

Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup
BWSC 10 – Tier I Major Permit Modification
BWSC 20 – Tier I Permit Extension
BWSC 30 – Tier I Permit Transfer
Application for Supplemental Tier I Permit Actions

E550771

Transmittal Number

3

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Release Tracking Number

A. Disposal Site Information (cont.)

7. If the applicant is filing a Permit Extension, select the reason for extending the permit: (check one)

- a. An extension is necessary to initiate or continue Comprehensive Response Actions at the site to achieve a Response Action Outcome (RAO). By checking this you are also certifying that a statement describing why the extension is sought is attached. Include a schedule for completing all work at the site and a summary of all response actions performed to date, including all phase work.
- b. An extension is necessary to conduct response actions at the site after a Response Action Outcome (RAO) has been submitted to DEP.
- i. Select the RAO class filed for the disposal site: A3 A4 B2 B3 C
- ii. Select the reason for conducting response actions after a RAO: (check one)
- Implement a Permanent Solution at a disposal site where a Class C RAO has been filed.
- Implement response actions pursuant to 310 CMR 40.1080 at a disposal site where an Activity and Use Limitation is in place in order to maintain No Significant Risk.
- Conduct further response actions at a disposal site where an Activity and Use Limitation is in place in order to withdraw such Limitation in order to allow certain site uses or activities which are prohibited pursuant to the existing Activity and Use Limitation.
- Implement response actions after a Periodic Evaluation conducted pursuant to 310 CMR 40.0580(1) reveals that more substantial response actions are required to maintain the Temporary Solution at such disposal site other than those that may be conducted for normal maintenance of the Class C RAO pursuant to a post-Class C RAO Operation Maintenance and/or Monitoring Plan pursuant to 310 CMR 40.0896.

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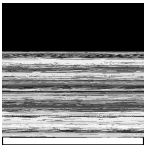
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BV Tier I Major Permit Application

BV Tier I Permit Extension Application

BV Tier I Permit Transfer Application

Application for Supplemental Title V Permit Actions

C. Applicant Information

Note:

1. All applicants must complete this section. Where there is more than one **Applicant**, make copies of this page, have each applicant provide this information, and then attach all copies to this application.

2. The applicant, or the Primarc3Tc 0 Tw (2

1. Applicant Information

a. Organization

b. Name

c. Title

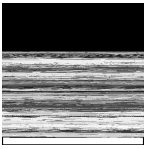
f. State Code

i. E-mail (optional)

k. Contact Telephone

Contact Name (if different from applicant)
Contact Telephone s to this

2. Type of Applicant (check **one**):



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D. Applicant's Compliance History

Note:
 Each applicant must complete this section. For disposal sites with more than one **Applicant**, make copies of this section, have each applicant complete this information, and then attach all copies to this application.

1. Check here to certify that a statement further describing the applicant's compliance history is attached.
- This statement must describe the applicant's history of compliance with DEP's requirements, including, but not limited to, M.G.L. c. 21E, 310 CMR 40.0000, and other laws for the protection of health, safety, public welfare and the environment administered or enforced by federal, state and local government agencies, that are material to the disposal site. Such a statement should identify information such as: action(s) material to the disposal site taken by DEP to enforce its requirements including, but not limited to Notice of Noncompliance (NON), Notice of Intent to Assess Civil Administrative Penalty (PAN), administrative enforcement order, Notice of Responsibility (NOR), Notice of Intent to Take Response Action (NORA); Administrative Consent Order; Judicial Consent Judgment; similar administrative actions taken by other states, federal, or local agencies; and/or civil or criminal actions material to the disposal site brought on behalf of DEP or other federal, state, or local agencies and any additional information relevant to the applicant's history of compliance. For each action identified, give the name of the issuing authority and identification number, if available, and a description of the noncompliance cited, the current status of the matter, and final disposition, if any.
2. Check here if a statement of the applicant's compliance history was previously submitted, and there has been no change in that person's compliance history.
3. List all other DEP permits or licenses held by the applicant that are material to this disposal site:

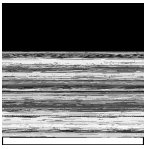
Program	Permit Code	Permit Category	Facility ID
a. Air Quality	_____	_____	_____
b. Hazardous Waste (M.G.L. c. 21C)	_____	_____	_____
c. Solid Waste	_____	_____	_____
d. Industrial Wastewater Management	_____	_____	_____
e. Water Supply	_____	_____	_____
f. Water Pollution Control: Surface Water	_____	_____	_____
g. Water Pollution Control: Groundwater	_____	_____	_____
h. Water Pollution Control: Sewer Connection	_____	_____	_____
i. Wetlands & Waterways	_____	_____	_____

4. List all other permits, licenses, certifications, registrations, variances, or other approvals issued by other federal, state, or local authorities and held by applicant that are material to this disposal site:

Issuing Authority	Identification Number	Date Issued
a. _____		

a. _____

Issuing Authority



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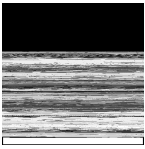
Transmittal Number

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E. Applicant Certifications

1. Certification of Submittal

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 submittal, (ii) that, based on my inquiry of those ind



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F. Transferor Information and Certification

Note:

1. The transferor is the current permittee who is transferring the permit to a new permittee.

2. Each current permittee/transferor must complete this section. For disposal sites with more than one current permittee/transferor, make copies of this page, have each current permittee/transferor complete this information, and then attach all copies to this application.

1. If the applicant is filing a Permit Transfer, please fill out the following information on the current permittee (the transferor):

- a. _____
Name of Organization
- b. _____ c. _____
Name Title
- d. _____
Street
- e. _____ f. _____ g. _____
City/Town State Zip Code
- h. _____ i. _____
Telephone E-mail (optional)
- j. _____ k. _____
Contact Name (if different) Contact Telephone

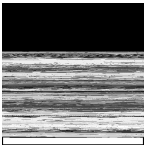
2. Permit Transfer Consent:

I hereby consent to the transfer of my Tier I Permit for the Disposal Site/Release Tracking Number(s) stated in Section A of this application to the proposed transferee(s) designated in Section C of this application. I understand that I am still responsible for conducting all response actions required by M.G.L. c. 21E and 310 CMR 40.0000 until the Department has approved this application.

- a. _____
Name (Print)
- b. _____
Position or Title
- c. _____
Signature
- d. _____
Date

3. Check here if there is more than one transferor and additional copies of this certification are attached to this application.

4. Check here to certify that a statement as to why the permit transfer is being sought is attached.



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G. Required Technical Submittals with Application

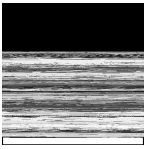
1. Please indicate which of the following response actions are in progress or have been completed at this disposal site at the time of this application:

Response Actions	Completed	In Progress
a. Limited Removal Action (LRA)	<input type="checkbox"/>	
b. Immediate Response Action (IRA)	<input type="checkbox"/>	<input type="checkbox"/>
c. Release Abatement Measure (RAM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Utility Related Abatement Measure (URAM)	<input type="checkbox"/>	<input type="checkbox"/>
e. Phase I Initial Site Investigation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Phase II Comprehensive Site Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Phase III Identification, Evaluation and Selection of Comprehensive Remedial Action Alternatives	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Phase IV Implementation of the Selected Remedial Action Alternative (Remedy Implementation Plan only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. <input type="text"/> Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

2. Please indicate which of the following Status Reports, Phase Reports, or Completion Statements have been prepared for response actions that are in progress or have been completed at the disposal site at the time of this application.

Document	Previously Submitted	Submitted with this Application	Projected Date for Completion
a. Bill(s) of Lading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Immediate Response Action (IRA) Plan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. IRA Status Report(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. IRA Completion Report(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Release Abatement Measure (RAM) Plan(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
f. RAM Status Report(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
g. RAM Completion Report(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
h. Utility-Related Abatement Measures (URAM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Note:
 For response actions in progress, attach a statement of description of the current status and projected schedule for completion of such response actions.



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G. Required Technical Submittals with Application (cont.)

Document	Previously Submitted	Submitted with this Application	Projected Date for Completion
i. URAM Status Report(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. URAM Completion Report(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
k. Phase I Report and Completion Statement	<input type="checkbox"/>	<input type="checkbox"/>	_____
l. Phase II Scope of Work	<input type="checkbox"/>	<input type="checkbox"/>	_____
m. Phase II Report and Completion Statement	<input type="checkbox"/>	<input type="checkbox"/>	_____
n. Phase III Remedial Action Plan and Completion Statement	<input type="checkbox"/>	<input type="checkbox"/>	_____
o. Phase IV Remedy Implementation Plan (RIP)	<input type="checkbox"/>	<input type="checkbox"/>	_____
p. Phase IV As-Build Construction Report	<input type="checkbox"/>	<input type="checkbox"/>	_____
q. Phase IV Final Inspection Report and Completion Statement	<input type="checkbox"/>	<input type="checkbox"/>	_____
r. Phase V Operation Maintenance and/or Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	_____
s. Remedy Operation Status (ROS)	<input type="checkbox"/>	<input type="checkbox"/>	_____
t. Response Action Outcome (RAO) Statement	<input type="checkbox"/>	<input type="checkbox"/>	_____
u. _____ Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____

H. Licensed Site Professional Opinion

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal, 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, this application was developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000. 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. _____
License Number
2. _____
LSP Name (Print)
3. _____
Date
4. _____
Telephone
5. _____
LSP Signature
6. LSP Seal:

