



**NOTIFICATION OF DELAY IN COMPLIANCE WITH
RESPONSE ACTION DEADLINES TRANSMITTAL FORM**

Release Tracking Number

-

Pursuant to 310 CMR 40.0560 (Subpart E) and 310 CMR 40.0025 (Force Majeure)

A. SITE LOCATION:

1. Site Name: _____
2. Street Address: _____
3. City/Town: _____ 4. ZIP Code: _____

B. THIS FORM IS BEING USED TO:

1. Submit a Notification of Delay (pursuant to 310 CMR 40.0560)

- a. Submit a **Notification of Delay in Submitting a Phase II Report** within 3 years of the effective date of the Initial Tier Classification.
- b. Submit a **Notification of Delay in Submitting a Phase III Remedial Action Plan** within 4 years of the effective date of the Initial Tier Classification.
- c. Submit a **Notification of Delay in Submitting a Phase IV Remedy Implementation Plan** within 4 years of the effective date of the Initial Tier Classification.
- d. Submit a **Notification of Delay in Submitting a Permanent or Temporary Solution** within 5 years of the effective date of the Initial Tier Classification.

Providing this notice does not forgive a Responsible Party's, Potentially Responsible Party's or Other Person's noncompliance with response action deadlines in 310 CMR 40.0000, nor does it extend those deadlines.

2. Submit a **Notification of Delay due to Force Majeure** (pursuant to 310 CMR 40.0025)

C. PERSON UNDERTAKING RESPONSE ACTIONS:

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: _____



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D. RELATIONSHIP TO SITE OF PERSON UNDERTAKING RESPONSE ACTIONS:

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 Response Actions: Specify Relationship: _____

E. CERTIFICATION OF PERSON UNDERTAKING RESPONSE ACTIONS:

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 C)

5. Date: _____

mm/dd/yyyy

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

7. Street: _____

8. City/Town: _____

9. State: _____

10. ZIP Code: _____

11. Telephone: _____

12. Ext.: _____

13. Email: _____

YOU ARE SUBJECT TO ANNUAL COMPLIANCE ASSURANCE FEES FOR EACH BILLABLE YEAR FOR TIER CLASSIFIED DISPOSAL SITES. 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:)