



**COMPREHENSIVE RESPONSE ACTION TRANSMITTAL
FORM & PHASE I COMPLETION STATEMENT**

Release Tracking Number

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Pursuant to 310 CMR 40.0484 (Subpart D) and 40.0800 (Subpart H)

A. SITE LOCATION:

1. Site Name: _____
2. Street Address: _____
3. City/Town: _____ 4. ZIP Code: _____
5. Check here if a Tier Classification Submittal has been provided to DEP for this disposal site.
- a. Tier IA b. Tier IB c. Tier IC d. Tier II
6. If applicable, provide the Permit Number: _____

B. THIS FORM IS BEING USED (check all that apply)

1. Submit a **Phase I Completion Statement**, pursuant to 310 CMR 40.0484.
2. Submit a **Revised Phase I Completion Statement**, pursuant to 310 CMR 40.0484.
3. Submit a **Phase II Scope of Work**, pursuant to 310 CMR 40.0834.
4. Submit an **interim Phase II Report**. This report does not satisfy the response action deadline requirements in 310 CMR 40.0500.
5. Submit a **final Phase II Report and Completion Statement**, pursuant to 310 CMR 40.0836.
6. Submit a **Revised Phase II Report and Completion Statement**, pursuant to 310 CMR 40.0836.
7. Submit a **Phase III Remedial Action Plan and Completion Statement**, pursuant to 310 CMR 40.0862.
8. Submit a **Revised Phase III Remedial Action Plan and Completion Statement**, pursuant to 310 CMR 40.0862.
9. Submit a **Phase IV Remedy Implementation Plan**, pursuant to 310 CMR 40.0874.
10. Submit a **Modified Phase IV Remedy Implementation Plan**, pursuant to 310 CMR 40.0874.
11. Submit an **As-Built Construction Report**, pursuant to 310 CMR 40.0875.
12. Submit a **Phase IV Status Report**, pursuant to 310 CMR 40.0877.
13. Submit a **Phase IV Completion Statement**, pursuant to 310 CMR 40.0878 and 40.0879.
- Specify the outcome of Phase IV activities: (check one)
- a. Phase V Operation, Maintenance or Monitoring of the Comprehensive Remedial Action is necessary to achieve a Response Action Outcome.
- b. The requirements of a Class A Response Action Outcome have been met. No additional Operation, Maintenance or Monitoring is necessary to ensure the integrity of the Response Action Outcome. A completed Response Action Outcome Statement and Report (BWSC104) will be submitted to DEP.
- c. The requirements of a Class C Response Action Outcome have been met. No additional Operation, Maintenance or Monitoring is necessary to ensure the integrity of the Response Action Outcome. A completed Response Action Outcome Statement and Report (BWSC104) has been or will be submitted to DEP.
- d. The requirements of a Class C Response Action Outcome have been met. Further Operation, Maintenance or Monitoring of the remedial action is necessary to ensure that conditions are maintained and that further progress is made toward a Permanent Solution. A completed Response Action Outcome Statement and Report (BWSC104) has been or will be submitted to DEP.



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Pursuant to 310 CMR 40.0484 (Subpart D) and 40.0800 (Subpart H)

B. THIS FORM IS BEING USED TO (cont.):(check all that apply)

14. Submit a **Revised Phase IV Completion Statement**, pursuant to 310 CMR 40.0878 and 40.0879.
15. Submit a **Phase V Status Report**, pursuant to 310 CMR 40.0892.
16. Submit a **Remedial Monitoring Report**. (This report can only be submitted through eDEP.)
- a. Type of Report: (check one) i. Initial Report ii. Interim Report iii. Final Report
- b. Frequency of Submittal: (check all that apply)
- i. A Remedial Monitoring Report(s) submitted monthly to address an Imminent Hazard.
- ii. A Remedial Monitoring Report(s) submitted monthly to address a Condition of Substantial Release Migration.
- iii. A Remedial Monitoring Report(s) submitted concurrent with a Status Report.
- c. Status of Site: (check one) i. Phase IV ii. Phase V iii. Remedy Operation Status iv. Class C RAO
- d. Number of Remedial Systems and/or Monitoring Programs: _____
- A separate BWSC108A, CRA Remedial Monitoring Report, must be filled out for each Remedial System and/or Monitoring Program addressed by this transmittal form.
17. Submit a **Remedy Operation Status**, pursuant to 310 CMR 40.0893.
18. Submit a **Status Report to maintain a Remedy Operation Status**, pursuant to 310 CMR 40.0893(2).
19. Submit a **Transfer and/or a Modification of Persons Maintaining a Remedy Operation Status (ROS)**, pursuant to 310 CMR 40.0893(5) (check one, or both, if applicable).
- a. Submit a Transfer of Persons Maintaining an ROS (the transferee should be the person listed in Section D, "Person Undertaking Response Actions").
- b. Submit a Modification of Persons Maintaining an ROS (the primary representative should be the person listed in Section D, "Person Undertaking Response Actions").
- c. Number of Persons Maintaining an ROS not including the primary representative: _____
20. Submit a **Termination of a Remedy Operation Status**, pursuant to 310 CMR 40.0893(6).(check one)
- a. Submit a notice indicating ROS performance standards have not been met. A plan and timetable pursuant to 310 CMR 40.0893(6)(b) for resuming the ROS are attached.
- b. Submit a notice of Termination of ROS.
21. Submit a **Phase V Completion Statement**, pursuant to 310 CMR 40.0894.
- Specify the outcome of Phase V activities: (check one)
- a. The requirements of a Class A Response Action Outcome have been met. No additional Operation, Maintenance or Monitoring is necessary to ensure the integrity of the Response Action Outcome. A completed Response Action Outcome Statement (BWSC104) will be submitted to DEP.
- b. The requirements of a Class C Response Action Outcome have been met. No additional Operation, Maintenance or Monitoring is necessary to ensure the integrity of the Response Action Outcome. A completed Response Action Outcome Statement and Report (BWSC104) will be submitted to DEP.
- c. The requirements of a Class C Response Action Outcome have been met. Further Operation, Maintenance or Monitoring of the remedial action is necessary to ensure that conditions are maintained and/or that further progress is made toward a Permanent Solution. A completed Response Action Outcome Statement and Report (BWSC104) will be submitted to DEP.
22. Submit a **Revised Phase V Completion Statement**, pursuant to 310 CMR 40.0894.
23. Submit a **Post-Class C Response Action Outcome Status Report**, pursuant to 310 CMR 40.0898.



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Pursuant to 310 CMR 40.0484 (Subpart D) and 40.0800 (Subpart H)

C. LSP SIGNATURE AND STAMP:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal form, including any and all documents accompanying this submittal. In my professional opinion and judgment based upon application of (i) the standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief,

> if Section B indicates that a **Phase I, Phase II, Phase III, Phase IV or Phase V Completion Statement** and/or a **Termination of a Remedy Operation Status** is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and (iii) comply(ies) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B indicates that a **Phase II Scope of Work** or a **Phase IV Remedy Implementation Plan** is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and (iii) comply(ies) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B indicates that an **As-Built Construction Report, a Remedy Operation Status, a Phase IV, Phase V or Post-Class C RAO Status Report, a Status Report to Maintain a Remedy Operation Status, a Transfer or Modification of Persons Maintaining a Remedy Operation Status** and/or a **Remedial Monitoring Report** is being submitted, the response action(s) that is (are) the subject of this submittal (i) is (are) being implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and (iii) comply(ies) with the identified provisions of all orders, permits, and approvals identified in this submittal.

I am aware that significant penalties may result, including, but not limited to, possible fines and imprisonment, if I submit information which I know to be false, inaccurate or materially incomplete.

1. LSP #: _____

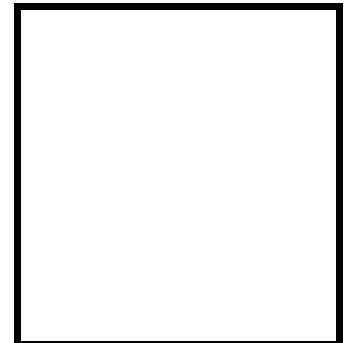
2. First Name: _____ 3. Last Name: _____

4. Telephone: _____ 5. Ext.: _____ 6. FAX: _____

7. Signature: _____

8. Date: _____
(mm/dd/yyyy)

9. LSP Stamp:





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Pursuant to 310 CMR 40.0484 (Subpart D) and 40.0800 (Subpart H)

D. PERSON UNDERTAKING RESPONSE ACTIONS:

1. Check all that apply: a. change in contact name b. change of address c. change in the person undertaking response actions
2. Name of Organization: _____
3. Contact First Name: _____ 4. Last Name: _____
5. Street: _____ 6. Title: _____
7. City/Town: _____ 8. State: _____ 9. ZIP Code: _____
10. Telephone: _____ 11. Ext.: _____ 12. FAX: _____

E. RELATIONSHIP TO SITE OF PERSON UNDERTAKING RESPONSE ACTIONS:

Check here to change relationship

1. RP or PRP a. Owner b. Operator c. Generator d. Transporter
- e. Other RP or PRP Specify: _____
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))
4. Any Other Person Undertaking Response Actions Specify Relationship: _____

F. REQUIRED ATTACHMENT AND SUBMITTALS:

1. Check here if the Response Action(s) on which this opinion is based, if any, are (were) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions thereof.
2. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of the submittal of any Phase Reports to DEP.
3. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of the availability of a Phase III Remedial Action Plan.
4. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of the availability of a Phase IV Remedy Implementation Plan.
5. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of any field work involving the implementation of a Phase IV Remedial Action.
6. If submitting a Transfer of a Remedy Operation Status (as per 310 CMR 40.0893(5)), check here to certify that a statement detailing the compliance history for the person making this submittal (transferee) is attached.
7. If submitting a Modification of a Remedy Operation Status (as per 310 CMR 40.0893(5)), check here to certify that a statement detailing the compliance history for each new person making this submittal is attached.
8. Check here if any non-updatable information provided on this form is incorrect, e.g. Site Name. Send corrections to: BWSC.eDEP@state.ma.us.
9. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.



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Pursuant to 310 CMR 40.0484 (Subpart D) and 40.0800 (Subpart H)

G. CERTIFICATION OF PERSON UNDERTAKING RESPONSE ACTIONS:

1. I, _____, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

>if Section B indicates that this is a **Modification of a Remedy Operation Status (ROS)**, I attest under the pains and penalties of perjury that I am fully authorized to act on behalf of all persons performing response actions under the ROS as stated in 310 CMR 40.0893(5)(d) to receive oral and written correspondence from MassDEP with respect to performance of response actions under the ROS, and to receive a statement of fee amount as per 4.03(3).

I understand that any material received by the Primary Representative from MassDEP shall be deemed received by all the persons performing response actions under the ROS, and I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate or incomplete information.

2. By: _____ 3. Title: _____

Signature

4. For: _____ 5. Date: _____

(Name of person or entity recorded in Section D)

(mm/dd/yyyy)

6. Check here if the address of the person providing certification is different from address recorded in Section D.

7. Street: _____

8. City/Town: _____ 9. State: _____ 10. ZIP Code: _____

11. Telephone: _____ 12. Ext.: _____ 13. FAX: _____

YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE.

Date Stamp (DEP USE ONLY:)



COMPREHENSIVE RESPONSE ACTION REMEDIAL MONITORING REPORT Pursuant to 310 CMR 40.0800 (Subart H)

Release Tracking Number

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Remedial System or Monitoring Program: _____ of: _____

D. WASTEWATER TREATMENT PLANT OPERATOR: (check one)

- 1. Required due to Remedial Wastewater Treatment Plant in place for more than 30 days.
 - a. Name: _____ b. Grade: _____
 - c. License No.: _____ d. License Exp. Date: _____
 (mm/dd/yyyy)
- 2. Not Required
- 3. Not Applicable

E. STATUS OF ACTIVE REMEDIAL SYSTEM OR ACTIVE REMEDIAL MONITORING PROGRAM DURING REPORTING PERIOD: (check all that apply)

- 1. The Active Remedial System was functional one or more days during the Reporting Period.
 - a. Days System was Fully Functional: _____ b. GW Recovered (gals): _____
 - c. NAPL Recovered (gals): _____ d. GW Discharged (gals): _____
 - e. Avg. Soil Gas Recovery Rate (scfm): _____ f. Avg. Sparging Rate (scfm) : _____

- 2. Remedial Additives: (check all that apply)
 - a. No Remedial Additives applied during the Reporting Period.
 - b. Enhanced Bioremediation Additives applied: (total quantity applied at the site for the current reporting period)

i. Nitrogen/Phosphorus:

Name of Additive	Date	Quantity	Units

ii. Peroxides:

Name of Additive	Date	Quantity	Units

iii. Microorganisms:

Name of Additive	Date	Quantity	Units

iv. Other:

Name of Additive	Date	Quantity	Units

- c. Chemical oxidation/reduction additives applied: (total quantity applied at the site for the current reporting period)

i. Permanganates:

Name of Additive	Date	Quantity	Units

ii. Peroxides:

Name of Additive	Date	Quantity	Units

iii. Persulfates:

Name of Additive	Date	Quantity	Units

iv. Other:

Name of Additive	Date	Quantity	Units



**COMPREHENSIVE RESPONSE ACTION REMEDIAL
MONITORING REPORT** Pursuant to 310 CMR 40.0800 (Subart H)

Release Tracking Number

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Remedial System or Monitoring Program: _____ of: _____

E. STATUS OF ACTIVE REMEDIAL SYSTEM OR ACTIVE REMEDIAL MONITORING PROGRAM DURING REPORTING PERIOD:
(cont.) (check all that apply)

d. Other additives applied: (total quantity applied at the site for the current reporting period)

Name of Additive	Date	Quantity	Units

Name of Additive	Date	Quantity	Units

e. Check here if any additional Remedial Additives were applied. Attach list of additional additives and include Name of Additive, Date Applied, Quantity Applied and Units (in gals. or lbs.)

F. SHUTDOWNS OF ACTIVE REMEDIAL SYSTEM OR ACTIVE REMEDIAL MONITORING PROGRAM: (check all that apply)

1. The Active Remedial System had unscheduled shutdowns on one or more occasions during the Reporting Period.

a. Number of Unscheduled Shutdowns: _____ b. Total Number of Days of Unscheduled Shutdowns: _____

c. Reason(s) for Unscheduled Shutdowns: _____

2. The Active Remedial System had scheduled shutdowns on one or more occasions during the Reporting Period.

a. Number of Scheduled Shutdowns: _____ b. Total Number of Days of Scheduled Shutdowns: _____

c. Reason(s) for Scheduled Shutdowns: _____

3. The Active Remedial System or Active Remedial Monitoring Program was permanently shutdown/discontinued during the Reporting Period.

a. Date of Final System or Monitoring Program Shutdown: _____
(mm/dd/yyyy)

b. No Further Effluent Discharges.

c. No Further Application of Remedial Additives planned; sufficient monitoring completed to demonstrate compliance with 310 CMR 40.0046.

d. No Further Submittals Planned.

e. Other: Describe: _____

G. SUMMARY STATEMENTS: (check all that apply for the current reporting period)

1. All Active Remedial System checks and effluent analyses required by the approved plan and/or permit were performed when applicable.

2. There were no significant problems or prolonged (>25% of reporting period) unscheduled shutdowns of the Active Remedial System.

3. The Active Remedial System or Active Remedial Monitoring Program operated in conformance with the MCP, and all applicable approval conditions and/or permits.

4. Indicate any Operational Problems or Notes:

5. Check here if additional/supporting Information, data, maps, and/or sketches are attached to the form.



**REMEDY OPERATION STATUS TRANSFEROR
CERTIFICATION** Pursuant to 310 CMR 40.0893(5)

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A. PERSON TRANSFERRING A REMEDY OPERATION STATUS:

1. Name of Organization: _____
2. Contact First Name: _____ 3. Last Name: _____
4. Street: _____ 5. Title: _____
6. City/Town: _____ 7. State: _____ 8. ZIP Code: _____
9. Telephone: _____ 10. Ext.: _____ 11. FAX: _____

B. RELATIONSHIP TO SITE OF PERSON TRANSFERRING A REMEDY OPERATION STATUS:

1. RP or PRP a. Owner b. Operator c. Generator d. Transporter
 e. Other RP or PRP Specify: _____
 2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)
 3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))
 4. Any Other Person Making Submittal Specify Relationship: _____

C. CERTIFICATION OF PERSON TRANSFERRING A REMEDY OPERATION STATUS:

1. I, _____, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form; (ii) that, based on my inquiry of the/those individual(s) immediately responsible for obtaining the information, the material information contained herein is, to the best of my knowledge, information and belief, true, accurate and complete; (iii) that, to the best of my knowledge, information and belief, I/the person(s) or entity(ies) on whose behalf this submittal is made satisfy(ies) the criteria in 310 CMR 40.0183(2); (iv) that I/the person(s) or entity(ies) on whose behalf this submittal is made have provided notice in accordance with 310 CMR 40.0183(5); and (v) that I am fully authorized to make this attestation on behalf of the person(s) or entity(ies) legally responsible for this submittal. I/the person(s) or entity(ies) on whose behalf this submittal is made is/are aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

2. By: _____ Signature 3. Title: _____

4. For: _____ (Name of person or entity recorded in Section A) 5. Date: _____ (mm/dd/yyyy)

6. Check here if the address of the person providing certification is different from address recorded in Section A.

7. Street: _____

8. City/Town: _____ 9. State: _____ 10. ZIP Code: _____

11. Telephone: _____ 12. Ext.: _____ 13. FAX: _____



**MODIFICATION OF A REMEDY OPERATION STATUS
(ROS) TO ADD A PERSON PERFORMING RESPONSE
ACTIONS CERTIFICATION.** Pursuant to 310 CMR 40.0893(5).

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CERTIFICATION OF ADDITIONAL PERSON PERFORMING RESPONSE ACTIONS UNDER AN ROS:

I, the undersigned, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

If I am an additional person performing response actions under a Remedy Operation Status, I also attest under the pains and penalties of perjury that (i) I/the person(s) or entity(is) on whose behalf this submittal is made has/have personally examined and am/is familiar with the requirements of M.G.L. c. 21E and 310 CMR 40.0000; (ii) based upon my inquiry of the/those Licensed Site Professional(s) employed or engaged to render Professional Services for the disposal site which is the subject of this Transmittal Form and of the person(s) or entity(is) on whose behalf this submittal is made, and my/those person's(s') or entity's(is') understanding as to the estimated costs of necessary response actions, that/those person(s) or entity(is) has/have the technical, financial and legal ability to proceed with response actions for such site in accordance with M.G.L. c. 21E, 310 CMR 40.0000 and other applicable requirements; and (iii) that I am fully authorized to make this attestation on behalf of the person(s) or entity(ies) legally responsible for this submittal. I/the person(s) or entity(ies) on whose behalf this submittal is made is aware of the requirements in 310 CMR 40.0172 for notifying the Department in the event that I/the person(s) or entity(ies) on whose behalf this submittal is made learn(s) that it/they is/are unable to proceed with the necessary response actions.

Add up to 3 additional Persons Performing Response Actions under an ROS (If adding more than 3 persons, file additional BWSC108 forms.):

A. CHECK HERE TO ADD PERSON 1:

1. Name of Person 1: _____ 3. Title: _____

2. By: _____
Signature

4. For: _____ 5. Date: _____
(name of additional person performing response actions under an ROS). mm/dd/yyyy

6. Street: _____

7. City/Town: _____ 8. State: _____ 9. ZIP Code: _____

10. Telephone: _____ 11. Ext.: _____ 12. FAX: _____



**MODIFICATION OF A REMEDY OPERATION STATUS
(ROS) TO ADD A PERSON PERFORMING RESPONSE
ACTIONS CERTIFICATION.** Pursuant to 310 CMR 40.0893(5).

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CERTIFICATION OF ADDITIONAL PERSON PERFORMING RESPONSE ACTIONS UNDER AN ROS (cont.):

B. CHECK HERE TO ADD PERSON 2:

1. Name of Person 2: _____ 3. Title: _____

2. By: _____

Signature

4. For: _____ 5. Date: _____
(name of additional person performing response actions under an ROS). mm/dd/yyyy

6. Street: _____

7. City/Town: _____ 8. State: _____ 9. ZIP Code: _____

10. Telephone: _____ 11. Ext.: _____ 12. FAX: _____

C. CHECK HERE TO ADD PERSON 3:

1. Name of Person 3: _____ 3. Title: _____

2. By: _____

Signature

4. For: _____ 5. Date: _____
(name of additional person performing response actions under an ROS). mm/dd/yyyy

6. Street: _____

7. City/Town: _____ 8. State: _____ 9. ZIP Code: _____

10. Telephone: _____ 11. Ext.: _____ 12. FAX: _____