



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)



PERMANENT AND TEMPORARY SOLUTION STATEMENT

Pursuant to 310 CMR 40.1000 (Subpart J)

Release Tracking Number

-

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: _____



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Release 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).



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Release 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 CMR 40.1012(2)

Is the AUL required because the Permanent Solution relies on an Active Exposure Pathway Mitigation Measure pursuant to 310 CMR 40.1025?

1. Yes 2. No

ii. Optionally implemented pursuant to 310 CMR 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 a or b / and c)

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

c. Does the Temporary Solution rely on an Active Exposure Pathway Mitigation Measure pursuant to 310 CMR 40.1026?

i. Yes ii. No

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



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-

Pursuant to 310 CMR 40.1000 (Subpart J)

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

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.
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
- 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: _____



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Release 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 #: _____

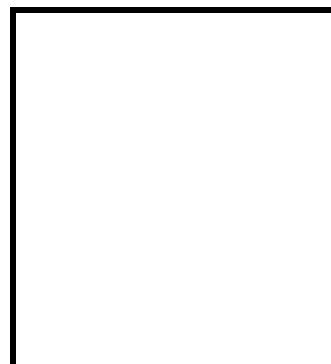
2. First Name: _____ 3. Last Name: _____

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

Pursuant to 310 CMR 40.1000 (Subpart J)

Release Tracking Number

-

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.



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-

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: _____ Signature 3. Title: _____

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

[Empty rectangular box for date stamp]