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| **NOTICE OF INTENT TO REMEDIATE** | **For DEP Use Only****PF #** **Rem ID #**  |
|  |  |
| Date:       NIR Status: [ ]  New [ ]  Revised |

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 and attach a scaled site map (if available). Certain project amendments or changes will require submission of a revised NIR, a new public notice, and a new notification to the municipality. Changes to information marked by (\*\*) or (††) indicate when a new NIR and new public and municipal notices are needed. DEP should also be notified of any significant changes to the initial NIR submission, including the change of future use of the property, contaminants added or removed, change of standards from site‑specific to background or Statewide health, any change in the media being investigated, or change of any contact information.

Property Name

Former Name(s)/AKA

Address/Location

City       Zip Code

[[1]](#footnote-1)\*\*Municipality(s)       County(ies)

Tax Parcel ID# (if known)

Latitude       º (deg).       ‘ (min)       “ (sec)

Longitude       º (deg).       ‘ (min)       “ (sec)

Horizontal Collection Method

Horizontal Reference Datum       Reference Point

[ ]  [[2]](#footnote-2)\*\*Wish to participate in the DEP/EPA [One Cleanup Program](https://www.dep.pa.gov/Business/Land/LandRecycling/OneCleanup/Pages/default.aspx).

*Contact the Land Recycling Program Manager for details at* *landrecycling@pa.gov*.

EPA ID#, if known

DEP ID#(s), if known

(i.e., eFACTs primary facility ID#, storage tank facility ID#, water quality permit #, etc.)

Date Release Occurred (if known)

Date each municipality was notified of any plan or report submitted under any remediation standard

Place the newspaper name and date that your notice of your plan/report submission was published

**Contamination, Land Usage, and Proposed Remediation Section**

Provide a brief description of the site contamination, to the extent known, in plain language (e.g., fuel oil spill, historical chemical industrial area, etc.), the current and intended future use of the property in the box below.

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Provide a general description of proposed remediation measures.

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**Standards Selection Section**

Check all the boxes that apply for the appropriate contaminant groups according to the standard(s) and media of the remediation to be performed.

NOTE: Either the site‑specific standard or a special industrial area requires a 30‑day public and municipal comment period.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Contaminant Groups** | **Background** | **Statewide Health–Residential** | **Statewide Health–Non‑Residential** | **[[3]](#footnote-3)††Site‑Specific Standard** | **[[4]](#footnote-4)††Special Industrial Area** |
|  | **Soil** | **GW** | **Soil** | **GW** | **Soil** | **GW** | **Soil** | **GW** | **Soil** | **GW** |
| **Aviation Gasoline** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Diesel Fuel** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Fuel Oil No. 1** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Fuel Oil No. 2** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Fuel Oil No. 4** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Fuel Oil No. 5** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Fuel Oil No. 6** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Kerosene** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Jet Fuel** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Leaded Gasoline** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **New Motor Oil** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Unleaded Gasoline** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Used Motor Oil** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Chlorinated Solvents** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Inorganics** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Lead** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **MTBE** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Other Organics** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **PAHs** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **PCBs** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Pesticides** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **PFAS** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

GW: groundwater

Please list individual contaminants here, by environmental medium and cleanup standard (optional):

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**Property Owner, Remediator/Participant, and Consultant**

Complete the form below for each recipient obtaining a release of liability upon approval of the final report. Attach additional sheets as necessary.

|  |
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| **Property Owner** |
| Contact Person/Title        | eFACTs Client ID(If Known)        |
| Phone Number        | Email Address        |
| Company Name        | EIN or Federal ID #        |
| Address (street, city, state, zip)        |
| Client Type (choose from list below)        |

Client Types:

Association/Organization

Authority

County

Estate/Trust

Federal Agency

Individual

|  |
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| **Consultant** |
| Contact Person/Title        | Email Address        |
| Phone Number        | Company Name        |
| Address (street, city, state, zip)        |
| **Other Participant (Remediator)** |
| Contact Person/Title        |
| Relationship to Site       (e.g. remediator, participant in cleanup if other than owner, etc.) |
| Phone Number        | Email Address        |
| Company Name        | EIN or Federal ID #        |
| Address (street, city, state, zip)        |
| **Preparer of Notice of Intent to Remediate** |
| Name        | Title        |
| Phone Number        | Email Address        |
| Company Name        |
| Address (street, city, state, zip)        |

Limited Liability company

Limited Liability Partnership

Municipality

Non‑Pennsylvania Government

Other (Government)

Other (Non‑Government)

Partnership‑General

Partnership‑Limited

Pennsylvania Corporation

School District

Sole Proprietorship

State Agency

1. \*\* A change in municipality, the addition of a new municipality, or deciding to participate in the DEP/EPA One Cleanup Program requires a new NIR to be submitted with new public and municipal notifications. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. †† Changing the selected standard from either background or Statewide health to the site-specific standard, changing to a combination of standards that includes the site‑specific standard, or choosing the special industrial area designation requires a new NIR submission with new public and municipal notifications. [↑](#footnote-ref-3)
4. [↑](#footnote-ref-4)