



BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

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C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):

3. Containerized Waste (check all that apply):

- a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments
- e. Other: _____

4. Estimated Quantity: _____ Tons Cu. Yds. Gallons

5. Contaminant Source (check one):

- a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment
- d. Other: _____

6. Type of Contaminant (check all that apply):

- a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
- g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other: _____

7. Constituents of Concern (check all that apply):

- a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH
- h. PCBs i. VOCs j. SVOCs k. Other: _____

8. If applicable, check the box for the Reportable Concentration Category of the site:

- a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2

9. Remediation Waste Characterization Documentation (check at least one):

- a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
- d. Field Screening Data e. Characterization Documentation previously submitted to the Department

i. Date submitted: _____ ii. Type of Documentation: _____
(mm/dd/yyyy)

D. TRANSPORTER OR COMMON CARRIER INFORMATION:

1. Transporter/Common Carrier Name: _____

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: _____



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

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G. PERSON SUBMITTING BILL OF LADING:

1. Check all that apply: a. change in contact name b. Change of address c. change in 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: _____

H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING:

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: _____

I. REQUIRED ATTACHMENTS 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP@state.ma.us
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.

J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :

1. I, _____, attest under the pains and penalties or 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.

2. By: _____ 3. Title: _____

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



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J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.) :

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

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 (MassDEP USE ONLY):