



**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

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**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.



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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



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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: \_\_\_\_\_



**Massachusetts Department of Environmental Protection**  
*Bureau of Waste Site Cleanup*

**BWSC105**

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

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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  
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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.



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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

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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

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**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)

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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.

