	Massachusetts Department of Environmental Protection Bureau of Waste Site Cleanup	BWSC112		
	BILL OF LADING (pursuant to 310 CMR 40.0030)	Release Tracking Number		
A. LOCATION	OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED):		
1. Release I	Name/Location Aid:			
2. Street Ad	dress:			
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.				
B. THIS FORM	IS BEING USED TO: (check one: B1-B4):			
Res	mit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or ponse Actions associated with this BOL (check all that apply):			
	a. Immediate Response Action (IRA)			
	b. Release Abatement Measure (RAM) f Limited Removal Action (LRA (must be retained pursuant to			
	c. Downgradient Property Status (DPS) 40.0034(6); can't be submitte	d via eDEP)		
	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 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. DESCRIPTI	ON 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.	norganic Absorbent Materials 🔲 b. Other:			

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C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):				
3. Containerized Waste (check all that apply):				
a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineere	d 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 D. Sampling Analytical Methods and Procedures D. 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:				

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В	ILL OF LADING (pursuant to 310 CMR 40	0030)	Release Tracking Number
E. RECEIVING FAC	ILITY/TEMPORARY STORAGE LOCATION:		
1. Operator/Faci	lity 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:	
12. Type of Facil	ty: (Check one)		
a. Tempora	y Storage i. Period of Temporary Storage:	to (mm/dd/vvvv) (mm	/dd/vvvv)
	o for Temporary Storage:		
🗌 b. Asph	alt Batch/Hot Mix 🗌 c. Landfill/Disposal	d. Landfill/Structural Fill	e. Landfill/Daily Cover
f. Aspha	It Batch/Cold Mix g. Thermal Processir	ng h. Incinerator i.	Other:
13. Division of Ha	zardous Waste/Class A Permit Number:		
14. Division of Sc	lid Waste Permit Number:		
15. EPA Identific	ation Number:		
any and all docume standard of care in provisions of 309 C characterize the Re submittal comply wi the characteristics of I am aware that sign	hins and penalties of perjury that I have personants accompanying this submittal. In my profess 309 CMR 4.02(1), (ii) the applicable provisions MR 4.03(3), to the best of my knowledge, inform mediation Waste which is (are) the subject of the applicable provisions of 310 CMR 40.0000, a described in this submittal.	ional opinion and judgment based of 309 CMR 4.02(2) and (3), and nation and belief, the assessment his submittal for acceptance at the and such facility is permitted to ac imited to, possible fines and impri	d upon application of (i) the 309 CMR 4.03(2), and (iii) the action(s) undertaken to a facility identified in this cept Remediation Waste having sonment, if I submit information
2. Filst Name.		3. Last Name:	
4. Telephone:	5. Ext		
6. Email:			
7. Signature:			
	n/dd/yyyy)	9. LSP Stamp:	
		L	

	BWSC112			
BILL OF LADING (pursuant to 310 CMR 40.0030)				Release Tracking Number
G. PERSON SU	BMITTING BILL OF LADING:			
1. Check all	that apply: 🔲 a. change in contac	t name 🔲 b. Cha	nge of address 🔲 c. c ເ	hange in person Indertaking response actions
2. Name of (Drganization:			
3. Contact F	irst Name:	4.	Last Name:	
5. Street:			6. Title:	
7. City/Town:	·	_ 8. State:	9. Zip Code: _	
10. Telephon	e:	_ 11. Ext:	12. Email <u>:</u>	
H. RELATIONS	HIP TO SITE OF PERSON SUBMITT	NG BILL OF LADIN	G: Chec	k here to change relationship
1. RP or PF	RP: 🗌 a. Owner 🗌 b. Operat	or 🗌 c. Generate	or 🗌 d. Transporter	
2 Fiducian	e. Other RP or PRP			
	or Public Utility on a Right of Way (as d		-	
	er person Undertaking Response Action	-		
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:	
4 505			5 Data:	
4. For:	(Name of person or entity recorded in	Section H)	5. Date(m	m/dd/yyyy)

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J. CERTIFICA	TION OF PERSON SUBMITTING BILL OF LADING (cont.) :	
6. Chec	k here if the address of the person providing certification is different from address re	ecorded in Section H.
7. Street:		
8. City/Town:_	9. State:10. Zip Code	e:
11. Telephone:	12. Ext: 13. Email:	
BI SECT	OU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO LLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY COMPLETE A ONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLET AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRE	ALL RÉLEVANT TE. IF YOU SUBMIT
	ssDEP USE ONLY):	

X

Massachusetts Department of Environmental Protection Bureau of Waste Site Cleanup

BWSC112A

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

SUMMARY OF SHIPMENT SHEET ______ OF _____

A. SUMMARY OF SHIPMENT (To be filled out by the receiving facility upon receipt of Remediation Waste):

		i	
1. Date of Shipment:	2. Date of Receipt:	3. Number of Loads Shipped:	4. Daily Volume Shipped:
(mm/dd/yyyy)	(mm/dd/yyyy)		yds ³ tons gals
5. Totals Recorded on this Summary of Shipment Sheet:			

B. Check here if additional BWSC112A BOL Summary of Shipment Sheets are needed.

Massachusetts Department of E Bureau of Waste Site Cleanup	nvironment	al Protection	BWSC112B	
			Release Tracking Number	
BILL OF LADING (pursuant to 310 CMR SUMMARY SHEET SIGNATURE PAGE	•		-	
A. ACKNOWLEDGEMENT OF RECEIPT OF REMEDIATION V	NASTE AT REC	EIVING FACILITY O	R 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. Ву:				
4. For:	5.	Date:		
6. Date of Final Shipment associated with this Bill of Lading:			(mm/dd/yyyy)	
	(mm/de	d/yyyy)		
examined and am familiar with the information contained in thi transmittal form, (ii) that, based on my inquiry of those individu material information contained in this submittal is, to the best of that I am fully authorized to make this attestation on behalf of entity on whose behalf this submittal is made am/is aware that possible fines and imprisonment, for willfully submitting false,	is submittal, inclu nals immediately of my knowledge the entity legally t there are signifi- inaccurate, or inc	Iding any and all docuresponsible for obtain and belief, true, accuresponsible for this s cant penalties, includ complete information.	ning the information, the urate and complete, and (iii) ubmittal. I/the person or ing, but not limited to,	
2. Ву:	3.	Title:		
4. For:(Name of person or entity recorded in Section	5.	Date:	mm/dd/yyyy)	
6. Check here if the address of the person providing certific	ation is different	from address recorde	ed in BWSC112 Section H.	
7. Street:				
8. City/Town:9. S	tate:	10. Zip Code	·	
11. Telephone: 12. E	xt:	13. Email:		
14. Check here if attaching optional supporting documental	ion such as copi	es of Load Informatio	on Summary Sheets	
	·			