



Commonwealth of Massachusetts  
Executive Office of Energy & Environmental Affairs

## Department of Environmental Protection

One Winter Street Boston, MA 02108 • 617-292-5500

Charles D. Baker  
Governor

Karyn E. Polito  
Lieutenant Governor

Matthew A. Beaton  
Secretary

Martin Suuberg  
Commissioner

# BWSC103: Release Notification & Notification Retraction Form Instructions

## General Instructions

Notification to MassDEP of a release or threat of release of Oil and/or Hazardous Material is required under the regulations established by the Massachusetts Contingency Plan (MCP) at 310 CMR 40.0300.

The Release Notification & Notification Retraction Form is for use by a person who wants to:

- Provide DEP with written notification of a release or threat of release of Oil, Hazardous Material or both for 2 and 72 hour releases or for a 120 day release when an RTN has been previously assigned, or
- Revise a previously submitted oral or written notification of a release or threat of release, or
- Retract a previously submitted oral or written notification of a release or threat of release.

## Pre Form

When you first click on a BWSC form a "Pre Form" will appear on your screen:

Entering the Release Tracking Number (RTN)

- Enter the Regional Number: 1=Western Regional Office, 2=Central Regional Office, 3=Northeast Regional Office, and 4=Southeast Regional Office
- Enter the Tracking Number: Do not enter left hand zeros. For example, enter the tracking number for 3-0099999 as 99999.
- Press Search to proceed to the next step.

This information is available in alternate format. Contact Michelle Waters-Ekanem, Director of Diversity/Civil Rights at 617-292-5751.

TTY# MassRelay Service 1-800-439-2370

MassDEP Website: [www.mass.gov/dep](http://www.mass.gov/dep)

Printed on Recycled Paper

Region:  ▼

Tracking Number:

### Selecting the Person Making the Submittal

- Click on the blue arrow to see the complete list of persons.
- Select the appropriate Person Making the Submittal from the dropdown list.
- If the appropriate Person Making the Submittal is not on the list, check "add a new person".
- Click Next to proceed with filling out the form.

Note that to have a person added to the dropdown list on future submittals, you need to send an email to [BWSC.eDEP@state.ma.us](mailto:BWSC.eDEP@state.ma.us). Specify the RTN, the person's information (name, company, address, and telephone) and the relationship to the RTN (e.g., current owner) in your email.

RTN: 3-99999  
 RELEASE LOCATION  
 1 RELEASE ST  
 BOSTON MA, 021080000

Add a new person

**Person Making Certification: Choose from the list or select New Person**

▼

Note that the RTN will auto fill the upper right hand corner of the form on every page. The RTN is not editable. If the wrong RTN is entered the form must be deleted and recreated with the correct RTN.

## Instructions for Filling Out BWSC103, the Release Notification and Retraction Form:

### Section A: Release or Threat of Release Location

Each of the following fields auto fills from the WSC Program Database, and cannot be updated through the form. Send requests for corrections to [BWSC.eDEP@state.ma.us](mailto:BWSC.eDEP@state.ma.us). Note that once the corrections are made the form will need to be recreated since it is not possible for BWSC staff to change data directly on a form.

#### A.1. Release Name/Location Aid

A.2. Street Address

A.3. City/Town

A.4 .Zip Code

A5. Coordinates: Latitude/Longitude Coordinates are required to be submitted with a Release Notification as per 310 CMR 40.0371. See "[Using GIS Location Finder](#)" for information how to use the "Identify Location of Release" button, or alternatively to enter them by hand. .

## **Section B: Use of Form Section for BWSC103**

Note that in most cases when a box on the Use of Form section is checked the system will require a supporting document or attachment See "[Managing WSC Attachments](#)" for further information about WSC supporting documents.

B.1. Check this box if submitting a Release Notification for a 2 or 72 Hour Notification. Also, check this box if submitting a Release Notification for a 120 Day Notification that has been previously assigned an RTN. (Note that currently there is no supporting documentation required if this box is checked. If you would like to attach optional descriptive information, then check the box in C8.)

B.2. Check this box if revising a Release Notification.

- Supporting Documentation required if this box is checked

B.3. Check this box if submitting a Retraction of a Release Notification.

- Supporting Documentation required if this box is checked

## **Section C: Release or Threat of Release Description:**

C.1. Enter the Oral Notification Date and Time, if applicable

C.2. Enter the "Knowledge of the Release" Date and Time

- Indicate the date and time when the person or organization reporting the release or threat of release obtained knowledge of the event, which may differ from the date when the release or threat of release occurred.

C.3. Enter the Date and Time of the Release, if known.

Check at least one notification thresholds listed under C.4., C.5. and/or C.6.that describe the release or threat of release. At least one such option must be selected. The most stringent reporting condition selected will categorize the release or threat of release.

C.4. Two Hour Notification: See the MCP at 310 CMR 40.0311 and 40.0312 for an explanation of each option.

C.5. 72 Hour Notification: See the MCP at 310 CMR 40.0313 and 40.0314 for an explanation of each option.

C.6. 120 Day Notification: See the MCP at 310 CMR 40.0315 for an explanation of each option. Do not check a 120 Day reporting condition when Reportable Concentrations are related to or consistent with the basis for a Two Hour or 72 Hour reporting condition.

C.7. Provide the following information about each type of Oil and/or Hazardous Material released or posing a threat of release:

- Record the three most plentiful types of oil or hazardous material released or posing a threat of release, listing the largest quantity or concentration first.
- Record the Chemical Abstracts Service (CAS) number for each Hazardous Material listed, if known. Most Oils do not have CAS numbers.
- Indicate whether each substance is an Oil (O) or a Hazardous Material (HM), as defined by the MCP.
- Record the quantity or concentration reported and the applicable units (e. g., 100 gallons, 50 ppm). Be sure to use the proper type of units. For example, use gallons or pounds for reportable quantities for sudden releases, "ppmv" for headspace screening measurements, "mg/kg" for soil measurements and "mg/l" for groundwater data.
- If the report concerns a Reportable Concentration (RC), specify which Reportable Concentration applies (i.e., RCS-1, RCS-2, RCGW-1, RCGW-2). If an RC is not applicable, select N/A. NOTE: This information is required when reporting any 120 Day reporting condition.

C.8. Check this box if you need to report additional types of Oil and Hazardous Materials released or posing a threat of release. Provide the same information as listed above. In addition, check this box if you would like to attach optional descriptive information relating to this Release Notification.

- Supporting Documentation Required if this box is checked.

#### **Section D: Person Required to Notify**

If you selected a person from the Pre Form list that person's information will auto fill this section. You will not be able to edit the Organization. Other fields are editable under the following circumstances:

D.1.a. Check this box if you would like to change the Contact Name. When you check this box the First Name, Last Name and Telephone Number will be editable.

D.1.b Check this box if you would like to change the Address of the Person Required to Notify. When you check this box Street, City/Town, and Zip Code will be editable.

D.1.c Note this box will be auto checked if you selected "add a new person", you will not be able to uncheck this box.

If you selected "add a new person", provide information about the Person required to Notify, who must be a person described by the MCP at 310 CMR 40.0331, "Who Shall Notify":

D.2. Name of Organization: If an organization is reporting the release or threat of release or retracting a notification, record its name. (e. g., company, municipal department, public authority). Leave blank if not applicable (e. g., owner or occupant of residential property).

D.3., D.4. and D.6. Contact First Name, Last Name and Title

Individuals: If a person who is not associated with an organization is reporting a release or threat of release or retracting a notification, record his or her first and last name in this field. (e. g., owner or occupant of residential property)

Organizations: If an organization is reporting a release or threat of release or retracting a notification, provide the first and last name and title of a representative who has knowledge of the situation and whom DEP may contact for further information. The person listed must be the highest ranking individual having day-to-day responsibility for reporting a release or threat of release.

D.5. Street: Provide the street address of the individual named in D.3. and D.4. This location might differ from that of the release or threat of release (i.e., the site location).

D.7., D.8. and D.9. City/Town, State and Zip Code Provide the remainder of the mailing address for the individual named at D.3. and D4.

D.10., D.11. and D.12. Telephone, Ext. and Fax Number: State a telephone number, including area code and any extension, where DEP may reach the individual named at D.3. and D.4. If that person has access to a FAX machine, you may provide a FAX number. Note that the organization's telephone number, not the contact's number, will autofill here.

Note that the WSC Database does not automatically update with any new data or corrections you may have made to the fields above. Send requests for corrections to [BWSC.eDEP@state.ma.us](mailto:BWSC.eDEP@state.ma.us), include the RTN and the new or updated information. Do not reference form fields since BWSC staff can't edit or see forms that you are working on. Once the corrections are made, they will appear on any new forms created for that RTN.

D.13. Check this box if you need to record additional names and addresses of owners affected by the release or threat of release, other than an owner who is submitting this Release Notification Form. Try to provide a complete mailing address and phone number, including area code, with each address.

- Supporting Documentation Required

### **Section E: Relationship of Person to Release or Threat of Release**

Note that if you selected a person from the Pre Form Pick List you will not be able to edit this section. Send requests for corrections to [BWSC.eDEP@state.ma.us](mailto:BWSC.eDEP@state.ma.us). Note that once the corrections are made the form will need to be recreated since it is not possible for BWSC staff to change data on a form.

For "new persons" select the single response in Section E that best describes the relationship of the Person required to Notify, (who is named in Section D) to the release or threat of release. Do not provide information about an LSP or other individual who is preparing the form on behalf of or as an agent for the Person required to Notify. See the MCP at 310 CMR 40.0006 and 40.0331 and M. G. L. c. 21E for further definitions of terms used in this section of the form.

### **Section F: Certification of Person Required to Notify**

F.1, F.2., and F.5.:

These fields are blocked from entry. Once the form is submitted the name of the person who electronically signs the certification (at the signature step of the process) will auto fill F.1. and F.2. and the date of signature will auto fill F.5. A Licensed Site Professional (LSP) should not sign his/her name as agent for Person required to Notify except if written authorization is obtained as per 310 CMR 40.0009.

F.3. Enter the Title of the Person required to Notify or the person signing on behalf of the Person required to Notify.

F.4. This field is auto filled from Section D.

F.6. (F.7. through F.13.) Check this box if the address of the person signing is different from the address in section D. Fill out the rest of the fields in this section as applicable.