



**DOWNGRADIENT PROPERTY STATUS (DPS)
TRANSMITTAL FORM** Pursuant to 310 CMR 40.0180 (Subpart B)

Release Tracking Number

-

A. DOWNGRADIENT PROPERTY LOCATION:

1. Downgradient Property Name: _____

2. Street Address: _____

3. City/Town: _____ 4. ZIP Code: _____

5. Check here if the source of the release, that is the subject of this Downgradient Property Status (DPS), is known.

a. Provide the Release Tracking Number (RTN) for the source disposal site, if known. -

b. If there is no RTN, identify address and town: _____

6. Check here if the disposal site that is the source of the release that is the subject of this DPS is Tier Classified.
Check the current Tier Classification Category.

a. Tier I b. Tier ID c. Tier II

7. Check here if a Release(s) of Oil or Hazardous Material(s), other than that which is the subject of this submittal, has occurred at this property.

a. Provide RTN(s) for these releases: - -

b. Check here if the Release(s) identified above require further Response Actions pursuant to 310 CMR 40.0000.

B. THIS FORM IS BEING USED TO: (check all that apply)

1. Submit an **Initial Downgradient Property Status (DPS) Submittal**.

2. Submit a **Revised DPS Submittal**.

3. Submit a **Modification of a DPS Submittal**.

Note that the person (the transferee) who is seeking a Modification of a DPS is the person that is required to submit the Modification of a DPS Submittal. The person (the transferor) who most recently submitted a Modification of DPS is required to fill out BWSC115A. If no Modification of a DPS Submittal was previously submitted, then the person who submitted the Initial DPS Submittal is required to fill out BWSC115A.

4. Submit a **Termination of a DPS Submittal**.

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



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C. 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,

The response action(s) that is (are) the subject of this **Downgradient Property Status 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 310 CMR 40.0183(2)(b), 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:



D. PERSON MAKING SUBMITTAL:

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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E. RELATIONSHIP TO PROPERTY OF PERSON MAKING SUBMITTAL:

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 Making Submittal Specify Relationship: _____

F. 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 Chief Municipal Officer and the Local Board of Health have been notified of the submittal of a Downgradient Property Status (DPS) with instructions on how to obtain a full copy of the report.

3. Check here to certify that the required documentation for a DPS Submittal, including, but not limited to, copies of notices, was provided to owners and operators of both upgradient and downgradient abutting properties and the source property, if known or suspected.

4. Check here to certify that a site plan of the property(ies) that is/are the subject of this DPS Submittal and, to the extent defined, the Disposal Site, is attached.

5. If a DPS Compliance Fee is required for this DPS Submittal, check here to certify that a DPS Compliance Fee was submitted to DEP, P. O. Box 4062, Boston, MA 02211.

6. If a Modification of a DPS Submittal is being submitted, check here to certify that written consent is attached. The written consent must be from the person who submitted the previous Modification of a DPS Submittal, or the Initial DPS Submittal, if there is no previous Modification of a DPS Submittal.

7. Check here if any non-updatable information provided on this form is incorrect, e.g., property address. Send corrections to bwsc.edep@state.ma.us

8. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.



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G. CERTIFICATION OF PERSON MAKING SUBMITTAL:

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 the/those individual(s) immediately responsible for obtaining the information, the material information contained herein is, to the best of my knowledge, information and belief, true, accurate and complete; (iii) that, to the best of my knowledge, information and belief, I/the person(s) or entity(ies) on whose behalf this submittal is made satisfy(ies) the criteria in 310 CMR 40.0183(2); (iv) that I/the person(s) or entity(ies) on whose behalf this submittal is made have provided notice in accordance with 310 CMR 40.0183(5); and (v) that I am fully authorized to make this attestation on behalf of the person(s) or entity(ies) legally responsible for this submittal. I/the person(s) or entity(ies) on whose behalf this submittal is made is/are 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 D) (mm/dd/yyyy)

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

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:)



**DOWNGRADIENT PROPERTY STATUS (DPS)
MODIFICATION FORM** Pursuant to 310 CMR 40.0180 (Subpart B)

Release Tracking Number

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A. PERSON WHO PREVIOUSLY SUBMITTED A DPS OR MODIFICATION OF A DPS:

1. Check all that apply: a. change in contact name b. change of address

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: _____

B. RELATIONSHIP TO PROPERTY OF PERSON WHO PREVIOUSLY SUBMITTED A DPS OR MODIFICATION OF A DPS:

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 Making Submittal Specify Relationship: _____

C. CERTIFICATION OF PERSON WHO PREVIOUSLY SUBMITTED A DPS OR MODIFICATION OF A DPS:

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 the/those individual(s) immediately responsible for obtaining the information, the material information contained herein is, to the best of my knowledge, information and belief, true, accurate and complete; (iii) that, to the best of my knowledge, information and belief, I/the person(s) or entity(ies) on whose behalf this submittal is made satisfy(ies) the criteria in 310 CMR 40.0183(2); (iv) that I/the person(s) or entity(ies) on whose behalf this submittal is made have provided notice in accordance with 310 CMR 40.0183(5); and (v) that I am fully authorized to make this attestation on behalf of the person(s) or entity(ies) legally responsible for this submittal. I/the person(s) or entity(ies) on whose behalf this submittal is made is/are 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 A) 5. Date: _____ (mm/dd/yyyy)

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

7. Street: _____

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

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