



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC112B

Release Tracking Number

-

BILL OF LADING (pursuant to 310 CMR 40.0030)
SUMMARY SHEET SIGNATURE PAGE

A. ACKNOWLEDGEMENT OF RECEIPT OF REMEDIATION WASTE AT RECEIVING FACILITY OR TEMPORARY STORAGE:

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: _____
(mm/dd/yyyy)

6. Date of Final Shipment associated with this Bill of Lading: _____
(mm/dd/yyyy)

B. ACKNOWLEDGEMENT OF SHIPMENT AND RECEIPT OF REMEDIATION WASTE BY PERSON CONDUCTING RESPONSE ACTIONS ASSOCIATED WITH THIS BILL OF LADING:

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 G) (mm/dd/yyyy)

6. Check here if the address of the person providing certification is different from address recorded in BWSC112 Section H.

7. Street: _____

8. City/Town: _____ 9. State: _____ 10. Zip Code: _____

11. Telephone: _____ 12. Ext: _____ 13. Email: _____

14. Check here if attaching optional supporting documentation such as copies of Load Information Summary Sheets