2610-FM-BECB0010 6/2014

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

For DEP Use Only
PF #_____
Rem ID #_____

NOTICE OF INTENT TO REMEDIATE

Act 1995-2 requires four general information items to be included in the NIR: the general location, listing of contaminants, intended use of property, and proposed remediation measures. In addition, indicate the standard(s) to be obtained (if known) and attach a scaled site map (if available).

Property Name _____

Former Name(s) / AKA _____

Address / Location _____

City _____ Zip Code _____

Municipality(s) _____ County(ies) _____

Latitude _____º (deg). _____‘ (min) _____“ (sec) Longitude _____º (deg). _____‘ (min) _____“ (sec)

Horizontal Collection Method _____

Horizontal Reference Datum _____ Reference Point _____

☐ Wish to participate in the DEP/EPA MOA. Contact the Land Recycling Program Manager at landrecycling@pa.gov for details.

EPA ID#, if known _____

DEP ID#(s), if known _____
(i.e., eFACTS site ID#, storage tank facility ID#, water quality permit #, watershed permit, air quality permit #, etc.)

Date Release Occurred (if known) _____

Provide a brief description of the site contamination in plain language (e.g. fuel oil spill, historical chemical industrial area contamination), the names of any know primary contaminants to be addressed, and the intended future use of the property.

Provide a general description of proposed remediation measures.

Remediation Standard(s) planned (if known at this time):

☐ Unknown at this time	☐ Soil	☐ Groundwater
☐ Background Contaminants:	☐ Soil	☐ Groundwater
☐ Statewide Health - Residential Contaminants:	☐ Soil	☐ Groundwater
☐ Statewide Health – Non-Residential Contaminants:	☐ Soil	☐ Groundwater
☐ Site Specific Contaminants:	☐ Soil	☐ Groundwater
☐ Special Industrial Area* Contaminants:	☐ Soil	☐ Groundwater

*NOTE: Specific standard or Special Industrial Area require a 30-day municipal comment period

Remediator / Property Owner / Consultant. Complete the form below for *each* recipient obtaining a release of liability upon approval of the final report. Attach additional sheets as necessary.

Remediator

Contact Person/Title _____ eFACTS Client ID* _____

Relationship to Site _____ Client Type* _____
(e.g. owner, remediator, participant in cleanup, consultant, etc.)

Phone Number _____ Email Address _____

Company Name _____ EIN or Federal ID # _____

Address (street, city, state, zip) _____

Property Owner

Contact Person/Title _____ eFACTS Client ID* _____

Relationship to Site _____ Client Type* _____
(e.g. owner, remediator, participant in cleanup, consultant, etc.)

Phone Number _____ Email Address _____

Company Name _____ EIN or Federal ID # _____

Address (street, city, state, zip) _____

Consultant

Contact Person/Title _____ eFACTS Client ID* _____

Relationship to Site _____ Client Type* _____
(e.g. owner, remediator, participant in cleanup, consultant, etc.)

Phone Number _____ Email Address _____

Company Name _____ EIN or Federal ID # _____

Address (street, city, state, zip) _____

*Include eFACTS Client ID (if known) – "Client Types" below:

Association/Organization	Limited Liability company	Partnership-General
Authority	Limited Liability Partnership	Partnership-Limited
County	Municipality	School District
Estate/Trust	Non-Pennsylvania Government	Sole Proprietorship
Federal Agency	Other (Non-Government)	State Agency
Individual	Pennsylvania Corporation	

Preparer of Notice of Intent to Remediate

Name _____ Title _____

Phone Number _____ Email Address _____

Company Name _____ eFACTS Client ID _____

Address (street, city, state, zip) _____