



**AUDIT FOLLOW-UP PLAN TRANSMITTAL FORM  
& POST- AUDIT COMPLETION STATEMENT**

Pursuant to 310 CMR 40.1160 - 40.1170 (Subpart K)

Release Tracking Number

-

**A. DISPOSAL SITE LOCATION:**

1. Disposal Site Name: \_\_\_\_\_

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 one)

1. Submit an **Audit Follow-Up Plan** (Section C is not required).

2. Submit a **Modified or Revised Audit Follow-Up Plan** (Section C is not required).

3. Submit a **Post- Audit Completion Statement**.

4. Provide Additional RTNs:

a. Check here if this Audit Submittal covers additional Release Tracking Numbers (RTNs).

b. Provide the additional Release Tracking Number(s) covered by this Audit Submittal.       -        -

**(All sections of this transmittal form must be filled out unless otherwise noted above)**

**C. POST-AUDIT RESPONSE ACTIONS SUMMARY:**

1. Notice of Audit Finding Date Issued: \_\_\_\_\_  
mm/dd/yyyy

2. Documentation (check all that apply):

a. Provided Technical Justification, or Supporting or Clarifying Information Relating to Previous Response Actions.

b. Performed Additional Risk Assessment.

c. Modified Disposal Site Boundary.

3. Field Work (check all that apply):

a. Sampled Previously Assessed Media (check all that apply):

Soil     GW     SW     Sediment     Air     Waste Material

b. Sampled New Media Not Previously Assessed (check all that apply):

Soil     GW     SW     Sediment     Air     Waste Material

c. Performed Remediation. Describe: \_\_\_\_\_  
\_\_\_\_\_



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**C. POST-AUDIT RESPONSE ACTIONS SUMMARY: (cont.)**

4. Outcome (Check all that apply and submit appropriate transmittal form(s)):

- a. Implemented or Amended Activity and Use Limitation
- b. Modified Risk Assessment Method
- c. Revised Permanent or Temporary Solution Statement
- d. Revised Tier Classification
- e. Revised or Modified Phase Work
- f. Retracted Permanent or Temporary Solution Statement
- g. Other: \_\_\_\_\_

**D. 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 **Audit Follow-up Plan, or a Modified or Revised Audit Follow-up 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 a **Post-Audit Completion Statement** is being submitted, the Post-Audit response action(s) that is (are) the subject of this submittal as required to correct either violations and/or deficiencies identified by DEP in a Notice of Audit Finding pursuant to 310 CMR 40.1140 (i) has (have) been developed, implemented and completed 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, approvals, or Audit Follow-up Plans pursuant to 310 CMR 40.1160 as identified in this submittal. Development, implementation and completion of the Post-Audit response action(s) have corrected the violations and/or deficiencies identified by DEP in the Notice of Audit Finding. This Statement does not (1) apply to actions or other aspects of the site that were not reviewed in the audit, (2) preclude future audits of past, current, or future actions at the site, (3) in any way constitute a release from any liability, obligation, action or penalty under M.G.L. c.21E, 310 CMR 40.0000, or any other law, regulation, or requirement, or (4) limit the Department's authority to take or arrange, or to require any Responsible Party or Potentially Responsible Party to perform, any response action authorized by M.G.L. c.21E, which the Department deems necessary to protect health, safety, public welfare or the environment.



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

**BWSC111**

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**D. LSP SIGNATURE AND STAMP: (cont.)**

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:

**E. PERSON RESPONDING TO AUDIT:**

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: \_\_\_\_\_

**F. RELATIONSHIP TO SITE OF PERSON RESPONDING TO AUDIT:**

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 Responding to Audit Specify Relationship: \_\_\_\_\_



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**G. REQUIRED ATTACHMENT 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 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 LSP Opinion containing the material facts, data, and other information is attached.

**H. CERTIFICATION OF PERSON RESPONDING TO AUDIT:**

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 E) mm/dd/yyyy

6. Check here if the address of the person providing certification is different from address recorded in Section E.

7. Street: \_\_\_\_\_

8. City/Town: \_\_\_\_\_ 9. State: \_\_\_\_\_ 10. ZIP Code: \_\_\_\_\_

11. Telephone: \_\_\_\_\_ 12. Ext.: \_\_\_\_\_ 13. Email: \_\_\_\_\_

**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:)