

Item #2

Please remit to:
Clifford Ng, Project Manager
RCRA Programs Branch
United States Environmental Protection Agency
Region II
290 Broadway, 22nd Floor
New York, NY 10007-1866

Homeowner Information
(Part 1 of 2)

Homeowner
Name _____

Address

City/Town _____ State _____ Zip Code _____

Phone _____ Fax _____

Email Address

Certification Statements: (All certifications are required. Please initial.)

_____ I have been provided and understand the cost guideline and payment process for the vapor intrusion sampling and understand that any costs in excess to the guideline require NJDEP or EPA pre- approval.

_____ I understand that as the homeowner I will be paid for costs for vapor intrusion sampling stipulated within the Scope of Work or otherwise preapproved by the NJDEP or EPA

_____ I understand that as the homeowner I am responsible throughout the implementation of the Scope of Work for managing my contractor.

_____ I understand that my contractor is responsible for implementation of the Scope of Work including the collection of samples, laboratory analysis and all reporting requirements.

Homeowner Signature: _____

Date: _____

Please remit to:
Clifford Ng, Project Manager
RCRA Programs Branch
United States Environmental Protection Agency
Region II
290 Broadway, 22nd Floor
New York, NY 10007-1866

Selected Contractor Information
(Part 2 of 2)

LSRP Name _____

Address _____

City/Town _____ State _____ Zip Code _____

Phone _____ Fax _____

Email Address _____

Cell Phone # _____

Applicable License Information:

► Licensed Site Remediation Professional License # _____

› Please attach a list of locations where you have collected vapor intrusion samples, along with the addresses.

Certification Statements: (All certifications are required. Please initial.)

_____ I have been provided a copy of the Scope of Work and agree to conduct only the required vapor intrusion sampling in accordance with the Scope of Work.

_____ I am aware of the cost guideline stipulated in Item #1 and will provide any estimates or cost information or technical information, as required by NJDEP or EPA and will adhere to this guideline.

_____ I am aware of the EPA Quality Assurance Project Plan and agree to implement the requisite sampling episode in accordance with that plan.

_____ I understand that any cost overruns may not be reimbursable unless pre-approved by NJDEP or EPA.

Contractors Signature: _____

Contractors License #: _____

Date: _____