sheet Form.
- Electronic copy of the Ground Water Monitoring Plan (in MS Excel file format).
- Electronic copy of the NFA Letter (*Post-NFA Cases only*), if applicable.
- Electronic copy of the Vapor Intrusion Long-Term Monitoring Plan, if applicable.
- Electronic copy of the Operation, Maintenance, and Monitoring (OMM) Plan for the vapor intrusion engineering control(s)/mitigation system(s) that are currently in place, if applicable.
- Electronic copy of the OMM Plan for the Point of Entry Treatment (POET) water system(s) that are currently in place, if applicable.
- Electronic copy of the completed Remediation Cost Review and RFS/FA Form with a detailed cost estimate, if applicable, including:
Only Check One:
 - Original** Financial Assurance mechanism (*hard copy*), including any Amendments, is attached.
 - Date the original Financial Assurance mechanism was submitted to the NJDEP:
 - An electronic copy of the Remediation Funding Source (RFS) mechanism, is included if using an existing RFS mechanism as the Financial Assurance, and an amendment to conform to the Financial Assurance format.
- Electronic copy of the homeowner or condominium association's annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) at the site, if applicable.

SECTION G. MONITORING, MAINTENANCE AND EVALUATION INFORMATION

1. Has the ground water contamination been horizontally delineated in all directions at the site? Yes No
If "**No**", provide the location in the RAR (*Section #*) that supports the variance from N.J.A.C. 7.26E-4.3(a)4:
2. Has the ground water contamination been vertically delineated at the site?..... Yes No
If "**No**", provide the location in the RAR (*Section #*) that supports the variance from N.J.A.C. 7.26E-4.3(a)4:
3. Type of Ground Water Remediation
 - a. **Monitored Natural Attenuation (MNA)**
 - i) Is there a decreasing trend of contaminant concentrations in the ground water? Yes No
If "**Yes**", provide the location in the RAR (*Section #*) that documents this issue.: Appendix F, Section 11
If "**No**", provide the location in the RAR (*Section #*) that justifies the protectiveness of the remedy.....
 - ii) Is the **behavior** of the ground water contaminant plume considered to be shrinking or stable? Yes No
If "**Yes**", check off only one of the following: Shrinking Stable and provide the location in the RAR (*Section #*) that documents this issue.: Figure 6 to 19, Section 11.0

If "No", provide the location in the RAR (Section #) that justifies the protectiveness of the remedy: _____

iii) Have secondary lines of evidence been collected to support the MNA proposal? Yes No

If "Yes", provide the location in the RAR (Section #) that documents this issue.: Section 11.6

iv) Have tertiary lines of evidence been collected to support the MNA proposal? Yes No

If "Yes", provide the location in the RAR (Section #) that documents this issue.: _____

v) Is the ground water plume reaching the sentinel wells? Yes No

If "Yes", provide the location in the RAR (Section #) that justifies the protectiveness of the remedy since the sentinel well(s) should be below the Ground Water Quality Standards (GWQS) or if you are using an alternate method that is not a sentinel monitoring well:..... _____

vi) Has all soil contamination in the unsaturated zone been remediated to the applicable numeric Soil Remediation Standard for all area(s) of concern associated with this CEA? Yes No N/A

If "No", provide the location in the RAR (Section #) that justifies the protectiveness of the remedy: _____

vii) Has all free and/or residual product in the unsaturated and saturated zones, as determined pursuant to N.J.A.C. 7:26E-5.1(e), been treated or removed for all area(s) of concern associated with this CEA? Yes No N/A

If "No", provide the location in the RAR (Section #) that justifies the protectiveness of the remedy: _____

b. **Active Remediation**

Provide the type of remediation: _____

i) Is there a decreasing trend of contaminant concentrations in the ground water? Yes No

If "Yes", provide the location in the RAR (Section #) that documents this issue.: _____

If "No", is the ground water plume considered stable? Yes No

Provide the location in the RAR (Section #) that justifies the protectiveness of the remedy:..... _____

ii) Is the ground water plume reaching the sentinel wells? Yes No

If "Yes", provide the location in the RAR (Section #) that justifies the protectiveness of the remedy since the sentinel well(s) should be below the GWQS or if you are using an alternate method that is not a sentinel monitoring well:..... _____

iii) Is the ground water remedial action performing as designed? Yes No

If "No", provide the location in the RAR (Section #) that justifies the protectiveness of the remedy:..... _____

iv) Indicate the expected duration of the active remediation:..... _____ (years)

4. Has a Technical Impracticability (TI) Determination been submitted? Yes No

If "Yes", provide the location in the RAR (Section #) that documents this issue.: _____

5. Has any ground water contamination migrated onto the site/property from an off-site source and that is not being included in the Ground Water RAP?..... Yes No

If "Yes", provide the communication center number that was received when called into the Hotline and the location in the RAR (Section #) that documents this issue:..... _____

6. Is any ground water contamination being attributed to natural background conditions and that is not being included in the Ground Water RAP? Yes No

If "Yes", provide the location in the RAR (Section #) that documents this issue: _____

7. Check the **Monitoring Schedule** you plan to apply:

- Monthly Annual
- Quarterly Biennial
- Semi Annual Other: _____

SECTION H. FINANCIAL ASSURANCE

1. Does the remedial action include a ground water or vapor intrusion engineering control? Yes No

If "No", proceed to the next section.

2. Are any of the entities identified in Section D or E exempt from establishing Financial Assurance pursuant to N.J.A.C. 7:26C-7.10(c)? Yes No

If "Yes", check the exemption(s) that applies.

- | Person Responsible
for Conducting the
Remediation –
Co-Permittee | Current
Owner of
the Site –
Co-Permittee | |
|---|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Government entity |
| <input type="checkbox"/> | <input type="checkbox"/> | A person not liable pursuant to the Spill Act that purchased contaminated property before May 7, 2009 |
| <input type="checkbox"/> | <input type="checkbox"/> | A person that conducted remediation at their primary or secondary residence |
| <input type="checkbox"/> | <input type="checkbox"/> | Owner or operator of a child care center |
| <input type="checkbox"/> | <input type="checkbox"/> | Public school or private school |
| <input type="checkbox"/> | <input type="checkbox"/> | Owner or operator of a small business responsible for conducting remediation at the location of the business |

If all of the entities identified in Section D or E are exempt, proceed to the next section.

3. Is the current owner of the site either a homeowner association or a condominium association pursuant to the New Jersey Common Interest Association Act, N.J.S.A. 46:8A-1 et seq.? Yes No

If "Yes", and the association is identified in Section E of this RAP Application, an electronic copy of the association's annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) at the site should be attached as indicated in Section F above.

4. Identify the estimated cost of the operation, maintenance, and monitoring of the engineering control(s) at the site: \$ _____

5. Are you using an existing RFS mechanism for the site as the Financial Assurance? Yes No

If "Yes", have all the following criteria been met? Yes No

- a. The amount of funds needed to operate, maintain, and monitor the engineering control(s) at the site for the duration of the CEA or for 30 years (minimum of \$30,000 for a 30-year time frame) if the duration of the CEA is indeterminant;
- b. The amount of funds in the RFS equals the amount of funds required to be posted for RFS and Financial Assurance; and
- c. The RFS is not in the form of a self-guarantee.

Identify the full amount of the current RFS: \$ _____

6. Identify the full amount established as a Financial Assurance:\$ _____

As indicated in Section F above, an electronic copy of the completed Remediation Cost Review and RFS/FA Form with a detailed cost estimate should be attached. Also, please be sure to provide one of the following as indicated in Section F above: the *original* Financial Assurance mechanism (attach hard copy), including any Amendments, to the Ground Water RAP Application; the date the original Financial Assurance mechanism was submitted to the NJDEP; or an electronic copy of the existing RFS mechanism that is being used as the Financial Assurance and the amendment to conform to the Financial Assurance format.

7. What is the Financial Assurance Mechanism? (*check all that apply*)

- Remediation Trust Fund Line of Credit
 Environmental Insurance Policy Letter of Credit

8. Contact information at the financial institution for the Financial Assurance:

Financial Institution: _____

First Name of Contact: _____ Last Name of Contact: _____

Title: _____

Phone Number: _____ Ext.: _____ Fax: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Email Address: _____

SECTION I. LAND USE (*for overlying CEA*)

1. **Current Site Land Use** (*check all that apply*)

- | | | |
|--|---|--|
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Park or Recreational Use | <input type="checkbox"/> Child Care Facility |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Hospital |
| <input checked="" type="checkbox"/> Commercial | <input type="checkbox"/> Road/Right of Way | <input checked="" type="checkbox"/> Vacant |
| <input type="checkbox"/> Governmental Facility | <input type="checkbox"/> School | <input type="checkbox"/> Other _____ |

2. **Off-site Land Use** (*check all that apply for Blocks/Lots included in the areal extent of the CEA*)

- | | | |
|--|---|--|
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Park or Recreational Use | <input type="checkbox"/> Child Care Facility |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Road/Right of Way | <input type="checkbox"/> Vacant |
| <input type="checkbox"/> Governmental Facility | <input type="checkbox"/> School | <input type="checkbox"/> Other _____ |

SECTION J. AFFECTED RECEPTOR SUMMARY

1. Are there any buildings with an Indeterminate Vapor Intrusion Pathway status? Yes No

If "**Yes**", provide the location in the RAR (*Section # and Figure #*) that documents this issue:..... _____

2. Is there soil gas contamination above the Soil Gas Screening Levels beneath any buildings that require long-term monitoring? Yes No

If "**Yes**", provide the location in the RAR (*Section # and Figure #*) that documents this issue: _____

As indicated in Section F above, an electronic copy of the Vapor Intrusion Long-Term Monitoring Plan should be attached.

3. Are any vapor intrusion engineering controls/mitigation systems currently installed at any buildings as a result of this ground water contamination? Yes No

If "Yes", indicate the type of engineering control that was implemented: (check all that apply)

- Subsurface Depressurization System
- Subsurface Ventilation System
- Soil Vapor Extraction System
- HVAC Positive Pressure
- Other (specify): _____

As indicated in Section F above, an electronic copy of the OMM Plan for the vapor intrusion engineering control(s)/mitigation system(s) should be attached. The OMM Plan should clearly identify the building(s) and/or structure(s) and vapor intrusion engineering control(s)/mitigation system(s) that are in place (e.g., active or passive), including the address and block and lot of each impacted property.

4. Are any Point of Entry Treatment (POET) water systems currently installed at any buildings as a result of this ground water contamination? Yes No

If "Yes", an electronic copy of the OMM Plan for the POET water system(s) should be attached as indicated in Section F above. The OMM Plan should provide the address and lot and block of each property with a POET water system in place. The sampling of the POET water system(s) should be included in the Ground Water Monitoring Plan for the site.

5. Are any potable wells that do not have a POET water system currently being sampled regularly as a result of this ground water contamination? Yes No

If "Yes", include these potable wells in the Ground Water Monitoring Plan for the site.

SECTION K. OTHER INFORMATION PROVIDED

List any other pertinent information to support the Initial Ground Water RAP Application

All Site soils are below applicable standards and compliant. The remedial action for soil is considered to have met the remedial objective

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

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

Sunoco, Inc

Representative First Name: Jeremy Representative Last Name: Fultz

Title: Senior Specialist

Phone Number: (302) 485-4081 Ext.: _____ Fax: _____

Mailing Address: 2 Righter Parkway, Suite 120

City/Town: Wilmington State: DE Zip Code: 19803

Email Address: JDFultz@Evergreenresmgt.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: 6/4/2020

Name/Title: Jeremy Fultz / Senior Specialist

SECTION M. CURRENT OWNER OF THE SITE INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible who owns the site:

Calcedonia Inc

Representative First Name: Frank Representative Last Name: Farmer

Title: Member

Phone Number: _____ Ext.: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

This certification shall be signed by the person who owns the site and 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: Frank Farmer / Member

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

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

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

Sunoco, Inc

Representative First Name: Jeremy Representative Last Name: Fultz

Title: Senior Specialist

Phone Number: (302) 485-4081 Ext.: _____ Fax: _____

Mailing Address: 2 Righter Parkway, Suite 120

City/Town: Wilmington State: DE Zip Code: 19803

Email Address: JDFultz@Evergreenresmgt.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: Jeremy Fultz / Senior Specialist

SECTION M. CURRENT OWNER OF THE SITE INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible who owns the site:

Calcedonia Inc

Representative First Name: Frank Representative Last Name: Farmer

Title: Member

Phone Number: (484) 459-2018 Ext.: _____ Fax: _____

Mailing Address: 285 Cherry Lane

City/Town: Kennett Square State: PA Zip Code: 19348

Email Address: fpf119@verizon.net

This certification shall be signed by the person who owns the site and 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: Frank Farmer Secy/Treas. and Manager Date: 6/8/20

Name/Title: Frank Farmer / Member

Completed forms should be sent to:

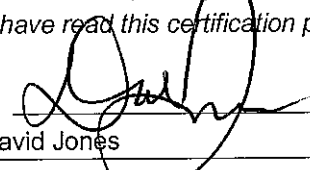
Bureau of Case Assignment & Initial Notice
Site Remediation Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420

SECTION N. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: 584527
First Name: David Last Name: Jones
Phone Numbers: (609) 387-5553 Ext.: _____ Fax: _____
Mailing Address: 6 Terri Lane, Suite #350
Municipality: Burlington State: NJ Zip Code: 08016
Email Address: DavidJ@EnviroTrac.com

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. 7:26; 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:  _____
LSRP Name: David Jones
Company Name: EnviroTrac Ltd.

Date: 6/8/2020

CEA DOCUMENTATION

BENZENE: SITE-SPECIFIC DEGRADATION RATE (K) and HALF-LIFE (t_{1/2})

Calculation 1

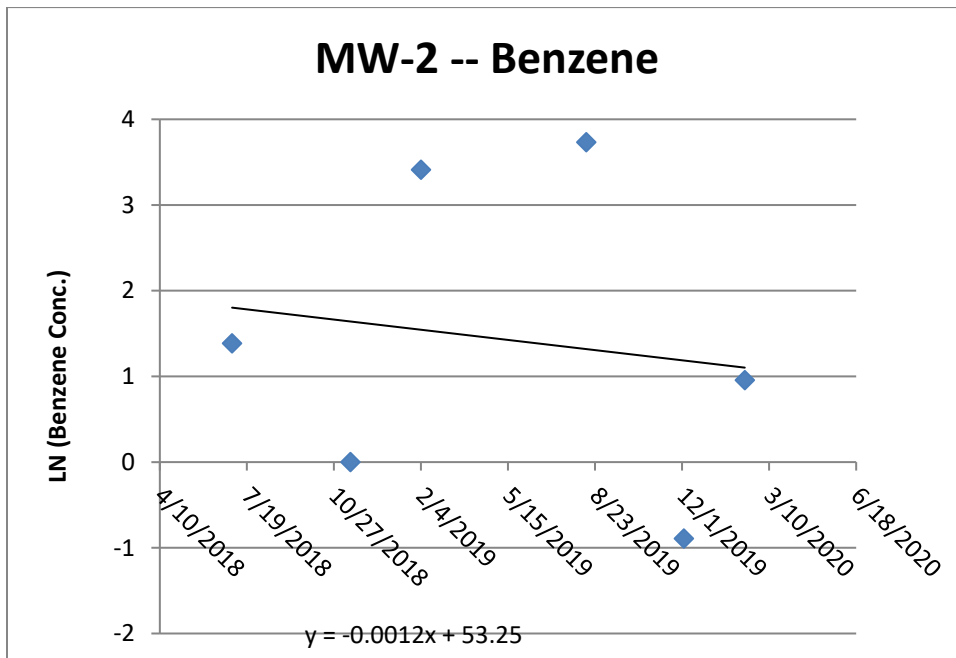
“Source-Area” Benzene Concentration: 41.8 ug/l on August 13, 2019

$K = 0.0012 \text{ days}^{-1}$ [see “slope” of benzene concentrations versus time graph (below)]

$$t_{1/2} = 0.693 / K$$

$$t_{1/2} = 0.693 / 0.0012$$

$$t_{1/2} = 578 \text{ days}$$



BENZENE: CEA DURATION AND DISTANCE

“Source-Area” Benzene Concentration: 41.8 ug/l on August 13, 2019

CEA Duration for Benzene: 8.5 years for benzene concentrations to meet the GWQS of 1 ug/L for benzene [see Dominico Model calculations (below)].

CEA Distance for Benzene: 174 feet [see Dominico Model calculations (below)].

Dominico Model

Site Name: Sunoco-9898

Case Number: PI No. 016450

Compound of Concern: Benzene
 Initial Concentration: 42 ppb
 =====> GWQS: 1 ppb
 =====> Half-life: 578 days

LENGTH OF CEA

Given: K =	1.1 ft/day	Sw =	20 ft
i =	0.1 ft/ft	Sd =	30 ft
ne =	0.3	$\alpha_x =$	1/10 x
pb =	1.7 g/ml	$\alpha_y =$	1/33 x $\alpha_z =$ 0.3 α_x
Koc =	83 ml/gm	$\alpha_z =$	1/400 x $\alpha_x =$ 0.01 α_x
foc =	0.007	r =	0.0012 days ⁻¹
Then: Vs =	0.3667 ft/day		
Rd =	4.29		
Vpt =	0.0854 ft/day		

Predicted Steady-state Concentration

Distance [ft]	Concentration [ppb]
0	42
2	41
4	40
9	37
13	35
17	32
22	29
26	26
35	20
52	12
70	8
87	5
105	3
131	2
157	1
192	1
174	1

DURATION OF CEA

Given: k = 0.001199 days⁻¹
 Then: duration = 8.5 yrs
 Projected Date to reach the GWQS:

Results:

CEA: Distance = 174 ft
 Duration = 8.5 yrs

Definitions:

K = Hydraulic Conductivity	Sd = Source Width normal to flow
i = Hydraulic Gradient	Sw = Thickness of Smear Zone
ne = Effective Porosity	α_x = Longitudinal Dispersivity
pb = Formation Bulk Density	α_y = Transverse Dispersivity
Koc = soil sorption coefficient	α_z = Vertical Dispersivity
foc = fraction of organic carbon	k = degradation rate

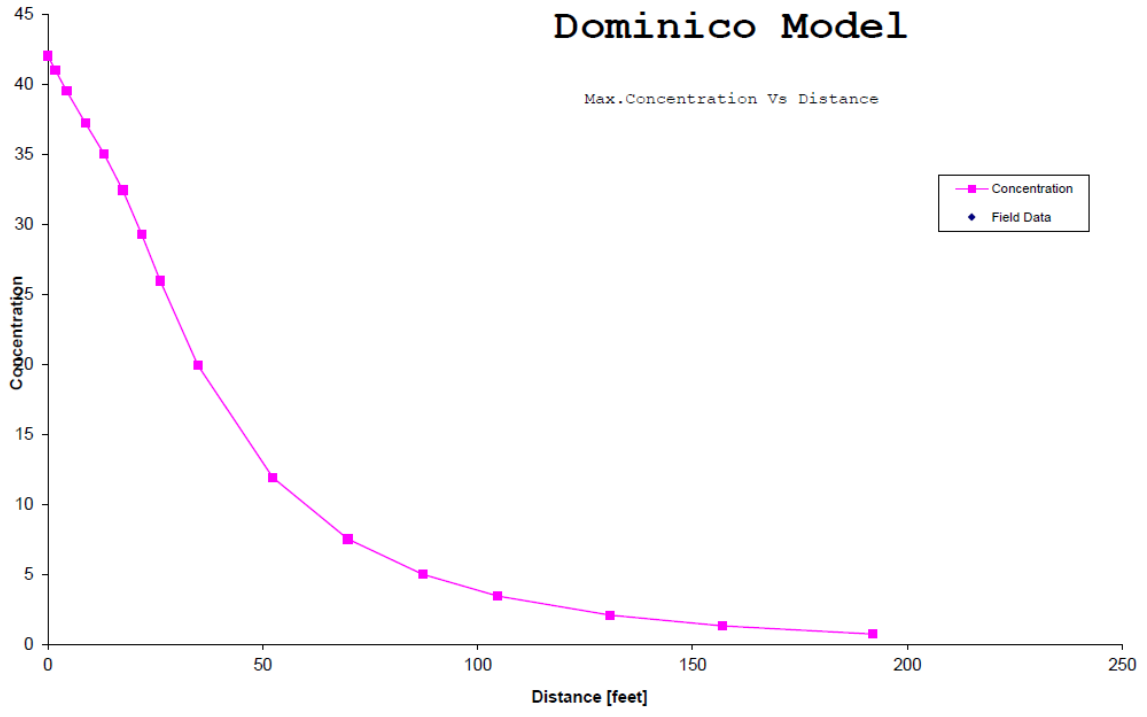
Note: This model assumes a constant source.

Reference: The mathematical approximation used in this Steady-State Attenuation Analytical Model is listed in the Appendicesd of ASTM ES38-94: Risk-Based Corrective Action (RBCA) Applied at Petroleum Release Sites, TableX3.1 [page 31].

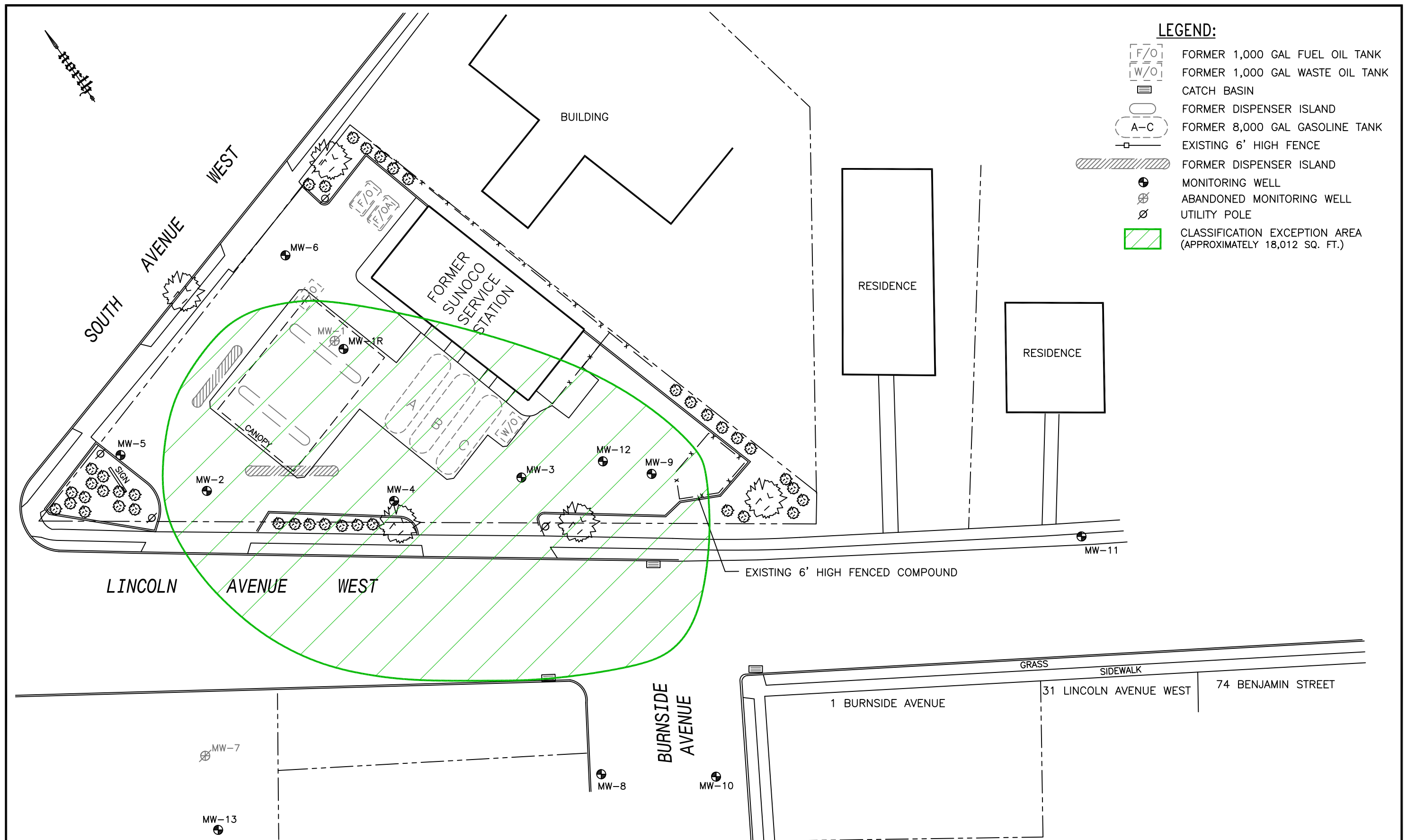
Plume Shape

Dominico Model

Max. Concentration Vs Distance



SITE MAP WITH CLASSIFICATION EXCEPTION AREA



**CLASSIFICATION EXCEPTION AREA / WELL
RESTRICTION AREA (CEA/WRA) FACT SHEET FORM**



New Jersey Department of Environmental Protection
Site Remediation and Waste Management 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: Former Sunoco Service Station #0006-9898

AKAs: Sunoco Cranford

Street Address: 49 South Avenue West & Lincoln Avenue West

Municipality: Cranford (Township, Borough or City)

County: Union Zip Code: 07016

Program Interest (PI) Number(s): 016450

Case Tracking Number(s) for this submission: 92-06-08-0953 and 05-03-03-1418

Date Remediation Initiated Pursuant to N.J.A.C. 7:26C-2: 06/08/1992

State Plane Coordinates for a central location at the site: Easting: 544,600 Northing: 662,993

List current Municipal Block and Lot Numbers of the Site:

Block # <u>473</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.nj.gov (attach NJDEP confirmation email); or
- CD (attach to this submission)
- Not Applicable – No EDD

2. Complete the following Submission and Permit Status Table:

	N/A	Included in this Submission	Previously Submitted	Date of Submission	Date of Revised Submission	Date of Previous NJDEP Approval	Date of Document Withdrawal
Remedial Phase Documents							
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"/>	11/06/1992			
Remedial Investigation Report	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	01/31/2014			
Remedial Action Work Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Remedial Action Report	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	06/09/2020			
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	07/11/2018			
Public Notification	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	06/09/2020			
Receptor Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	01/31/2014			
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 type="checkbox"/>						
GW RAP (MNA)		<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"/>				
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. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: 584527

First Name: David Last Name: Jones

Phone Numbers: (609) 387-5553 Ext.: 14 Fax: _____

Mailing Address: 6 Terri Lane, Suite 350

Municipality: Burlington State: NJ Zip Code: 08016

Email Address: DavidJ@Envirotrac.com

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. 7:26l; 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: 6/8/20

LSRP Name: David Jones

Company Name: EnviroTrac Ltd

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

Full Legal Name of the Person Responsible for Conducting the Remediation: Sunoco LLC

Representative First Name: Jeremy Representative Last Name: Fultz

Title: Senior Specialist

Phone Number: (302) 485-4081 Ext.: _____ FAX: _____

Mailing Address: 2 Righter Parkway, Suite 120

Municipality: Wilmington State: DE Zip code: 19803

Email Address: JDFultz@Evergreenresmgt.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: 6/4/2020

Name/Title: Jeremy Fultz / Senior Specialist

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.

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



New Jersey Department of Environmental Protection
 Site Remediation and Waste Management Program
CLASSIFICATION EXCEPTION AREA / WELL RESTRICTION
AREA (CEA/WRA) FACT SHEET FORM

Date Stamp
 (For Department use only)

SECTION A. SITE INFORMATION

Site Name: Former Sunoco Service Station #0006-9898
 Program Interest (PI) Number(s): 016450
 Case Tracking Number(s) for this submission: 92-06-08-0953 and 05-03-03-1418

**This form must be attached to the Cover / Certification Form
 if not submitted through the Remedial Phase Report Online Service**

1. Indicate the reason for submission of this form (see instructions):

- New CEA Revise CEA Reestablish CEA Existing CEA with no changes
 CEA for historic fill CEA for Historically Applied Pesticides (HAP) CEA lift/removal

If you are submitting this form for an existing CEA provide the CEA Subject Item ID: CEA134029

2. Indicate the type of ground water Remedial Action (RA):

- Natural Active Final RA not yet selected

3. Is this form being submitted with a Remedial Action Permit (RAP) Form (for Soil or Ground Water)? ... Yes No

SECTION B. CEA COMPONENT AND VAPOR INTRUSION INFORMATION

Name of document that includes the CEA Fate and Transport Description: RAR

Date of document: 05/29/2020

1. **Ground Water Classification:** What is the ground water classification within the CEA 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

2. **Contaminant Data:** This CEA/WRA applies only to the contaminants listed below with concentrations above, or assumed to be above, numeric values established for the applicable classification area via the [Ground Water Quality Standards](#) (GWQS), N.J.A.C. 7:9C. Except for historic fill CEAs based on assumed ground water contamination, list the maximum contaminant value for all ground water data that could be representative of **current** conditions for any well or sampling point used to establish the CEA. See form instructions before entering data into the below table.

Contaminant	Concentration ⁽¹⁾	GWQS ⁽²⁾	SWQS ⁽³⁾	GWSL ⁽⁴⁾
benzene	41.8	1		20
TBA	145	100		
VOC TICs	3,558	500		

- Notes: (1) Maximum concentration in Micrograms Per Liter
 (2) New Jersey Ground Water Quality Standards, N.J.A.C. 7:9C-1.7 and 1.9(c)
 (3) [Surface Water Quality Standards](#), N.J.A.C. 7:9B - Applicable only where contaminants in the CEA may discharge to a surface water body.
 (4) Current NJDEP Vapor Intrusion (VI) Ground Water Screening Levels (GWSL) available at <http://www.nj.gov/dep/srp/guidance/vaporintrusion/>

Check if attaching the form Addendum to list additional contaminants and associated information.

3. CEA Boundaries and VI Pathway Status: Year of tax map used: 2020

Are there volatile contaminants in the CEA? Yes No
 Is there LNAPL currently found in the CEA? Yes No

For CEA revisions only:

Check if CEA Boundary has changed (*See instructions*)
 Check if Block and Lot numbers have changed (*See instructions*)

List the block(s) and lot(s) included in the areal extent of the CEA and check the appropriate boxes:

Block	Lot(s)	Check if off-site	Check if VI pathway was evaluated*	Check if VI pathway status is indeterminate*
473	1	<input 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"/>
		<input 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"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check if attaching an Addendum to list additional Blocks/Lots and associated information. (*see instructions*)

* Follow instructions for parcels where the vapor intrusion (VI) pathway was evaluated and the status is indeterminate.

Direction of ground water flow: S,SE (*If multiple water bearing zones exist within the CEA and/or there is no predominant flow direction, see instructions.*)

Vertical depth of CEA: 43 (ft bgs) and 30.22 (msl).

Horizontal extent of CEA: 18,018 Indicate units: acres or square feet

Name(s) of the affected Geologic Formation(s)/Unit(s) (*see instructions if multiple formations/units affected*):
Passaic

Narrative description of proposed CEA boundaries:

CEA to encompass majority of the Site and extend onto Lincoln Avenue West

4. Projected Term of CEA: (*Based on modeling/calculations in the fate and transport description*)

Proposed Duration in Years: 8.5 Anticipated Expiration Date: 05/03/2028

or Indeterminate (*Review instructions before selecting "Indeterminate" for the CEA duration.*)

5. ATTACH AND/OR SUBMIT THE FOLLOWING: (*see instructions for additional information/requirements*)

Exhibit A: Site Location Maps – Based on USGS Quadrangle Map;

Exhibit B: CEA Map and Cross Section Figure – See N.J.A.C 7:26C- 7.3(c)1 and 2 and instructions regarding what is required to be included on the map and the cross-section figure.

Exhibit C: GIS Deliverables – CEA Boundary Extent Map. The CEA Boundary Extent Map shall be submitted via email to srpgis_cea@dep.nj.gov. (*See the instructions for detailed GIS deliverable requirements.*)

Identify format of CEA Boundary Extent Map being submitted: Shape File CAD File N/A

If there is a CEA map already on NJ-GeoWeb, does it need to be revised? Yes No N/A

SECTION C. CURRENT GROUND WATER USE DOCUMENTATION

- 1. Indicate the year of the most recent well search completed per N.J.A.C. 7:26E-1.14: 2020
- 2. If this Fact Sheet form is for a revised CEA or an existing CEA with no changes, have new wells been installed since the CEA was established? Yes No N/A
- 3. Are there any pumping wells (e.g., potable, industrial, irrigation or recovery wells) within the foot print of the CEA? Yes No
If "Yes" list/attach list of the type and status of any pumping well(s) within CEA:

SECTION D. WELL RESTRICTION INFORMATION

Certain well restrictions relevant to potable ground water use, such as "Double Case Wells", "Sample Potable Wells", and "Evaluate Production Wells", are consistently set within the boundaries of all CEAs established by the NJDEP in Class I and II-A areas (*see instructions*).

- 1. Are there any other site-specific well restrictions relevant to potable ground water use that should be set within or near the boundaries of the proposed CEA? Yes No
If "Yes", describe below any such site-specific well restrictions proposed for this CEA:

SECTION E. PUBLIC NOTIFICATION REQUIREMENTS

- 1. Indicate which of the following entities have been notified pursuant to N.J.A.C. 7:26C-7.3(d) and the dates each notification was sent. (*check all that apply*)
 - Municipal and county clerk(s) Dated mailed: 05/29/2020
 - Local, county or regional health department(s) Dated mailed: 05/29/2020
 - Designated County Environmental Health Act agency (if applicable) Dated mailed: 05/29/2020
 - County Planning Board Dated mailed: 05/29/2020
 - Pinelands Commission (if applicable) Dated mailed: _____
 - Owners of real property overlying CEA foot print Dated mailed: 05/29/2020

GROUNDWATER MONITORING PLAN

Ground Water Monitoring Plan for Ground Water

Remedial Action Permit (version 1.0; May 17, 2012)

INSTRUCTIONS

Case Name: Former Sunoco Cranford 0006-9898
 Program Interest (PI) ID #: 016450
 Spreadsheet Submission Date: 6/1/2020

RESET DATA**PRINT**

Wells to Be Sampled	Type of Well	Easting	Northing	Sampling Schedule	Reporting Schedule	Parameters for Each Well	CASRN
MW2	Area of Concern	544529	662991	Yearly	Biennially	Benzene	71-43-2
MW2	Area of Concern	544529	662991	Yearly	Biennially	SOC (non-carcinogenic/individual)	NA
MW2	Area of Concern	544529	662991	Yearly	Biennially	tertiary-Butyl alcohol (TBA)	75-65-0
MW3	Area of Concern	544616	662928	Yearly	Biennially	Benzene	71-43-2
MW3	Area of Concern	544616	662928	Yearly	Biennially	SOC (non-carcinogenic/individual)	NA
MW3	Area of Concern	544616	662928	Yearly	Biennially	tertiary-Butyl alcohol (TBA)	75-65-0
MW5	Sentinel	544520	663020	Yearly	Biennially	Benzene	71-42-2
MW8	Sentinel	544564	662836	Yearly	Biennially	Benzene	71-43-2
MW8	Sentinel	544564	662836	Yearly	Biennially	SOC (non-carcinogenic/individual)	NA
MW8	Sentinel	544564	662836	Yearly	Biennially	tertiary-Butyl alcohol (TBA)	75-65-0
MW9	Plume fringe	544640	662902	Yearly	Biennially	Benzene	71-43-2
MW9	Plume fringe	544640	662902	Yearly	Biennially	SOC (non-carcinogenic/individual)	NA
MW9	Plume fringe	544640	662902	Yearly	Biennially	tertiary-Butyl alcohol (TBA)	75-65-0
MW11	Sentinel	544689	662829	Yearly	Biennially	Benzene	71-43-2
MW11	Sentinel	544689	662829	Yearly	Biennially	SOC (non-carcinogenic/individual)	NA
MW11	Sentinel	544689	662829	Yearly	Biennially	tertiary-Butyl alcohol (TBA)	75-65-0