



November 1, 2021

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 Modification 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 enclosed a Remedial Action Permit for Groundwater Modification Application for the above referenced site prepared by EnviroTrac Ltd. (EnviroTrac) on behalf of Sunoco, LLC. ("Sunoco"). The modification is required due to a permittee address change. The property owner's new address is as follows:

Frank Farmer  
Calcedonia Inc  
116 Saint Andrews Drive  
Avondale, PA 19311

Please note that Permit-by-Rule ground water sampling is ongoing and will be reported with the first biennial certification.

Should you have any questions or comments regarding this report, please feel free to contact me at (609) 387-5553 or via email at [DavidJ@envirotrac.com](mailto:DavidJ@envirotrac.com).

Sincerely,

A handwritten signature in blue ink, appearing to read "David Jones", is written over a light blue horizontal line.

David Jones  
Regional Operations Manager  
LSRP # 584527

Enclosure



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

Date Stamp  
 (For Department use only)

**SECTION A. SITE NAME AND LOCATION**

Site Name: \_\_\_\_\_

List All AKAs: \_\_\_\_\_

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ (Township, Borough, or City)

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Program Interest (PI) Number(s): \_\_\_\_\_

Case Tracking Number(s): \_\_\_\_\_

Municipal Block(s) and Lot(s) of the site/property: \_\_\_\_\_

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. GROUND WATER REMEDIAL ACTION PERMIT MODIFICATION APPLICATION**

**Note:** This Ground Water RAP Modification Application will not be processed until all past Remedial Action Permit (RAP) annual fees have been paid in full, and all previously required RAP Transfer/Change of Property Ownership Applications have been applied for.

- Reason(s) for the Ground Water RAP Modification Application: *(check all that apply)*
  - Change in the Classification Exception Area (CEA) for the site (Complete All Sections below except Section H)
  - Change in the Ground Water Monitoring Plan for the site (Complete All Sections below except Section H)
  - Change from Active Remedy to Monitored Natural Attenuation (MNA) or MNA to an Active Remedy (Complete All Sections below)
  - Change in the Vapor Intrusion Long-Term Monitoring Plan for the site (Complete All Sections below except Section H)
  - Change in the Operation, Maintenance, and Monitoring (OMM) Plan for the vapor intrusion engineering control(s)/mitigation system(s) that are currently in place (Complete All Sections below)
  - Change in the OMM Plan for the Point of Entry Treatment (POET) water system(s) that are currently in place (Complete All Sections below)
  - Permittee address change (Complete Sections C, D, E, F, L, M, and N below)
  - Adding an Additional Person Responsible for Conducting Remediation to the Ground Water RAP (Complete Sections C, D, E, F, H, L, M, N, and Addendum A below)
  - Subdivision of an existing Ground Water RAP (Complete Sections C, D, E, F, H, I, J, L, M, and N below)
  - Other: \_\_\_\_\_

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

<i>Effective on or Before</i>	<i>Effective</i>
<i>June 30, 2021</i>	<i>July 1, 2021</i>

Ground Water Natural Attenuation RAP Fee – Modification .....	\$770.00.....	\$880.00
Ground Water Active System RAP Fee – Modification .....	\$990.00.....	\$880.00

**SECTION C. FEE BILLING CONTACT PERSON**

Business Name: \_\_\_\_\_  
First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**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: \_\_\_\_\_  
First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
 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: \_\_\_\_\_  
First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
 Check if the owner has Primary Responsibility for Permit Compliance

**SECTION F. ATTACHED DOCUMENTS**

Attach the following documents: *(Check all that apply)*

**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.

- Hard copy **and** electronic copy of the completed Ground Water RAP Modification Application using the current form on the NJDEP Website.
- Hard copy **and** electronic copy of the cover letter/report explaining the reason(s) for the Ground Water RAP Modification Application.
- Electronic copy of a map showing the area of concern/source and showing and/or explaining horizontal and vertical delineation of the ground water contamination, if applicable.

- Electronic copy of a summary of the ground water sampling results by monitoring well in tabular format, including all historical ground water sampling data for the site and any secondary and tertiary lines of evidence to support the Monitored Natural Attenuation (MNA) proposal, if applicable.
- Electronic copy of the ground water contour maps for the ground water sampling events conducted since the issuance of the last Ground Water RAP (Initial or Modification) or submittal of the Ground Water Remedial Action Protectiveness/Biennial Certification Form (whichever is more recent), if applicable.
- Electronic copy of a table summarizing the monitoring well construction details (below ground surface (bgs)) for all the monitoring wells at the site, if applicable.
- Electronic copy of the field sampling sheets for the ground water sampling events conducted since the issuance of the last Ground Water RAP (Initial or Modification) or submittal of the Ground Water Remedial Action Protectiveness/Biennial Certification Form (whichever is more recent), if applicable.
- Electronic copy of the laboratory data package for the ground water sampling events conducted since the issuance of the last Ground Water RAP (Initial or Modification) or submittal of the Ground Water Remedial Action Protectiveness/Biennial Certification Form (whichever is more recent), if applicable.
- Electronic copy of the Classification Exception Area/Well Restriction Area (CEA/WRA) Fact Sheet Form, if applicable.
- Electronic copy of the Ground Water Monitoring Plan, if applicable (in "MS Excel" file format).
- Electronic copy of the Vapor Intrusion Long-Term Monitoring Plan and a scaled site map clearly identifying the building(s), if applicable.
- Electronic copy of the 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**", document this variance from N.J.A.C. 7.26E-4.3(a)4 in Section K below and attach all supporting documentation.
2. Has the ground water contamination been vertically delineated at the site? .....  Yes  No  
 If "**No**", document this variance from N.J.A.C. 7.26E-4.3(a)4 in Section K below and attach all supporting documentation.
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**", document this issue in Section K below and attach any supporting documentation.  
  
 If "**No**", provide the justification of the protectiveness of the remedy in Section K below.
    - 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 document this issue in Section K below and attach any supporting documentation.

If "No", provide the justification of the protectiveness of the remedy in Section K below.

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

If "Yes", document this issue in Section K below and attach any supporting documentation.

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

If "Yes", document this issue in Section K below and attach any supporting documentation.

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

If "Yes", provide the justification of the protectiveness of the remedy in Section K below 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 justification of the protectiveness of the remedy in Section K below.

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 justification of the protectiveness of the remedy in Section K below.

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", document this issue in Section K below and attach any supporting documentation.

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

Provide the justification of the protectiveness of the remedy in Section K below.

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

If "Yes", provide the justification of the protectiveness of the remedy in Section K below 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 justification of the protectiveness of the remedy in Section K below.

iv) What is the expected duration of the active remediation?..... \_\_\_\_\_(years)

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

If "Yes", document this issue in Section K below and attach any supporting documentation.

5. Since the Ground Water RAP was issued, has any ground water contamination migrated onto the site/property from an off-site source that was not previously reported 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 provide a summary of the issue in Section K below.

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

- |                                      |                                       |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Monthly     | <input type="checkbox"/> Annual       |
| <input type="checkbox"/> Quarterly   | <input type="checkbox"/> Biennial     |
| <input type="checkbox"/> Semi Annual | <input type="checkbox"/> 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<br>for Conducting the<br>Remediation –<br><u>Co-Permittee</u> | Current<br>Owner of<br>the Site –<br><u>Co-Permittee</u> |  |
|--|--|--|
| <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: attach the original Financial Assurance mechanism (*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*)

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Remediation Trust Fund         | <input type="checkbox"/> Line of Credit   | <input type="checkbox"/> Surety Bond |
| <input type="checkbox"/> Environmental Insurance Policy | <input type="checkbox"/> 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 type="checkbox"/> Commercial            | <input type="checkbox"/> Road/Right of Way        | <input 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 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", document this issue in Section K below and attach any supporting documentation.

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

If "Yes", document this issue in Section K below.

As indicated in Section F above, an electronic copy of the Vapor Intrusion Long-Term Monitoring Plan and a scaled site map clearly identifying the building(s) 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 vapor intrusion 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 Ground Water RAP Modification Application.



**SECTION L. 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

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: 11/2/2021

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: 116 Saint Andrews Drive

City/Town: Avondale State: PA Zip Code: 19311

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: \_\_\_\_\_ 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, 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

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: \_\_\_\_\_

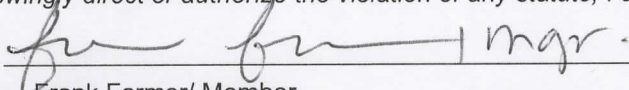
Mailing Address: 116 Saint Andrews Drive

City/Town: Avondale State: PA Zip Code: 19311

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:  Date: 11/01/2021

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: (609) 387-5533

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. 7:26I; 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: 11/1/2021

LSRP Name: David Jones

Company Name: EnviroTrac LTD





400 CORPORATE COURT STE E  
SOUTH PLAINFIELD, NJ 07080

TD BANK  
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1-1367/260

CHECK DATE October 13, 2021

12554

PAY Eight Hundred Eighty and 00/100 Dollars

TO Treasurer, State of NJ  
NJ Department of Treasury

AMOUNT 880.00



AUTHORIZED SIGNATURE

⑆012554⑆ ⑆026013673⑆ 4393597435⑆

ENVIROTRAC, LTD

12554

Check Date: 10/13/2021

Invoice Number	Date	Voucher	Amount	Discounts	Previous Pay	Net Amount
Stover-08 su0046	10/13/2021	000000316645	880.00			880.00
Treasurer, State of NJ		TOTAL	880.00			880.00
TD - 7435	1	2550				

Security features. Details on back.