



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup
BWSC 10 – Tier I Major Permit Modification
BWSC 20 – Tier I Permit Extension
BWSC 30 – Tier I Permit Transfer
Application for Supplemental Tier I Permit Actions

E274141

Transmittal Number

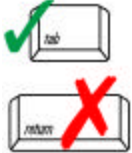
3

362

Release Tracking Number

A. Disposal Site Information

Important:
When filling out forms on the computer, use only the tab key to move your cursor – do not use the return key.



Note:

1. In the case of a permit transfer, the applicant is the transferee, or the individual requesting that the permit be transferred to his/her name.

2. If more than one category of supplemental Tier I permit action is being submitted concurrently, only one application fee is required.

- ☐ 1. Check here if there is more than one applicant. (A Primary Representative must be listed in Section B and each applicant must fill out Sections C, D and E.)
2. Which category of supplemental Tier I permit actions are you applying for? (Check all that apply.)
- ☐ a. Major Permit Modification (BWSC 10) ☐ d. Check here if applicant is a Homeowner pursuant to 310 CMR 4.02. A Homeowner Certification (BWSC120) must be submitted in order to qualify for the homeowner application fee.
- ☒ b. Permit Extension (BWSC 20)
- ☐ c. Permit Transfer (BWSC 30)

3. Current permit category:

- ☐ a. Tier IA (BWSC 01) ☐ d. Transition Tier IA (BWSC 04)
- ☒ b. Tier IB (BWSC 02) ☐ e. Transition Tier IB (BWSC 05)
- ☐ c. Tier IC (BWSC 03)

f. **W007378**

Permit Number

4. a. **BOSTON GAS COMPANY MALDEN PLANT**

Disposal Site Name

b. **100 COMMERCIAL ST**

Street

c. **MALDEN**

City/Town

d. **MA**

State

e. **021480000**

Zip Code

5. List other release tracking number(s) that is(are) the subject of this permit application.

Release Tracking Number (RTN)

- a. **3** **3757**
- b. **3** **13754**
- c. **3** **11581**
- d.
- e. **3** **13753**
- f.

6. If the applicant is filing a Major Permit Modification, select the modification type being sought:

- ☐ a. Request for change in permit category. By checking this you are also certifying that a completed, revised Numerical Ranking System (NRS) Score Form and LSP Tier Classification Opinion prepared in accordance with 310 CMR 40.0510(3) is attached.

Revised Numerical Ranking System (NRS) Score

- ☐ i. Downgrade Tier IA to Tier IB ☐ v. Upgrade Tier IB to Tier IA
- ☐ ii. Downgrade Tier IA to Tier IC ☐ vi. Upgrade Tier IC to Tier IA
- ☐ iii. Downgrade Tier IB to Tier IC ☐ vii. Upgrade Tier IC to Tier IB
- ☐ iv. Downgrade to Tier II
- ☐ b. Request modifications to terms or conditions of permit. By checking this you are also certifying that a LSP Opinion as to why specific permit terms or conditions are no longer necessary or appropriate is attached. Include reports, as appropriate, detailing any new or additional information to justify the modification(s) to the permit terms or conditions being sought.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup
BWSC 10 – Tier I Major Permit Modification
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E274141

Transmittal Number

3

362

Release Tracking Number

A. Disposal Site Information (cont.)

7. If the applicant is filing a Permit Extension, select the reason for extending the permit: (check one)

☐ a. An extension is necessary to initiate or continue Comprehensive Response Actions at the site to achieve a Response Action Outcome (RAO). By checking this you are also certifying that a statement describing why the extension is sought is attached. Include a schedule for completing all work at the site and a summary of all response actions performed to date, including all phase work.

☒ b. An extension is necessary to conduct response actions at the site after a Response Action Outcome (RAO) has been submitted to DEP.

i. Select the RAO class filed for the disposal site: ☐ A3 ☐ A4 ☐ B2 ☐ B3 ☒ C

ii. Select the reason for conducting response actions after a RAO: (check one)

- ☒ Implement a Permanent Solution at a disposal site where a Class C RAO has been filed.
- ☐ Implement response actions pursuant to 310 CMR 40.1080 at a disposal site where an Activity and Use Limitation is in place in order to maintain No Significant Risk.
- ☐ Conduct further response actions at a disposal site where an Activity and Use Limitation is in place in order to withdraw such Limitation in order to allow certain site uses or activities which are prohibited pursuant to the existing Activity and Use Limitation.
- ☐ Implement response actions after a Periodic Evaluation conducted pursuant to 310 CMR 40.0580(1) reveals that more substantial response actions are required to maintain the Temporary Solution at such disposal site other than those that may be conducted for normal maintenance of the Class C RAO pursuant to a post-Class C RAO Operation Maintenance and/or Monitoring Plan pursuant to 310 CMR 40.0896.



Massachusetts Department of Environmental Protection
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BWSC 10 – Tier I Major Permit Modification
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Application for Supplemental Tier I Permit Actions

E274141

Transmittal Number

3

362

Release Tracking Number

B. Primary Representative Information

Note:

1. Complete this section only if there is a **change in the Primary Representative** or if you have not previously furnished this information to DEP.

2. If there is **only one** applicant, you do not need to complete this section.

3. If there is **more than one** applicant, then the Primary Representative should complete this section.

4. The **Primary Representative** for multiple applicants will receive the annual compliance assurance fee statement for the disposal site.

1. Primary Representative:

a. Is the Primary Representative also an applicant? ☐ i. Yes ☐ ii. No

b. _____
Name of Organization

c. _____
Name

d. _____
Title

e. _____
Street

f. _____
City/Town

g. _____ h. _____
State Zip Code

i. _____
Telephone

j. _____
E-mail (optional)

k. _____
Contact Name (if different)

l. _____
Contact Telephone

2. Primary Representative Certification:

I attest under the pains and penalties of perjury that I am fully authorized to act on behalf of all persons submitting this permit application for the following purposes: (i) to receive oral and written correspondence from DEP with respect to this application; (ii) to receive oral and written correspondence from DEP with respect to the performance of response actions conducted pursuant to the Tier I permit; and (iii) to receive any statement of fee required by 310 CMR 4.03(3) associated with the Tier I permit. 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.

a. _____
Name (Print)

b. _____
Position or Title

c. _____
Signature

d. _____
Date



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup
BWSC 10 – Tier I Major Permit Modification
BWSC 20 – Tier I Permit Extension
BWSC 30 – Tier I Permit Transfer
Application for Supplemental Tier I Permit Actions

E274141	
Transmittal Number	
3	362
Release Tracking Number	

C. Applicant Information

Note:

1. All applicants must complete this section. Where there is more than one **Applicant**, make copies of this page, have each applicant provide this information, and then attach all copies to this application.

2. The applicant, or the Primary Representative for more than one applicant, will receive the annual compliance assurance fee statement for the disposal site.

1. Applicant:

a.	NATIONAL GRID Name of Organization		
b.	MICHELE	LEONE	c. MANAGER SIR GROUP NE Title
d.	40 SYLVAN ROAD Street		
e.	WALTHAM City/Town	f. MA State	g. 024510000 Zip Code
h.	7819073651 Telephone	i. E-mail (optional)	
j.	 Contact Name (if different)	k. Contact Telephone	

2. Type of Applicant (check **one**):

<input type="checkbox"/>	a. Individual
<input type="checkbox"/>	b. Sole proprietorship
<input type="checkbox"/>	c. Partnership
<input checked="" type="checkbox"/>	d. Corporation
<input type="checkbox"/>	e. Realty trust
<input type="checkbox"/>	f. State authority
<input type="checkbox"/>	g. Municipality
<input type="checkbox"/>	h. State agency
<input type="checkbox"/>	i. Federal agency
<input type="checkbox"/>	j. Other, please specify: _____

3. Relationship of applicant to disposal site (check all that apply):

<input type="checkbox"/>	a. Current owner (as defined in Section 5(a)(1) of M.G.L. c 21E)
<input type="checkbox"/>	b. Current operator (as defined in Section 5(a)(1) of M.G.L. c 21E)
<input type="checkbox"/>	c. Past owner (as defined in Section 5(a)(2) of M.G.L. c 21E)
<input type="checkbox"/>	d. Past operator (as defined in Section 5(a)(2) of M.G.L. c 21E)
<input type="checkbox"/>	e. Generator (as defined in Section 5(a)(3) of M.G.L. c 21E)
<input type="checkbox"/>	f. Transporter (as defined in Section 5(a)(4) of M.G.L. c 21E)
<input checked="" type="checkbox"/>	g. Other legally responsible party (as defined in Section 5(a)(5) of M.G.L. c 21E)
<input type="checkbox"/>	h. Other person (as defined in 310 CMR 40.0006(10))

☐ 4. Check here to certify that additional copies of Sections C, D and E are attached to this application.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup
BWSC 10 – Tier I Major Permit Modification
BWSC 20 – Tier I Permit Extension
BWSC 30 – Tier I Permit Transfer
Application for Supplemental Tier I Permit Actions

E274141

Transmittal Number

3

362

Release Tracking Number

D. Applicant's Compliance History

Note:
Each applicant must complete this section. For disposal sites with more than one **Applicant**, make copies of this section, have each applicant complete this information, and then attach all copies to this application.

- ☒ 1. Check here to certify that a statement further describing the applicant's compliance history is attached.
- This statement must describe the applicant's history of compliance with DEP's requirements, including, but not limited to, M.G.L. c. 21E, 310 CMR 40.0000, and other laws for the protection of health, safety, public welfare and the environment administered or enforced by federal, state and local government agencies, that are material to the disposal site. Such a statement should identify information such as: action(s) material to the disposal site taken by DEP to enforce its requirements including, but not limited to Notice of Noncompliance (NON), Notice of Intent to Assess Civil Administrative Penalty (PAN), administrative enforcement order, Notice of Responsibility (NOR), Notice of Intent to Take Response Action (NORA); Administrative Consent Order; Judicial Consent Judgment; similar administrative actions taken by other states, federal, or local agencies; and/or civil or criminal actions material to the disposal site brought on behalf of DEP or other federal, state, or local agencies and any additional information relevant to the applicant's history of compliance. For each action identified, give the name of the issuing authority and identification number, if available, and a description of the noncompliance cited, the current status of the matter, and final disposition, if any.
- ☐ 2. Check here if a statement of the applicant's compliance history was previously submitted, and there has been no change in that person's compliance history.
3. List all other DEP permits or licenses held by the applicant that are material to this disposal site:

Program	Permit Code	Permit Category	Facility ID
a. Air Quality			
b. Hazardous Waste (M.G.L. c. 21C)	MAC300008125	SQG	NOT APPLICABL
c. Solid Waste			
d. Industrial Wastewater Management			
e. Water Supply			
f. Water Pollution Control: Surface Water			
g. Water Pollution Control: Groundwater			
h. Water Pollution Control: Sewer Connection			
i. Wetlands & Waterways			

4. List all other permits, licenses, certifications, registrations, variances, or other approvals issued by other federal, state, or local authorities and held by applicant that are material to this disposal site:

Issuing Authority	Identification Number	Date Issued
a. SEE ATTACHED LETTER		
b.		
c.		



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup
BWSC 10 – Tier I Major Permit Modification
BWSC 20 – Tier I Permit Extension
BWSC 30 – Tier I Permit Transfer
Application for Supplemental Tier I Permit Actions

E274141

Transmittal Number

3

362

Release Tracking Number

E. Applicant Certifications

Note:

Each applicant must complete this section. For disposal sites with more than one **Applicant**, make copies of this page, have each applicant complete this information, and then attach all copies to this application.

1. Certification of Submittal

I 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 submittal, (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 person or 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. Statement of Ability and Willingness

I attest under the pains and penalties of perjury that (i) I/the person(s) or entity(ies) on whose behalf this submittal is made has/have personally examined and am/is familiar with the requirements of M.G.L. c. 21E and 310 CMR 40.0000; (ii) based upon my inquiry of the/those Licensed Site Professional(s) employed or engaged to render Professional Services for the disposal site which is the subject of this permit application and of the person(s) or entity(ies) on whose behalf this submittal is made, and my/that person's(s') or entity's(ies') understanding as to the estimated costs of necessary response actions, that/those person(s) or entity(ies) has/have the technical, financial and legal ability to proceed with response actions for such site in accordance with M.G.L. c. 21E, 310 CMR 40.0000 and other applicable requirements; and (iii) that I am fully authorized to make this attestation on behalf of the person(s) or entity(ies) legally responsible for this submittal. I/the person(s) or entity(ies) on whose behalf this submittal is made is aware of the requirements in 310 CMR 40.0172 for notifying the Department in the event that I/the person(s) or entity(ies) on whose behalf this submittal is made and/is(are) unable to proceed with the necessary response actions.

3. Certification of Remittance of Permit Application Fee

I attest under the pains and penalties of perjury that, on or before the date of submittal of this permit application to the Department, I remitted, or caused to be remitted, the applicable permit fee payable in accordance with 310 CMR 4.00.

4. Terms and Conditions Consent (if the applicant is filing a Permit Transfer)

I understand that this is a permit to proceed with response actions required under 310 CMR 40.0000 and agree to conduct all response actions pursuant to the terms and conditions of any and all Department approvals that are in effect on October 1, 1993 as well as all future response actions at the disposal site which are not subject to an existing Department approval in accordance with the provisions of 310 CMR 40.0000. I also understand and agree to all of the permit conditions set forth in 310 CMR 40.0740 and any other conditions included with the Permit. I will not proceed with response actions at the subject site until I receive Department approval of this permit transfer.

5. Applicant/Transferee Acceptance

a. **MICHELE LEONE**

Name (Print)

b. **MANAGER SIR GROUP NE**

Position or Title

c. **MICHELE LEONE**

Signature

d. **11/13/2009**

Date



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup
BWSC 10 – Tier I Major Permit Modification
BWSC 20 – Tier I Permit Extension
BWSC 30 – Tier I Permit Transfer
Application for Supplemental Tier I Permit Actions

E274141

Transmittal Number

3

362

Release Tracking Number

F. Transferor Information and Certification

Note:

1. The transferor is the current permittee who is transferring the permit to a new permittee.

2. Each current permittee/transferor must complete this section. For disposal sites with more than one current permittee/transferor, make copies of this page, have each current permittee/transferor complete this information, and then attach all copies to this application.

1. If the applicant is filing a Permit Transfer, please fill out the following information on the current permittee (the transferor):

a. _____
Name of Organization

b. _____ c. _____
Name Title

d. _____
Street

e. _____ f. _____ g. _____
City/Town State Zip Code

h. _____ i. _____
Telephone E-mail (optional)

j. _____ k. _____
Contact Name (if different) Contact Telephone

2. Permit Transfer Consent:

I hereby consent to the transfer of my Tier I Permit for the Disposal Site/Release Tracking Number(s) stated in Section A of this application to the proposed transferee(s) designated in Section C of this application. I understand that I am still responsible for conducting all response actions required by M.G.L. c. 21E and 310 CMR 40.0000 until the Department has approved this application.

a. _____
Name (Print)

b. _____
Position or Title

c. _____
Signature

d. _____
Date

- ☐ 3. Check here if there is more than one transferor and additional copies of this certification are attached to this application.

- ☐ 4. Check here to certify that a statement as to why the permit transfer is being sought is attached.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup
BWSC 10 – Tier I Major Permit Modification
BWSC 20 – Tier I Permit Extension
BWSC 30 – Tier I Permit Transfer
Application for Supplemental Tier I Permit Actions

E274141

Transmittal Number

3

362

Release Tracking Number

G. Required Technical Submittals with Application

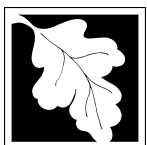
1. Please indicate which of the following response actions are in progress or have been completed at this disposal site at the time of this application:

Response Actions	Completed	In Progress
a. Limited Removal Action (LRA)	<input type="checkbox"/>	
b. Immediate Response Action (IRA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Release Abatement Measure (RAM)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Utility Related Abatement Measure (URAM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Phase I Initial Site Investigation	<input type="checkbox"/>	<input type="checkbox"/>
f. Phase II Comprehensive Site Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Phase III Identification, Evaluation and Selection of Comprehensive Remedial Action Alternatives	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Phase IV Implementation of the Selected Remedial Action Alternative (Remedy Implementation Plan only)	<input type="checkbox"/>	<input type="checkbox"/>
i. <input type="text"/> Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

2. Please indicate which of the following Status Reports, Phase Reports, or Completion Statements have been prepared for response actions that are in progress or have been completed at the disposal site at the time of this application.

Document	Previously Submitted	Submitted with this Application	Projected Date for Completion
a. Bill(s) of Lading	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Immediate Response Action (IRA) Plan(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. IRA Status Report(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. IRA Completion Report(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Release Abatement Measure (RAM) Plan(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
f. RAM Status Report(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
g. RAM Completion Report(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
h. Utility-Related Abatement Measures (URAM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Note:
For response actions in progress, attach a statement of description of the current status and projected schedule for completion of such response actions.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup
BWSC 10 – Tier I Major Permit Modification
BWSC 20 – Tier I Permit Extension
BWSC 30 – Tier I Permit Transfer
Application for Supplemental Tier I Permit Actions

E274141

Transmittal Number

3

362

Release Tracking Number

G. Required Technical Submittals with Application (cont.)

Document	Previously Submitted	Submitted with this Application	Projected Date for Completion
i. URAM Status Report(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
j. URAM Completion Report(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
k. Phase I Report and Completion Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
l. Phase II Scope of Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
m. Phase II Report and Completion Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
n. Phase III Remedial Action Plan and Completion Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
o. Phase IV Remedy Implementation Plan (RIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
p. Phase IV As-Build Construction Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
q. Phase IV Final Inspection Report and Completion Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
r. Phase V Operation Maintenance and/or Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
s. Remedy Operation Status (ROS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
t. Response Action Outcome (RAO) Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2/27/2004
u. <input type="text"/> Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

H. Licensed Site Professional Opinion

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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, this application was developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000. 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.

- 4208**
License Number
- MICHAEL S LOTTI**
LSP Name (Print)
- 11/13/2009**
Date
- 5086680033**
Telephone
- Michael S Lotti**
LSP Signature
- LSP Seal:

