

New Jersey Department of Health

VI DATA SUBMISSION CHECKLIST



SECTION A. SITE NAME AND LOCATION

Site Name: _____

List all AKAs: _____

Street Address: _____

Municipality: _____ (Township, Boro or City)

County: _____ Zip Code: _____

SECTION B. CONTACTS

1. LSRP Name: _____

LSRP License #: _____ LSRP Phone #: _____

2. Do you have an assigned NJDEP Case Manager? Yes No

If "Yes," please list the Case Manager: _____

SECTION C. REMEDIATION ACTIVITY (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> VI Investigation | <input type="checkbox"/> Immediate Environmental Concern | <input type="checkbox"/> Operation & Maintenance |
| <input type="checkbox"/> Vapor Concern | <input type="checkbox"/> Post-mitigation Verification | <input type="checkbox"/> Closure |

SECTION D. SAMPLE INFORMATION

Note: Only submit sub-slab soil gas data if indoor air data is also being submitted from the same building as part of a VI investigation.

1. Building location/designation: _____

Occupant's name: _____

Building type (check all that apply)

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Child care center /school | <input type="checkbox"/> Residential | <input type="checkbox"/> Industrial/warehouse |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Other _____ | |

Sample information

- | | | | |
|--|---------------------|----------------------|--------------------------|
| <input type="checkbox"/> Indoor Air | # of samples: _____ | Sampling Date: _____ | Analytical Method: _____ |
| <input type="checkbox"/> Ambient Air | # of samples: _____ | Sampling Date: _____ | Analytical Method: _____ |
| <input type="checkbox"/> Sub-slab Soil Gas | # of samples: _____ | Sampling Date: _____ | Analytical Method: _____ |

2. Building location/designation: _____

Occupant's name: _____

Building type (check all that apply)

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Child care center /school | <input type="checkbox"/> Residential | <input type="checkbox"/> Industrial/warehouse |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Other _____ | |

Sample information

- | | | | |
|--|---------------------|----------------------|--------------------------|
| <input type="checkbox"/> Indoor Air | # of samples: _____ | Sampling Date: _____ | Analytical Method: _____ |
| <input type="checkbox"/> Ambient Air | # of samples: _____ | Sampling Date: _____ | Analytical Method: _____ |
| <input type="checkbox"/> Sub-slab Soil Gas | # of samples: _____ | Sampling Date: _____ | Analytical Method: _____ |

3. Building location/designation: _____

Occupant's name: _____

Building type (check all that apply)

- Child care center /school Residential Industrial/warehouse
- Commercial Other _____

Sample information

- Indoor Air # of samples: _____ Sampling Date: _____ Analytical Method: _____
- Ambient Air # of samples: _____ Sampling Date: _____ Analytical Method: _____
- Sub-slab Soil Gas # of samples: _____ Sampling Date: _____ Analytical Method: _____

4. Building location/designation: _____

Occupant's name: _____

Building type (check all that apply)

- Child care center /school Residential Industrial/warehouse
- Commercial Other _____

Sample information

- Indoor Air # of samples: _____ Sampling Date: _____ Analytical Method: _____
- Ambient Air # of samples: _____ Sampling Date: _____ Analytical Method: _____
- Sub-slab Soil Gas # of samples: _____ Sampling Date: _____ Analytical Method: _____

SECTION E. GENERAL

1. Is the NJDEP Method TO-15 Units Conversion Table provided? Yes No
The Conversion Table must include non-site related contaminants of concern. Also, the sample identifier from the Conversion Table must be noted with the appropriate building in Section D, above.

2. Is a site map with sampling locations provided? Yes No

3. Briefly describe the source of the contamination:

4. List the site-related contaminants of concern:

5. Has an IEC been identified associated with one of the buildings noted above?..... Yes No

If "Yes," identify the building(s): _____

Describe steps taken to mitigate the IEC:

Completed checklist, data and related information should be electronically submitted to:

LSRPIA.submission@doh.nj.gov

Any questions can be directed to the NJDOH Standard Setting and Risk Assessment Project at (609) 826-4920.

Please do NOT mail hardcopies of any data to NJDOH