

**COMPREHENSIVE RESPONSE ACTION TRANSMITTAL
FORM & PHASE I COMPLETION STATEMENT**

Release Tracking Number

-

- a. Tier IA b. Tier IB c. Tier IC d. Tier II

6. If applicable, provide the Permit Number: _____

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

**COMPREHENSIVE RESPONSE ACTION TRANSMITTAL
FORM & PHASE I COMPLETION STATEMENT**

Release Tracking Number

3 - 518

Pursuant to 310 CMR 40.0484 (Subpart D) and 40.0800 (Subpart H)

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

14. Submit a **Revised Phase IV Completion Statement**, pursuant to 310 CMR 40.0878 and 40.0879.
15. Submit a **Phase V Status Report**, pursuant to 310 CMR 40.0892.
16. Submit a **Remedial Monitoring Report**. (This report can only be submitted through eDEP.)
- a. Type of Report: (check one) i. Initial Report ii. Interim Report iii. Final Report
- b. Frequency of Submittal: (check all that apply)
- i. A Remedial Monitoring Report(s) submitted monthly to address an Imminent Hazard.
- ii. A Remedial Monitoring Report(s) submitted monthly to address a Condition of Substantial Release Migration.
- iii. A Remedial Monitoring Report(s) submitted concurrent with a Status Report.
- c. Status of Site: (check one) i. Phase IV ii. Phase V iii. Remedy Operation Status iv. Class C RAO
- d. Number of Remedial Systems and/or Monitoring Programs:
- A separate BWSC108A, CRA Remedial Monitoring Report, must be filled out for each Remedial System and/or Monitoring Program addressed by this transmittal form.
17. Submit a **Remedy Operation Status**, pursuant to 310 CMR 40.0893.
18. Submit a **Status Report to maintain a Remedy Operation Status**, pursuant to 310 CMR 40.0893(2).
19. Submit a **Transfer and/or a Modification of Persons Maintaining a Remedy Operation Status (ROS)**, pursuant to 310 CMR 40.0893(5) (check one, or both, if applicable).
- a. Submit a Transfer of Persons Maintaining an ROS (the transferee should be the person listed in Section D, "Person Undertaking Response Actions").
- b. Submit a Modification of Persons Maintaining an ROS (the primary representative should be the person listed in Section D, "Person Undertaking Response Actions").
- c. Number of Persons Maintaining an ROS not including the primary representative: _____
20. Submit a **Termination of a Remedy Operation Status**, pursuant to 310 CMR 40.0893(6).(check one)
- a. Submit a notice indicating ROS performance standards have not been met. A plan and timetable pursuant to 310 CMR 40.0893(6)(b) for resuming the ROS are attached.
- b. Submit a notice of Termination of ROS.
21. Submit a **Phase V Completion Statement**, pursuant to 310 CMR 40.0894.
- Specify the outcome of Phase V activities: (check one)
- a. The requirements of a Class A Response Action Outcome have been met. No additional Operation, Maintenance or Monitoring is necessary to ensure the integrity of the Response Action Outcome. A completed Response Action Outcome Statement (BWSC104) will be submitted to DEP.
- b. The requirements of a Class C Response Action Outcome have been met. No additional Operation, Maintenance or Monitoring is necessary to ensure the integrity of the Response Action Outcome. A completed Response Action Outcome Statement and Report (BWSC104) will be submitted to DEP.
- c. The requirements of a Class C Response Action Outcome have been met. Further Operation, Maintenance or Monitoring of the remedial action is necessary to ensure that conditions are maintained and/or that further progress is made toward a Permanent Solution. A completed Response Action Outcome Statement and Report (BWSC104) will be submitted to DEP.
22. Submit a **Revised Phase V Completion Statement**, pursuant to 310 CMR 40.0894.
23. Submit a **Post-Class C Response Action Outcome Status Report**, pursuant to 310 CMR 40.0898.

COMPREHENSIVE RESPONSE ACTION TRANSMITTAL
FORM & PHASE I COMPLETION STATEMENT

Release Tracking Number

3 - 518

Pursuant to 310 CMR 40.0484 (Subpart D) and 40.0800 (Subpart H)

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,

> if Section B indicates that a **Phase I, Phase II, Phase III, Phase IV or Phase V Completion Statement** and/or a **Termination of a Remedy Operation Status** is being submitted, the response action(s) that is (are) the subject of this 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 the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and (iii) comply(ies) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B indicates that a **Phase II Scope of Work** or a **Phase IV Remedy Implementation 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) comply(ies) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B indicates that an **As-Built Construction Report, a Remedy Operation Status, a Phase IV, Phase V or Post-Class C RAO Status Report, a Status Report to Maintain a Remedy Operation Status, a Transfer or Modification of Persons Maintaining a Remedy Operation Status** and/or a **Remedial Monitoring Report** is being submitted, the response action(s) that is (are) the subject of this submittal (i) is (are) being 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 the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, 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 #: 7109

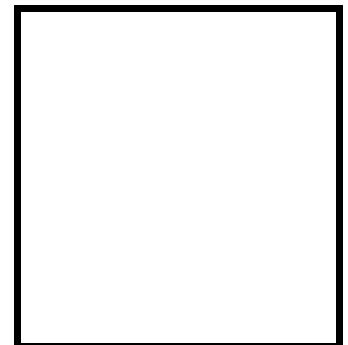
2. First Name: BRUCE A 3. Last Name: HOSKINS

4. Telephone: 6037730075 5. Ext.: 14 6. FAX:

7. Signature: Bruce A Hoskins

8. Date: 1/27/2012
(mm/dd/yyyy)

9. LSP Stamp:



-

D. PERSON UNDERTAKING RESPONSE ACTIONS:

- 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: _____

11. Ext.: _____ 12. FAX: _____

E. RELATIONSHIP TO SITE OF PERSON UNDERTAKING RESPONSE ACTIONS:

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: _____



**COMPREHENSIVE RESPONSE ACTION TRANSMITTAL
FORM & PHASE I COMPLETION STATEMENT**

Release Tracking Number

-

Pursuant to 310 CMR 40.0484 (Subpart D) and 40.0800 (Subpart H)

G. 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: _____ 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. FAX: _____

YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER

Date Stamp (DEP USE ONLY:)

[Large empty box for date stamp]