November 11, 2019

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

 RE: ANNUAL MONITORING AND MAINTENANCE REPORT Buena Vista Township Public Works Yard 430 Union Road Buena Vista Township, Atlantic County, New Jersey 08360 Block 7101, Lot 25 NJDEP Incident #: 15-09-24-0947-44 NJDEP SRP PI#: 032698

To Whom It May Concern:

The following Immediate Environmental Concern (IEC) Annual Monitoring and Maintenance (AM&M) Report has been prepared by CALMAR Associates, LLC (CMA) on behalf of Buena Vista Township (BVT) for submittal to the New Jersey Department of Environmental Protection (NJDEP) Site Remediation Program (SRP). In accordance with N.J.A.C. 7:26E-1.11(a)9, this report documents the monitoring of contaminated properties and potential potable well receptors impacted by the above referenced property (herein known as Site). See Figure 1 for Site location.

SITE HISTORY

In 2014, volatile organic compounds (VOCs) were detected in private potable wells in the vicinity of the Site. As a result, the Atlantic County Health Department (ACHD) and NJDEP sampled potentially impacted potable wells in the area to evaluate the extent of contamination.

In addition, the NJDEP conducted an investigation to determine if the Site was a possible source of VOCs, mercury and/or perchlorate contamination identified in potable wells along Post Road. The NJDEP summarized its investigation in a Site Investigation Report (SIR) – 2015 which reported that neither mercury nor perchlorate was discovered in groundwater onsite at levels that would indicate an onsite source was impacting offsite wells. However, the NJDEP reported that VOCs including vinyl chloride (VC), cis-1,2-dichloroethene (cis-1,2-DCE), 1,1-dichloroethene (1,1-DCE), tetrachloroethene (PCE) and trichloroethene (TCE) were present in onsite groundwater. Furthermore, the NJDEP concluded VOC contamination identified onsite had migrated offsite and is a source of VOC contamination in potable wells along Post Road.

ENGINEERED RESPONSE ACTION

Upon confirmation of groundwater contamination, residences were eligible for Point of Entry Treatment (POET) systems through the New Jersey Spill Fund Claims Section (Spill Fund). The Spill Fund financed the installation, maintenance and monitoring of POET systems to treat private potable wells contaminated with site related (select VOCs) and non-site related contamination (perchlorate and mercury),

In December 2018, BVT reimbursed the NJDEP for the installation, monitoring and maintenance of 13-POET systems that were installed to treat site related contaminants. Subsequently, the responsibility for maintaining and monitoring the POET systems installed to treat VOCs was transferred from the Spill Fund to BVT. The Spill Fund continued to maintain responsibility for POET systems installed to treat mercury and/or perchlorate.

In February 2019, an additional IEC condition was identified, and a POET system was installed at 4328 Post Road.

MONITORING AND MAINTENANCE PLAN

BVT currently monitors and maintains 14-granular activated carbon (GAC) POET systems installed to remove VOC contamination from private potable wells located downgradient of the Site:

POET ADDRESS	PROPERTY OWNER	BLOCK	LOT
4268 POST ROAD	LARRY AND AMY LENTZ (former TAMBURRO / DRUZIAKO)	7101	37
4320 POST ROAD	SPEZIALI, PAUL AND LOLA	7101	33
4273 POST ROAD	GALLINO, JOHN AND NANCY	7601	13
4254 POST ROAD	BYLONE, GLORIA	7101	39
4310 POST ROAD	FURY, PETER AND BETTY	7101	34.01
4324 POST ROAD	TURCHI, RONALD	7101	32
4245 POST ROAD	RICHARD & REBECCA KULL (former LEOPOLD)	7601	39
4321 POST ROAD	DOE, PAULA ANNE	7001	4
4313 POST ROAD	GILBERT, LARRY & LYNDA	7001	2
4301 POST ROAD	NICOLO, VINCENT & ANITA	7001	1.01
4249 POST ROAD	REGALBUTO, JOSEPH & RACHEL	7601	10
4305 POST ROAD	JOST, JAMES & KRISTIN OHNEMULLER	7001	1.02
4316 POST ROAD	SPEZIALI, BRIAN & DANA	7101	34
4328 POST ROAD	PAFACOM INC	7101	31

The location of POET systems listed above are presented on Figure 2 - Currently Known Extent (CKE) Map: Potable Well Contamination.

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The POET systems consist of pretreatment filters followed by dual treatment tanks piped in a series. Tanks contain 1.5 cubic ft. of virgin grade GAC. Boiler drain valves, located prior to treatment (RAW) and between the treatment tanks (TREATED), allow for the collection of monitoring samples.

Monitoring is accomplished via bi-annual sample collection to ensure the POET systems are operating as designed. BVT has contracted a NJ-certified laboratory to schedule, collect and analyze raw (annual) and treated (bi-annual) groundwater samples from each POET system. Analytical results are forwarded by the laboratory directly to the property owner. Full Laboratory Deliverables and Electronic Data Deliverables are forwarded to the NJDEP by CMA on behalf of BVT.

If contamination in exceedance of one-half (1/2) of the Groundwater Quality Criteria (GWQC) (i.e., breakthrough) is identified in the treated sample, maintenance of the POET system is performed by a homeowner selected maintenance contractor. POET system maintenance is accomplished by removing the spent GAC from the first treatment tank, rotating the primary treatment tank to the second tank position, and replacing the GAC in the now empty secondary treatment tank.

Following maintenance, treated samples are recollected to confirm system integrity.

RECEPTOR DELINEATION

Between April 2014 and October 2015, the NJDEP collected water samples from 105 private potable wells in Buena Vista Township and Vineland to investigate potential groundwater contamination in the vicinity of the Site. Subsequently, in May 2017 and January 2019 the NJDEP resampled select private potable wells downgradient of the Site to confirm previous sampling results.

To date, private potable wells located 250 feet upgradient, and 500 feet side gradient and downgradient of the known extent of site-related contamination have been identified and sampled.

ADDITIONAL SAMPLING ACTIVITIES

On March 13, 2019, the NJDEP established new interim specific groundwater quality standards for a group of manmade chemicals known as Per- and Polyfluoroalkyl substances (PFAS). CMA subsequently implemented a groundwater investigation to determine if PFAS were present in onsite groundwater. Reported analytical results indicated that PFAS

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were present in onsite monitoring wells and in temporary wells installed downgradient of the Site. BVT is currently implementing a sampling program to determine if PFAS substances (e.g., Perfluorononanoic acid (PFNA), Perflurooctanesulfonic acid (PFOS) and Perfluorooctanic acid (PFOA)) are present in private potable wells in the vicinity of the Site.

The findings of BVT's PFAS investigation will be documented in next year's AM&M Report.

We trust that this report satisfies your requirements. Should you have any questions, please do not hesitate to contact the undersigned at 609.476.4500.

Very truly yours,

RK Seibut

Ryan K. Seibert, LSRP Project Manager

c: Alex Iannone – NJDEP-BEMSA IEC Unit (*via email*) Lisa A. Tilton, RMC/CMR – BVT (*via email*) CMA File # 18-1823

Enclosures:

TABLES

Potable Well IEC Spreadsheet

FIGURES

Figure 1 - Site Location Map

Figure 2 - Currently Known Extent Map – Potable Well Contamination

Attachments:

IEC Response Action Form

CALMAR Associates LLC.

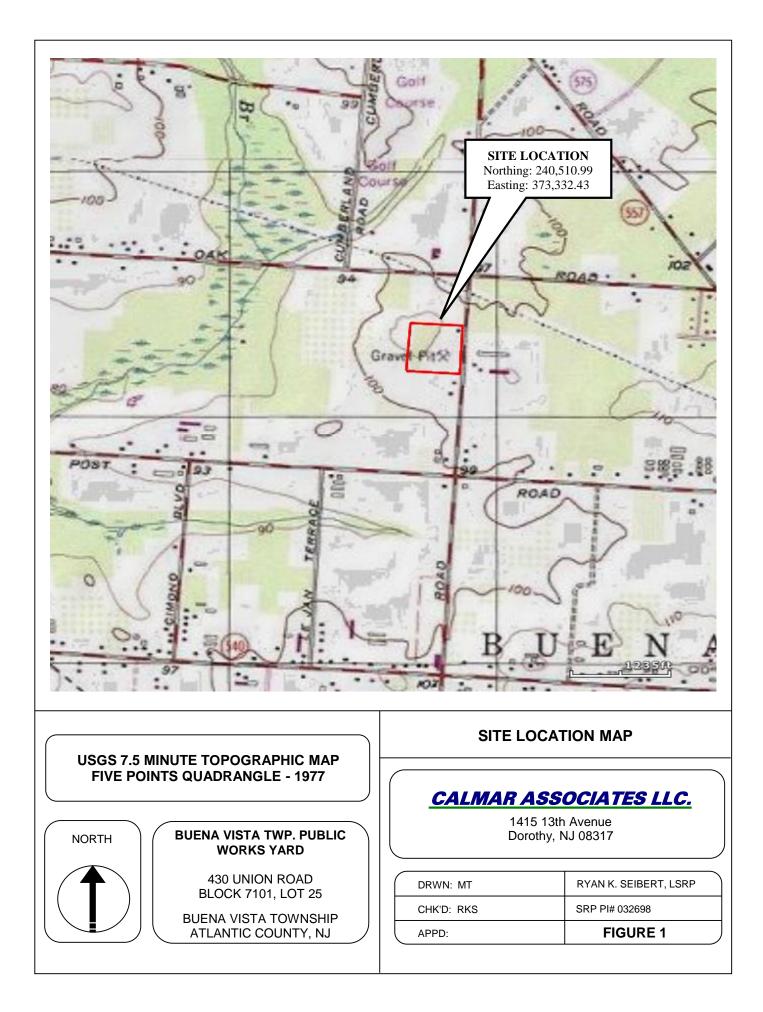
VERSION 1.3	POTABLE WELL:	IEC SPREADSHEET	
DATE: 12/2014	CASE NAME:	Buena Vista Towbshi	ip Public Works Yard
	PI#:	032698	
	LSRP NAME:	RYAN K. SEIBERT	
	LSRP LICENSE #:		715048
	SPREADSHEET R	EVISION DATE:	11/11/2019

DIRECTIONS FOR ADDING DATA ROWS AND ADDITIONAL LOCATIONS To Add Additional Rows for a sample location LEAVE BLUE ROW BLANK Right click the BLUE ROW # and Select INSERT New Row will be added above the BLUE ROW

PROP	PERTY ID		PROPERTY OWNER/OCCUPANT INFORMATION							ANALYTICAL RESULTS (Bold all exceedances)							
Block	Lot	Name	Relation	#	Street	City	Zip Code	Phone	email	Reason Not Sampled	Date Sampled	Sample Type	Sample ID #	COC1	PPB	COC2	PPB
7601	39	KULL	Owner	4245	POST RD.	BUENA VISTA	08360	856-904-5352				Treated Water		TCE	ND	cis 1,2 Dichloroethylene	ND
												Raw Water			3.1		25.3
											2/25/2019	Treated Water			ND		ND
		BLANK ROW															
7601	10	REGALBUTO	Owner	4249	POST RD.	BUENA VISTA	08360	856-690-0761				Raw Water			0.77		10.7
												Treated Water			ND		ND
											3/28/2017	Treated Water			ND		ND
7101	39	BYLONE	Owner	4254	POST RD.	BUENA VISTA	08360				7/24/2019	Raw Water			2.6		32.8
											7/24/2019	Treated Water			ND		ND
		BLANK ROW															
7101	37	LENTZ	Owner	4268	POST RD.	BUENA VISTA	08360				3/6/2019	Treated Water			ND		ND
	_												1				
		BLANK ROW															
7601	13	GALLINO	Owner	4273	POST RD.	BUENA VISTA	08360	856-691-4679			5/14/2019	Treated Water			ND		0.55
			1								0.1.0010		1			1	1
			1										1			1	1
		BLANK ROW											1				
7001	1.01	NICOLO	Owner	4301	POST RD.	BUENA VISTA	08360	856-794-2132			5/14/2019	Treated Water			ND		0.5
7001	1.01	NICOLO	Owner	4001	TOOT RD.	DOLINY VIOLIN	00000	000 704 2102			0/14/2010	Treated Water					0.0
																	+
		BLANK ROW															
7001	1.02	JOST	Owner	4305	POST RD.	BUENA VISTA	08360	609-501-0169			2/28/2019	Treated Water			ND		ND
7001	1.02	3031	Owner	4303	TOSTIND.	DOLINA VIOTA	00500	003-301-0103				Raw Water			7.4		31.4
												Treated Water			ND 7.4		32.4
		BLANK ROW									0/13/2013	Treated Water			ND		52.4
7101	34.01	FURY	Owner	4210	POST RD.	BUENA VISTA	08360	856-691-2733			2/21/2010	Treated Water			ND		ND
7101	34.01	FURT	Owner	4310	PUST RD.	DUEINA VISTA	06360	000-091-2733			3/21/2019	Treated water			ND		ND
																	+
		BLANK ROW															
7001	2	GILBERT	Owner	4212	POST RD.	BUENA VISTA	08360	856-982-3139			1/20/2010	Raw Water			2.5		31.1
7001	2	GILDERI	Owner	4313	PUST RD.	DUEINA VISTA	06360	000-902-0109				Treated Water			2.3 ND		ND
												Treated Water			ND		ND
		BLANK ROW									7/24/2019	Treated Water			ND		ND
7101	34	SPEZIALI, B	Owner	4216	POST RD.	BUENA VISTA	08360	856-213-6393			2/6/2010	Treated Water			ND		ND
7101	34	SFEZIALI, D	Owner	4310	FUST KD.	BUEINA VISTA	08300	000-210-0090				Raw Water			45.5		46.6
												Treated Water			43.3 ND		40.0 ND
		BLANK ROW									0/13/2019	Treated Water			ND		ND
7101	33	SPEZIALI, P	Owner	4220	POST RD.	BUENA VISTA	08360	856-696-4272			2/6/2010	Treated Water			ND		ND
7101	- 33	OFEZIALI, P	Owner	4320	FUSI KD.	DUEINA VISTA	00000	000-090-4272			3/0/2019	meated water			ND		
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1		BLANK ROW															
7004	4	DOE	Owner	4204	POST RD.	BUENA VISTA	00202	856-692-2645			2/6/2010	Raw Water			ND		4.7
7001	4	DUE	Owner	4321	PUST KD.	DUEINA VISTA	08360	000-092-2645				Treated Water			ND ND		4.7 ND
			1								3/6/2019	rreated water			ND		
		BLANK ROW															
7101	22		Owner	4004	DOCT DD		00262	600.000.0450			7/0/0040	Treated Water			ND		ND
7101	32	TURCHI	Owner	4324	POST RD.	BUENA VISTA	08360	609-929-2150			//3/2019	Treated Water			ND		UND
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74.04	04	BLANK ROW	0	4000	DOOT DD		000000	050.000.4001			4/00/0212	Daw Matai			ND		40.0
7101	31	PAFACOM INC.	Owner	4328	POST RD.	BUENA VISTA	08360	856-696-1661				Raw Water	ł		ND		12.6
1			1								4/11/2019	Treated Water	ł		ND		ND
		BLANK ROW															

				1				1				RESPONSE -				EM RESPONS
0003			PPB	COC5	PPB			COC7			Date Provided	Туре	Provided by	Date	Control	POET Type
/inyl Chloride	ND			trans- 1,2 Dichloroethyl		Methylene chloride	ND	MTBE	ND	ND					POET	GAC
	15.7		ND		ND		ND		ND	ND						
	4.5	1	ND		ND		ND		ND	ND						
	10.3		ND		ND		ND		ND	ND					POET	GAC
	1.2		ND		ND		ND		ND	ND						
	ND	1	ND		ND		ND		ND	ND						
	14.1		0.64		0.73		0.72		1.9	ND					POET	GAC
	2.4	1	ND		ND		ND		ND	ND						
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	14.3		ND		ND		2.2	2	ND	ND						
	0.52		ND		ND		ND		ND	ND						
	ND	1	ND		ND		ND		ND	ND					POET	GAC
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Monitoring Schedule		IEC	
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	Domestic Potable	Yes	
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vicinity vicinity <th< td=""><td>500'</td></th<>	500'
VOC'S DETECTED ABOVE GWQC IN POTABLE WELL SCALE:	

Direct Contact Date Stamp (For Department use only) Section A. SITE NAME AND LOCATION Site Name: Listall AKAs: Street Address: Municipality: Organ Interest (PI) Number(s): Case Tracking Number(s): Section B. NJDEP CASE MANAGER Case Manager (if assigned): Section C. TYPE(s) OF IEC BEING REPORTED 1. Identify the type(s) of IEC being reported. (Check all that apply) Potable Water Direct Contact 2. Are you claiming the source of the discharge is located off-site and is not attributable to the site?	RESPONSE ACTION FORM IsRP Subsurface Evaluator (F SECTION A. SITE NAME AND LOCATION Site Name:	
Section A. Site NAME AND LOCATION Site Name:	Generation in the source of the discharge is located off-site and is not attributable to the sit if "Yes," justification for this claim must be submitted with this form pursuant to N.J.A.C. 7:26-3 SECTION D. FEE BILLING CONTACT Business Name:	
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List all AKAs:	List all AKAs: Street Address: Municipality: (Township, Borough or City) County: Zip Code: Program Interest (PI) Number(s): Case Tracking Number(s): Case Tracking Number(s): SECTION B. NJDEP CASE MANAGER Case Manager (<i>if assigned</i>): SECTION C. TYPE(S) OF IEC BEING REPORTED 1. Identify the type(s) of IEC being reported. (<i>Check all that apply</i>) Potable Water Vapor Intrusion Direct Contact Direct Contact 2. Are you claiming the source of the discharge is located off-site and is not attributable to the sit If "Yes," justification for this claim must be submitted with this form pursuant to N.J.A.C. 7:26-3 SECTION D. FEE BILLING CONTACT Business Name: Phone: Contact: Title: Phone Number: Phone Number: Ext.: Fax: Mailing Address: Municipality: State: Zip C Email Address: Vapor of this claims over sight costs in addition to annual Remed Please refer to instructions. SECTION E. TYPE OF SUBMISSION	
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Case Manager (<i>if assigned</i>):	Case Manager (<i>if assigned</i>):	
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SECTION D. FEE BILLING CONTACT Business Name: Phone: Contact: Title: Phone Number: Ext.: Phone Number: Ext.: Mailing Address: Fax: Municipality: State: Email Address: Zip Code: Note: IEC and VC cases are subject to traditional oversight costs in addition to annual Remediation Fees. Please refer to instructions. Please refer to instructions.	SECTION D. FEE BILLING CONTACT Business Name: Phone: Contact: Title: Phone Number: Ext.: Phone Number: Fax: Mailing Address: Fax: Municipality: State: Email Address: Zip C Note: IEC and VC cases are subject to traditional oversight costs in addition to annual Remedi Please refer to instructions. SECTION E. TYPE OF SUBMISSION	
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Note: IEC and VC cases are subject to traditional oversight costs in addition to annual Remediation Fees. Please refer to instructions.	Note: IEC and VC cases are subject to traditional oversight costs in addition to annual Remedi Please refer to instructions. SECTION E. TYPE OF SUBMISSION	
SECTION E. TYPE OF SUBMISSION		
	14 Day Penerting - IEC Information Submission	le:
14 Day Reporting – IEC Information Submission		le:
1. Date of initial IEC Identification:	1. Date of initial IEC Identification:	le:
2. Date(s) of Department Hotline Notification (Required) :	le:	
3. Date of Interim Response Action:		le:
4. Date of Health Department Notification:		le:
	Contact Name/Agency:	le:

If the type of IEC is Vapor Intrusion answer question	n 5.							
5. Is the VI pathway complete?		🗌 Yes 🔲 No						
Answer "Yes," only if both a subslab and indoor air sample exceed the applicable Rapid Action Level for the contaminant of concern.								
If "No," this is not an IEC and this form should subslab and indoor air sample are below Rap levels the "Vapor Concern (VC) – Response /	id Action Levels but abo	ve applicable screening						
120-Day Reporting – IEC Engineered System Res	ponse Action Report							
☐ 1 Year Reporting – IEC Source Control Report								
⊠ Annual Monitoring and Maintenance Report								
SECTION F. PERSON RESPONSIBLE FOR CONDUC	TING THE REMEDIATIO	N INFORMATION AND CERTIFICATION						
Full Legal Name of the Person Responsible for Conduct	ing the Remediation: Bu	uena Vista Township						
Representative First Name: Lisa	Representative La	st Name: <u>Tilton</u>						
Title: Administrator / Township Clerk								
Phone Number: (856) 697-2100	Ext: 11	Fax: (856) 697-8651						
Mailing Address: 890 Harding Highway, PO Box 605								
City/Town: Buena	State: New Jersey	Zip Code: 08310						
Email Address: Itilton@buenavistanj.com								
This certification shall be signed by the person responsit in accordance with Administrative Requirements for the	ble for conducting the ren Remediation of Contamir	nediation who is submitting this notification nated Sites rule at N.J.A.C. 7:26C-1.5(a).						
I certify under penalty of law that I have personally examine including all attached documents, and that based on my the information, to the best of my knowledge, I believe th aware that there are significant civil penalties for knowing am committing a crime of the fourth degree if I make a w aware that if I knowingly direct or authorize the violation Signature: Name/Title: Lisa A. Tilton, RMC/CMR	inquiry of those individua nat the submitted informa gly submitting false, inac ritten false statement wh	als immediately responsible for obtaining tion is true, accurate and complete. I am curate or incomplete information and that I ich I do not believe to be true. I am also						

SECTION G. LICENSED SITE REMEDIATION PR	ROFESSIONAL INFORMA	TION AND STATEMENT
LSRP ID Number: 715048		
First Name: Ryan	Last Name: Seibe	ert
Phone Numbers: (609) 476-4500	Ext.: <u>12</u>	Fax: (609) 476-4300
Mailing Address: 1415 13th Avenue		
Municipality: Dorothy	State: New Jersey	Zip Code: 08317
Email Address: CALMARAssociates@aol.com		
This statement shall be signed by the LSRP who is N.J.S.A. 58:10B-1.3b(1) and (2).	submitting this notification	in accordance with N.J.S.A. 58:10C-14, a

(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. 7:261; 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: RK Jubt

Nov 12, 2019 Date:

LSRP Name: Ryan K. Seibert

Company Name: CALMAR Associates, LLC