

**BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES**

220 East Ridgewood Ave, Paramus, New Jersey 07652

**REHS MONTHLY REPORT SUMMARY**

**TOWN: Moonachie**

**MONTH/YEAR: November 2022**

**REHS: Schmitt**

#	FOOD ESTABLISHMENTS	#	PUBLIC RECREATIONAL BATHING
	COVID-19 Complaints		
	COVID-19 Compliance Assistance/Activities		<b>SEASONAL FACILITIES</b>
	Plan reviews (unduplicated)		Pre-Operational Inspections
1	Pre-Op Inspections (unduplicated)		Routine Chapter IX
2	Non-Routine Investigations (complaints, emergencies etc.)		Reinspections
	N-R Investigations from Foodborne Outbreak		Non-routine, emergency, complaint-related
	Non-Routine Inspections (Ch. 24 performed)		Total number licensed in reporting year
	N-R Inspections from Foodborne Outbreak		<b>CLOSURES:</b>
	Enforcement Actions		Swimming / Wading Pool
	<b>CHAPTER 24</b>		Hot Tub / Spa
3	Site Inspections (BOH use only)		Spray Park
	Risk 1		Aquatic Recreational Facility
	Risk 2		Bathing Beach
	Risk 3		<b>YEAR-ROUND FACILITIES</b>
	Risk 4		Pre-Operational Inspections
	Specialized Processes overseen		Routine Chapter IX
	Mobile Vendors		Reinspections
	Temporary Events		Non-routine, emergency, complaint-related
	<b>REINSPECTIONS</b> (Conditional/Unsatisfactory only)		Total number licensed in reporting year
	Risk 1		<b>CLOSURES</b>
	Risk 2		Swimming / Wading Pool
	Risk 3		Hot Tub / Spa
	Risk 4		Spray Park
	Mobile Vendors		Aquatic Recreational Facility
	Temporary Events		Bathing Beach
	<b># OF LICENSED ESTABLISHMENTS (year)</b>		
	Risk 1		Sanitary Survey conducted – Bathing Beach
	Risk 2		COVID-19 Compliance Assistance/Activities
	Risk 3		COVID-19 Complaints
	Risk 4	<b>#</b>	<b>TANNING FACILITIES</b>
	Mobile		Pre-Operational Inspections
	Temporary		Routine Inspections
<b>#</b>	<b>COMPLAINTS, INQUIRIES, ISSUES</b>		Reinspections
	Number of contacts (inquiries, issues...)		Complaint, emergency, non-routine

Complaint Investigations (unduplicated)	Enforcement Actions
Enforcement Actions	Unregistered facilities identified

**BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES**

220 East Ridgewood Ave, Paramus, New Jersey 07652

**REHS MONTHLY REPORT SUMMARY**

**TOWN:**

**MONTH/YEAR:**

**REHS:**

#	ANIMAL BITES AND RABIES CONTROL	#	BODY ART, TATTOO, PERMANENT COSMETICS
	<b>ANIMAL BITES</b>		Pre-Operational Inspections
	Animal to Human Bites		Routine Inspections
	Rabid/Suspect-Rabid to Domestic Animal Bites		Reinspections
	Confined Unimmunized Domestic Animals		Complaint, emergency, non-routine inspections
			Unlicensed body art operations identified
	<b>KENNELS, PET SHOPS, SHELTERS/POUNDS</b>		Infections/Injuries reported
	<b>KENNELS</b>		Total number licensed (reporting year)
	Pre-Operational Inspections		
	Routine Inspections	#	<b>YOUTH CAMPS</b>
	Reinspections		Pre-Operational Inspections
	Complaint, emergency, non-routine inspections		Routine Inspections
	Total number licensed (reporting year)		Reinspections
	<b>PET SHOPS</b>		Complaint, emergency, non-routine inspections
	Pre-Operational Inspections		Enforcement Actions
	Routine Inspections		Total number licensed (reporting year)
	Reinspections		COVID-19 Compliance Assistance/Activities
	Complaint, emergency, non-routine inspections		COVID-19 Complaints
	Total number licensed (reporting year)	#	<b>CAMPGROUNDS</b>
	<b>SHELTERS/POUNDS</b>		<b>PROPRIETARY</b>
	Pre-Operational Inspections		Pre-Operational Inspections
	Routine Inspections		Routine Inspections
	Reinspections		Reinspections
	Complaint, emergency, non-routine inspections		Complaint, emergency, non-routine inspections
	Total number licensed (reporting year)		Enforcement Actions
			Total number licensed
	<b>RABIES CLINICS</b>		Total number unlicensed facilities identified
	Number of clinics held		<b>PUBLIC</b>
	Animals vaccinated		Pre-Operational Inspections
			Routine Inspections
	<b>ANIMAL LICENSING</b>		Reinspections
	Dogs licensed (reporting year)	2	Complaint, emergency, non-routine inspections
	Cats licensed (reporting year)		Enforcement Actions
			Total number licensed
	COVID-19 Activities/Inquiries/Complaints		Total number unlicensed facilities identified

# MEMORANDUM



**COUNTY OF BERGEN**  
**DEPARTMENT OF HEALTH SERVICES**  
One Bergen County Plaza – 4<sup>th</sup> Floor  
Hackensack, NJ 07601  
(201) 634-2600

Date:

To:

From:

Subject:  **Statistics**

As per N.J.A.C. Title 8 Chapter 52, Public Health Practice Standards "Each local board of health shall maintain the standards of performance as set forth in this chapter."

The following is a synopsis of the services provided this month. Health Consultation Programs provide assessments, counseling, education and referral to meet the core public health functions and the delivery of the "10 essential public health services" as set forth in N.J.A.C. 8:52-3.2.

**Program:**  **Location:**

New Visits (Health Risk Assessment):	<input type="text" value="0"/>
First Re-visit (First Visit of Calendar Year):	<input type="text" value="0"/>
Revisits (Each Visit Thereafter):	<input type="text" value="0"/>
Total Client Visits (Each Month/Quarter):	<input type="text" value="0"/>
Telephone Contacts (Follow-Ups):	<input type="text" value="0"/>
Mail Contacts/Flyers (Reminders):	<input type="text" value="0"/>
Referrals (Outside Agencies):	<input type="text" value="0"/>
Referrals Follow-Up (With Clients)	<input type="text" value="0"/>
Discharges:	<input type="text" value="0"/>

**\* Additional Services:**

Reportable Disease (As per N.J.A.C. 8:57) investigation total:

**\* Diseases:**

School Audits (As per N.J.A.C. 8:57 Subchapter 4):	<input type="text" value="0"/>
School Re-Audits:	<input type="text" value="0"/>
School Final Audits:	<input type="text" value="0"/>

**Other Events:**

\* For public health use only. DATA WITH LESS THAN 5 SHOULD NOT BE RELEASED TO THE PUBLIC WITHOUT ACCOMPANYING INTERPRETATION. Rates calculated from these numbers are statistically unreliable for interpretation. Municipality-level data with value less than five could lead to the identification of individuals and therefore should not be released publicly without accompanying interpretation.

County of Bergen  
 Department of Health Services  
 Animal Control Responses

*From: 08-01-22 To: 08-31-22*

**Town: Moonachie**

Date	SR#	Address	Nature of Call	Additional Info	Symptom	Disposition	Ticket #	ACO(s)	Comment
------	-----	---------	----------------	-----------------	---------	-------------	----------	--------	---------

**Species: Patrols**

08-04-22					Patrolled Area			1351	
08-24-22					Patrolled Area			1364	
08-28-22					Patrolled Area			1364	

**Total Patrols: 3**

**Species: Cat**

08-28-22	330595	43 DIAMOND WAY	Stray		Injury	Ran away		1364	
----------	--------	----------------	-------	--	--------	----------	--	------	--

**Sub-Total Cat: 1**

**Species: Rabbit**

08-28-22	330718	3 ROOSEVELT PL	Distress	Resident brought Rabbit to Shelter. Was attacked by Cat.		Over Counter	W18419	1368	No apparent signs of injuries. Set rabbit up in ACO Room and gave food and water. Will check in on it in the morning to see if it can go to Donna.
08-28-22	330728	3 ROOSEVELT PL	Juvenile		Transport	Released on Site		1364	

**Sub-Total Rabbit: 2**

**Species: Raccoon**

**RECEIVED**

SEP 13 2022

**BORO OF MOONACHIE**

**County of Bergen  
Department of Health Services  
Animal Control Responses**

*From: 08-01-22 To: 08-31-22*

**Town: Moonachie**

Date	SR#	Address	Nature of Call	Additional Info	Symptom	Disposition	Ticket #	ACO(s)	Comment
<b>Species: Raccoon (Continued)</b>									
08-20-22	330418	15 EAST JOSEPH ST	Distress	The Raccoon is in a bamboo clump.	In Yard	Picked Up Wildlife	W18325	1371	A juvenile Raccoon seems malnourished.

**Sub-Total Raccoon: 1**

**Town Totals: 7**



Consulting Engineers  
Environmental Scientists  
Construction Inspectors  
Professional Land Surveyors

December 9, 2022

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

Re: Remedial Action Protectiveness/  
Biennial Certification Form-Soil  
Former Photogravure and Color Company  
100 Grand Street, Moonachie, NJ  
NJDEP PI # 016123


To whom it may concern:

The following documents are provided electronically via email.

- Remedial Action Protectiveness/Biennial Certification Form – Soil
- Remedial Cost Review and RFS/FA Form

For additional information contact me at [jjimenez@malickandscherer.com](mailto:jjimenez@malickandscherer.com).

Very truly yours,  
Malick & Scherer, P.C.

  
John R. Jimenez, PG, LSRP  
Director, Environmental Services

Cc via email      Moonachie Municipal Clerk  
Moonachie Dept of Health  
Bergen County Clerk  
Bergen County Planning Board  
Bergen County Dept of Health  
Screen Trans Corp  
Ritat Purcell



**New Jersey Department of Environmental Protection**  
 Site Remediation and Waste Management Program

**SOIL REMEDIAL ACTION PROTECTIVENESS/  
 BIENNIAL CERTIFICATION FORM**

Date Stamp  
 (For Department use only)

**SECTION A. SITE NAME AND LOCATION**

Site Name: Former Photogravure and Color Company  
 List all AKAs: \_\_\_\_\_  
 Street Address: 100 Grand Street and 11 Barrett Avenue  
 Municipality: Moonachie (Township, Borough or City)  
 County: Bergen Zip Code: 07074  
 Program Interest (PI) Number(s): 016123  
 Soil Remedial Action Permit (RAP) Number: ~~002500~~ 160001

**SECTION B. FEES**

- Soil Remedial Action Protectiveness/Biennial Certification Form for a Soil RAP ..... (No Fee)  
 Have all outstanding Soil RAP annual fees been paid?.....  Yes  No
- Post-NFA Cases (Sites without a Soil RAP): Soil Remedial Action Protectiveness/Biennial Certification Form:

**Note:** A Soil RAP Initial Application is required to be submitted with this form. Please see the Compliance Notice: Post-NFA cases requiring remedial action permits, which includes the fee breakdown:  
[https://www.nj.gov/dep/srp/enforcement/post\\_nfa\\_compliance\\_notice.pdf](https://www.nj.gov/dep/srp/enforcement/post_nfa_compliance_notice.pdf).

Effective on or Before June 30, 2022	Effective July 1, 2022
\$5,130	\$5,365

**SECTION C. FEE BILLING CONTACT PERSON**

- Changed Since Last Submittal of the Soil Remedial Action Protectiveness/Biennial Certification Form  
 Date of RAP Contact Information Change Form Submission: 12/08/2022

Business Name: Jaret II LLC  
 First Name of Contact: Rita Last Name of Contact: Purcell  
 Title: Manager  
 Phone Number: (201) 370-5909 Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Mailing Address: 2786 Meadow Lake Drive  
 Municipality: Toms River State: NJ Zip Code: 08755  
 Email Address: ritapur@gmail.com

**SECTION D. PERSON(S) RESPONSIBLE FOR CONDUCTING THE REMEDIATION**

1. Has the mailing address changed for the Person Responsible for Conducting the Remediation that is currently listed on the Soil RAP for the site?.....  Yes  No  
 If "Yes", provide the date of the Soil RAP Modification Application submission:..... 12/08/2022
2. Has the Contact Person/Information changed since the last submittal of the Soil Remedial Action Protectiveness/Biennial Certification Form?.....  Yes  No  
 If "Yes", provide the date of the RAP Contact Information Change Form submission: ..... 12/08/2022

**SECTION E. CURRENT OWNER(S) OF THE SITE**

- 1. Has the Property Owner changed from what is currently listed on the Soil RAP for the site? .....  Yes  No  
 If "Yes", provide the date of the RAP Transfer/Change of Property Ownership Application submission: .....
- 2. Has the mailing address changed for the Property Owner that is currently listed on the Soil RAP for the site? .....  Yes  No  
 If "Yes", provide the date of the Soil RAP Modification Application submission: ..... 12/08/2022
- 3. Has the Contact Person/Information changed since the last submittal of the Soil Remedial Action Protectiveness/Biennial Certification Form? .....  Yes  No  
 If "Yes", provide the date of the RAP Contact Information Change Form submission: ..... 12/08/2022

**SECTION F. ATTACHED DOCUMENTS**

Attach electronic copies of the following documents in an email to [srp\\_submissions@dep.nj.gov](mailto:srp_submissions@dep.nj.gov)\*: (Check all that apply)

\*See instructions for how to handle submissions associated with a Post-NFA Case.

- The Soil Remedial Action Protectiveness/Biennial Certification Form using the current form on the NJDEP Website (Required).
- All inspection reports/logs that have been completed since the last submittal of the Soil Remedial Action Protectiveness/Biennial Certification Form (Required). ATTACHMENT A
- A contaminant concentration table that compares Soil Remediation Standard changes and order of magnitude analysis associated with the Soil RAP (Required). ATTACHMENT B
- The Contaminants of Emerging Concern (CECs) evaluation completed associated with the Soil RAP (Required). ATTACHMENT C
- A current Tax Map of the property if the block and lot has changed since the Deed Notice was filed, if applicable.
- The completed Remediation Cost Review and RFS/FA Form with a detailed cost estimate, if applicable. ATTACHMENT D
- The homeowner or condominium association's annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) associated with the Soil RAP, if applicable.
- The annual statements confirming the value of the Financial Assurance Instrument, if applicable. ATTACHMENT D

**SECTION G. DEED NOTICE/DECLARATION OF ENVIRONMENTAL RESTRICTION (DER)/NOTICE IN-LIEU OF DEED NOTICE INFORMATION**

- 1. Provide the filing date of the current Deed Notice/DER or the issuance of the Notice In-Lieu of DN: 03/06/2002
- 2. For the current Deed Notice/DER, provide the Book and Page numbers in which the Deed Notice/DER was filed at the county recording office:  
 Book and Page Numbers: 8450,463-491
- 3. Since the Deed Notice/DER was filed, did the Municipal Block and Lot number(s) of the Deed Notice/DER change? .....  Yes  No  
 If "Yes", attach a current Tax Map of the property and list the former and new Municipal Block and Lot numbers of the Deed Notice/DER below:  
 Former Municipal Block and Lot Number(s):  
 New Municipal Block and Lot Number(s):
- 4. Did you provide copies of this form to the municipal and county clerks for each municipality and county in which the site is located; the local, county and regional health department for each municipality and county in which the site is located; each current owner of the site; the Pinelands Commission as applicable; and the Highlands Commission as applicable? .....  Yes  No



**SECTION H. SITE USE, CHANGES, AND DISTURBANCES**

1. Indicate current site use:

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

2. Has the site use(s) changed since the most recent Deed Notice/DER was filed or the issuance of the Notice In-Lieu of DN that would require the submission of a Soil RAP Modification Application? .....  Yes  No

If "Yes", indicate what the change was and the date of the submission of a Soil RAP Modification Application:

Site Use Change: \_\_\_\_\_

Date of Soil RAP Modification Application Submission: \_\_\_\_\_

**Note:** Pursuant to N.J.A.C. 7:26E- 5.3, a Presumptive or Alternative Remedy is required for Schools, Child Care Centers, and Residences.

3. Have periodic inspections been conducted pursuant to Attachment A of the Soil RAP for the site to determine if disturbances of the remedial action/engineering control(s) have taken place since the last submittal of the Soil Remedial Action Protectiveness/Biennial Certification Form? .....  Yes  No

If "Yes", attach all inspection reports/logs that have been completed since the last submittal of the Soil Remedial Action Protectiveness/Biennial Certification Form.

4. Have disturbances of the remedial action/engineering control(s) taken place since the last submittal of the Soil Remedial Action Protectiveness/Biennial Certification Form? .....  Yes  No

If "Yes", provide the following information:

a) Date of Disturbance: \_\_\_\_\_ Duration of Disturbance: Months \_\_\_\_\_ Days \_\_\_\_\_

Describe the disturbance:

b) Was the remedial action/engineering control(s) restored to the conditions stated in the Deed Notice/DER/Notice In-Lieu of DN? .....  Yes  No

If "No", briefly describe below the reasons why and indicate what measures are being taken to ensure the protectiveness of public health and safety and of the environment:

Approximate Date of Expected Engineering Control(s) Disturbance Repair\*: \_\_\_\_\_

\* Note that the engineering control(s) disturbance should be repaired within 60 days of the disturbance and that a Soil RAP Modification Application is required for any permanent change to the engineering control(s) for the site.

5. Since the Soil RAP was issued, did the comparison conducted pursuant to N.J.A.C. 7:26C-7.8(b)3 require the submission of a Soil RAP Modification Application? .....  Yes  No  
 If "Yes", Provide the date of Soil RAP Modification Application Submission: .....
6. Did the comparison conducted above reveal a change in the Soil Remediation Standards? .....  Yes  No  
 If "Yes", did the Soil Remediation Standards change by an order of magnitude? .....  Yes  No  
 If "Yes", does the change require a modification of the institutional or engineering control? .....  Yes  No  
 If "Yes", provide the date of Soil RAP Modification Application Submission: .....

**Attach** a contaminant concentration table that compares Soil Remediation Standard changes and order of magnitude analysis.

**Contaminants of Emerging Concern (CECs):** The permittee(s) is required to evaluate whether there is the potential that the compounds listed below may have been manufactured, used, handled, stored, disposed or discharged at the AOC(s) associated with the Soil RAP. Evaluation does not mean analysis. Evaluation means using your professional judgement to determine if the compounds are potential contaminants of concern at the AOC(s) associated with the Soil RAP. The evaluation of these compounds should be the same as any other compound. Additional information on CECs can be found at <https://www.nj.gov/dep/srp/emerging-contaminants/>.

7. Is 1,4-dioxane a potential contaminant of concern at the AOC(s) associated with the Soil RAP and does it require further remedial investigation? .....  Yes  No
8. Is perchlorate a potential contaminant of concern at the AOC(s) associated with the Soil RAP and does it require further remedial investigation? .....  Yes  No
9. Are per- and polyfluoroalkyl substances (PFAS), including but not limited to perfluorononanoic acid (PFNA), perfluorooctanoic acid (PFOA), and perfluorooctane sulfonic acid (PFOS) potential contaminants of concern at the AOC(s) associated with the Soil RAP and does it require further remedial investigation? .....  Yes  No
10. Is 1,2,3-trichloropropane (1,2,3-TCP) a potential contaminant of concern at the AOC(s) associated with the Soil RAP and does it require further remedial investigation? .....  Yes  No

**Attach** the results of the required emerging CECs evaluation:

If "Yes" to any of the questions 7 to 10 above, then provide a discussion of how this issue is being addressed:

**SECTION I. VAPOR INTRUSION**

1. Are compounds of potential vapor intrusion concern included in the Deed Notice/DER/Notice In-Lieu of DN? .....  Yes  No  
 If "Yes", then complete this section; otherwise proceed to the next section.

2. Based on the most recent soil data available, do any contaminants of concern currently require a vapor intrusion investigation pursuant to N.J.A.C. 7:26E-1.15?.....  Yes  No

If “**Yes**”, attach a table with the vapor intrusion sampling results, a scaled site map indicating the location of all structures investigated for vapor intrusion, and provide a discussion of those results below or provide a written explanation with the reasons for not evaluating the vapor intrusion pathway.

3. Were there any changes in property use for the site or surrounding properties that required a vapor intrusion investigation from this soil contamination?.....  Yes  No

If “**Yes**”, attach a table with the vapor intrusion sampling results, a scaled site map indicating the location of all structures investigated for vapor intrusion, and provide a discussion of those results below or provide a written explanation with the reasons for not evaluating the vapor intrusion pathway:

4. Have any vapor intrusion engineering controls/mitigation systems been installed as a result of this soil contamination? (If a system was installed, but not required for the remediation (i.e., there is not a complete VI pathway requiring the system), check “**No**”) .....  Yes  No

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

- Sub-Slab Depressurization System (SSDS)
  - Active  Passive
- Sub-Slab Ventilation System
- Soil Vapor Extraction System
- Other (specify): \_\_\_\_\_

**Attach** any vapor intrusion sampling results as required from the Vapor Intrusion Monitoring Plan for the permit, including the NJDEP Vapor Intrusion Mitigation Monitoring and Maintenance Checklist. Provide a scaled site map that clearly identifies the building(s) and/or structure(s) with the vapor intrusion engineering control(s)/mitigation system(s) in place (e.g., active or passive), including the address and block and lot of each impacted property.

**Note:** A Soil RAP Modification Application should be submitted if the vapor intrusion engineering controls/mitigation systems is not included in the Soil RAP for the site.

5. Is there soil gas contamination above the Soil Gas Screening Levels beneath any buildings that require long-term monitoring as a result of this soil contamination? .....  Yes  No

If “**Yes**”, attach any vapor intrusion sampling results as required from the Vapor Intrusion Long-Term Monitoring Plan for the permit.

**Note:** A Soil RAP Modification Application should be submitted if the Vapor Intrusion Long-Term Monitoring Plan is not included in the Soil RAP for the site.

6. Are there any buildings with an Indeterminate Vapor Intrusion Pathway status as a result of this soil contamination? .....  Yes  No
- If **“Yes”**, has an annual inspection been completed to determine the change in use? .....  Yes  No

**Attach** a summary of the inspection and a scale site map clearly identifying the buildings with Indeterminate Vapor Intrusion Pathway status, including the address and block/lot of each building.

**Note:** A Soil RAP Modification Application should be submitted if the Indeterminate Vapor Intrusion Pathway status is not included in the Soil RAP for the site.

**SECTION J. FINANCIAL ASSURANCE**

1. Does the Soil RAP/Deed Notice/DER/Notice In-Lieu of DN include an engineering control? .....  Yes  No
- If **“No”**, proceed to the next section.

2. Is Financial Assurance required for the site? .....  Yes  No
- If **“Yes”**, attach a completed Remediation Cost Review and RFS/FA Form with a detailed cost estimate.

3. If the Financial Assurance Instrument is a Line of Credit, Remediation Trust Fund, Surety Bond, or Environmental Insurance Policy, have annual statements confirming the value of the Financial Assurance Instrument been submitted pursuant to the permit schedule? .....  Yes  No
- If **“No”**, attach the annual statements confirming the value of the Financial Assurance Instrument.

4. If the current owner of the site is either a homeowner association or a condominium association, have copies of the annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) at the site been submitted pursuant to the permit schedule? .....  Yes  No
- If **“No”**, attach copies of the association’s annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) at the site.

**SECTION K. OTHER INFORMATION PROVIDED**

List any other pertinent information to support the Soil Remedial Action Protectiveness/Biennial Certification Form. This section should include a discussion of any new information or soil data as it relates to the protectiveness of the soil remedial action for the site.

**SECTION L. PERSON WITH PRIMARY RESPONSIBILITY FOR PERMIT COMPLIANCE/PERSON RESPONSIBLE FOR MONITORING THE PROTECTIVENESS OF THE REMEDIAL ACTION INFORMATION AND CERTIFICATION**

Affiliation/Name of Organization: Jaret II, LLC

Representative First Name: Rita

Representative Last Name: Purcell

Title: Manager

Phone Number: (201) 370-5909

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

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

Mailing Address: 2786 Meadow Lake Drive

Municipality: Toms River

State: NJ

Zip Code: 08755

Email Address: ritapur@gmail.com

Relationship to the Site (check all that apply)

I am the Person Responsible for Conducting Remediation

I am the current Owner

I am the current Operator

I am the current Lessee

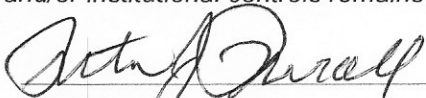
This certification shall be signed by the person responsible for submitting the Soil Remedial Action Protectiveness/Biennial Certification Form in accordance with the Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

*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.*

*I also understand that engineering and institutional controls must be evaluated and maintained to ensure they remain protective of public health and safety and the environment.*

*Based upon the information provided herein, I hereby certify that the remedial action(s) implemented at the site that includes engineering and/or institutional controls remains protective of public health and safety and the environment.*

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

12-9-22

Name/Title: Rita Purcell/Manager

Completed forms should be emailed to [srp\\_submissions@dep.nj.gov](mailto:srp_submissions@dep.nj.gov)\*

\*All Soil Remedial Action Protectiveness/Biennial Certification forms associated with a Post-NFA Case must continue to be submitted on a CD by mail with the accompanying fee to the following address:

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