



TRANSMITTAL FORM FOR RECORDING THE RECEIPT
AND/OR ISSUANCE OF BWSC DOCUMENTS

Release Tracking Number

3 - 485

A. RELEASE OR THREAT OF RELEASE LOCATION:

1. Release Name/Location Aid: VARIAN-MICROWAVE DIV
2. Street Address: 150 SOHIER RD
3. City/Town: BEVERLY 4. ZIP Code: 019150000

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

1. Record and Attach a Notice of Responsibility or related Document: (check one)

- a. Notice of Responsibility (NOR)
- b. Field NOR
- c. Notice of Obligation/Notice of Requirements
- d. One-year Anniversary Letter
- e. Retraction of an NOR

2. Record and Attach a Denial of a Release Notification Retraction

3. Record and Attach: a. Request for Access Letter b. Signed Access Agreement

4. Record and Attach a Lower-level Enforcement and/or Audit Related Document(s): (check all that apply)

- a. Notice of Audit
- b. Request for Information Relating to an Audit
- c. Notice of Audit Findings - No Violations
- d. Notice of Audit Findings - Violations without Follow-up
- e. Notice of Audit Findings/Notice of Noncompliance
- f. Interim Deadline Letter Relating to an Audit
- g. Request for Information
- h. Notice of Noncompliance
- i. Notice of Need to Conduct Field Work
- j. Interim Deadline Letter

5. Record and Attach an Executed Higher-level Enforcement Related Document: (check one)

- a. Penalty Assessment Notice
- b. Unilateral Administrative Order
- c. Demand Notice
- d. Administrative Consent Order
- e. Administrative Consent Order with Penalty
- f. Amendment of a Higher-level Enforcement Document
- g. Notice of Response Action
- h. Notice of Intent to Mobilize

6. Record and Attach MassDEP Initiated Response Action (RA) related Document and/or Activity: (check one)

- a. Technical Screen Audit (L1)
- b. Written Plan Approval
- g. Other RA related Document and/or Activity Specify: SNAUDI AUDIT INSPECTION 9/3/2014
- h. A Submittal that has been Invalidated or Terminated by MassDEP Specify: _____
- c. Audit Inspection (L2)
- d. Written Plan Denial
- e. Comprehensive Audit (L3)
- f. Audit Memorandum

7. Select Response Actions Associated with Activity checked in B6: (check all that apply)

- a. Release Notification
- b. Immediate Response Action (IRA)
- c. Release Abatement Measure (RAM)
- d. Downgradient Property Status (DPS)
- e. Utility-related Abatement Measure (URAM)
- f. Tier Classification /Phase I



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7. Select Response Actions Associated with Activity checked in B6 (cont.): (check all that apply)

- g. Comprehensive Response Actions
- i. Permanent or Temporary Solution
- h. Activity and Use Limitation (AUL)
- j. Other Response Actions Describe: ROSSTR & RMR TREATMENT SYSTEM

8. Record and Attach any other **MassDEP Document** Specify: _____

9. Record Date of Document(s) and/or Activity(ies) from B1 thru B8: 9/16/2014
(mm/dd/yyyy)

Check here to confirm that these are final document(s) intended for public viewing (do not use for internal only documents).

10. Record and Attach a Special Project Activity or Submittal: (check all that apply)

- a. Special Project Permit
- b. Special Project Extension
- c. Other Special Project Activity Describe: _____

11. Attach any other **Submittal received by MassDEP** Specify: _____

12. Record Date of Activity(ies) and/or Submittal from B10 or B11: _____
(mm/dd/yyyy)

13. Record Additional Information: _____

C. PRP OR OTHER PERSON ASSOCIATED WITH DOCUMENT:

1. Check all that apply: a. change in contact name b. change of address c. new person associated with release

2. Name of Organization: VARIAN MEDICAL SYSTEMS INC

3. Contact First Name: JOHN R 4. Last Name: BUCHANAN

5. Street: 3120 HANSEN WAY M/S G-100 6. Title: ENVIRONMENTAL AFFAIRS MANAGER

7. City/Town: PALO ALTO 8. State: CA 9. ZIP Code: 943041030

10. Telephone: 650-424-6103 11. Ext: _____ 12. EMail: john.buchanan@varian.com

13. Relationship of Person to Release: PRP OTHER c. Type(e.g. Current Owner): Other PRPs

14. No Person associated with activity or document specified in Section B.

D. MassDEP STAFF AND FORM PREPARER:

1. MassDEP Staff: WANG JENNIFER b. Check here, if Unassigned. (or staff name not applicable)

2. Preparer Signature: CC 3. Date: 9/22/2014
(mm/dd/yyyy)