



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Solid Waste Management

BWP SW 12 Initial Site Assessment

BWP SW 23 Comprehensive Site Assessment

BWP SW 24 Corrective Action Alternative Analysis

BWP SW 25 Corrective Action Design

Application for Landfill Assessment and Closure

Transmittal Number _____

Facility ID# (if known) _____

A. BWP SW 12 Initial Site Assessment: 310 CMR 19.150(4)

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Directions: Specify the report/plan and page numbers in which the following information is located.

	Plan/Report #	Page #	DEP Use Only
1. Initial Site Assessment (310 CMR 19.150(4))			
a. Background information	_____	_____	_____
b. Historical Research	_____	_____	_____
c. Literature/Data Search	_____	_____	_____
d. Hydrogeological Description	_____	_____	_____
e. Site Visit	_____	_____	_____
f. Mapping	_____	_____	_____
g. Field Screening	_____	_____	_____
2. Comprehensive Site Assessment Scope of Work	_____	_____	_____
3. Funding			
a. Corrective action and/or closure-post closure cost estimate	_____	_____	_____
b. Funding mechanism and schedule	_____	_____	_____

B. BWP SW 23 Comprehensive Site Assessment: 310 CMR 19.150(5)

	Plan/Report #	Page #	DEP Use Only
a. ISA Summary	_____	_____	_____
b. Mapping	_____	_____	_____
c. Drilling Program	_____	_____	_____
d. Determination of Hydraulic Conductivity	_____	_____	_____
e. Sampling and Analysis Plan	_____	_____	_____
f. Health and Safety Plan	_____	_____	_____
g. Project Schedule	_____	_____	_____



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B. BWP SW 23 Comprehensive Site Assessment: 310 CMR 19.150(5) (cont.)

	Plan/Report #	Page #	DEP Use Only
h. Baseline Risk Assessment	_____	_____	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
i. Corrective Action Alternative Analysis Scope of Work Outline	_____	_____	

C. BWP SW 24 Corrective Action Alternative Analysis: 310 CMR 19.150(6)

	Plan/Report #	Page #	DEP Use Only
a. Corrective Action Objectives	_____	_____	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
b. Alternatives Analysis	_____	_____	
c. Recommended Alternative	_____	_____	

Important Note: Engineering Plans must be stamped by a Registered Professional Engineer (PE). Property Line Location must be stamped by a Registered Land Surveyor (RLS).

D. BWP SW 25 Corrective Action Design: 310 CMR 19.151(2)(a)

	Plan/Report #	Page #	DEP Use Only
a. Corrective Action Design and/or closure plans	_____	_____	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
b. Implementation schedule	_____	_____	

E. Post Closure Plans

Note: Part E is only applicable when a closure plan has been submitted and closure is being implemented.

	Plan/Report #	Page #	DEP Use Only
1. Maintenance Plan {310 CMR 19.142(5)}	_____	_____	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
2. Monitoring Plan {310 CMR 19.142(5)}	_____	_____	
3. Post-Closure Use Plans {310 CMR 19.143} (if applicable)	_____	_____	
4. Record Notice of Landfill Operation {310 CMR 19.141}	_____	_____	



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F. Certification & Engineer’s Supervision: 310 CMR 19.011

Engineer’s Supervision:

All papers pertaining to design, operation, or engineering of this site or facility shall be completed under the supervision of a Massachusetts registered professional engineer knowledgeable in solid waste facility design, construction and operation, and shall bear the seal, signature and discipline of said engineer. The soils, geology, air monitoring and groundwater sections of the application or monitoring report shall be completed by competent professionals experienced in the fields of soil science and soil engineering, geology, air monitoring and groundwater, respectively, under the supervision of a Massachusetts registered professional engineer. All mapping and surveying shall be completed by a registered surveyor.

Print Name

Authorized Signature

Position/Title

Company

P.E. #

Date (MM/DD/YYYY)

Responsible Official Certification:

I attest under the pains and penalties of perjury that:

- (a) I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;
- (b) based on my inquiry of those persons responsible for obtaining the information, the information contained in this submittal is, to the best of my knowledge, true, accurate, and complete;
- (c) I am fully authorized to bind the entity required to submit these documents and to make this attestation on behalf of such entity; and
- (d) I am aware that there are significant penalties, including, but not limited to, possible administrative and civil penalties for submitting false, inaccurate, or incomplete information and possible fines and imprisonment for knowingly submitting false, inaccurate, or incomplete information.

Print Name

Authorized Signature

Position/Title

Date (MM/DD/YYYY)