



**UTILITY-RELATED ABATEMENT MEASURE (URAM)
TRANSMITTAL FORM**

Release Tracking Number

4 - 601

Pursuant to 310 CMR 40.0462 - 0465 (Subpart D)

A. SITE LOCATION:

1. Site Name/Location Aid: AEROVOX INC

2. Street Address: 740 BELLEVILLE AVE

3. City/Town: NEW BEDFORD 4. ZIP Code: 027400000

5. UTM Coordinates: a. UTM N: b. UTM E:

6. Check here if a Tier Classification Submittal has been provided to DEP for this disposal site.

a. Tier IA b. Tier IB c. Tier IC d. Tier II

7. If a Tier I Permit has been issued, provide Permit Number: _____

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

1. Provide an **Initial Utility-related Abatement Measure (URAM) Notification** or **Confirmation of an Oral URAM Notification**.
(Sections D & E are not required)

a. Check here if a URAM Notification was already made orally to DEP.

b. List Date of Oral Notification: _____
(mm/dd/yyyy)

Is the URAM limited to the excavation and/or handling of not more than 100 cubic yards of soil contaminated by Oil, or not more than 20 cubic yards of soil contaminated either by a Hazardous Material or a mixture of a Hazardous Material and Oil?

c. Yes d. No If No, provide LSP Name and License Number: i. LSP #: 1006

ii. First Name: KEVIN J iii. Last Name: SCULLY

2. Submit a **URAM Status Report**.

3. Submit a **Remedial Monitoring Report**. (This report can only be submitted through eDEP, concurrent with a URAM Status Report.)

a. Type of Report: (check one) i. Initial Report ii. Interim Report iii. Final Report

b. Number of Remedial Systems and/or Monitoring Programs: _____

A separate BWSC119A, URAM Remedial Monitoring Report, must be filled out for each Remedial System and/or Monitoring Program addressed by this transmittal form.

4. Submit a **URAM Completion Statement**.

Is the URAM limited to the excavation and/or handling of not more than 100 cubic yards of soil contaminated by Oil, or not more than 20 cubic yards of soil contaminated either by a Hazardous Material or a mixture of a Hazardous Material and Oil?

a. Yes, Section E is not required b. No



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B. THIS FORM IS BEING USED TO: (cont.)

5. Submit a **Revised URAM Completion Statement**.

Is the URAM limited to the excavation and/or handling of not more than 100 cubic yards of soil contaminated by Oil, or not more than 20 cubic yards of soil contaminated either by a Hazardous Material or a mixture of a Hazardous Material and Oil?

- a. Yes, Section E is not required b. No

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

C. RELEASE OR THREAT OF RELEASE CONDITIONS THAT WARRANT URAM:

1. Identify Location Type: (check all that apply) a. Public Right of Way b. Utility Easement c. Private Property

2. Identify Utility Type: (check all that apply) a. Drainage b. Electric c. Natural Gas
 d. Sanitary/Combined Sewerage e. Steam Lines f. Telecommunications g. Telephone
 h. Water i. Other Specify: **WATER MAIN BREAK**

3. Identify all sources of the Release or Threat of Release, if known: (check all that apply)
 a. Above-ground Storage Tank (AST) b. Boat/Vessel c. Drums d. Fuel Tank
 e. Pipe/Hose/Line f. Tanker Truck g. Transformer h. Under-ground Storage Tank (UST)
 i. Vehicle j. Others Specify: _____

4. Identify Oils and Hazardous Materials Released: (check all that apply)
 a. Oils b. Chlorinated Solvents c. Heavy Metals
 d. Others Specify: **PCB CONTAMINATED SOIL AND PAVING MATERIAL**

D. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply, for volumes list cumulative amounts)

- | | |
|---|---|
| <input type="checkbox"/> 1. Assessment and/or Monitoring Only | <input type="checkbox"/> 2. Temporary Covers or Caps |
| <input checked="" type="checkbox"/> 3. Deployment of Absorbent or Containment Materials | <input type="checkbox"/> 4. Temporary Water Supplies |
| <input type="checkbox"/> 5. Structure Venting System | <input type="checkbox"/> 6. Temporary Evacuation or Relocation of Residents |
| <input type="checkbox"/> 7. Product or NAPL Recovery | <input type="checkbox"/> 8. Fencing and Sign Posting |
| <input type="checkbox"/> 9. Groundwater Treatment Systems | <input type="checkbox"/> 10. Soil Vapor Extraction |
| <input type="checkbox"/> 11. Bioremediation | <input type="checkbox"/> 12. Air Sparging |



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D. DESCRIPTION OF RESPONSE ACTIONS (cont.): (check all that apply, for volumes list cumulative amounts)

13. Excavation of Contaminated Soils

a. Re-use, Recycling or Treatment

i. On Site Estimated volume in cubic yards 25

ii. Off Site Estimated volume in cubic yards _____

 ii.a. Receiving Facility: _____ Town: _____ State: _____

 ii.b. Receiving Facility: _____ Town: _____ State: _____

 iii. Describe: _____

b. Store

i. On Site Estimated volume in cubic yards _____

ii. Off Site Estimated volume in cubic yards _____

 ii.a. Receiving Facility: _____ Town: _____ State: _____

 ii.b. Receiving Facility: _____ Town: _____ State: _____

c. Landfill

i. Cover Estimated volume in cubic yards _____

Receiving Facility: _____ Town: _____ State: _____

ii. Disposal Estimated volume in cubic yards _____

Receiving Facility: _____ Town: _____ State: _____

14. Removal of Drums, Tanks or Containers:

a. Describe Quantity and Amount: _____

b. Receiving Facility: _____ Town: _____ State: _____

c. Receiving Facility: _____ Town: _____ State: _____

15. Removal of Other Contaminated Media:

a. Specify Type and Volume: _____

b. Receiving Facility: _____ Town: _____ State: _____

c. Receiving Facility: _____ Town: _____ State: _____

16. Other Response Actions:

Describe: _____

17. Use of Innovative Technologies:

Describe: _____



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E. LSP SIGNATURE AND STAMP:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal 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,

> if Section B of this form indicates that a **Utility-Related Abatement Measure Status Report** and/or a **Remedial Monitoring Report** is being submitted, the response action(s) that is (are) the subject of this submittal (i) is (are) being implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) comply(ies) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that a **Utility-Related Abatement Measure Completion Statement** is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) comply(ies) with the identified provisions of all orders, permits, and approvals identified 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 #:

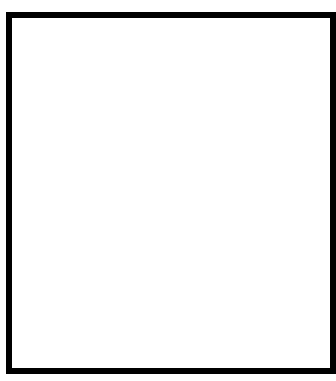
2. First Name: 3. Last Name:

4. Telephone: 5. Ext.: 6. FAX:

7. Signature:

8. Date:
(mm/dd/yyyy)

9. LSP Stamp:





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F. PERSON UNDERTAKING URAM:

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 NEW BEDFORD**
3. Contact First Name: **SCOTT** 4. Last Name: **ALFONSE**
5. Street: **133 WILLIAM STREET** 6. Title: **DIRECTOR OF ENVIRONMENTAL STEWAR**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. ZIP Code: **027400000**
10. Telephone: **5089791487** 11. Ext.: 12. FAX:

G. RELATIONSHIP TO RELEASE OR THREAT OF RELEASE OF PERSON UNDERTAKING URAM:

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 URAM Specify Relationship: **CITY IS OWNER BUT NOT RP**

H. REQUIRED ATTACHMENT AND SUBMITTALS:

1. Check here if any Remediation Waste, generated as a result of this URAM, will be stored, treated, managed, recycled or reused at the site following submission of the URAM Completion Statement. If this box is checked, you must submit one of the following plans, along with the appropriate transmittal form.
- a. A Release Abatement Measure (RAM) Plan (BWSC106) b. Phase IV Remedy Implementation Plan (BWSC108)
2. 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 approval(s) issued by DEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions thereof.
3. Check here if the property owner was NOT contacted prior to initiation of the URAM. If this is the case, you must attach an explanation of why the owner was not contacted, including the date and time when contact ultimately occurred.
4. Check here if this URAM will occur in connection with the construction of new public utilities. If this is the case, document the nature and extent of encountered contamination, the scope and expense of necessary mitigation and the benefits and limitations of project alternatives.
5. Check here if any non-updatable information provided on this form is incorrect, e.g. Release Address/Location Aid. Send corrections to the DEP Regional Office.
6. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.



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I. CERTIFICATION OF PERSON UNDERTAKING URAM:

1. I, **Scott Alfonse**, 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: **Scott Alfonse** Signature 3. Title: **DIR. OF ENV. STEWARDSHIP**

4. For: **CITY OF NEW BEDFORD** (Name of person or entity recorded in Section F) 5. Date: **3/8/2010** (mm/dd/yyyy)

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

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:)

3/8/2010 12:05:13 PM