



NOTIFICATION OF A NON-EDEP ELECTRONIC SUBMITTAL

Release Tracking Number

-

Pursuant to 310 CMR 40.0015 (7) and 310 CMR 40.0009

A. SITE LOCATION:

- 1. Site Name: _____
- 2. Street Address: _____
- 3. City/Town: _____ 4. ZIP Code: _____

B. THIS FORM IS BEING USED TO:

- 1. Make a BWSC non-eDEP Electronic Submittal (check one and fill out Sections C, D, F, and G):
 - a. The Person Making the Submittal does not have internet access, and/or will not authorize anyone that has internet access to sign electronically on their behalf. (Section F must be signed by the Person Making the Submittal)
 - b. Due to an eDEP problem, I was unable to make an eDEP submittal for this transaction. (Attach email from BWSC.eDEP@state.ma.us)

Describe Problem: _____
- 2. Submit supporting Documentation on CD (check one and fill out Sections C, E, and G):
 - a. I did not upload the supporting documentation for the submittal made in eDEP. The supporting documentation is greater than 30 mb.
 - b. I was unable to upload the supporting documentation. The supporting documentation is less than 30 mb. (Attach email from BWSC.eDEP @state.ma.us.)

Describe Problem: _____

C. BWSC TRANSMITTAL FORM SUBMITTED: (check one)

- | | |
|--|---|
| <input type="checkbox"/> 1. BWSC01,02,03 Initial Application for Tier I Permit | <input type="checkbox"/> 9. BWSC109 Tier I Minor Permit Mod. Transmittal Form |
| <input type="checkbox"/> 2. BWSC10,20,30 Supplemental Tier I Permit Actions | <input type="checkbox"/> 10. BWSC111 Audit Plan & Post Audit Completion Statement |
| <input type="checkbox"/> 3. BWSC103 Release Notification and Retraction Form | <input type="checkbox"/> 11. BWSC112 Bill of Lading |
| <input type="checkbox"/> 4. BWSC104 Response Action Outcome Transmittal Form | <input type="checkbox"/> 12. BWSC113 Activity and Use Limitation(AUL) Form |
| <input type="checkbox"/> 5. BWSC105 Immediate Response Action Transmittal Form | <input type="checkbox"/> 13. BWSC115 Downgradient Property Status Form |
| <input type="checkbox"/> 6. BWSC106 Release Abatement Measure Transmittal Form | <input type="checkbox"/> 14. BWSC119 URAM Transmittal Form |
| <input type="checkbox"/> 7. BWSC107 Tier Classification Transmittal Form | <input type="checkbox"/> 15. BWSC120 Homeowner Certification Transmittal Form |
| <input type="checkbox"/> 8. BWSC108 CRA Transmittal Form & Phase I CS | <input type="checkbox"/> 16. BWSC121 Notif. of Delay in Response Deadlines |

D. NON-EDEP ELECTRONIC SUBMITTAL CHECKLIST:

- 1. Fill out Transmittal Form specified in Section C in eDEP, error check, and print completed form on paper.
- 2. Have Person Making Submittal sign the Transmittal Form specified in Section C in ink; LSP sign in ink.
- 3. Scan completed signed form, and put on CD with all required supporting documentation. Submittal does not meet the requirements of 310 CMR 40.0015(7) unless the complete package is on the CD.
- 4. Submit this completed BWSC125 Notification of Non-eDEP Electronic Submittal Form, the original signed Transmittal Form and a CD containing a scanned copy of the transmittal form and all required supporting documentation. The CD and attached documents must be submitted to the regional office either by hand, or by regular or certified mail, before applicable deadline.



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E. SUPPORTING DOCUMENTATION ON CD CHECKLIST:

- 1. Complete and Submit in eDEP, Transmittal Form specified in Section C.
- 2. Submit CD to applicable regional office with this completed BWSC125 Notification of Non-eDEP Electronic Submittal Form along with a printed receipt of the eDEP Transaction. The CD and attached documents must be postmarked or delivered by hand the next business day.
- 3. Specify eDEP Transaction ID: _____

F. SIGNATURE OF PERSON MAKING SUBMITTAL : (required if B1 is checked)

- 1. First Name: _____ 2. Last Name: _____
- 3. Title: _____ 4. Date: _____ (mm/dd/yyyy)
- 5. Signature: _____

G. SIGNATURE OF LSP OR AUTHORIZED AGENT OF LSP:

- 1. First Name: _____ 2. Last Name: _____
- 3. Title: _____ 4. Date: _____ (mm/dd/yyyy)
- 5. Signature: _____

Date Stamp (DEP USE ONLY:)