

Revised eDEP Transmittal Forms 2014

To implement the 2014
MCP Revisions



RELEASE NOTIFICATION & NOTIFICATION
RETRACTION FORM

Release Tracking Number

-

Pursuant to 310 CMR 40.0335 and 310 CMR 40.0371 (Subpart C)

A. RELEASE OR THREAT OF RELEASE LOCATION:

- 1. Release Name/Location Aid: _____
- 2. Street Address: _____
- 3. City/Town: _____ 4. ZIP Code: _____
- 5. Coordinates: a. Latitude: N _____ b. Longitude: W _____

B. THIS FORM IS BEING USED TO: (check one)

- 1. Submit a **Release Notification**
- 2. Submit a **Revised Release Notification**
- 3. Submit a **Retraction of a Previously Reported Notification** of a release or threat of release including supporting documentation required pursuant to 310 CMR 40.0335 (Section C is not required)

(All sections of this transmittal form must be filled out unless otherwise noted above)

C. INFORMATION DESCRIBING THE RELEASE OR THREAT OF RELEASE (TOR):

- 1. Date and time of Oral Notification, if applicable: _____ Time: _____ AM PM
mm/dd/yyyy hh:mm
- 2. Date and time you obtained knowledge of the Release or TOR: _____ Time: _____ AM PM
mm/dd/yyyy hh:mm
- 3. Date and time release or TOR occurred, if known: _____ Time: _____ AM PM
mm/dd/yyyy hh:mm

Check all Notification Thresholds that apply to the Release or Threat of Release:
(for more information see 310 CMR 40.0310 - 40.0315)

4. 2 HOUR REPORTING CONDITIONS

- a. Sudden Release
- b. Threat of Sudden Release
- c. Oil Sheen on Surface Water
- d. Poses Imminent Hazard
- e. Could Pose Imminent Hazard
- f. Release Detected in Private Well
- g. Release to Storm Drain
- h. Sanitary Sewer Release (Imminent Hazard Only)

5. 72 HOUR REPORTING CONDITIONS

- a. Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/2 Inch (.04 feet)
- b. Underground Storage Tank (UST) Release
- c. Threat of UST Release
- d. Release to Groundwater near Water Supply
- e. Substantial Release Migration

6. 120 DAY REPORTING CONDITIONS

- a. Release of Hazardous Material(s) to Soil or Groundwater Exceeding Reportable Concentration(s)
- b. Release of Oil to Soil Exceeding Reportable Concentration(s) and Affecting More than 2 Cubic Yards
- c. Release of Oil to Groundwater Exceeding Reportable Concentration(s)
- d. Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/8 Inch (.01 feet) and Less than 1/2 Inch (.04 feet)



RELEASE NOTIFICATION & NOTIFICATION
RETRACTION FORM

Release Tracking Number

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Pursuant to 310 CMR 40.0335 and 310 CMR 40.0371 (Subpart C)

C. INFORMATION DESCRIBING THE RELEASE OR THREAT OF RELEASE (TOR): (cont.)

7. List below the Oils (O) or Hazardous Materials (HM) that exceed their Reportable Concentration (RC) or Reportable Quantity (RQ) by the greatest amount.

Check here if an amount or concentration is unknown or less than detectable.

O or HM Released	CAS Number, if known	O or HM	Amount or Concentration	Units	RCs Exceeded, if Applicable (RCS-1, RCS-2, RCGW-1, RCGW-2)

Check here if a list of additional Oil and Hazardous Materials subject to reporting, or any other documentation relating to this notification is attached.

D. PERSON REQUIRED TO NOTIFY:

1. Check all that apply: a. change in contact name b. change of address c. change in the person notifying

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. Email: _____

13. Check here if attaching names and addresses of owners of properties affected by the Release or Threat of Release, other than an owner who is submitting this Release Notification (required).

E. RELATIONSHIP OF PERSON TO RELEASE OR THREAT OF RELEASE:

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 Otherwise Required to Notify Specify Relationship: _____



**RELEASE NOTIFICATION & NOTIFICATION
RETRACTION FORM**

Release Tracking Number

-

Pursuant to 310 CMR 40.0335 and 310 CMR 40.0371 (Subpart C)

F. CERTIFICATION OF PERSON REQUIRED TO NOTIFY:

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.

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. Email: _____

YOU ARE SUBJECT TO ANNUAL COMPLIANCE ASSURANCE FEES FOR EACH BILLABLE YEAR FOR TIER CLASSIFIED DISPOSAL SITES. 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:)



RELEASE NOTIFICATION FORM

Release Tracking Number
assigned upon receipt and
review by the Department

Pursuant to 310 CMR 40.0371 (Subpart C)

A. RELEASE OR THREAT OF RELEASE LOCATION:

- 1. Release Name/Location Aid: _____
- 2. Street Address: _____
- 3. City/Town: _____ 4. ZIP Code: _____
- 5. Coordinates: a. Latitude: N _____ b. Longitude: W _____

B. THIS FORM IS BEING USED TO:

- 1. Submit a **Release Notification** for a 120 day reporting requirement

(All sections of this transmittal form must be filled out)

C. INFORMATION DESCRIBING THE RELEASE:

- 1. Date and time you obtained knowledge of the Release: _____ Time: _____ AM PM
mm/dd/yyyy hh:mm
- 2. Date and time release occurred, if known: _____ Time: _____ AM PM
mm/dd/yyyy hh:mm

3. 120 DAY REPORTING CONDITIONS

Check all Notification Thresholds that apply to the Release:
(for more information see 310 CMR 40.0315)

- a. Release of Hazardous Material(s) to Soil or Groundwater Exceeding Reportable Concentration(s)
- b. Release of Oil to Soil Exceeding Reportable Concentration(s) and Affecting More than 2 Cubic Yards
- c. Release of Oil to Groundwater Exceeding Reportable Concentration(s)
- d. Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/8 Inch (.01 feet) and Less than 1/2 Inch (.04 feet)



RELEASE NOTIFICATION FORM

Release Tracking Number assigned upon receipt and review by the Department

Pursuant to 310 CMR 40.0371 (Subpart C)

C. INFORMATION DESCRIBING THE RELEASE: (cont.)

4. List below the Oils (O) or Hazardous Materials (HM) that exceed their Reportable Concentration (RC) or Reportable Quantity (RQ) by the greatest amount.

Check here if an amount or concentration is unknown or less than detectable

O or HM Released	CAS Number, if known	O or HM	Amount or Concentration	Units	RCs Exceeded, if Applicable (RCS-1, RCS-2, RCGW-1, RCGW-2)

Check here if a list of additional Oil and Hazardous Materials subject to reporting, or any other documentation relating to this notification is attached.

D. PERSON REQUIRED TO NOTIFY:

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. Email: _____

12. Check here if attaching names and addresses of owners of properties affected by the Release, other than an owner who is submitting this Release Notification (required).

E. RELATIONSHIP OF PERSON TO RELEASE:

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 Otherwise Required to Notify Specify Relationship: _____



RELEASE NOTIFICATION FORM

Release Tracking Number
assigned upon receipt and
review by the Department

Pursuant to 310 CMR 40.0371 (Subpart C)

F. CERTIFICATION OF PERSON REQUIRED TO NOTIFY:

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.

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. Email: _____

YOU ARE SUBJECT TO ANNUAL COMPLIANCE ASSURANCE FEES FOR EACH BILLABLE YEAR FOR TIER CLASSIFIED DISPOSAL SITES. 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:)





Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

**IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL
FORM**

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

BWSC105

Release Tracking Number

-

A. SITE LOCATION:

1. Release Name/Location Aid: _____
2. Street Address: _____
3. City/Town: _____ 4. Zip Code: _____
5. Check here if this location is Adequately Regulated, pursuant to 310 CMR 40.0110-0114.
- a. CERCLA b. HSWA Corrective Action c. Solid Waste Management
- d. RCRA State Program (21C Facilities)

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

1. List Submittal Date of Initial IRA Written Plan (if previously submitted): _____
(mm/dd/yyyy)
2. Submit an **Initial IRA Plan**.
3. Submit a **Modified IRA Plan** of a previously submitted written IRA Plan.
4. Submit an **Imminent Hazard Evaluation**. (check one)
- a. An Imminent Hazard exists in connection with this Release or Threat of Release.
- b. An Imminent Hazard does not exist in connection with this Release or Threat of Release.
- c. It is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release, and further assessment activities will be undertaken.
- d. It is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release. However, response actions will address those conditions that could pose an Imminent Hazard.
5. Submit a request to **Terminate an Active Remedial System or Response Action(s) Taken to Address an Imminent Hazard**.
6. Submit an **IRA Status Report**
7. 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 every six months, concurrent with an IRA Status Report.
- iv. A Remedial Monitoring Report(s) submitted annually, concurrent with an IRA Status Report.
- c. Number of Remedial Systems and/or Monitoring Programs: _____
- A separate BWSC105A, IRA Remedial Monitoring Report, must be filled out for each Remedial System and/or Monitoring Program addressed by this transmittal form.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC105

Release Tracking Number

IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL FORM

-

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

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

- 8. Submit an **IRA Completion Statement**.
- a. Check here if future response actions addressing this Release or Threat of Release notification condition will be conducted as part of the Response Actions planned or ongoing at a Site that has already been Tier Classified under a different Release Tracking Number (RTN)
- b. Provide Release Tracking Number of Tier Classified Site (Primary RTN): -

These additional response actions must occur according to the deadlines applicable to the Primary RTN. Use the Primary RTN when making all future submittals for the site unless specifically relating to this Immediate Response Action.

- 9. Submit a **Revised IRA Completion Statement**.
- 10. Submit a **Plan for the Application of Remedial Additives** near a sensitive receptor, pursuant to 310 CMR 40.0046(3).

(All sections of this transmittal form must be filled out unless otherwise noted above)

C. RELEASE OR THREAT OF RELEASE CONDITIONS THAT WARRANT IRA:

1. Media Impacted and Receptors Affected: (check all that apply)
 - a. Paved Surface b. Basement c. School
 - d. Public Water Supply e. Surface Water f. Zone 2 g. Private Well h. Residence i. Soil
 - j. Groundwater k. Sediments l. Wetland m. Storm Drain n. Indoor Air o. Air
 - p. Soil Gas q. Sub-Slab Soil Gas r. Critical Exposure Pathway s. NAPL t. Unknown
 - u. Others Specify: _____
2. Sources of the Release or TOR: (check all that apply)
 - a. Transformer b. Fuel Tank c. Pipe
 - d. OHM Delivery e. AST f. Drums g. Tanker Truck h. Hose i. Line
 - j. UST Describe: _____ k. Vehicle l. Boat/Vessel
 - m. Unknown n. Other: _____
3. Type of Release or TOR: (check all that apply)
 - a. Dumping b. Fire c. AST Removal d. Overfill
 - e. Rupture f. Vehicle Accident g. Leak h. Spill i. Test Failure j. TOR Only
 - k. UST Removal Describe: _____
 - l. Unknown m. Other: _____
4. Identify Oils and Hazardous Materials Released: (check all that apply)
 - a. Oils b. Chlorinated Solvents
 - c. Heavy Metals d. Others Specify: _____

D. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply, for volumes list cumulative amounts)

- 1. Assessment and/or Monitoring Only
- 2. Temporary Covers or Caps
- 3. Deployment of Absorbent or Containment Materials
- 4. Temporary Water Supplies
- 5. Structure Venting System/HVAC Modification System
- 6. Temporary Evacuation or Relocation of Residents
- 7. Product or NAPL Recovery
- 8. Fencing and Sign Posting
- 9. Groundwater Treatment Systems
- 10. Soil Vapor Extraction
- 11. Remedial Additives
- 12. Air Sparging
- 13. Active Exposure Pathway Mitigation System
- 14. Passive Exposure Pathway Mitigation System



**IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL
FORM**

Release Tracking Number

-

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

D. DESCRIPTION OF RESPONSE ACTIONS (cont.): (check all that apply, for volumes list cumulative amounts)

15. Excavation of Contaminated Soils

a. Re-use, Recycling or Treatment i. On Site Estimated volume in cubic yards _____

ii. Off Site Estimated volume in cubic yards _____

 ii.a. Receiving Facility: _____ Town: _____ State: _____

 ii.b. Receiving Facility: _____ Town: _____ State: _____

 iii. Describe: _____

b. Store i. On Site Estimated volume in cubic yards _____

ii. Off Site Estimated volume in cubic yards _____

 ii.a. Receiving Facility: _____ Town: _____ State: _____

 ii.b. Receiving Facility: _____ Town: _____ State: _____

c. Landfill i. Cover Estimated volume in cubic yards _____

 Receiving Facility: _____ Town: _____ State: _____

ii. Disposal Estimated volume in cubic yards _____

 Receiving Facility: _____ Town: _____ State: _____

16. Removal of Drums, Tanks, or Containers:

 a. Describe Quantity and Amount: _____

 b. Receiving Facility: _____ Town: _____ State: _____

 c. Receiving Facility: _____ Town: _____ State: _____

17. Removal of Other Contaminated Media:

 a. Specify Type and Volume: _____

18. Other Response Actions:

 Describe: _____

19. Use of Innovative Technologies:

 Describe: _____



**IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL
FORM**

Release Tracking Number

-

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

E. 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 of this form indicates that an **Immediate Response Action 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) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that an **Imminent Hazard Evaluation** is being submitted, this Imminent Hazard Evaluation was developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and the assessment activity(ies) undertaken to support this Imminent Hazard Evaluation comply(ies) with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000;

> if Section B of this form indicates that an **Immediate Response Action Status Report** and/or a **Remedial Monitoring Report** is(are) 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;

> if Section B of this form indicates that an **Immediate Response Action Completion Statement** or a request to **Terminate an Active Remedial System or Response Action(s) Taken to Address an Imminent Hazard** 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.

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. Email: _____

7. Signature: _____

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

9. LSP Stamp:



**IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL
FORM**

Release Tracking Number

-

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

F. PERSON UNDERTAKING IRA:

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. Email: _____

G. RELATIONSHIP TO RELEASE OR THREAT OF RELEASE OF PERSON UNDERTAKING IRA: Check here to change relationship

1. RP or PRP a. Owner b. Operator c. Generator d. Transporter

e. Other RP or PRP Specify Relationship: _____

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: _____

H. REQUIRED ATTACHMENT AND SUBMITTALS:

1. Check here if any Remediation Waste, generated as a result of this IRA, will be stored, treated, managed, recycled or reused at the site following submission of the IRA Completion Statement. If this box is checked, you must submit one of the following plans, along with the appropriate transmittal form.

a. A Release Abatement Measure (RAM) Plan (BWSC106) b. Phase IV Remedy Implementation Plan (BWSC108)

2. 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 MassDEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions thereof.

3. Check here to certify that the Chief Municipal Officer and the Local Board of Health were notified of the implementation of an Immediate Response Action taken to control, prevent, abate or eliminate an Imminent Hazard.

4. Check here to certify that the Chief Municipal Officer and the Local Board of Health were notified of the submittal of a Completion Statement for an Immediate Response Action taken to control, prevent, abate or eliminate an Imminent Hazard.

5. Check here if any non-updatable information provided on this form is incorrect, e.g. Release Address/Location Aid. Send corrections to BWSC.eDEP@state.ma.us.

6. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.



**IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL
FORM**

Release Tracking Number

-

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

I. CERTIFICATION OF PERSON UNDERTAKING IRA:

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 F) (mm/dd/yyyy)

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

7. Street: _____

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

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

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):



IRA REMEDIAL MONITORING REPORT

Pursuant to 310 CMR 40.0400 (Subpart D)

Release Tracking Number

-

Remedial System or Monitoring Program: _____ of: _____

A. DESCRIPTION OF ACTIVE OPERATION AND MAINTENANCE ACTIVITY:

1. Type of Active Operation and Maintenance Activity: (check all that apply)

- a. Active Remedial System: (check all that apply)
 - i. NAPL Recovery
 - ii. Soil Vapor Extraction/Bioventing
 - iii. Vapor-phase Carbon Adsorption
 - iv. Groundwater Recovery
 - v. Dual/Multi-phase Extraction
 - vi. Aqueous-phase Carbon Adsorption
 - vii. Air Stripping
 - viii. Sparging/Biosparging
 - ix. Cat/Thermal Oxidation
 - x. Other Describe: _____

- b. Active Exposure Pathway Elimination Measure:
Active Exposure Pathway Mitigation System to address (check one): i. Indoor Air ii. Drinking Water

- c. Application of Remedial Additives: (check all that apply)
 - i. To the Subsurface
 - ii. To Groundwater (Injection)
 - iii. To the Surface

- d. Active Remedial Monitoring Program Without the Application of Remedial Additives: (check all that apply; Sections C, D and E are not required; attach supporting information, data, maps and/or sketches needed by checking Section G5)
 - i. Reactive Wall
 - ii. Natural Attenuation
 - iii. Other Describe: _____

2. Mode of Operation: (check one)

- a. Continuous
- b. Intermittent
- c. Pulsed
- d. One-time Event Only
- e. Other: _____

3. System Effluent/Discharge: (check all that apply)

- a. Sanitary Sewer/POTW
- b. Groundwater Re-infiltration/Re-injection: (check one)
 - i. Downgradient
 - ii. Upgradient
- c. Vapor-phase Discharge to Ambient Air: (check one)
 - i. Off-gas Controls
 - ii. No Off-gas Controls
- d. Drinking Water Supply
- e. Surface Water (including Storm Drains)
- f. Other Describe: _____

B. MONITORING FREQUENCY:

1. Reporting period that is the subject of this submittal: From: _____ To: _____
(mm/dd/yyyy) (mm/dd/yyyy)

2. Number of monitoring events during the reporting period: (check one)

- a. System Startup: (if applicable)
 - i. Days 1, 3, 6, and then weekly thereafter, for the first month.
 - ii. Other Describe: _____

- b. Post-system Startup (after first month) or Monitoring Program:
 - i. Monthly
 - ii. Quarterly
 - iii. Annually
 - iv. Other Describe: _____

3. Check here to certify that the number of required monitoring events were conducted during the reporting period.

C. EFFLUENT/DISCHARGE REGULATION: (check one to indicate how the effluent/discharge limits were established)

- 1. NPDES: (check one)
 - a. Remediation General Permit
 - b. Individual Permit
 - c. Emergency Exclusion
 Effective Date of Permit: _____
(mm/dd/yyyy)

2. MCP Performance Standard MCP Citations(s): _____

3. DEP Approval Letter Date of Letter: _____
(mm/dd/yyyy)

4. Other Describe: _____



IRA REMEDIAL MONITORING REPORT

Pursuant to 310 CMR 40.0400 (Subpart D)

Remedial System or Monitoring Program: _____ of: _____

Release Tracking Number

-

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



IRA REMEDIAL MONITORING REPORT

Pursuant to 310 CMR 40.0400 (Subpart D)

Release Tracking Number

-

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.



**RELEASE ABATEMENT MEASURE (RAM)
TRANSMITTAL FORM**

Release Tracking Number

-

Pursuant to 310 CMR 40.0444 - 0446 (Subpart D)

A. SITE LOCATION:

1. Site Name/Location Aid: _____

2. Street Address: _____

3. City/Town: _____ 4. ZIP Code: _____

5. Check here if the disposal site that is the source of the release is Tier Classified. Check the current Tier Classification Category.
- a. Tier I b. Tier ID c. Tier II

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

1. List Submittal Date of Initial RAM Plan (if previously submitted): _____

2. Submit an **Initial Release Abatement Measure (RAM) Plan**.
- a. Check here if the RAM is being conducted as part of the construction of a permanent structure. If checked, you must specify what type of permanent structure is to be erected in or in the immediate vicinity of the area where the RAM is to be conducted.
- b. Specify type of permanent structure: (check all that apply) i. School ii. Residential iii. Commercial
- iv. Industrial v. Other Specify: _____

3. Submit a **Modified RAM Plan** of a previously submitted RAM Plan.

4. Submit a **RAM Status Report**.

5. Submit a **Remedial Monitoring Report**. (This report can only be submitted through eDEP, concurrent with a RAM Status Report.)

a. Type of Report: (check one) i. Initial Report ii. Interim Report iii. Final Report

b. Frequency of Submittal:

- i. A Remedial Monitoring Report(s) submitted every six months, concurrent with a RAM Status Report.
- ii. A Remedial Monitoring Report(s) submitted annually, concurrent with a RAM Status Report.

c. Number of Remedial Systems and/or Monitoring Programs: _____

A separate BWSC106A, RAM Remedial Monitoring Report, must be filled out for each Remedial System and/or Monitoring Program addressed by this transmittal form.

6. Submit a **RAM Completion Statement**.

7. Submit a **Revised RAM Completion Statement**.

8. Provide Additional RTNs:

a. Check here if this RAM Submittal covers additional Release Tracking Numbers (RTNs). RTNs that have been previously linked to a Primary Tier Classified RTN do not need to be listed here. This section is intended to allow a RAM to cover more than one unclassified RTN and not show permanent linkage to a Primary Tier Classified RTN.

b. Provide the additional Release Tracking Number(s) covered by this RAM Submittal. - -

9. Submit a **Plan for the Application of Remedial Additives** near a sensitive receptor, pursuant to 310 CMR 40.0046(3).

(All sections of this transmittal form must be filled out unless otherwise noted above)



RELEASE ABATEMENT MEASURE (RAM)
TRANSMITTAL FORM

Release Tracking Number

-

Pursuant to 310 CMR 40.0444 - 0446 (Subpart D)

C. RELEASE OR THREAT OF RELEASE CONDITIONS THAT WARRANT RAM:

1. Media Impacted and Receptors Affected: (check all that apply) a. Paved Surface b. Basement c. School
 d. Public Water Supply e. Surface f. Zone 2 g. Private Well h. Residence i. Soil
 j. Ground Water k. Sediments l. Wetland m. Storm Drain n. Indoor Air o. Air
 p. Soil Gas q. Sub-Slab Soil Gas r. Critical Exposure Pathway s. NAPL t. Unknown
 u. Others Specify: _____
2. Sources of the Release or TOR: (check all that apply) a. Transformer b. Fuel Tank c. Pipe
 d. OHM Delivery e. AST f. Drums g. Tanker Truck h. Hose i. Line
 j. UST Describe: _____ k. Vehicle l. Boat/Vessel
 m. Unknown n. Other: _____
3. Type of Release or TOR: (check all that apply) a. Dumping b. Fire c. AST Removal d. Overfill
 e. Rupture f. Vehicle Accident g. Leak h. Spill i. Test Failure j. TOR Only
 k. UST Removal Describe: _____
 l. Unknown m. Other: _____
4. Identify Oils and Hazardous Materials Released: (check all that apply) a. Oils b. Chlorinated Solvents
 c. Heavy Metals d. Others Specify: _____

D. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply, for volumes list cumulative amounts)

- | | |
|---|---|
| <input type="checkbox"/> 1. Assessment and/or Monitoring Only | <input type="checkbox"/> 2. Temporary Covers or Caps |
| <input type="checkbox"/> 3. Deployment of Absorbent or Containment Materials | <input type="checkbox"/> 4. Temporary Water Supplies |
| <input type="checkbox"/> 5. Structure Venting System/HVAC Modification System | <input type="checkbox"/> 6. Temporary Evacuation or Relocation of Residents |
| <input type="checkbox"/> 7. Product or NAPL Recovery | <input type="checkbox"/> 8. Fencing and Sign Posting |
| <input type="checkbox"/> 9. Groundwater Treatment Systems | <input type="checkbox"/> 10. Soil Vapor Extraction |
| <input type="checkbox"/> 11. Remedial Additives | <input type="checkbox"/> 12. Air Sparging |
| <input type="checkbox"/> 13. Active Exposure Pathway Mitigation System | <input type="checkbox"/> 14. Passive Exposure Pathway Mitigation System |
| <input type="checkbox"/> 15. Monitored Natural Attenuation | <input type="checkbox"/> 16. In-Situ Chemical Oxidation |



**RELEASE ABATEMENT MEASURE (RAM)
TRANSMITTAL FORM**

Release Tracking Number

-

Pursuant to 310 CMR 40.0444 - 0446 (Subpart D)

E. 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 of this form indicates that a **Release Abatement Measure 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 of this form indicates that a **Release Abatement Measure Status Report** and/or **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;

> if Section B of this form indicates that a **Release Abatement Measure Completion Statement** 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:

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. Email: _____

7. Signature: _____

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

9. LSP Stamp:



RELEASE ABATEMENT MEASURE (RAM)
TRANSMITTAL FORM

Release Tracking Number

-

Pursuant to 310 CMR 40.0444 - 0446 (Subpart D)

F. PERSON UNDERTAKING RAM:

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. Email: _____

G. RELATIONSHIP TO RELEASE OR THREAT OF RELEASE OF PERSON UNDERTAKING RAM: 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 RAM Specify Relationship: _____

H. REQUIRED ATTACHMENT AND SUBMITTALS:

1. Check here if any Remediation Waste, generated as a result of this RAM, will be stored, treated, managed, recycled or reused at the site following submission of the RAM Completion Statement. You must submit a Phase IV Remedy Implementation Plan along with the appropriate transmittal form (BWSC108).

2. 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.

3. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of the implementation of a Release Abatement Measure.

4. Check here if any non-updatable information provided on this form is incorrect, e.g. Release Address/Location Aid. Send corrections to bwsc.edep@state.ma.us.

5. If a RAM Compliance Fee is required for this RAM, check here to certify that a RAM Compliance Fee was submitted to DEP, P. O. Box 4062, Boston, MA 02211.

6. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.



**RELEASE ABATEMENT MEASURE (RAM)
TRANSMITTAL FORM**

Release Tracking Number

-

Pursuant to 310 CMR 40.0444 - 0446 (Subpart D)

I. CERTIFICATION OF PERSON UNDERTAKING RAM:

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.

2. By: _____ 3. Title: _____
Signature

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

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

7. Street: _____

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

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

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:)



RAM REMEDIAL MONITORING REPORT

Pursuant to 310 CMR 40.0400 (Subpart D)

Release Tracking Number

-

Remedial System or Monitoring Program: _____ of: _____

A. DESCRIPTION OF ACTIVE OPERATION AND MAINTENANCE ACTIVITY:

1. Type of Active Operation and Maintenance Activity: (check all that apply)

- a. Active Remedial System: (check all that apply)
 - i. NAPL Recovery
 - ii. Soil Vapor Extraction/Bioventing
 - iii. Vapor-phase Carbon Adsorption
 - iv. Groundwater Recovery
 - v. Dual/Multi-phase Extraction
 - vi. Aqueous-phase Carbon Adsorption
 - vii. Air Stripping
 - viii. Sparging/Biosparging
 - ix. Cat/Thermal Oxidation
 - x. Other Describe: _____

- b. Active Exposure Pathway Elimination Measure:
Active Exposure Pathway Mitigation System to address (check one): i. Indoor Air ii. Drinking Water

- c. Application of Remedial Additives: (check all that apply)
 - i. To the Subsurface
 - ii. To Groundwater (Injection)
 - iii. To the Surface

- d. Active Remedial Monitoring Program Without the Application of Remedial Additives: (check all that apply; Sections C, D and E are not required; attach supporting information, data, maps and/or sketches needed by checking Section F5)
 - i. Reactive Wall
 - ii. Natural Attenuation
 - iii. Other Describe: _____

2. Mode of Operation: (check one)

- a. Continuous
- b. Intermittent
- c. Pulsed
- d. One-time Event Only
- e. Other: _____

3. System Effluent/Discharge: (check all that apply)

- a. Sanitary Sewer/POTW
- b. Groundwater Re-infiltration/Re-injection: (check one)
 - i. Downgradient
 - ii. Upgradient
- c. Vapor-phase Discharge to Ambient Air: (check one)
 - i. Off-gas Controls
 - ii. No Off-gas Controls
- d. Drinking Water Supply
- e. Surface Water (including Storm Drains)
- f. Other Describe: _____

B. MONITORING FREQUENCY:

1. Reporting period that is the subject of this submittal: From: _____ To: _____
(mm/dd/yyyy) (mm/dd/yyyy)

2. Number of monitoring events during the reporting period: (check one)

- a. System Startup: (if applicable)
 - i. Days 1, 3, 6, and then weekly thereafter, for the first month.
 - ii. Other Describe: _____

- b. Post-system Startup (after first month) or Monitoring Program:
 - i. Monthly
 - ii. Quarterly
 - iii. Annually
 - iv. Other Describe: _____

3. Check here to certify that the number of required monitoring events were conducted during the reporting period.

C. EFFLUENT/DISCHARGE REGULATION: (check one to indicate how the effluent/discharge limits were established)

- 1. NPDES: (check one)
 - a. Remediation General Permit
 - b. Individual Permit
 - c. Emergency Exclusion
 Effective Date of Permit: _____
(mm/dd/yyyy)

2. MCP Performance Standard MCP Citations(s): _____

3. DEP Approval Letter Date of Letter: _____
(mm/dd/yyyy)

4. Other Describe: _____



RAM REMEDIAL MONITORING REPORT

Pursuant to 310 CMR 40.0400 (Subpart D)

Release Tracking Number

-

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



RAM REMEDIAL MONITORING REPORT

Pursuant to 310 CMR 40.0400 (Subpart D)

Release Tracking Number

□ - □

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.



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

Release Tracking Number

-

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 the disposal site that is the source of the release is Tier Classified. Check the current Tier Classification Category.
- a. Tier I b. Tier ID c. Tier II

B. THIS FORM IS BEING USED TO: (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 Permanent or Temporary Solution.
- b. The requirements of a Permanent Solution have been met. A completed Permanent Solution Statement and Report (BWSC104) will be submitted to DEP.
- c. The requirements of a Temporary Solution have been met. A completed Temporary Solution Statement and Report (BWSC104) will be submitted to DEP.



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

Release Tracking Number

-

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 every six months, concurrent with a Status Report.
- iv. A Remedial Monitoring Report(s) submitted annually, concurrent with a Status Report.
- c. Status of Site: (check one) i. Phase IV ii. Phase V iii. Remedy Operation Status iv. Temporary Solution
- 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 Permanent Solution have been met. A completed Permanent Solution Statement and Report (BWSC104) will be submitted to DEP.
- b. The requirements for a Temporary Solution have been met. A completed Temporary Solution 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 **Temporary Solution Status Report**, pursuant to 310 CMR 40.0898.
24. Submit a **Plan for the Application of Remedial Additives** near a sensitive receptor, pursuant to 310 CMR 40.0046(3).
- a. Status of Site: (check one)
- i. Phase IV ii. Phase V iii. Remedy Operation Status iv. Temporary Solution



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

Release Tracking Number

-

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 Temporary Solution 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 #: _____

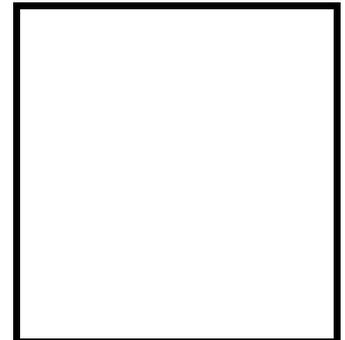
2. First Name: _____ 3. Last Name: _____

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

7. Signature: _____

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

9. LSP Stamp:





COMPREHENSIVE RESPONSE ACTION TRANSMITTAL
FORM & PHASE I COMPLETION STATEMENT

Release Tracking Number

-

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. Email: _____

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. Release Address/Location Aid. 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.



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

Release Tracking Number

-

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. Email: _____

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

-

Remedial System or Monitoring Program: _____ of: _____

A. DESCRIPTION OF ACTIVE REMEDIAL SYSTEM OR ACTIVE REMEDIAL MONITORING PROGRAM:

1. Type of Active Remedial System or Active Remedial Monitoring Program: (check all that apply)

- a. Active Remedial System: (check all that apply)
 - i. NAPL Recovery
 - ii. Soil Vapor Extraction/Bioventing
 - iii. Vapor-phase Carbon Adsorption
 - iv. Groundwater Recovery
 - v. Dual/Multi-phase Extraction
 - vi. Aqueous-phase Carbon Adsorption
 - vii. Air Stripping
 - viii. Sparging/Biosparging
 - ix. Cat/Thermal Oxidation
 - x. Other Describe: _____
- b. Application of Remedial Additives: (check all that apply)
 - i. To the Subsurface
 - ii. To Groundwater (Injection)
 - iii. To the Surface
- c. Active Remedial Monitoring Program Without the Application of Remedial Additives: (check all that apply; Sections C, D and E are not required; attach supporting information, data, maps and/or sketches needed by checking Section G5)
 - i. Reactive Wall
 - ii. Natural Attenuation
 - iii. Other Describe: _____

2. Mode of Operation: (check one)

- a. Continuous
- b. Intermittent
- c. Pulsed
- d. One-time Event Only
- e. Other: _____

3. System Effluent/Discharge: (check all that apply)

- a. Sanitary Sewer/POTW
- b. Groundwater Re-infiltration/Re-injection: (check one)
 - i. Downgradient
 - ii. Upgradient
- c. Vapor-phase Discharge to Ambient Air: (check one)
 - i. Off-gas Controls
 - ii. No Off-gas Controls
- d. Drinking Water Supply
- e. Surface Water (including Storm Drains)
- f. Other Describe: _____

B. MONITORING FREQUENCY:

1. Reporting period that is the subject of this submittal: From: _____ To: _____
(mm/dd/yyyy) (mm/dd/yyyy)

2. Number of monitoring events during the reporting period: (check one)

- a. System Startup: (if applicable)
 - i. Days 1, 3, 6, and then weekly thereafter, for the first month.
 - ii. Other Describe: _____
- b. Post-system Startup (after first month) or Monitoring Program:
 - i. Monthly
 - ii. Quarterly
 - iii. Other Describe: _____

3. Check here to certify that the number of required monitoring events were conducted during the reporting period.

C. EFFLUENT/DISCHARGE REGULATION: (check one to indicate how the effluent/discharge limits were established)

- 1. NPDES: (check one)
 - a. Remediation General Permit
 - b. Individual Permit
 - c. Emergency Exclusion
 Effective Date of Permit: _____ (mm/dd/yyyy)
- 2. MCP Performance Standard MCP Citations(s): _____
- 3. DEP Approval Letter Date of Letter: _____ (mm/dd/yyyy)
- 4. Other Describe: _____



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

Release Tracking Number

-

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

-

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)

Release Tracking Number

-

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. Email: _____

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. Email: _____



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

Release Tracking Number

-

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/that 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.

1. Name of Person: _____ 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. Email: _____

Check here to add an additional person performing Response Actions under an ROS:



COMPREHENSIVE RESPONSE ACTION REMEDIAL MONITORING REPORT

Pursuant to 310 CMR 40.0800 (Subpart H)

Release Tracking Number

-

Remedial System or Monitoring Program: _____ of: _____

A. DESCRIPTION OF ACTIVE OPERATION AND MAINTENANCE ACTIVITY:

1. Type of Active Operation and Maintenance Activity: (check all that apply)

- a. Active Remedial System: (check all that apply)
 - i. NAPL Recovery
 - ii. Soil Vapor Extraction/Bioventing
 - iii. Vapor-phase Carbon Adsorption
 - iv. Groundwater Recovery
 - v. Dual/Multi-phase Extraction
 - vi. Aqueous-phase Carbon Adsorption
 - vii. Air Stripping
 - viii. Sparging/Biosparging
 - ix. Cat/Thermal Oxidation
 - x. Other Describe: _____

- b. Active Exposure Pathway Elimination Measure:
 - Active Exposure Pathway Mitigation System to address (check one): i. Indoor Air ii. Drinking Water

- c. Application of Remedial Additives: (check all that apply)
 - i. To the Subsurface
 - ii. To Groundwater (Injection)
 - iii. To the Surface

- d. Active Remedial Monitoring Program Without the Application of Remedial Additives: (check all that apply; Sections C, D and E are not required; attach supporting information, data, maps and/or sketches needed by checking Section G5)
 - i. Reactive Wall
 - ii. Natural Attenuation
 - iii. Other Describe: _____

2. Mode of Operation: (check one)

- a. Continuous
- b. Intermittent
- c. Pulsed
- d. One-time Event Only
- e. Other: _____

3. System Effluent/Discharge: (check all that apply)

- a. Sanitary Sewer/POTW
- b. Groundwater Re-infiltration/Re-injection: (check one)
 - i. Downgradient
 - ii. Upgradient
- c. Vapor-phase Discharge to Ambient Air: (check one)
 - i. Off-gas Controls
 - ii. No Off-gas Controls
- d. Drinking Water Supply
- e. Surface Water (including Storm Drains)
- f. Other Describe: _____

B. MONITORING FREQUENCY:

1. Reporting period that is the subject of this submittal: From: _____ To: _____
 (mm/dd/yyyy) (mm/dd/yyyy)

2. Number of monitoring events during the reporting period: (check one)

- a. System Startup: (if applicable)
 - i. Days 1, 3, 6, and then weekly thereafter, for the first month.
 - ii. Other Describe: _____

- b. Post-system Startup (after first month) or Monitoring Program:
 - i. Monthly
 - ii. Quarterly
 - iii. Annually
 - iv. Other Describe: _____

3. Check here to certify that the number of required monitoring events were conducted during the reporting period.

C. EFFLUENT/DISCHARGE REGULATION: (check one to indicate how the effluent/discharge limits were established)

- 1. NPDES: (check one)
 - a. Remediation General Permit
 - b. Individual Permit
 - c. Emergency Exclusion
 Effective Date of Permit: _____
 (mm/dd/yyyy)

2. MCP Performance Standard MCP Citations(s): _____

3. DEP Approval Letter Date of Letter: _____
 (mm/dd/yyyy)

4. Other Describe: _____



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

Release Tracking Number

-

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 (Subpart H)

Release Tracking Number

-

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.



**AUDIT FOLLOW-UP PLAN TRANSMITTAL FORM
& POST- AUDIT COMPLETION STATEMENT**

Pursuant to 310 CMR 40.1160 - 40.1170 (Subpart K)

Release Tracking Number

-

A. DISPOSAL SITE LOCATION:

1. Disposal Site Name: _____

2. Street Address: _____

3. City/Town: _____ 4. ZIP Code: _____

5. Check here if the disposal site that is the source of the release is Tier Classified.

Check the current Tier Classification Category:

a. Tier I b. Tier ID c. Tier II

B. THIS FORM IS BEING USED TO: (check one)

1. Submit an **Audit Follow-Up Plan** (Section C is not required).

2. Submit a **Modified or Revised Audit Follow-Up Plan** (Section C is not required).

3. Submit a **Post- Audit Completion Statement**.

4. Provide Additional RTNs:

a. Check here if this Audit Submittal covers additional Release Tracking Numbers (RTNs).

b. Provide the additional Release Tracking Number(s) covered by this Audit Submittal. - -

(All sections of this transmittal form must be filled out unless otherwise noted above)

C. POST-AUDIT RESPONSE ACTIONS SUMMARY:

1. Notice of Audit Finding Date Issued: _____
mm/dd/yyyy

2. Documentation (check all that apply):

a. Provided Technical Justification, or Supporting or Clarifying Information Relating to Previous Response Actions.

b. Performed Additional Risk Assessment.

c. Modified Disposal Site Boundary.

3. Field Work (check all that apply):

a. Sampled Previously Assessed Media (check all that apply):

Soil GW SW Sediment Air Waste Material

b. Sampled New Media Not Previously Assessed (check all that apply):

Soil GW SW Sediment Air Waste Material

c. Performed Remediation. Describe: _____



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC111

**AUDIT FOLLOW-UP PLAN TRANSMITTAL FORM
& POST- AUDIT COMPLETION STATEMENT**

Release Tracking Number

-

Pursuant to 310 CMR 40.1160 - 40.1170 (Subpart K)

C. POST-AUDIT RESPONSE ACTIONS SUMMARY: (cont.)

4. Outcome (Check all that apply and submit appropriate transmittal form(s)):

- a. Implemented or Amended Activity and Use Limitation
- b. Modified Risk Assessment Method
- c. Revised Permanent or Temporary Solution Statement
- d. Revised Tier Classification
- e. Revised or Modified Phase Work
- f. Retracted Permanent or Temporary Solution Statement
- g. Other: _____

D. 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 of this form indicates that an **Audit Follow-up Plan, or a Modified or Revised Audit Follow-up 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) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that a **Post-Audit Completion Statement** is being submitted, the Post-Audit response action(s) that is (are) the subject of this submittal as required to correct either violations and/or deficiencies identified by DEP in a Notice of Audit Finding pursuant to 310 CMR 40.1140 (i) has (have) been developed, implemented and completed 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) complies(y) with the identified provisions of all orders, permits, approvals, or Audit Follow-up Plans pursuant to 310 CMR 40.1160 as identified in this submittal. Development, implementation and completion of the Post-Audit response action(s) have corrected the violations and/or deficiencies identified by DEP in the Notice of Audit Finding. This Statement does not (1) apply to actions or other aspects of the site that were not reviewed in the audit, (2) preclude future audits of past, current, or future actions at the site, (3) in any way constitute a release from any liability, obligation, action or penalty under M.G.L. c.21E, 310 CMR 40.0000, or any other law, regulation, or requirement, or (4) limit the Department's authority to take or arrange, or to require any Responsible Party or Potentially Responsible Party to perform, any response action authorized by M.G.L. c.21E, which the Department deems necessary to protect health, safety, public welfare or the environment.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC111

**AUDIT FOLLOW-UP PLAN TRANSMITTAL FORM
& POST- AUDIT COMPLETION STATEMENT**

Release Tracking Number

-

Pursuant to 310 CMR 40.1160 - 40.1170 (Subpart K)

D. LSP SIGNATURE AND STAMP: (cont.)

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. Email: _____

7. Signature: _____

8. Date: _____
mm/dd/yyyy

9. LSP Stamp:

E. PERSON RESPONDING TO AUDIT:

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. Email: _____

F. RELATIONSHIP TO SITE OF PERSON RESPONDING TO AUDIT:

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 Responding to Audit Specify Relationship: _____



**AUDIT FOLLOW-UP PLAN TRANSMITTAL FORM
& POST- AUDIT COMPLETION STATEMENT**

Release Tracking Number

-

Pursuant to 310 CMR 40.1160 - 40.1170 (Subpart K)

G. 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 LSP Opinion containing the material facts, data, and other information is attached.

H. CERTIFICATION OF PERSON RESPONDING TO AUDIT:

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.

2. By: _____ 3. Title: _____
Signature

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

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

7. Street: _____

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

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

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:)



**DOWNGRADIENT PROPERTY STATUS (DPS)
TRANSMITTAL FORM** Pursuant to 310 CMR 40.0180 (Subpart B)

Release Tracking Number

-

A. DOWNGRADIENT PROPERTY LOCATION:

1. Downgradient Property Name: _____

2. Street Address: _____

3. City/Town: _____ 4. ZIP Code: _____

5. Check here if the source of the release, that is the subject of this Downgradient Property Status (DPS), is known.

a. Provide the Release Tracking Number (RTN) for the source disposal site, if known. -

b. If there is no RTN, identify address and town: _____

6. Check here if the disposal site that is the source of the release that is the subject of this DPS is Tier Classified.
Check the current Tier Classification Category.

a. Tier I b. Tier ID c. Tier II

7. Check here if a Release(s) of Oil or Hazardous Material(s), other than that which is the subject of this submittal, has occurred at this property.

a. Provide RTN(s) for these releases: - -

b. Check here if the Release(s) identified above require further Response Actions pursuant to 310 CMR 40.0000.

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

1. Submit an **Initial Downgradient Property Status (DPS) Submittal**.

2. Submit a **Revised DPS Submittal**.

3. Submit a **Modification of a DPS Submittal**.

Note that the person (the transferee) who is seeking a Modification of a DPS is the person that is required to submit the Modification of a DPS Submittal. The person (the transferor) who most recently submitted a Modification of DPS is required to fill out BWSC115A. If no Modification of a DPS Submittal was previously submitted, then the person who submitted the Initial DPS Submittal is required to fill out BWSC115A.

4. Submit a **Termination of a DPS Submittal**.

(All sections of this transmittal form must be filled out unless otherwise noted above)



**DOWNGRADIENT PROPERTY STATUS (DPS)
TRANSMITTAL FORM** Pursuant to 310 CMR 40.0180 (Subpart B)

Release Tracking Number

-

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,

The response action(s) that is (are) the subject of this **Downgradient Property Status 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 310 CMR 40.0183(2)(b), 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. Email: _____

7. Signature: _____

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

9. LSP Stamp:



D. PERSON MAKING SUBMITTAL:

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. Email: _____



**DOWNGRAIDENT PROPERTY STATUS (DPS)
TRANSMITTAL FORM** Pursuant to 310 CMR 40.0180 (Subpart B)

Release Tracking Number

-

E. RELATIONSHIP TO PROPERTY OF PERSON MAKING SUBMITTAL:

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 Making Submittal 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 a Downgradient Property Status (DPS) with instructions on how to obtain a full copy of the report.

3. Check here to certify that the required documentation for a DPS Submittal, including, but not limited to, copies of notices, was provided to owners and operators of both upgradient and downgradient abutting properties and the source property, if known or suspected.

4. Check here to certify that a site plan of the property(ies) that is/are the subject of this DPS Submittal and, to the extent defined, the Disposal Site, is attached.

5. If a DPS Compliance Fee is required for this DPS Submittal, check here to certify that a DPS Compliance Fee was submitted to DEP, P. O. Box 4062, Boston, MA 02211.

6. If a Modification of a DPS Submittal is being submitted, check here to certify that written consent is attached. The written consent must be from the person who submitted the previous Modification of a DPS Submittal, or the Initial DPS Submittal, if there is no previous Modification of a DPS Submittal.

7. 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

8. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.



**DOWNGRADIENT PROPERTY STATUS (DPS)
TRANSMITTAL FORM** Pursuant to 310 CMR 40.0180 (Subpart B)

Release Tracking Number

-

G. CERTIFICATION OF PERSON MAKING SUBMITTAL:

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: _____ 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. Email: _____

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:)



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC115A

**DOWNGRADIENT PROPERTY STATUS (DPS)
MODIFICATION FORM** Pursuant to 310 CMR 40.0180 (Subpart B)

Release Tracking Number

-

A. PERSON WHO PREVIOUSLY SUBMITTED A DPS OR MODIFICATION OF A DPS:

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

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. Email: _____

B. RELATIONSHIP TO PROPERTY OF PERSON WHO PREVIOUSLY SUBMITTED A DPS OR MODIFICATION OF A DPS:

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 Making Submittal Specify Relationship: _____

C. CERTIFICATION OF PERSON WHO PREVIOUSLY SUBMITTED A DPS OR MODIFICATION OF A DPS:

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. Email: _____



**UTILITY-RELATED ABATEMENT MEASURE (URAM)
TRANSMITTAL FORM**

Release Tracking Number

-

Pursuant to 310 CMR 40.0462 - 0465 (Subpart D)

A. SITE LOCATION:

1. Site Name/Location Aid: _____

2. Street Address: _____

3. City/Town: _____ 4. ZIP Code: _____

5. Check here if the disposal site that is the source of the release is Tier Classified. Check the current Tier Classification Category.

- a. Tier I
- b. Tier ID
- c. Tier II

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

1. Provide an **Initial Utility-related Abatement Measure (URAM) Notification** or **Confirmation of an Oral URAM Notification**. (Sections D & E are not required)

a. Check here if a URAM Notification was already made orally to DEP.

b. List Date of Oral Notification: _____
(mm/dd/yyyy)

Is the URAM limited to the excavation and/or handling of not more than 100 cubic yards of soil contaminated by Oil, or not more than 20 cubic yards of soil contaminated either by a Hazardous Material or a mixture of a Hazardous Material and Oil?

c. Yes d. No If No, provide LSP Name and License Number: i. LSP #: _____

ii. First Name: _____ iii. Last Name: _____

2. Submit a **URAM Status Report**.

3. Submit a **Remedial Monitoring Report**, as Form BWSC119A. (This report can only be submitted through eDEP, concurrent with a URAM Status Report.)

a. Type of Report: (check one) i. Initial Report ii. Interim Report iii. Final Report

b. Number of Remedial Systems and/or Monitoring Programs: _____

A separate BWSC119A, URAM Remedial Monitoring Report, must be filled out for each Remedial System and/or Monitoring Program addressed by this transmittal form.

4. Submit a **URAM Completion Statement**.

Is the URAM limited to the excavation and/or handling of not more than 100 cubic yards of soil contaminated by Oil, or not more than 20 cubic yards of soil contaminated either by a Hazardous Material or a mixture of a Hazardous Material and Oil?

a. Yes, Section E is not required b. No



UTILITY-RELATED ABATEMENT MEASURE (URAM)
TRANSMITTAL FORM

Release Tracking Number

-

Pursuant to 310 CMR 40.0462 - 0465 (Subpart D)

B. THIS FORM IS BEING USED TO: (cont.)

5. Submit a **Revised URAM Completion Statement.**

Is the URAM limited to the excavation and/or handling of not more than 100 cubic yards of soil contaminated by Oil, or not more than 20 cubic yards of soil contaminated either by a Hazardous Material or a mixture of a Hazardous Material and Oil?

a. Yes, Section E is not required b. No

(All sections of this transmittal form must be filled out unless otherwise noted above)

C. RELEASE OR THREAT OF RELEASE CONDITIONS THAT WARRANT URAM:

1. Identify Location Type: (check all that apply) a. Public Right of Way b. Utility Easement c. Private Property

2. Identify Utility Type: (check all that apply) a. Drainage b. Electric c. Natural Gas
 d. Sanitary/Combined Sewerage e. Steam Lines f. Telecommunications g. Telephone
 h. Water i. Other Specify: _____

3. Source of the Release or TOR: (check all that apply) a. Transformer b. Fuel Tank c. Pipe
 d. OHM Delivery e. AST f. Drums g. Tanker Truck h. Hose i. Line
 j. UST Describe: _____ k. Vehicle l. Boat/Vessel
 m. Unknown n. Other: _____

4. Identify Oils and Hazardous Materials Released: (check all that apply)
 a. Oils b. Chlorinated Solvents c. Heavy Metals
 d. Others Specify: _____

D. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply, for volumes list cumulative amounts)

- | | |
|--|---|
| <input type="checkbox"/> 1. Assessment and/or Monitoring Only | <input type="checkbox"/> 2. Temporary Covers or Caps |
| <input type="checkbox"/> 3. Deployment of Absorbent or Containment Materials | <input type="checkbox"/> 4. Temporary Water Supplies |
| <input type="checkbox"/> 5. Structure Venting System | <input type="checkbox"/> 6. Temporary Evacuation or Relocation of Residents |
| <input type="checkbox"/> 7. Product or NAPL Recovery | <input type="checkbox"/> 8. Fencing and Sign Posting |
| <input type="checkbox"/> 9. Groundwater Treatment Systems | <input type="checkbox"/> 10. Soil Vapor Extraction |
| <input type="checkbox"/> 11. Bioremediation | <input type="checkbox"/> 12. Air Sparging |



**UTILITY-RELATED ABATEMENT MEASURE (URAM)
TRANSMITTAL FORM**

Release Tracking Number

-

Pursuant to 310 CMR 40.0462 - 0465 (Subpart D)

E. 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 of this form indicates that a **Utility-Related Abatement Measure Status Report** 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;

> if Section B of this form indicates that a **Utility-Related Abatement Measure Completion Statement** 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.

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 #: _____

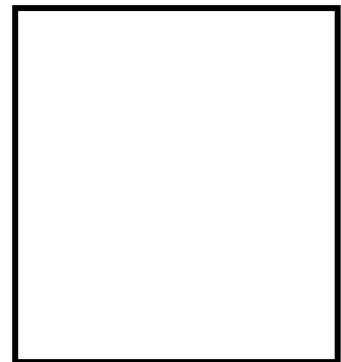
2. First Name: _____ 3. Last Name: _____

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

7. Signature: _____

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

9. LSP Stamp:





UTILITY-RELATED ABATEMENT MEASURE (URAM)
TRANSMITTAL FORM

Release Tracking Number

-

Pursuant to 310 CMR 40.0462 - 0465 (Subpart D)

F. PERSON UNDERTAKING URAM:

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. Email: _____

G. RELATIONSHIP TO RELEASE OR THREAT OF RELEASE OF PERSON UNDERTAKING URAM:

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 URAM Specify Relationship: _____

H. REQUIRED ATTACHMENT AND SUBMITTALS:

1. Check here if any Remediation Waste, generated as a result of this URAM, will be stored, treated, managed, recycled or reused at the site following submission of the URAM Completion Statement. If this box is checked, you must submit one of the following plans, along with the appropriate transmittal form.
- a. A Release Abatement Measure (RAM) Plan (BWSC106) b. Phase IV Remedy Implementation Plan (BWSC108)
2. 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.
3. Check here if the property owner was NOT contacted prior to initiation of the URAM. If this is the case, you must attach an explanation of why the owner was not contacted, including the date and time when contact ultimately occurred.
4. Check here if this URAM will occur in connection with the construction of new public utilities. If this is the case, document the nature and extent of encountered contamination, the scope and expense of necessary mitigation and the benefits and limitations of project alternatives.
5. Check here if any non-updatable information provided on this form is incorrect, e.g. Release Address/Location Aid. Send corrections to BWSC.eDEP@state.ma.us.
6. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.



**UTILITY-RELATED ABATEMENT MEASURE (URAM)
TRANSMITTAL FORM**

Release Tracking Number

-

Pursuant to 310 CMR 40.0462 - 0465 (Subpart D)

I. CERTIFICATION OF PERSON UNDERTAKING URAM:

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.

2. By: _____ 3. Title: _____
Signature

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

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

7. Street: _____

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

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

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:)



URAM REMEDIAL MONITORING REPORT

Pursuant to 310 CMR 40.0465 (Subpart D)

Release Tracking Number

-

Remedial System or Monitoring Program: _____ of: _____

A. DESCRIPTION OF ACTIVE OPERATION AND MAINTENANCE ACTIVITY:

1. Type of Active Operation and Maintenance Activity: (check all that apply)

- a. Active Remedial System: (check all that apply)
 - i. NAPL Recovery
 - ii. Soil Vapor Extraction/Bioventing
 - iii. Vapor-phase Carbon Adsorption
 - iv. Groundwater Recovery
 - v. Dual/Multi-phase Extraction
 - vi. Aqueous-phase Carbon Adsorption
 - vii. Air Stripping
 - viii. Sparging/Biosparging
 - ix. Cat/Thermal Oxidation
 - x. Other Describe: _____

- b. Active Exposure Pathway Elimination Measure:
 - Active Exposure Pathway Mitigation System to address (check one): i. Indoor Air ii. Drinking Water

- c. Application of Remedial Additives: (check all that apply)
 - i. To the Subsurface
 - ii. To Groundwater (Injection)
 - iii. To the Surface

- d. Active Remedial Monitoring Program Without the Application of Remedial Additives: (check all that apply; Sections C, D and E are not required; attach supporting information, data, maps and/or sketches needed by checking Section G5)
 - i. Reactive Wall
 - ii. Natural Attenuation
 - iii. Other Describe: _____

2. Mode of Operation: (check one)

- a. Continuous
- b. Intermittent
- c. Pulsed
- d. One-time Event Only
- e. Other: _____

3. System Effluent/Discharge: (check all that apply)

- a. Sanitary Sewer/POTW
- b. Groundwater Re-infiltration/Re-injection: (check one)
 - i. Downgradient
 - ii. Upgradient
- c. Vapor-phase Discharge to Ambient Air: (check one)
 - i. Off-gas Controls
 - ii. No Off-gas Controls
- d. Drinking Water Supply
- e. Surface Water (including Storm Drains)
- f. Other Describe: _____

B. MONITORING FREQUENCY:

1. Reporting period that is the subject of this submittal: From: _____ To: _____
(mm/dd/yyyy) (mm/dd/yyyy)

2. Number of monitoring events during the reporting period: (check one)

- a. System Startup: (if applicable)
 - i. Days 1, 3, 6, and then weekly thereafter, for the first month.
 - ii. Other Describe: _____

- b. Post-system Startup (after first month) or Monitoring Program:
 - i. Monthly
 - ii. Quarterly
 - iii. Annually
 - iv. Other Describe: _____

3. Check here to certify that the number of required monitoring events were conducted during the reporting period.

C. EFFLUENT/DISCHARGE REGULATION: (check one to indicate how the effluent/discharge limits were established)

- 1. NPDES: (check one)
 - a. Remediation General Permit
 - b. Individual Permit
 - c. Emergency Exclusion
 Effective Date of Permit: _____
(mm/dd/yyyy)

2. MCP Performance Standard MCP Citations(s): _____

3. DEP Approval Letter Date of Letter: _____
(mm/dd/yyyy)

4. Other Describe: _____



URAM REMEDIAL MONITORING REPORT

Pursuant to 310 CMR 40.0465 (Subpart D)

Remedial System or Monitoring Program: _____ of: _____

Release Tracking Number

-

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



URAM REMEDIAL MONITORING REPORT

Pursuant to 310 CMR 40.0465 (Subpart D)

Release Tracking Number

-

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.



HOMEOWNER CERTIFICATION TRANSMITTAL FORM
Pursuant to 310 CMR 4.02

Release Tracking Number
 -

A. HOMEOWNER IDENTIFICATION AND RESIDENTIAL PROPERTY LOCATION:

Property Owner:

1. First Name: _____ 2. Last Name: _____

3. Name of Ownership Entity or Condominium Association (if applicable) : _____

4. Property Address: _____

5. City/Town: _____ 6. ZIP Code: _____

7. Telephone: _____

8. Number of Residential Units: a. One b. Two c. Three d. Four

(Homeowner certifications do not apply to residences of greater than 4 units)

The person or entity listed above must meet the definition of Homeowner pursuant to 310 CMR 4.02, *Timely Action Schedule and Fee Provisions*, that states: A Homeowner is an owner occupant of a residential one to four family structure who has provided a written certification on a Department approved form and whose structure has been used exclusively as a one to four family residence throughout his or her ownership, where the owner's unit is the owner's principal residence for 6 or more months of the year and the owner is conducting response actions at the residence in response to a release of oil.

B. RELATIONSHIP OF PERSON/ENTITY MAKING HOMEOWNER CERTIFICATION TO PROPERTY:

- 1. Homeowner
- 2. Person authorized to make the attestation in Section C on behalf of Homeowner
- 3. Condominium Association with one to four units

C. CERTIFICATION OF PERSON/ENTITY SUBMITTING HOMEOWNER CERTIFICATION FORM:

1. I, _____, attest under the pains and penalties of perjury:

> **if Section B of this form indicates Homeowner**, (i) that I am the owner and occupant of a one to four family residential structure that has been used exclusively as a one to four family residence throughout my ownership; (ii) that the residential structure is my principal residence for 6 or more months of the year; (iii) that I am conducting response actions pursuant to M.G.L. chapter 21E and 310 CMR 40.0000, the Massachusetts Contingency Plan, at the residence in response to a release of oil; and (iv) that I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, or inaccurate attestation regarding (i), (ii), or (iii) of this certification.

> **if Section B of this form indicates Person authorized to make this attestation on behalf of the Homeowner**, (i) that I am a duly authorized representative of the person listed in Section A of this form who is the owner and occupant of a one to four family residential structure that has been used exclusively as a one to four family residence throughout the ownership of the person listed in Section A; (ii) that the residential structure is the principal residence of the person listed in Section A for 6 or more months of the year; (iii) that the person listed in Section A is conducting response actions pursuant to M.G.L. chapter 21E and 310 CMR 40.0000, the Massachusetts Contingency Plan, at the residence in response to a release of oil; and (iv) that I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, or inaccurate attestation regarding (i), (ii), or (iii) of this certification.



HOMEOWNER CERTIFICATION TRANSMITTAL FORM

Pursuant to 310 CMR 4.02

Release Tracking Number

-

C. CERTIFICATION OF PERSON/ENTITY SUBMITTING HOMEOWNER CERTIFICATION FORM: (cont.)

> **if Section B of this form indicates Condominium Association**, (i) that I am a duly authorized representative of the entity listed in Section A of this form which is comprised of one or more individual owner(s) and occupant(s) of a one to four family residential structure that has been used exclusively as a one to four family residence throughout the period of ownership; (ii) that the residential structure is the principal residence for 6 or more months of the year of the owner(s) and occupant(s); (iii) that the person or entity listed in Section A of this form is conducting response actions pursuant to M.G.L. chapter 21E and 310 CMR 40.0000, the Massachusetts Contingency Plan, at the residence in response to a release of oil; and (iv) that I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, or inaccurate attestation regarding (i), (ii), or (iii) of this certification.

2. By: _____ 3. Date: _____
Signature mm/dd/yyyy

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

5. Street: _____

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

9. Telephone: _____ 10. Ext.: _____ 11. Email: _____

If submitting by hand or mail, the completed form with original signature must be submitted to the following DEP office :

**Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup, Cost Recovery, Fees and Revenue Section
One Winter Street, 6th Floor
Boston, MA 02108-4747**

Date Stamp (DEP USE ONLY:)



**NOTIFICATION OF DELAY IN COMPLIANCE WITH
RESPONSE ACTION DEADLINES TRANSMITTAL FORM**

Release Tracking Number

-

Pursuant to 310 CMR 40.0560 (Subpart E) and 310 CMR 40.0025 (Force Majeure)

A. SITE LOCATION:

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

B. THIS FORM IS BEING USED TO:

1. Submit a Notification of Delay (pursuant to 310 CMR 40.0560)
- a. Submit a **Notification of Delay in Submitting a Phase II Report** within 3 years of the effective date of the Initial Tier Classification.
- b. Submit a **Notification of Delay in Submitting a Phase III Remedial Action Plan** within 4 years of the effective date of the Initial Tier Classification.
- c. Submit a **Notification of Delay in Submitting a Phase IV Remedy Implementation Plan** within 4 years of the effective date of the Initial Tier Classification.
- d. Submit a **Notification of Delay in Submitting a Permanent or Temporary Solution** within 5 years of the effective date of the Initial Tier Classification.

Providing this notice does not forgive a Responsible Party's, Potentially Responsible Party's or Other Person's noncompliance with response action deadlines in 310 CMR 40.0000, nor does it extend those deadlines.

2. Submit a **Notification of Delay due to Force Majeure** (pursuant to 310 CMR 40.0025)

C. 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. Email: _____



**NOTIFICATION OF DELAY IN COMPLIANCE WITH
RESPONSE ACTION DEADLINES TRANSMITTAL FORM**

Pursuant to 310 CMR 40.0560 (Subpart E) and 310 CMR 40.0025 (Force Majeure)

Release Tracking Number

-

D. 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: _____

E. 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.

2. By: _____

Signature

3. Title: _____

4. For: _____

(Name of person or entity recorded in Section C)

5. Date: _____

mm/dd/yyyy

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

7. Street: _____

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

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

YOU ARE SUBJECT TO ANNUAL COMPLIANCE ASSURANCE FEES FOR EACH BILLABLE YEAR FOR TIER CLASSIFIED DISPOSAL SITES. 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:)



Miscellaneous Document Transmittal Form

Release Tracking Number

-

A. DISPOSAL SITE LOCATION:

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

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

- 1. Correct typographical errors and/or make corrections that do not materially affect the nature or complexity of the response actions. If changes are materially significant, then a revised or modified submittal must be made to the Department. List the report/form that is being corrected that is associated with the above Release Tracking Number (RTN). Attach an errata sheet containing a description of the errors and/or corrections.

Form/Report	Submittal Date (mm/dd/yyyy)	Transaction ID
_____	_____	_____

- 2. Submit other documents associated with this RTN that cannot be submitted to the Department using any other BWSC transmittal form. Do not submit documents that are of a time-critical nature and/or that require a direct response from the Department and/or that require an LSP Opinion pursuant to 310 CMR 40.0015. (Section C is not required).

Description of Submittal _____

- 3. Resign as LSP-of-Record for the above Release Tracking Number (RTN). Attach a copy of the LSP resignation letter. (Section D, E, and F are not required).

- 4. Submit copies of Public Notices required pursuant to 310 CMR 40.1400: (check all that apply)
(Section C is not required)

- | | |
|--|--|
| <input type="checkbox"/> a. Tier I Classification | <input type="checkbox"/> Check here if submitting a copy of a legal notice |
| <input type="checkbox"/> b. Tier II Classification | <input type="checkbox"/> Check here if submitting a copy of a legal notice |
| <input type="checkbox"/> c. Immediate Response Action (IRA) | |
| <input type="checkbox"/> d. Release Abatement Measure (RAM) | |
| <input type="checkbox"/> e. Downgradient Property Status (DPS) | |
| <input type="checkbox"/> f. Utility-related Abatement Measure (URAM) | |
| <input type="checkbox"/> g. Comprehensive Response Actions | |
| <input type="checkbox"/> h. Activities related to recording/registering an Activity and Use Limitation (AUL) | <input type="checkbox"/> Check here if submitting a copy of a legal notice |
| <input type="checkbox"/> i. Permanent or Temporary Solution | |

(All sections of this transmittal form must be filled out unless otherwise noted)



Miscellaneous Document Transmittal Form

Release Tracking Number

-

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

5. Submit Public Involvement Petition documents. (check all that apply). (Section C is not required).

- a. Submit a Public Involvement Petition
- b. Submit a Public Involvement Petition Retraction
- c. Submit a Positive Public Involvement Petition Designation Letter
- d. Submit a Negative Public Involvement Designation Letter
- e. Submit a Draft Public Involvement Petition Plan
- f. Submit a Revised Public Involvement Petition Plan
- g. Submit a Final Public Involvement Petition Plan
- h. Submit a Notice of Public Comment Period

Date of Close of Comment Period : _____
(mm/dd/yyyy)

- i. Submit a copy of a Public Involvement Petition legal notice
- j. Submit a Notice of Public Meeting

Meeting Date: _____
(mm/dd/yyyy)

k. Submit other Public Involvement Petition related documents not specified above:

Describe: _____

6. Submit a RCRA Contained-In-Determination to document that soil and/or groundwater is no longer considered a hazardous waste pursuant to state (310 CMR 30.00) and federal (Title 40, Chapter I, Part 261 of the Code of Federal Regulations) hazardous waste regulations.

7. Submit notification and documentation of Reclamation Soil Reuse pursuant to 310 CMR 40.0031(2).

C. LSP SIGNATURE:

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. 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. Email: _____

7. Signature: _____

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



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC126

Miscellaneous Document Transmittal Form

Release Tracking Number

-

D. PERSON MAKING A SUBMITTAL:

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. Email: _____
13. Check here if the person is a Public Involvement Petitioner

E. RELATIONSHIP TO SITE OF PERSON MAKING SUBMITTAL:

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. CERTIFICATION OF PERSON MAKING SUBMITTAL:

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: _____ Signature 3. Title: _____

4. For: _____ (Name of person or entity recorded in Section D) 5. Date: _____ (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. Email: _____



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC126

Miscellaneous Document Transmittal Form

Release Tracking Number

-

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

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):

DRAFT FORMS
(as of 3/31/2014)

to be brought online
April & May, 2014



DRAFT

PERMANENT AND TEMPORARY SOLUTION STATEMENT
Pursuant to 310 CMR 40.1000 (Subpart J)

Release Tracking Number

-

For sites with multiple RTNs, enter the Primary RTN above.

A. SITE LOCATION:

- 1. Site Name/Location Aid: _____
- 2. Street Address: _____
- 3. City/Town: _____ 4. ZIP Code: _____
- 5. Coordinates: a. Latitude: N _____ b. Longitude: W _____
- 6. Check here if the disposal site that is the source of the release is Tier Classified. Check the current Tier Classification Category.
 - a. Tier I
 - b. Tier ID
 - c. Tier II

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

- 1. List Submittal Date of the Permanent or Temporary Solution Statement, or RAO Statement (if previously submitted): _____
mm/dd/yyyy
- 2. Submit a **Permanent or Temporary Solution Statement**
 - a. Check here if this Permanent or Temporary Solution Statement covers additional Release Tracking Numbers (RTNs). RTNs that have been previously linked to a Tier Classified Primary RTN do not need to be listed here.
 - b. Provide additional Release Tracking Number(s) covered by this Permanent or Temporary Solution Statement. - -
- 3. Submit a **Revised Permanent or Temporary Solution Statement** (or revised RAO Statement)
 - a. Check here if this Revised Permanent or Temporary Solution Statement covers additional Release Tracking Numbers (RTNs), not listed on the Permanent or Temporary Solution Statement or previously submitted Revised Permanent or Temporary Solution Statements. RTNs that have been previously linked to a Tier Classified Primary RTN do not need to be listed here.
 - b. Provide additional Release Tracking Number(s) covered by this Permanent or Temporary Solution Statement. - -
- 4. Submit a **Permanent or Temporary Solution Partial Statement**

Check above box, if any Response Actions remain to be taken to address conditions associated with this disposal site having the Primary RTN listed in the header section of this transmittal form. This Permanent or Temporary Solution Statement will record only a Permanent or Temporary Solution-Partial Statement for that RTN. A final Permanent or Temporary Solution Statement will need to be submitted that references all Permanent or Temporary Solution-Partial Statements and, if applicable, covers any remaining conditions not covered by the Permanent or Temporary Solution-Partial Statements.

Also, specify if you are an Eligible Person or Tenant pursuant to M.G.L. c. 21 s.2, and have no further obligation to conduct response actions on the remaining portion(s) of the disposal site:

 - a. Eligible Person
 - b. Eligible Tenant
- 5. Submit a **Revised Permanent or Temporary Solution Partial Statement** (or revised RAO-Partial Statement)
- 6. Submit an optional **Phase I Completion Statement** supporting the Permanent or Temporary Solution Statement
- 7. Submit a **Periodic Review Opinion evaluating the status of a Temporary Solution**, as specified in 310 CMR 40.1051 (Section F is optional)
- 8. Submit a **Retraction** of a previously submitted **Permanent or Temporary Solution Statement** (or RAO Statement) (Sections E & F are not required)

(All sections of this transmittal form must be filled out unless otherwise noted above)



DRAFT

PERMANENT AND TEMPORARY SOLUTION STATEMENT

Release Tracking Number
[] - []

Pursuant to 310 CMR 40.1000 (Subpart J)

C. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply; for volumes, list cumulative amounts)

- 1. Assessment and/or Monitoring Only
- 2. Temporary Covers or Caps
- 3. Deployment of Absorbent or Containment Materials
- 4. Treatment of Water Supplies
- 5. Structure Venting System/HVAC Modification System
- 6. Engineered Barrier
- 7. Product or NAPL Recovery
- 8. Fencing and Sign Posting
- 9. Groundwater Treatment Systems
- 10. Soil Vapor Extraction
- 11. Remedial Additives
- 12. Air Sparging
- 13. Active Exposure Pathway Mitigation System
- 14. Passive Exposure Pathway Mitigation System
- 15. Monitored Natural Attenuation
- 16. In-Situ Chemical Oxidation
- 17. Removal of Contaminated Soils

- a. Re-use, Recycling or Treatment
 - i. On Site Estimated volume in cubic yards _____
 - ii. Off Site Estimated volume in cubic yards _____

ii. Facility Name: _____ Town: _____ State: _____

ii. Facility Name: _____ Town: _____ State: _____

iii. Describe: _____

- b. Landfill
 - i. Cover Estimated volume in cubic yards _____

Facility Name: _____ Town: _____ State: _____

- ii. Disposal Estimated volume in cubic yards _____

Facility Name: _____ Town: _____ State: _____

- 18. Removal of Drums, Tanks or Containers:
 - a. Describe Quantity and Amount: _____

b. Facility Name: _____ Town: _____ State: _____

c. Facility Name: _____ Town: _____ State: _____

- 19. Removal of Other Contaminated Media:
 - a. Specify Type and Volume: _____

b. Facility Name: _____ Town: _____ State: _____

c. Facility Name: _____ Town: _____ State: _____



DRAFT

PERMANENT AND TEMPORARY SOLUTION STATEMENT

Tracking Number

Pursuant to 310 CMR 40.1000 (Subpart J)

-

C. DESCRIPTION OF RESPONSE ACTIONS (cont.): (check all that apply; for volumes, list cumulative amounts)

20. Other Response Actions:

Describe: _____

21. Use of Innovative Technologies:

Describe: _____

D. SITE USE:

1. Are the response actions that are the subject of this submittal associated with the *redevelopment, reuse* or the *major expansion of the current use* of property(ies) impacted by the presence of oil and/or hazardous materials?

a. Yes b. No c. Don't know

2. Is the property a *vacant or under-utilized commercial or industrial* property ("a brownfield property")?

a. Yes b. No c. Don't know

3. Will funds from a state or federal brownfield incentive program be used on one or more of the property(ies) within the disposal site?

a. Yes b. No c. Don't know If Yes, identify program(s): _____

4. Has a Covenant Not to Sue been obtained or sought?

a. Yes b. No c. Don't know

5. Check all applicable categories that apply to the person making this submittal: a. Redevelopment Agency or Authority

b. Community Development Corporation c. Economic Development and Industrial Corporation

d. Private Developer e. Fiduciary f. Secured Lender g. Municipality

h. Potential Buyer (non-owner) i. Other, describe: _____

This data will be used by MassDEP for information purposes only, and does not represent or create any legal commitment, obligation or liability on the part of the party or person providing this data to MassDEP.

E. PERMANENT OR TEMPORARY SOLUTION CATEGORY:

Specify the category of Solution that applies to the Disposal Site, or Site of the Threat of Release. Select either **1, 2, or 3.**

1. Permanent Solution with No Conditions (check one)

a. A threat of release has been eliminated.

b. All contamination has been reduced to Natural Background levels.

c. A condition of No Significant Risk exists or has been achieved with no Activity and Use Limitation or other limitations, assumptions, or conditions (310 CMR 40.1013).



PERMANENT AND TEMPORARY SOLUTION STATEMENT

Case Tracking Number
[] - []

Pursuant to 310 CMR 40.1000 (Subpart J)

E. PERMANENT OR TEMPORARY SOLUTION CATEGORY (cont.):

2. Permanent Solution with Conditions (check a and/or b):

a. An AUL has been implemented pursuant to 310 CMR 1012(2) (check one)

i. Required pursuant to 310 40.1012(2)

ii. Optionally implemented pursuant to 310 40.1012(3)

b. Limitations or conditions apply pursuant to 310 CMR 40.1013 (check all that apply):

i. Gardening Best Management Practices (BMPs) for non-commercial gardening in a residential setting

ii. Concentrations of Oil and Hazardous Material consistent with Anthropogenic Background

iii. Residual contamination in a Public or Railroad Right-of-Way

iv. Groundwater contamination would exceed GW-2 Standards except for the absence of an occupied building or structure

3. Temporary Solution (check one)

a. Response actions to achieve a Permanent Solution are not currently feasible

b. Response actions to achieve a Permanent Solution are feasible and are being continued toward a Permanent Solution

F. PERMANENT AND TEMPORARY SOLUTION INFORMATION:

1. Specify the Risk Characterization Method(s) used to achieve the Permanent or Temporary Solution, described above:

a. Method 1 b. Method 2 c. Method 3

d. Method Not Applicable-Contamination reduced to or consistent with background, or Threat of Release abated

2. Specify all Soil Category(ies) applicable. More than one Soil Category may apply at a Site. Be sure to check off all APPLICABLE categories:

a. S-1/GW-1 d. S-2/GW-1 g. S-3/GW-1 j. Not Applicable

b. S-1/GW-2 e. S-2/GW-2 h. S-3/GW-2

c. S-1/GW-3 f. S-2/GW-3 i. S-3/GW-3

3. Specify all Groundwater Category(ies) impacted. A site may impact more than one Groundwater Category. Be sure to check off all IMPACTED categories:

a. GW-1 b. GW-2 c. GW-3 d. No Groundwater Impacted

4. Check here if the risk assessment includes any changes to the groundwater category pursuant to 310 CMR 40.0932(5)(a) through (e). Check all conditions that apply:

a. An Interim Wellhead Protection Area does not apply based on a hydrogeologic evaluation (310 CMR 40.0932(5)(a))

b. Groundwater was determined not to be in a Potentially Productive Aquifer or is not feasible to be developed as a drinking water supply (310 CMR 40.0932(5)(b))

c. A Non-Potential Drinking Water Source Area determination was made (310 CMR 40.0932(5)(c))

d. Existing private wells were permanently closed (310 CMR 40.0932(5)(d))

e. Groundwater is located within a Zone A, but is not hydrogeologically connected to a drinking water supply (310 CMR 40.0932(5)(e))

5. Check here if the Permanent or Temporary Solution supports a finding of No Significant Risk for petroleum in a GW-1 area pursuant to 310 CMR 40.0924(2)(b)3.



PERMANENT AND TEMPORARY SOLUTION STATEMENT

DRAFT

Tracking Number

Pursuant to 310 CMR 40.1000 (Subpart J)

F. PERMANENT AND TEMPORARY SOLUTION INFORMATION (cont.):

6. Specify whether remediation was conducted:

- a. Check here if soil remediation was conducted.
- b. Check here if groundwater remediation was conducted.
- c. Check here if other remediation was conducted. Specify: _____

7. Specify whether the analytical data used to support the Permanent or Temporary Solution used the Compendium of Analytical Methods (CAM):

- a. CAM used to support all analytical data.
- b. CAM used to support some of the analytical data.
- c. CAM not used.

8. Check here to indicate that the Permanent or Temporary Solution Statement includes a Data Usability Assessment and Data Representativeness Evaluation pursuant to 310 CMR 40.1056.

9. Estimate the number of acres this Permanent or Temporary Solution Statement applies to: _____



DRAFT

PERMANENT AND TEMPORARY SOLUTION STATEMENT

Tracking Number

-

Pursuant to 310 CMR 40.1000 (Subpart J)

G. 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 either a **Permanent or Temporary Solution Statement, Phase I Completion Statement and/or Periodic Review Opinion** is being provided, 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.

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. Email: _____

7. Signature: _____

8. Date: _____
mm/dd/yyyy

9. LSP Stamp:



H. PERSON MAKING SUBMITTAL:

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. Email: _____



PERMANENT AND TEMPORARY SOLUTION STATEMENT

DRAFT

Tracking Number

Pursuant to 310 CMR 40.1000 (Subpart J)

I. RELATIONSHIP TO RELEASE OR THREAT OF RELEASE OF PERSON MAKING SUBMITTAL: 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 Making Submittal Specify Relationship: _____

J. REQUIRED ATTACHMENT AND SUBMITTALS:

1. Check here if the Permanent or Temporary Solution 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 a Permanent or Temporary Solution Statement that relies on the public way/rail right-of-way exemption from the requirements of an AUL.

3. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of the submittal of a Permanent or Temporary Solution Statement with instructions on how to obtain a full copy of the report.

4. Check here to certify that documentation is attached specifying the location of the Site, or the location and boundaries of the Disposal Site subject to this Permanent or Temporary Solution Statement. If submitting a Permanent or Temporary Solution Statement for a PORTION of a Disposal Site, you must document the location and boundaries for both the portion subject to this submittal and, to the extent defined, the entire Disposal Site.

5. Check here to certify that, pursuant to 310 CMR 40.1406, notice was provided to the owner(s) of each property within the disposal site boundaries, or notice was not required because the disposal site boundaries are limited to property owned by the party conducting response actions. (check all that apply)

- a. Notice was provided prior to, or concurrent with the submittal of a Phase II Completion Statement to the Department.
- b. Notice was provided prior to, or concurrent with the submittal of this Permanent or Temporary Solution Statement to the Department.
- c. Notice not required.
- d. Total number of property owners notified, if applicable: _____

6. Check here if you are submitting one or more AULs. You must submit an AUL Transmittal Form (BWSC113) and a copy of each implemented AUL related to this Permanent Solution or Temporary Solution Statement. Specify the type of AUL(s) below: (required for Permanent Solution with Conditions Statements where an AUL is being implemented)

- a. Notice of Activity and Use Limitation
- b. Number of Notices submitted: _____
- c. Grant of Environmental Restriction
- d. Number of Grants submitted: _____

7. If a Permanent Solution Compliance Fee is required for any of the RTNs listed on this transmittal form, check here to certify that a Permanent Solution Compliance Fee was submitted to DEP, P. O. Box 4062, Boston, MA 02211.

8. Check here if any non-updatable information provided on this form is incorrect, e.g. Site Address/Location Aid. 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.



PERMANENT AND TEMPORARY SOLUTION STATEMENT

DRAFT

Case Tracking Number

Pursuant to 310 CMR 40.1000 (Subpart J)

K. CERTIFICATION OF PERSON MAKING SUBMITTAL:

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.

2. By: _____ 3. Title: _____
Signature

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

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. Email: _____

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:)



TIER CLASSIFICATION TRANSMITTAL FORM

Pursuant to 310 CMR 40.0500 (Subpart E)

DRAFT Tracking Number

A. DISPOSAL SITE LOCATION:

- 1. Disposal Site Name: _____
- 2. Street Address: _____
- 3. City/Town: _____ 4. ZIP Code: _____
- 5. Coordinates: Latitude: N _____ Longitude: W _____

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

- 1. Submit a new **Tier Classification Submittal**, including a **Tier Classification Compliance History** (BWSC107B).
Check the tier classification category:
 - a. Tier I b. Tier II
 - c. Check all Tier I criteria that apply, pursuant to 310 CMR 40.0520(2):
 - i. Groundwater is located within an Interim Wellhead Protection Area, Zone II, or within 500 feet of a Private Water Supply Well, and there is evidence of groundwater contamination by an Oil or Hazardous Material at the time of Tier Classification at concentrations equal to or exceeding the applicable RCGW-1 Reportable Concentration set forth in 310 CMR 40.0360.
 - ii. An Imminent Hazard is present at the time of Tier Classification.
 - iii. One or more remedial actions are required as part of an Immediate Response Action pursuant to 310 CMR 40.0414(2).
 - iv. One or more response actions are required as part of an Immediate Response Action to eliminate or mitigate a Critical Exposure Pathway pursuant to 310 CMR 40.0414(3).
 - d. Check here if including an **Eligible Person, Eligible Tenant, or Other Person Certification** (BWSC107D)
- 2. Submit a **Phase I Completion Statement** as per 310 CMR 40.0480.
If previously submitted, provide date _____
mm/dd/yyyy
- 3. Submit a **Phase II Scope of Work** as per 310 CMR 40.0834.
If previously submitted, provide date _____
mm/dd/yyyy
- 4. Submit a **Phase II Conceptual Scope of Work supporting a Tier Classification Submittal**.
- 5. Submit a **Tier Classification Extension Submittal** for Response Actions at a Tier Classified Site including the **Tier Classification Compliance History** (BWSC107B).
- 6. Submit a Tier Classification Transfer Submittal for a change in person(s) undertaking Response Actions at a Tier Classified Site including the **Tier Classification Compliance History** (BWSC107B) and the **Tier Classification Transferor Certification** (BWSC107C).

Proposed effective date of transfer : _____
mm/dd/yyyy



TIER CLASSIFICATION TRANSMITTAL FORM

Pursuant to 310 CMR 40.0500 (Subpart E)

DRAFT

Release Tracking Number

B. THIS FORM IS BEING USED TO: (cont.)

7. Submit a **Revised Tier Classification Submittal**.

Check the revised Tier Classification Category. If the Tier Classification Category is not changing, indicate the current classification.

- a. Tier I
- b. Tier II

c. Check all Tier I criteria that apply, pursuant to 310 CMR 40.0520(2):

- i. Groundwater is located within an Interim Wellhead Protection Area, Zone II, or within 500 feet of a Private Water Supply Well, and there is evidence of groundwater contamination by an Oil or Hazardous Material at the time of Tier Classification at concentrations equal to or exceeding the applicable RCGW-1 Reportable Concentration set forth in 310 CMR 40.0360.
- ii. An Imminent Hazard is present at the time of Tier Classification.
- iii. One or more remedial actions are required as part of an Immediate Response Action pursuant to 310 CMR 40.0414(2).
- iv. One or more response actions are required as part of an Immediate Response Action to eliminate or mitigate a Critical Exposure Pathway pursuant to 310 CMR 40.0414(3).

d. Check here if including an **Eligible Person, Eligible Tenant, or Other Person Certification** (BWSC107D)

8. Provide a **Notice that an additional Release Tracking Number(s) is (are) being linked to this Tier Classified Site** (Primary RTN). Future response actions addressing the Release or Threat of Release notification condition associated with additional Release Tracking Numbers (RTNs) will be conducted as part of the Response Actions planned or ongoing at the Primary Site listed above. For a previously Tier Classified Primary Site, if there is a reasonable likelihood that the addition of the new secondary RTN(s) would change the classification of the site, a **Revised Tier Classification Submittal** must also be made.

Provide Release Tracking Number(s): a. - b. -

All future Response Actions must occur according to the deadlines applicable to the Primary RTN. Use only the Primary RTN when making future submittals for this site unless specifically relating to response actions started before the linking occurred.



TIER CLASSIFICATION TRANSMITTAL FORM

Pursuant to 310 CMR 40.0500 (Subpart E)

DRAFT Tracking Number

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 of this form indicates that a **Tier Classification Submittal** is being submitted, this Tier Classification Submittal has been developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and, 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) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that a **Phase I Completion Statement** 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 of this form indicates that a **Phase II Scope of Work** 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 of this form indicates that a **Tier Classification Extension Submittal** or a **Tier Classification Transfer Submittal** 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) complies(y) 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 #: _____

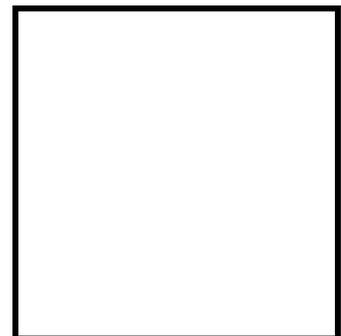
2. First Name: _____ 3. Last Name: _____

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

7. Signature: _____

8. Date: _____
mm/dd/yyyy

9. LSP Stamp:





TIER CLASSIFICATION TRANSMITTAL FORM

Pursuant to 310 CMR 40.0500 (Subpart E)

DRAFT Tracking Number

D. PERSON MAKING SUBMITTAL:

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. Email: _____

E. RELATIONSHIP OF PERSON MAKING SUBMITTAL TO DISPOSAL SITE:

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 Making Submittal 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 a copy of the Legal Notice of a Tier Classification or Re-classification Submittal is attached, and a cover letter and a copy of the notice is sent to the Chief Municipal Officer and the Local Board of Health pursuant to 310 CMR 40.0510(3) and 40.1403.
4. Check here to certify that the owner of a Public Water Supply has been provided written notice pursuant to 310 CMR 40.0510(3).
5. For a Tier Classification Extension Submittal, check here to certify that a statement summarizing why a Permanent or Temporary Solution has not been achieved at the Disposal Site is attached.
6. For a Tier Classification Transfer Submittal, check here to certify that a statement summarizing the reasons for the proposed change in person(s) undertaking the Response Actions is attached. All Response Actions must be completed by the deadline applicable to the person who first filed either a Tier Classification Submittal for the Disposal Site.
7. Check here if any non-updatable information provided on this form is incorrect, e.g., Release Address/Location Aid. Send corrections to bwsc.edep@state.ma.us.
8. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.



DRAFT Tracking Number
[] [] [] []

TIER CLASSIFICATION TRANSMITTAL FORM
Pursuant to 310 CMR 40.0500 (Subpart E)

G. CERTIFICATION OF PERSON MAKING SUBMITTAL:

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 submitting a Tier II Classification, Extension or Transfer, I also attest under the pains and penalties of perjury that (i) I/the person(s) or entity(ies) 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(ies) on whose behalf this submittal is made, and my/that person's(s') or entity's(ies') understanding as to the estimated costs of necessary response actions, that/those person(s) or entity(ies) 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.

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. Email: _____

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):



TIER CLASSIFICATION COMPLIANCE HISTORY
Pursuant to 310 CMR 40.0540 (Subpart E)

DRAFT

Tracking Number

A. DISPOSAL SITE COMPLIANCE HISTORY SUMMARY:

1. Check here if a Tier Classification Compliance History of the person listed in BWSC107, Section D, was previously submitted, and there has been no change in that person's compliance history, or the person in Section D has no compliance history. If this box is checked, this section does not have to be completed.

2. List all permits or licenses that have been issued by the Department that are relevant to this Disposal Site:

Program	Permit Number	Permit Category	Facility ID
a. Air Quality			
b. Hazardous Waste (M.G.L. c. 21C)			
c. Solid Waste			
d. Industrial Wastewater Management			
e. Water Supply			
f. Water Pollution Control/Surface Water			
g. Water Pollution Control/Groundwater			
h. Water Pollution Control/Sewer Connection			
i. Wetland & Waterways			

3. List all other Federal, state or local permits, licenses, certifications, registrations, variances, or approvals that are relevant to this Disposal Site:

Issuing Authority or Program, or Documentation Type	Identification Number	Date Issued mm/dd/yyyy

4. Check here to certify that, if needed, a statement further describing the Compliance History of this Disposal Site is attached.

This statement must describe the compliance history of the person or entity named in BWSC107, Section D with the following: (1) DEP regulations; and (2) other laws for the protection of health, safety, public welfare and the environment administered or enforced by any other government agency. Such a statement should identify information such as: (1) actions relevant to the Disposal Site taken by the Department to enforce its requirements including, but not limited to, a Notice of Noncompliance (NON), Notice of Intent to Assess Civil Administrative Penalty (PAN), Notice of Intent to Take Response Action (NORA), and an administrative enforcement order; (2) administrative consent orders; (3) judicial consent judgements; (4) similar administrative actions taken by other Federal, state or local agencies; (5) civil or criminal actions relevant to the Disposal Site brought on behalf of the DEP or other Federal, state, or local agencies; and (6) any additional relevant information. For each action identified, provide the following information: (1) name of the issuing authority, type of action, identification number and date issued; (2) description of noncompliance cited; (3) current status of the matter; and (4) final disposition, if any.



DRAFT

Tracking Number
[] []

TIER CLASSIFICATION TRANSFEROR CERTIFICATION
Pursuant to 310 CMR 40.0560 (Subpart E)

A. PERSON TRANSFERRING A TIER CLASSIFICATION:

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

B. RELATIONSHIP TO THE DISPOSAL SITE OF PERSON TRANSFERRING A TIER CLASSIFICATION:

1. RP or PRP a. Owner b. Operator c. Generator d. Transporter Check here to change relationship
- 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 TIER CLASSIFICATION:

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.

2. By: _____ 3. Title: _____
Signature

4. For: _____ 5. Date: _____
(Name of person or entity recorded in Section A) 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. Email: _____



ELIGIBLE PERSON, ELIGIBLE TENANT OR OTHER PERSON CERTIFICATION TRANSMITTAL FORM

DRAFT

Tracking Number

Pursuant to 310 CMR 40.0570; requirements for Eligible Persons, Eligible Tenants or Other Persons seeking to re-establish response action deadlines.

A. ELIGIBLE PERSON , ELIGIBLE TENANT OR OTHER PERSON MAKING CERTIFICATION:

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

B. STATUS OF PERSON MAKING CERTIFICATION:

The person or entity listed below must be an Eligible Person or Eligible Tenant pursuant to M.G.L. c. 21E, §2 and 310 CMR 40.0006, or an Other Person pursuant to 310 CMR 40.0006: (check one)

1. **Eligible Person** who became an owner or operator of the disposal site or portion thereof:

- a. prior to December 14, 2007.
- b. on or after December 14, 2007.

c. Date on which the person or entity listed in Section A became an Eligible Person: _____
mm/dd/yyyy

2. **Eligible Tenant** who acquired occupancy, possession or control of the disposal site or portion thereof:

- a. prior to December 14, 2007.
- b. on or after December 14, 2007.

c. Date on which the person or entity listed in Section A became an Eligible Tenant: _____
mm/dd/yyyy

3. Person who became an **Other Person**:

- a. prior to December 14, 2007.
- b. on or after December 14, 2007.

c. Date on which the person or entity listed in Section A became an Other Person: _____
mm/dd/yyyy

d. The following facts support the statement that the person or entity listed in Section A is an Other Person and not a Responsible Party or Potentially Responsible Party:

Check here if attaching additional documentation supporting the facts listed above.



ELIGIBLE PERSON, ELIGIBLE TENANT OR OTHER PERSON CERTIFICATION TRANSMITTAL FORM

Release Tracking Number
DRAFT

Pursuant to 310 CMR 40.0570; requirements for Eligible Persons, Eligible Tenants or Other Persons seeking to re-establish response action deadlines.

C. CERTIFICATION OF ELIGIBLE PERSON, ELIGIBLE TENANT OR OTHER PERSON:

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 submittal, (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, (iii) that I am fully authorized to make this attestation on behalf of the person or entity identified in Section A above, and

> if Section B of this form indicates Eligible Person, the person or entity listed in Section A: (i) is an owner or operator of the disposal site or portion thereof who would be liable under M.G.L. c. 21E, § 5(a)(1) solely; (ii) did not cause or contribute to the release; (iii) did not own or operate the site at the time of release; and (iv) is not, and was not at any time, affiliated with any other person or entity (a) who owned or operated the property from which the release originated, or caused such release and (b) who is potentially liable under M.G.L. c. 21E for the disposal site though any direct or indirect contractual, corporate or financial relationship other than (1) that established by any instrument creating such person's or entity's interest in property within the disposal site boundaries or (2) that established by an instrument wholly unrelated to the disposal site and which would not otherwise render such person or entity potentially liable as a result of the relationship.

> if Section B of this form indicates Eligible Tenant, the person or entity listed in Section A: (i) acquired occupancy, possession or control of the disposal site, or a portion thereof, after the release of oil or hazardous material had been reported to the department; (ii) did not cause or contribute to the release; (iii) is not otherwise liable pursuant to M.G.L. c. 21E, § 5(a)(2) through (5); and (iv) is not, and was not at any time, affiliated with any other person or entity (a) who owned or operated the property from which the release originated, or caused such release and (b) who is potentially liable under M.G.L. c. 21E for the disposal site though any direct or indirect contractual, corporate or financial relationship other than (1) that established by any instrument creating such person's or entity's interest in property within the disposal site boundaries or (2) that established by an instrument wholly unrelated to the disposal site and which would not otherwise render such person or entity potentially liable as a result of the relationship.

> if Section B of this form indicates Other Person, the person or entity listed in Section A: (i) is not a Responsible Party or Potentially Responsible Party, based upon the facts set forth in B3d above; and (ii) is not, and was not at any time, affiliated with any other person or entity (a) who owned or operated the property from which the release originated, or caused such release and (b) who is potentially liable under M.G.L. c. 21E for the disposal site though any direct or indirect contractual, corporate or financial relationship other than (1) that established by any instrument creating such person's or entity's interest in property within the disposal site boundaries or (2) that established by an instrument wholly unrelated to the disposal site and which would not otherwise render such person or entity potentially liable as a result of the relationship.

If the Eligible Person, Eligible Tenant or Other Person identified in Section A is a **Trust**, I hereby certify that said trust consists of trustees, members and/or beneficiaries, all of whom satisfy the requirements of the applicable certification set forth above.

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: _____

Signature

3. Title: _____

4. For: _____

5. Date: _____

mm/dd/yyyy



A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:

- 1. Release Name/Location Aid: _____
- 2. Street Address: _____
- 3. City/Town: _____ 4. Zip Code: _____
- 5. Check here if the disposal site that is the source of the release is Tier Classified. Check the current Tier Classification Category.
 - a. Tier I b. Tier ID c. Tier II

B. THIS FORM IS BEING USED TO: (check one: B1-B4):

- 1. Submit a **Bill of Lading (BOL)** to transport Remediation Waste to Temporary Storage or a Receiving Facility.
Response Actions associated with this BOL (check all that apply):
 - a. Immediate Response Action (IRA) e. Comprehensive Response Actions
 - b. Release Abatement Measure (RAM) f.. Limited Removal Action (LRA):
(must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP)
 - c. Downgradient Property Status (DPS)
 - d. Utility Release Abatement Measure (URAM) g. Other _____
- 2. Submit an Attestation of Completion of **Shipment to Temporary Storage** (Sections C, F and J are not required):
- 3. Submit an Attestation of Completion of **Shipment to a Receiving Facility** (Sections C, F and J are not required):
- 4. Certify that Remediation Waste Was **Not Shipped, and the Bill of Lading is Void.** (Sections C, D, E, and F are not required)
- 5. Date Bill of Lading submitted to the Department: _____ b. eDEP Transaction ID: _____
(mm/dd/yyyy)
- 6. Period of Generation Associated with this Bill of Lading _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

(All sections of this transmittal form must be filled out unless otherwise noted)

The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.

C. DESCRIPTION OF WASTE AND WASTE SOURCE:

- 1. Contaminated Media /Debris (check all that apply):
 - a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris
 - f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other: _____
- 2. Uncontainerized Waste (check all that apply):
 - a. Inorganic Absorbent Materials b. Other: _____



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. Email: _____



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

DRAFT

Tracking Number

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. Email: _____

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. Release Address/Location Aid. 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)



BILL OF LADING (pursuant to 310 CMR 40.0030)

DRAFT

Tracking Number

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. Email: _____

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):



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC112B

BILL OF LADING (pursuant to 310 CMR 40.0030)
SUMMARY SHEET SIGNATURE PAGE

Release Tracking Number
DRAFT

A. ACKNOWLEDGEMENT OF RECEIPT OF REMEDIATION WASTE AT RECEIVING FACILITY OR TEMPORARY STORAGE:

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: _____
(mm/dd/yyyy)

6. Date of Final Shipment associated with this Bill of Lading: _____
(mm/dd/yyyy)

B. ACKNOWLEDGEMENT OF SHIPMENT AND RECEIPT OF REMEDIATION WASTE BY PERSON CONDUCTING RESPONSE ACTIONS ASSOCIATED WITH THIS 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 G) (mm/dd/yyyy)

6. Check here if the address of the person providing certification is different from address recorded in BWSC112 Section H.

7. Street: _____

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

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

14. Check here if attaching optional supporting documentation such as copies of Load Information Summary Sheets



ACTIVITY & USE LIMITATION (AUL) TRANSMITTAL
Pursuant to 310 CMR 40.1056 & 40.1070 - 40.1084 (Subpart J)

DRAFT Release Tracking Number

A. DISPOSAL SITE LOCATION:

- 1. Disposal Site Name: _____
- 2. Street Address: _____
- 3. City/Town: _____ 4. ZIP Code: _____
- 5. Check here if the disposal site that is the source of the release is Tier Classified. Check the current Tier Classification Category.
 - a. Tier I b. Tier ID c. Tier II

B. THIS FORM IS BEING USED TO: (check one)

- 1. Submit a Registry copy of a **Notice of Activity and Use Limitation**, pursuant to 310 CMR 40.1074.
- 2. Submit an **Evaluation of Changes in Land Uses/Activities and/or Site Conditions after a Permanent or Temporary Solution Statement** has been filed pursuant to 310 CMR 40.1080.
- 3. Submit a Registry copy of an **Amended Notice of Activity and Use Limitation**, pursuant to 310 CMR 40.1081.
- 4. Submit a Registry copy of a **Partial Termination of a Notice of Activity and Use Limitation**, pursuant to 310 CMR 40.1083(3).
- 5. Submit a Registry copy of a **Termination of a Notice of Activity and Use Limitation**, pursuant to 310 CMR 40.1083(1).
- 6. Submit a Registry copy of a **Grant of Environmental Restriction**, pursuant to 310 CMR 40.1071.
- 7. Submit a Registry copy of an **Amendment of a Grant of Environmental Restriction**, pursuant to 310 CMR 40.1081(3).
- 8. Submit a Registry copy of a **Partial Release of a Grant of Environmental Restriction**, pursuant to 310 CMR 40.1083(2).
- 9. Submit a Registry copy of a **Release of a Grant of Environmental Restriction**, pursuant to 310 CMR 40.1083(1)(d).
- 10. Submit a Registry copy of a **Confirmatory Activity and Use Limitation**, pursuant to 310 CMR 40.1085(4).
- 11. Submit a Registry copy of a **Deed, referencing a Notice of Activity and Use Limitation**, following the recording or registering of said deed conveying the record title for the property, pursuant to 310 CMR 40.1074(5). (Section D is not required).
- 12. Provide Additional RTNs:
 - a. Check here if this AUL Submittal covers additional Release Tracking Numbers (RTNs).
 - b. Provide the additional Release Tracking Number(s) covered by this AUL Submittal. - -

(All sections of this transmittal form must be filled out unless otherwise noted above)

C. AUL INFORMATION:

- 1. Document (per Section B) Recording and/or Registration Information:
 - a. Name of Registry of Deeds and/or Land Registration Office: _____
 - b. Book and Page Number and/or Document Number: _____
 - c. Date of recording and/or registration: _____
mm/dd/yyyy
- 2. Is the address of the property subject to AUL different from the disposal site address listed above?
 - a. No b. Yes If yes, then fill out address section below.
- 3. Street Address: _____
- 4. City/Town: _____ 5. ZIP Code: _____



ACTIVITY & USE LIMITATION (AUL) TRANSMITTAL

DRAFT

Release Tracking Number

Pursuant to 310 CMR 40.1056 & 40.1070 - 40.1084 (Subpart J)

D. 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 **Notice of Activity and Use Limitation** has been registered and/or recorded, the Activity and Use Limitation that is the subject of this submittal (i) is being provided in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (ii) complies with 310 CMR 40.1074;

> if Section B indicates that an **Evaluation of Changes in Land Uses/Activities and/or Site Conditions after a Permanent or Temporary Solution** is being submitted, this evaluation was developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (ii) complies with 310 CMR 40.1080;

> if Section B indicates that an **Amended Notice of Activity and Use Limitation or Amendment to a Grant of Environmental Restriction** has been registered and/or recorded, the Activity and Use Limitation that is the subject of this submittal (i) is being provided in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (ii) complies with 40.1081;

> if Section B indicates that a **Termination or a Partial Termination of a Notice of Activity and Use Limitation, or a Release or Partial Release of a Grant of Environmental Restriction** has been registered and/or recorded, the Activity and Use Limitation that is the subject of this submittal (i) is being provided in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (ii) complies with 310 CMR 40.1083;

> if Section B indicates that a **Grant of Environmental Restriction** has been registered and/or recorded, the Activity and Use Limitation that is the subject of this submittal (i) is being provided in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (ii) complies with 310 CMR 40.1071;

> if Section B indicates that a **Confirmatory Activity and Use Limitation** has been registered and/or recorded, the Activity and Use Limitation that is the subject of this submittal (i) is being provided in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (ii) complies with 310 CMR 40.1085(4);

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 #: _____

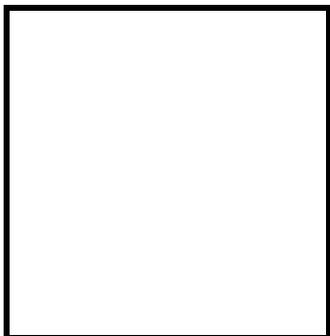
2. First Name: _____ 3. Last Name: _____

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

7. Signature: _____ 8. Date: _____

mm/dd/yyyy

9. LSP Stamp:





ACTIVITY & USE LIMITATION (AUL) TRANSMITTAL FORM
Pursuant to 310 CMR 40.1056 & 40.1070 - 40.1084 (Subpart J)

Release Tracking Number
DRAFT

E. PERSON SUBMITTING AUL TRANSMITTAL FORM:

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. Email: _____

13. Is the person described in this section the owner of the property?

a. Yes b. No, if checked then Section H must be filled out by at least one owner.

c. Check here if providing names and addresses of any additional owners in an attachment.

F. RELATIONSHIP TO DISPOSAL SITE OF PERSON SUBMITTING AUL TRANSMITTAL FORM: (check one)

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 Submitting AUL Specify: _____



ACTIVITY & USE LIMITATION (AUL) TRANSMITTAL
Pursuant to 310 CMR 40.1056 & 40.1070 - 40.1084 (Subpart J)

FORM Release Tracking Number
DRAFT

G. REQUIRED ATTACHMENT AND SUBMITTALS:

- 1. Check here to certify that notice of the proposed Activity and Use Limitation (AUL) was given to all record-interest holders, if any, in accordance with 310 CMR 40.1074(1)(d), via certified mail.
 - a. Check here if there were no record interest holders.
 - b. Date of certified mailing: _____
mm/dd/yyyy
 - c. Check here to certify that names and addresses of all record holders notified is attached.
- 2. Check here to certify that within 30 days of recording and/or registering the AUL, including amending, releasing or terminating the AUL, a copy of the AUL was/will be provided to the Chief Municipal Officer, the Board of Health, the Zoning Official, and the Building Code Enforcement Official in the community(ies) where the the property subject to such Activity and Use Limitation is located.
- 3. Check here to certify that within 30 days of recording and/or registering the AUL, including amending, releasing or terminating the AUL, a Legal Notice was/will be published in a newspaper with circulation in the community(ies) where the property subject to the AUL is located.
- 4. Check here to certify that within 7 days of publishing a Legal Notice in a newspaper with circulation in the community(ies) where the property subject to the AUL is located, a copy of the notice was/will be submitted to DEP.
- 5. If an AUL Compliance Fee is required for this AUL, check here to certify that an AUL Compliance Fee was submitted to DEP, P.O. Box 4062, Boston, MA 02211.
- 6. Check here if any non-updatable information provided on this form is incorrect, e.g. Site Address/Location Aid. Send corrections to bwsc.edep@state.ma.us.
- 7. Check here to certify that the LSP Opinion containing the material, facts, data, and other information is attached.

H. CERTIFICATION OF OWNER OF PROPERTY, IF NOT PERSON SUBMITTING AUL TRANSMITTAL FORM:

1. I, _____, attest under the pains and penalties of perjury that I am the owner of said property(ies), subject to the AUL

2. _____ 3. Date: _____
Signature mm/dd/yyyy

4. Name of Organization: _____

5. Contact First Name: _____ 6. Last Name: _____

7. Street: _____ 8. Title: _____

9. City/Town: _____ 10. State: _____ 11. ZIP Code: _____

12. Telephone: _____ 13. Ext.: _____ 14. Email: _____



ACTIVITY & USE LIMITATION (AUL) TRANSMITTAL FORM

Pursuant to 310 CMR 40.1056 & 40.1070 - 40.1084 (Subpart J)

Release Tracking Number
DRAFT

I. CERTIFICATION OF PERSON MAKING SUBMITTAL:

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.

Pursuant to 310 CMR 40.1074 (1)(e), I also hereby certify under penalties of perjury, that either I (if person submitting the AUL Transmittal Form is the property owner), or

2. Name of Property Owner

am/is identified on the Notice of AUL as the owner of the property subject to the AUL, owned such property on the date that the AUL was recorded and /or registered

3. By: _____ 4. Title: _____
Signature

5. For: _____ 6. Date: _____
(Name of person or entity recorded in Section E) mm/dd/yyyy

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

8. Street: _____

9. City/Town: _____ 10. State: _____ 11. ZIP Code: _____

12. Telephone: _____ 13. Ext.: _____ 14. Email: _____

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:)