

cc: Bldg Health

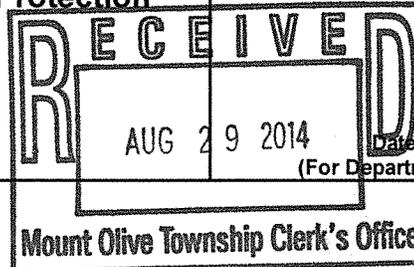
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MLB



New Jersey Department of Environmental Protection  
Site Remediation Program

PUBLIC NOTIFICATION AND OUTREACH



Date Stamp  
(For Department use only)

SECTION A. SITE LOCATION

Site Name: BP Gas Station

List all AKAs: Mount Olive BP

Street Address: 113 RT 46

Municipality: Phillipsburg (Township, Borough or City)

County: Morris Zip Code: 08865

Mailing Address if different than street address: \_\_\_\_\_

Program Interest (PI) Number(s): 034006 Case Tracking Number(s): 96-06-20-1105-58

Date Remediation Initiated Pursuant to N.J.A.C. 7:26C-2: 06/20/1996

State Plane Coordinates for a central location at the site: Easting: 428347 Northing: 746655

Municipal Block(s) and Lot(s):

Block # <u>4100</u>	Lot # <u>70</u>	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____

SECTION B. NOTIFICATION INFORMATION

1. Indicate the type of Public Notification:  
 Initial     Update

2. Public notification was provided via: (Check all that apply)

Sign.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fact sheet.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Letter.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alternate plan .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Were materials produced in a language other than English? .....  Yes     No  
 If "Yes," in what other language was notification prepared? \_\_\_\_\_

4. Were copies provided to municipal clerk, local/county health dept., and local health agency? .....  Yes     No

5. Did you provide an electronic copy of all required submittals? .....  Yes     No

6. Was notification of excess fill material conducted pursuant to N.J.A.C. 7:26E-1.4(k)? .....  Yes     No

7. Was additional public outreach conducted due to the Department's determination of substantial public interest? .....  Yes     No

**SECTION C. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION**

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

Representative First Name: Jagraj Representative Last Name: Sandhu

Title: Owner

Phone Number: (908) 239-7315 Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: PO Box 839

City/Town: Phillipsburg State: NJ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

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: *Jagraj Sandhu* Date: 8/20/2014

Name/Title: Jagraj Sandhu/ Owner **No Changes Since Last Submittal**

**SECTION D. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT**

LSRP ID Number: 594637

First Name: Kulveer

Last Name: Gill

Phone Number: (732) 208-4919

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

Fax: (866) 604-2364

Mailing Address: 798 Berlin Rd

City/Town: Cherry Hill

State: NJ

Zip Code: 08034

Email Address: kgill@geoenviroconsulting.com

This statement shall be signed by the LSRP who is submitting this notification in accordance with SRRRA Section 16 d. and Section 30 b.2.

*I certify that I am a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C to conduct business in New Jersey. As the Licensed Site Remediation Professional of record for this remediation, I:*

**[SELECT ONE OR BOTH OF THE FOLLOWING AS APPLICABLE]:**

*directly oversaw and supervised all of the referenced remediation, and/or*

*personally reviewed and accepted all of the referenced remediation presented herein.*

*I believe that the information contained herein, and including all attached documents, is true, accurate and complete.*

*It is my independent professional judgment and opinion that the remediation conducted at this site, as reflected in this submission to the Department, conforms to, and is consistent with, the remediation requirements in N.J.S.A. 58:10C-14.*

*My conduct and decisions in this matter were made upon the exercise of reasonable care and diligence, and by applying the knowledge and skill ordinarily exercised by licensed site remediation professionals practicing in good standing, in accordance with N.J.S.A. 58:10C-16, in the State of New Jersey at the time I performed these professional services.*

*I am aware pursuant to N.J.S.A. 58:10C-17 that for purposely, knowingly or recklessly submitting false statement, representation or certification in any document or information submitted to the board or Department, etc., that there are significant civil, administrative and criminal penalties, including license revocation or suspension, fines and being punished by imprisonment for conviction of a crime of the third degree.*

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

Date: 8/26/2014

LSRP Name/Title: Kulveer Gill LSRP

No Changes Since Last Submittal

Company Name: GEGR LLC

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



ENVIRONMENTAL INVESTIGATION/CLEANUP  
IN PROGRESS AT THIS SITE FOR FURTHER  
INFORMATION CONTACT, PERSON RESPONSIBLE  
FOR CONDUCTING REMEDIATION  
Jagraj Sandhu (908)239-7315  
OR CONTACT LSRP AT (866) 604-2364  
PI # 034006  
POSTED ON JULY 1, 2014