



**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. Include in the RAM Plan or Modified RAM Plan 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)**



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

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





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**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:



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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

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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)

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





**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.



Massachusetts Department of Environmental Protection

Bureau of Waste Site Cleanup

RAM REMEDIAL MONITORING REPORT MEASUREMENTS

Pursuant to 310 CMR 40.0400 (Subpart D)

Remedial System or Monitoring Program: \_\_\_\_\_ of: \_\_\_\_\_

BWSC106B

Release Tracking Number

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For each Point of Measurement related to concentration, indicate the highest concentration detected during the reporting period, of each oil, hazardous material and/or remedial additive.

For each Point of Measurement for pressure differentials, indicate the lowest pressure differential detected during the reporting period.

Point of Measurement	Date (mm/dd/yyyy)	Contaminant, Measurement and/or Indicator Parameter	Influent Concentration (where applicable)	Midpoint Concentration (where applicable)	(check one)	Check here, if ND/BDL	Permissible Concentration or Pressure Differential	Units	Within Permissible Limits? (Y/N)
					<input type="checkbox"/> Discharge <input type="checkbox"/> Groundwater Concentration <input type="checkbox"/> Pressure Differential				
						<input type="checkbox"/>			
						<input type="checkbox"/>			
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Check here if any additional BWSC106B, Measurements Form(s) are needed.