



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 _____

**Municipality(s) _____ County(ies) _____

Tax Parcel ID# (if known) _____

Latitude _____° (deg). _____' (min) _____" (sec)

Longitude _____° (deg). _____' (min) _____" (sec)

Horizontal Collection Method _____

Horizontal Reference Datum _____ Reference Point _____

☐ **Wish to participate in the DEP/EPA [One Cleanup Program](#).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 _____

** 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.

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.

Provide a general description of proposed remediation measures.

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		††Site-Specific Standard		††Special Industrial Area	
	Soil	GW	Soil	GW	Soil	GW	Soil	GW	Soil	GW
Aviation Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Oil No. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Oil No. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Oil No. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Oil No. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Oil No. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jet Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unleaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorinated Solvents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inorganics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MTBE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Organics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAHs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCBs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PFAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GW: groundwater

†† 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.

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

--

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.

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

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

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) _____	