



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC121

NOTIFICATION OF DELAY IN COMPLIANCE WITH
RESPONSE ACTION DEADLINES TRANSMITTAL FORM

Release Tracking Number

4 - 3024519

Pursuant to 310 CMR 40.0550 and 310 CMR 40.0560 (Subpart E)

A. SITE LOCATION:

1. Site Name: NO LOCATION AID

2. Street Address: 3 PHILIPPS RD

3. City/Town: HOLBROOK

4. ZIP Code: 023430000

B. THIS FORM IS BEING USED TO: (check one)

☒ 1. Submit a **Notification of Delay in Submitting a Phase II Report** at a Tier I Site, within 2 years of the Permit Effective Date.

☒ 2. Submit a **Notification of Delay in Submitting a Phase III Remedial Action Plan** at a Tier I Site, within 2 years of the Permit Effective Date.

☐ 3. Submit a **Notification of Delay in Submitting a Phase IV Remedy Implementation Plan** at a Tier I Site, within 3 years of the Permit Effective Date.

☐ 4. Submit a **Notification of Delay in Submitting a Response Action Outcome Statement** at a Tier I Site, within 5 years of the Permit Effective Date.

☐ 5. Submit a **Notification of Delay in Submitting a Phase II Report** at a Tier II Site, within 2 years of the effective date of the initial Tier Classification.

☐ 6. Submit a **Notification of Delay in Submitting a Phase III Remedial Action Plan** at a Tier II Site, within 2 years of the effective date of the initial Tier Classification.

☐ 7. Submit a **Notification of Delay in Submitting a Phase IV Remedy Implementation Plan** at a Tier II Site, within 3 years of the effective date of the initial Tier Classification.

☐ 8. Submit a **Notification of Delay in Submitting a Response Action Outcome Statement** at a Tier II Site, within 5 years of the effective date of the initial Tier Classification.

Providing this notice does not forgive a Responsible Party's, Potentially Responsible Party's or Other Person's noncompliance with response action deadlines in 310 CMR 40.0000, nor does it extend those deadlines.

C. PERSON UNDERTAKING RESPONSE ACTIONS:

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: TLA-HOLBROOK LLC

3. Contact First Name: JACK

4. Last Name: WALSH

5. Street: 1 DEXTER RD

6. Title:

7. City/Town: EAST PROVIDENCE

8. State: RI

9. ZIP Code:

10. Telephone:

11. Ext.:

12. FAX:



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D. 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: _____

E. CERTIFICATION OF PERSON UNDERTAKING RESPONSE ACTIONS:

1. I, **Jack Walsh**, 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: **Jack Walsh**

Signature

3. Title: _____

4. For: **TLA-HOLBROOK LLC**

(Name of person or entity recorded in Section C)

5. Date: **6/22/2011**

mm/dd/yyyy

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

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 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:)

6/22/2011 11:29:53 AM