



BILL OF LADING (pursuant to 310 CMR 40.0030)

3 - 36304

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:

1. Release Name/Location Aid: PROPERTY TO EAST OF WAVERLY & MELLEN STS
2. Street Address: 618R WAVERLY STREET
3. City/Town: FRAMINGHAM 4. Zip Code: 017020000
5. Check here if the disposal site that is the source of the release is Tier Classified. Check the current Tier Classification Category.
 a. Tier I b. Tier ID c. Tier II

B. THIS FORM IS BEING USED TO: (check one: B1-B4):

1. Submit a **Bill of Lading (BOL)** to transport Remediation Waste to Temporary Storage or a Receiving Facility.
Response Actions associated with this BOL (check all that apply):
- | | |
|--|--|
| <input checked="" type="checkbox"/> a. Immediate Response Action (IRA) | <input checked="" type="checkbox"/> e. Comprehensive Response Actions |
| <input type="checkbox"/> b. Release Abatement Measure (RAM) | <input type="checkbox"/> f. Limited Removal Action (LRA): (must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP) |
| <input type="checkbox"/> c. Downgradient Property Status (DPS) | <input type="checkbox"/> g. Other _____ |
| <input type="checkbox"/> d. Utility Release Abatement Measure (URAM) | |
2. Submit an Attestation of Completion of **Shipment to Temporary Storage** (Sections C, F and J are not required):
3. Submit an Attestation of **Completion of Shipment to a Receiving Facility** (Sections C, F and J are not required):
4. Certify that Remediation Waste Was **Not Shipped, and the Bill of Lading is Void**. (Sections C, D, E, and F are not required)
5. Date Bill of Lading submitted to the Department: _____ b. eDEP Transaction ID: _____
(mm/dd/yyyy)
6. Period of Generation Associated with this Bill of Lading 4/6/2020 to 4/8/2020
(mm/dd/yyyy) (mm/dd/yyyy)

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

The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.

C. DESCRIPTION OF WASTE AND WASTE SOURCE:

1. Contaminated Media/Debris (check all that apply):
- a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris
- f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other: _____
2. Uncontainerized Waste (check all that apply):
- a. Inorganic Absorbent Materials b. Other: _____



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C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):

3. Containerized Waste (check all that apply):

- a. Tank Bottoms/Sludges
- b. Containers
- c. Drums
- d. Engineered Impoundments

e. Other: _____

4. Estimated Quantity: 0.2

- Tons
- Cu. Yds.
- Gallons

5. Contaminant Source (check one):

- a. Transportation Accident
- b. Underground Storage Tank
- c. Brownfields Redevelopment

d. Other: URBAN FILL/IMPACTED FILL MATERIAL

6. Type of Contaminant (check all that apply):

- a. Gasoline
- b. Diesel Fuel
- c. #2 Fuel Oil
- d. #4 Fuel Oil
- e. #6 Fuel Oil
- f. Jet Fuel

g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other: _____

7. Constituents of Concern (check all that apply):

- a. As
- b. Cd
- c. Cr
- d. Pb
- e. Hg
- f. EPH/TPH
- g. VPH

h. PCBs i. VOCs j. SVOCs k. Other: ZN, SB

8. If applicable, check the box for the Reportable Concentration Category of the site:

- a. RCS-1
- b. RCS-2
- c. RCGW-1
- d. RCGW-2

9. Remediation Waste Characterization Documentation (check at least one):

- a. Site History Information
- b. Sampling Analytical Methods and Procedures
- c. Laboratory Data

d. Field Screening Data e. Characterization Documentation previously submitted to the Department

i. Date submitted: _____

ii. Type of Documentation: _____

(mm/dd/yyyy)

D. TRANSPORTER OR COMMON CARRIER INFORMATION:

1. Transporter/Common Carrier Name: STRATEGIC ENVL SERVICES

2. Contact First Name: ALISA

3. Last Name: SEELEY

4. Street: 27 KREIGER LANE UNIT 10

5. Title: WASTE DISPOSAL COORDINATOR

6. City/Town: GLASTONBURY

7. State: CT

8. Zip Code: 060330000

9. Telephone: 8602662616

10. Ext: _____

11. Email: aseeley@strategic-es.com



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E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:

1. Operator/Facility Name: STERICYCLE/NORTHLAND ENVL.LLC

2. Contact First Name: ANTONIO 3. Last Name: BOIANO

4. Street: 275 ALLENS AVENUE 5. Title: FACILITY MANAGER

6. City/Town: PROVIDENCE 7. State: RI 8. Zip Code: 029050000

9. Telephone: 4017816340 10. Ext: _____ 11. Email: antonio.boiano@stericycle.com

12. Type of facility: (check one)

a. Temporary Storage i. Period of Temporary Storage 8/3/2020 to 12/4/2020
(mm/dd/yyyy) (mm/dd/yyyy)

ii. Reason for Temporary Storage: SOIL TO BE COMBINED WITH LIKE MATERIAL AND SENT TO LICENSED LANDFILL BY STERICYCLE

b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill e. Landfill/Daily Cover

f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other: _____

13. Division of Hazardous Waste/Class A Permit Number: _____

14. Division of Solid Waste Permit Number: _____

15. EPA Identification Number: RID040098352

F. LSP SIGNATURE AND STAMP:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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 #: 5586

2. First Name: FRANCIS M 3. Last Name: RICCIARDI

4. Telephone: 9785321900 5. Ext: _____ 6. Email: ricciarf@wseinc.com

7. Signature: FRANCIS M RICCIARDI

8. Date: 7/28/2020
(mm/dd/yyyy)

9. LSP Stamp:





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G. PERSON SUBMITTING BILL OF LADING:

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: CITY OF FRAMINGHAM
3. Contact First Name: THATCHER 4. Last Name: KEZER III
5. Street: 150 CONCORD STREET 6. Title: CHIEF OPERATING OFFICER
7. City/Town: FRAMINGHAM 8. State: MA 9. Zip Code: 017020000
10. Telephone: 5085325400 11. Ext: _____ 12. Email: tkezer@framinghamma.gov

H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING:

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 Undertaking Response Actions: Specify Relationship: _____

I. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. Check here if any non-updatable information provided on this form is incorrect, e.g. Release Address/Location Aid. Send corrections to BWSC.eDEP@state.ma.us
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.

J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING:

1. I, THATCHER W. KEZER III, attest under the pains and penalties or 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: THATCHER W. KEZER III 3. Title: CHIEF OPERATING OFFICER
4. For: CITY OF FRAMINGHAM 5. Date: 7/28/2020
(Name of person or entity recorded in Section G) (mm/dd/yyyy)



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J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.) :

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

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 (MassDEP USE ONLY):

Received by DEP on 7/28/2020 6:19:08 PM