

PLEASE FILE UNDER GENERAL FOLDER FOR BILLERICA

SCANNED



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-012A

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number*

- LRA

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

Release Name (optional): _____

Street: Monson Street, Marshall Street, Lake Street

Location Aid: _____

City/Town: Billerica, MA

ZIP Code: 01821

Date/Period of Generation: 6/29/10 to: 7/13/10

Additional Release Tracking Numbers Associated with this Bill of Lading: _____

* Note: If this Bill of Lading is the result of a Limited Removal Action (LRA) taken prior to Notification, a Release Tracking Number is not needed.

RECEIVED

OCT 21 2010

B. PERSON CONDUCTING RESPONSE ACTION ASSOCIATED WITH BILL OF LADING:

Name of Organization: _____

Name of Contact: Ed Joy

Title: Fire Department

Street: 8 Good Street

City/Town: Billerica

State: MA ZIP Code: 01821

Telephone: (978) 671-0941

Ext.: _____

C. RELATIONSHIP TO RELEASE OF PERSON CONDUCTING RESPONSE ACTION ASSOCIATED WITH BILL OF LADING:

RP or PRP Specify: Owner Operator Generator Transporter Other RP or PRP: _____

Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)

Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))

Other Person: _____

If an owner and/or operator is not conducting the response action associated with the Bill of Lading, provide on an attachment the name, contact person, address and telephone number, including any area code and extension, for each, if known.

D. TRANSPORTER OR COMMON CARRIER INFORMATION:

Transporter/Common Carrier Name: Commonwealth Tank, Inc.

Contact Person: Miguel Portillo

Title: _____

Street: 84 New Salem Street

City/Town: Wakefield

State: MA ZIP Code: 01880

Telephone: (617) 628-8260

Ext.: _____

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:

Operator/Facility Name: ESMI

Contact Person: Mike Phelps

Title: Project Manager

Street: 67 International Drive

City/Town: Loudon

State: NH ZIP Code: 03307

Telephone: 603-783-0228

Ext.: _____

Type of Facility: (check one)
 Asphalt Batch/Cold Mix Landfill/Disposal Incinerator Temporary Storage
 Asphalt Batch/Hot Mix Landfill/Daily Cover Other: _____
 Thermal Processing Landfill/Structural Fill

EPA Identification #: NH5986485852

Division of Hazardous Waste/Class A Permit #: _____

Division of Solid Waste Management Permit #: _____

Actual/Anticipated Period of Temporary Storage (specify dates if applicable): _____

to: _____

Reason for Temporary Storage: _____



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-012A

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number*

LRA

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION (continued):

Temporary Storage Address:

Street: _____

City/Town: _____

State: _____

ZIP Code: _____

F. DESCRIPTION OF REMEDIATION WASTE:

(check all that apply)

Contaminated Media (check all that apply): Soil Groundwater Surface Water Other: _____

Contaminated Debris (check all that apply): Vegetation or Organic Debris Demolition/Construction Waste
 Inorganic Absorbant Materials Other: _____

Non-hazardous Uncontainerized Waste (check all that apply): Non-aqueous Phase Liquid Other: _____

Non-hazardous Containerized Waste (check all that apply): Tank Bottoms/Sludges Containers Drums
 Engineered Impoundments Other: _____

Type of Contamination (check all that apply): Gasoline Diesel Fuel #2 Oil #4 Oil #6 Oil Waste Oil
 Kerosene Jet Fuel Other: _____

Estimated Volume of Materials: Cubic Yards: _____ Tons: 40 Other: _____

Contaminant Source (check one/specify): Transportation Accident Underground Storage Tank Other: _____

Response Action Associated with Bill of Lading (check one): Immediate Response Action Release Abatement Measure

Utility-Related Abatement Measure Limited Removal Action Comprehensive Response Action Other: _____

Remediation Waste Characterization Support Documentation attached:

Site History Information Sampling and Analytical Methods and Procedures Laboratory Data Field Screening Data

If supporting documentation is not appended, provide an attachment stating the date and in connection with what document such information was previously submitted to DEP.

G. LICENSED SITE PROFESSIONAL (LSP) OPINION:

Name of Organization: Williamson Environmental LLC

LSP Name: Thomas Williamson, Jr. Title: Licensed Site Professional

Telephone: (978) 425-6600 Ext: _____

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

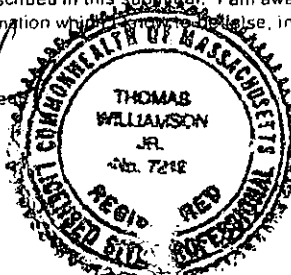
- (i) the standard of care in 309 CMR 4 02(1),
- (ii) the applicable provisions of 309 CMR 4 02(2) and (3), and
- (iii) the provisions of 309 CMR 4 03(5).

to the best of my knowledge, information and belief, the assessment actions 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 the 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 is false, inaccurate or materially incomplete

LSP Signature: Thomas Williamson, Jr.

Date: 7/15/2010

License Number: 7212





Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-012A

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number:

- LRA

H. CERTIFICATION OF PERSON CONDUCTING RESPONSE ACTION ASSOCIATED WITH THIS BILL OF LADING:

I certify under penalties of law that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained herein is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

Signature: *Ed Joy*

Date: 7-19-2010

Name of Person (print): Ed Joy

ESMI of N.H.
67 International Drive

(603) 783-0228

Ticket No : 280447
Date : 7/16/2010

Loudon, NH 03207

Max. Acceptable Soil: 200.00

Customer: CT10
COMMTANK/Commonwealth Tank
84 NEW SALEM STREET

Job No : 7419
Marshal, Monson & Lake St Lift
Same as above
Billerica MA

WAKEFIELD, MA 01880

Running Tonnage: 15.13

Trucker:
COMMON Comm Tank #5 WHITE Triaxle

Gross : 58120 Scale 1 In 12:50:49PM
Tare : 27860 STORED Out

Net : 30260 1b

15.130

MX02 MIX FUEL OILS

Weigh Master: ANGELA

Material \$

Driver:

Delvry \$

Misc \$

Tax \$

Remarks: Thank You For Your Business

Total \$



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-012B

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

SUMMARY SHEET _____ OF _____

- LRA

I. LOAD INFORMATION: Signature of Transporter Representative: <i>[Signature]</i>		Receiving Facility/Temporary Storage Representative: <i>[Signature]</i>	
Load 1: Date of Shipment: 7-16-10 Truck/Tractor Registration: _____	Time of Shipment: _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM Trailer Registration (if any): _____	Date of Receipt: 7/16/10 Load Size (cu. yds./tons): 15-13	Time of Receipt: 12:50 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Load 2: Date of Shipment: _____ Truck/Tractor Registration: _____	Signature of Transporter Representative: _____ Time of Shipment: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Trailer Registration (if any): _____	Receiving Facility/Temporary Storage Representative: _____ Date of Receipt: _____ Load Size (cu. yds./tons): _____	Time of Receipt: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Load 3: Date of Shipment: _____ Truck/Tractor Registration: _____	Signature of Transporter Representative: _____ Time of Shipment: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Trailer Registration (if any): _____	Receiving Facility/Temporary Storage Representative: _____ Date of Receipt: _____ Load Size (cu. yds./tons): _____	Time of Receipt: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Load 4: Date of Shipment: _____ Truck/Tractor Registration: _____	Signature of Transporter Representative: _____ Time of Shipment: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Trailer Registration (if any): _____	Receiving Facility/Temporary Storage Representative: _____ Date of Receipt: _____ Load Size (cu. yds./tons): _____	Time of Receipt: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Load 5: Date of Shipment: _____ Truck/Tractor Registration: _____	Signature of Transporter Representative: _____ Time of Shipment: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Trailer Registration (if any): _____	Receiving Facility/Temporary Storage Representative: _____ Date of Receipt: _____ Load Size (cu. yds./tons): _____	Time of Receipt: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Load 6: Date of Shipment: _____ Truck/Tractor Registration: _____	Signature of Transporter Representative: _____ Time of Shipment: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Trailer Registration (if any): _____	Receiving Facility/Temporary Storage Representative: _____ Date of Receipt: _____ Load Size (cu. yds./tons): _____	Time of Receipt: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
J. LOG SHEET VOLUME INFORMATION:		Total Volume Recorded This Page (cu. yds./tons): 15.13 Total Carried Forward (cu. yds./tons): _____ Total Carried Forward and This Page (cu. yds./tons): 15.13	



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-012C

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

SUMMARY SHEET

- LRA

ONLY COMPLETE ONE COPY OF THIS PAGE AND ATTACH TO THE FINAL COPY OF THE SUMMARY SHEET.

L. ACKNOWLEDGMENT OF RECEIPT OF REMEDIATION WASTE AT RECEIVING FACILITY OR TEMPORARY STORAGE:

Receiving Facility/Temporary Storage Representative (print):

ESHU / Angela Coagre

Title: Office Manager

Signature: Angela Coagre

Date: 7-19-10

M. ACKNOWLEDGMENT OF SHIPMENT AND RECEIPT OF REMEDIATION WASTE BY PERSON
CONDUCTING RESPONSE ACTION ASSOCIATED WITH THIS BILL OF LADING:

I certify under penalties of law that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in herein is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

Signature: Ed Joy

Date: 16 July 2010

Name of Person (print): Ed Joy

ESMI of N.H.
67 International Drive

(603) 782-0228

Ticket No : 260474
Date : 7/19/2010

Loudon, NH 03307

Max Acceptable Soil: 200.00

Customer: CT10
COMMTANK/Commonwealth Tank
34 NEW SALEM STREET

Job No : 7419
Marshal, Monson & Lake St Lift
Same as above

WAKEFIELD, MA 01880

Billerica MA
Running Tonnage: 34.83

Trucker:
COMMON Comm Tank #5 WHITE Triaxle

Gross : 67360 Scale 1 In 3:09:25PM
Tare : 27860 STORED Out

Net : 39500 lb

19.750

MX02 MIX FUEL OILS

Weigh Master: ANGELA

Material \$

Driver:

Deliverly \$
Misc \$
Tax \$

Remarks: Thank You For Your Business

Total \$



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-012B

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

SUMMARY SHEET _____ OF _____

- LRA

I. LOAD INFORMATION:

Load 1:

Date of Shipment:

7/19/10

Signature of Transporter Representative:

[Signature]

Time of Shipment:

AM PM

Receiving Facility/Temporary Storage Representative:

ESU, A. Leagne

Date of Receipt:

7/19/10

Time of Receipt:

3:02

AM PM

Truck/Tractor Registration:

Trailer Registration (if any):

Load Size (cu. yds./tons):

19.75

Load 2:

Signature of Transporter Representative:

Receiving Facility/Temporary Storage Representative:

Date of Shipment:

Time of Shipment:

AM PM

Date of Receipt:

Time of Receipt:

AM PM

Truck/Tractor Registration:

Trailer Registration (if any):

Load Size (cu. yds./tons):

Load 3:

Signature of Transporter Representative:

Receiving Facility/Temporary Storage Representative:

Date of Shipment:

Time of Shipment:

AM PM

Date of Receipt:

Time of Receipt:

AM PM

Truck/Tractor Registration:

Trailer Registration (if any):

Load Size (cu. yds./tons):

Load 4:

Signature of Transporter Representative:

Receiving Facility/Temporary Storage Representative:

Date of Shipment:

Time of Shipment:

AM PM

Date of Receipt:

Time of Receipt:

AM PM

Truck/Tractor Registration:

Trailer Registration (if any):

Load Size (cu. yds./tons):

Load 5:

Signature of Transporter Representative:

Receiving Facility/Temporary Storage Representative:

Date of Shipment:

Time of Shipment:

AM PM

Date of Receipt:

Time of Receipt:

AM PM

Truck/Tractor Registration:

Trailer Registration (if any):

Load Size (cu. yds./tons):

Load 6:

Signature of Transporter Representative:

Receiving Facility/Temporary Storage Representative:

Date of Shipment:

Time of Shipment:

AM PM

Date of Receipt:

Time of Receipt:

AM PM

Truck/Tractor Registration:

Trailer Registration (if any):

Load Size (cu. yds./tons):

J. LOG SHEET VOLUME INFORMATION:

Total Volume Recorded This Page (cu. yds./tons) 19.75

Total Carried Forward (cu. yds./tons):

Total Carried Forward and This Page (cu. yds./tons) 19.75



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-012C

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

SUMMARY SHEET

- LRA

ONLY COMPLETE ONE COPY OF THIS PAGE AND ATTACH TO THE FINAL COPY OF THE SUMMARY SHEET.

L. ACKNOWLEDGMENT OF RECEIPT OF REMEDIATION WASTE AT RECEIVING FACILITY OR TEMPORARY STORAGE:

Receiving Facility/Temporary Storage Representative (print):

Esther / Angela Cagne

Title: Office Manager

Signature: Angela Cagne

Date: 7-26-2010

M. ACKNOWLEDGMENT OF SHIPMENT AND RECEIPT OF REMEDIATION WASTE BY PERSON
CONDUCTING RESPONSE ACTION ASSOCIATED WITH THIS BILL OF LADING:

I certify under penalties of law that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in herein is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

Signature: Ed Joy

Date: 18 Oct 10

Name of Person (print): Ed Joy

* PLEASE FILE UNDER GENERAL FOLDER AN BILLERICA *

SCANNED



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-012A

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number*
 - LRA

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

Release Name (optional): _____
Street: 10 GOOD STREET Location Aid: _____
City/Town: BILLERICA, MA ZIP Code: 01821
Date/Period of Generation: 09/2/2010 to: 09/02/2010
Additional Release Tracking Numbers Associated with this Bill of Lading: _____
** Note: If this Bill of Lading is the result of a Limited Removal Action (LRA) taken prior to Notification, a Release Tracking Number is not needed.*

B. PERSON CONDUCTING RESPONSE ACTION ASSOCIATED WITH BILL OF LADING:

Name of Organization: _____
Name of Contact: ED JOY Title: FIRE DEPARTMENT
Street: 8 GOOD STREET
City/Town: BILLERICA State: MA ZIP Code: 01821
Telephone: (978) 671-0941 Ext.: _____

C. RELATIONSHIP TO RELEASE OF PERSON CONDUCTING RESPONSE ACTION ASSOCIATED WITH BILL OF LADING:

RP or PRP Specify: Owner Operator Generator Transporter Other RP or PRP: _____
 Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)
 Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))
 Other Person: _____

If an owner and/or operator is not conducting the response action associated with the Bill of Lading, provide on an attachment the name, contact person, address and telephone number, including any area code and extension, for each, if known.

D. TRANSPORTER OR COMMON CARRIER INFORMATION:

Transporter/Common Carrier Name: COMMTANK, INC.
Contact Person: MIGUEL PORTILLO Title: _____
Street: 84 NEW SALEM STREET
City/Town: WAKEFIELD State: MA ZIP Code: 01880
Telephone: (800) 628-8260 Ext.: _____

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:

Operator/Facility Name: ESMI
Contact Person: MIKE PHELPS Title: PROJECT MANAGER
Street: 67 INTERNATIONAL DRIVE
City/Town: LOUDON State: NH ZIP Code: 03307
Telephone: (800) 950-7645 Ext.: _____
Type of Facility: (check one)
 Asphalt Batch/Cold Mix Landfill/Disposal Incinerator Temporary Storage
 Asphalt Batch/Hot Mix Landfill/Daily Cover Other: _____
 Thermal Processing Landfill/Structural Fill
EPA Identification #: NH5986485852

Division of Hazardous Waste/Class A Permit #: _____ Division of Solid Waste Management Permit #: DESSW-SP-96-002

Actual/Anticipated Period of Temporary Storage (specify dates if applicable): _____ to: _____
Reason for Temporary Storage: _____

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OCT 21 2010
NORTHEAST REGIONAL OFFICE
DEP



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-012A

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number*

- LRA

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION (continued):

Temporary Storage Address:

Street: _____

City/Town: _____ State: _____ ZIP Code: _____

F. DESCRIPTION OF REMEDIATION WASTE:

(check all that apply)

- Contaminated Media (check all that apply): Soil Groundwater Surface Water Other: _____
- Contaminated Debris (check all that apply): Vegetation or Organic Debris Demolition/Construction Waste
 Inorganic Absorbant Materials Other: _____
- Non-hazardous Uncontainerized Waste (check all that apply): Non-aqueous Phase Liquid Other: _____
- Non-hazardous Containerized Waste (check all that apply): Tank Bottoms/Sludges Containers Drums
 Engineered Impoundments Other: _____

Type of Contamination (check all that apply): Gasoline Diesel Fuel #2 Oil #4 Oil #6 Oil Waste Oil
 Kerosene Jet Fuel Other: _____

Estimated Volume of Materials: Cubic Yards: _____ Tons: 8 _____ Other: _____

Contaminant Source (check one/specify): Transportation Accident Underground Storage Tank Other: _____

Response Action Associated with Bill of Lading (check one): Immediate Response Action Release Abatement Measure

Utility-Related Abatement Measure Limited Removal Action Comprehensive Response Action Other: _____

Remediation Waste Characterization Support Documentation attached:

Site History Information Sampling and Analytical Methods and Procedures Laboratory Data Field Screening Data

If supporting documentation is not appended, provide an attachment stating the date and in connection with what document such information was previously submitted to DEP.

G. LICENSED SITE PROFESSIONAL (LSP) OPINION:

Name of Organization: WILLIAMSON ENVIRONMENTAL LLC

LSP Name: THOMAS WILLIAMSON, JR. Title: PRESIDENT

Telephone: (978) 425-6600 Ext: _____

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

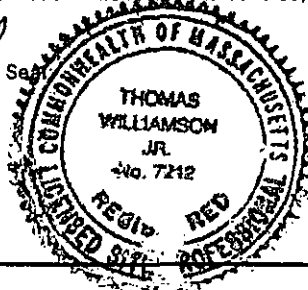
- (i) the standard of care in 309 CMR 4.02(1),
- (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and
- (iii) the provisions of 309 CMR 4.03(5),

to the best of my knowledge, information and belief, the assessment actions 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 the 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.

LSP Signature: Thomas Williamson

Date: 9/14/2010

License Number: 7212





Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-012A

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number*

- LRA

H. CERTIFICATION OF PERSON CONDUCTING RESPONSE ACTION ASSOCIATED WITH THIS BILL OF LADING:

I certify under penalties of law that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained herein is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

Signature: *Ed Joy*

Date: 10-4-10

Name of Person (print): ED JOY

RECEIVED
OCT 21 2010
DEP
NORTHEAST REGIONAL OFFICE

ESMI of N.H.
67 International Drive

(603) 783-0228

Ticket No : 262228
Date : 10/4/2010

Loudon.NH 03307

Max. Acceptable Soil: 200.00

Customer: CT10
COMMTANK/Commonwealth Tank
84 NEW SALEM STREET

Job No : 7563

Billerica DPW
10 Good St.

Billerica MA

WAKEFIELD,MA 01880

Running Tonnage: 671

Trucker:
CTRLLOF Commtank Roll-Off

Gross : 29720 Scale 1 In 2:57:00PM
Tare : 16300 STORED Out

Net : 13420 1b
6.710

W001 WASTE OIL

Weigh Master: ANGELA

Driver: 

Remarks: Thank You For Your Business

Material \$
Delivery \$
Misc \$
Tax \$

Total \$



Massachusetts Department of Environmental Protection
 Bureau of Waste Site Cleanup

BWSC-012B

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

SUMMARY SHEET _____ **OF** _____

- LRA

I. LOAD INFORMATION: Signature of Transporter Representative: _____ Receiving Facility/Temporary Storage Representative: _____
Load 1: _____
 Date of Shipment: 10-4-10 Time of Shipment: 1:45 AM PM Date of Receipt: 10/4/10 Time of Receipt: 2:57 AM PM
 Truck/Tractor Registration: NZ1877 Trailer Registration (if any): _____ Load Size (cu. yds./tons): 6.71

Load 2: Signature of Transporter Representative: _____ Receiving Facility/Temporary Storage Representative: _____
 Date of Shipment: _____ Time of Shipment: _____ AM PM Date of Receipt: _____ Time of Receipt: _____ AM PM
 Truck/Tractor Registration: _____ Trailer Registration (if any): _____ Load Size (cu. yds./tons): _____

Load 3: Signature of Transporter Representative: _____ Receiving Facility/Temporary Storage Representative: _____
 Date of Shipment: _____ Time of Shipment: _____ AM PM Date of Receipt: _____ Time of Receipt: _____ AM PM
 Truck/Tractor Registration: _____ Trailer Registration (if any): _____ Load Size (cu. yds./tons): _____

Load 4: Signature of Transporter Representative: _____ Receiving Facility/Temporary Storage Representative: _____
 Date of Shipment: _____ Time of Shipment: _____ AM PM Date of Receipt: _____ Time of Receipt: _____ AM PM
 Truck/Tractor Registration: _____ Trailer Registration (if any): _____ Load Size (cu. yds./tons): _____

Load 5: Signature of Transporter Representative: _____ Receiving Facility/Temporary Storage Representative: _____
 Date of Shipment: _____ Time of Shipment: _____ AM PM Date of Receipt: _____ Time of Receipt: _____ AM PM
 Truck/Tractor Registration: _____ Trailer Registration (if any): _____ Load Size (cu. yds./tons): _____

Load 6: Signature of Transporter Representative: _____ Receiving Facility/Temporary Storage Representative: _____
 Date of Shipment: _____ Time of Shipment: _____ AM PM Date of Receipt: _____ Time of Receipt: _____ AM PM
 Truck/Tractor Registration: _____ Trailer Registration (if any): _____ Load Size (cu. yds./tons): _____

J. LOG SHEET VOLUME INFORMATION: Total Volume Recorded This Page (cu. yds./tons): 6.71
 Total Carried Forward (cu. yds./tons): _____
 Total Carried Forward and This Page (cu. yds./tons): 6.71



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-012C

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

SUMMARY SHEET _____ OF _____

- LRA

K. SUMMARY OF SHIPMENTS:

Date of Shipment:	Date of Receipt:	Number of Loads Shipped:	Daily Volume Shipped (cu. yds./tons):
10/4/2010	10/4/2010	1	6.71

RECEIVED
 OCT 21 2010
 DEP
 NORTHEAST REGIONAL OFFICE

Summary Sheet Total Shipped:	1	6.71
Bill of Lading Total Shipped (only if different):		



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-012C

BILL OF LADING (pursuant to 310 CMR 40.0030

Release Tracking Number

SUMMARY SHEET

- LRA

ONLY COMPLETE ONE COPY OF THIS PAGE AND ATTACH TO THE FINAL COPY OF THE SUMMARY SHEET.

L. ACKNOWLEDGMENT OF RECEIPT OF REMEDIATION WASTE AT RECEIVING FACILITY OR TEMPORARY STORAGE:

Receiving Facility/Temporary Storage Representative (print):

ESU Angela Cagne

Title: Office Manager

Signature: Angela Cagne

Date: 10-11-10

M. ACKNOWLEDGMENT OF SHIPMENT AND RECEIPT OF REMEDIATION WASTE BY PERSON
CONDUCTING RESPONSE ACTION ASSOCIATED WITH THIS BILL OF LADING:

I certify under penalties of law that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in herein is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

Signature: Ed Joy

Date: 18 Oct 10

Name of Person (print): ED JOY

RECEIVED

OCT 21 2010

DEP
NORTHEAST REGIONAL OFFICE