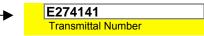
Enter your transmittal number



Your unique Transmittal Number can be accessed online: http://www.state.ma.us/scripts/dep/trasmfrm.stm or call DEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection

Transmittal Form for Permit Application and Payment

1. Please type or	Α.	Permit Information							
print. A separate Transmittal Form	BWS20 , TIER I PERMIT EXTENSION ,								
must be completed		1. Permit Code: 7 or 8 character code from permit instructions 2. Name of Permit Category							
for each permit	APPLICATION FOR SUPPLEMENTAL TIER I PERMIT ACTIONS								
application.	3. Type of Project or Activity								
2. Make your									
check payable to	B. /	Applicant Information –	Firm or Ir	ndividu	al				
the Commonwealth									
of Massachusetts and mail it with a		NATIONAL GRID							
copy of this form to	: 1	1. Name of Firm - Or, if party needing this approval is an individual enter name below:							
DÉP, P.O. Box		LEONE			MICHELE 3. First Name of Individual				
4062, Boston, MA		2. Last Name of Individual 3. First Name of Individual 4. MI 40 SYLVAN ROAD							
02211.		5. Street Address							
3. Three copies of		WALTHAM		MA	024510000		7819073651		
this form will be		6. City/Town		7. State	8. Zip Code		9. Telephone #	10. Ext. #	
needed.	Г	o. Oity/10Wii		7. Otate	O. Zip Code		5. Telephone #	10. LXt. #	
Copy 1 - the	L	11. Contact Person			12. e-mail addres	s (n	ntional)		
original must		12. C-mail address (optional)							
accompany your	_	Eggility City or Individua	I Doguiri	na Ann	rovol				
permit application. Copy 2 must		C. Facility, Site or Individual Requiring Approval							
accompany your	pany your BOSION GAS COMPANY MALDEN PLANT								
fee payment.	г	1. Name of Facility, Site Or Individual							
Copy 3 should be	Ľ	100 COMMERCIAL ST							
retained for your records		2. Street Address		24	004400000			¬ —	
		MALDEN		MA	021480000				
4. Both fee-paying		3. City/Town		4. State	5. Zip Code		6. Telephone #	7. Ext. #	
and exempt		O DED Facility Number (if Known)		0 Fadan	al I D. Niverala an /if I/		3 362		
applicants must mail a copy of this		8. DEP Facility Number (if Known)		9. Federa	al I.D. Number (if Kı	iow	n) 10. BWSC Track	ang # (ir Known)	
transmittal form to:	_	Application Dropored by	/if difford	nt fran	Section D	*			
DED	D . <i>I</i>	D. Application Prepared by (if different from Section B)*							
DEP P.O. Box 4062		LOTTI MICHAEL S							
Boston, MA		1. Name of Firm Or Individual							
02211		25 SPRING STREET,INNOVATIVE EN							
		2. Address							
* Note:		WALPOLE		MA	020810000		5086680033	231	
For BWSC Permits.	г	3. City/Town		4. State	5. Zip Code		6. Telephone #	7. Ext. #	
enter the LSP.	´ [4208				
		8. Contact Person 9. LSP Number (BWSC Permits only)							
	E. I	Permit - Project Coordina	ation						
	4	Is this project subject to MEPA review?							
		 Is this project subject to MEPA review?							
		Environmental Notification Form is submitted to the MEPA unit:							
		EOEA File Number							
		F. Amount Due							
	Г. /	Amount Due							
DEP Use Only	Sne	ecial Provisions:							
,	•	 Fee Exempt (city, town or municipal housing authority)(state agency if fee is \$100 or less). 							
Permit No:	••	There are no fee exemptions for BWSC permits, regardless of applicant status.							
/2009 3:07:21 PM	2.	Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).							
Rec' d Date:	3.	Alternative Schedule Project (accord		R 4.05 and	4.10).				
	4.	☐ Homeowner (according to 310 CMR)	4 (1.77)						
	٠.		4.02).						
Reviewer:		14883	\$1,200				11/13/2009		

Dollar Amount

Date

Check Number