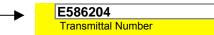
Enter your transmittal number



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 print. A separate	A .	Permit Information								
Transmittal Form		BWS02	TIER	IB PERM	IIT					
must be completed		1. Permit Code: 7 or 8 character code				2. Name of	Permit Ca	tegory		
for each permit		INITIAL APPLICATION FOR TIER I PERMIT								
application.	3. Type of Project or Activity									
2. Make your										
check payable to	B. Applicant Information – Firm or Individual									
the Commonwealth of Massachusetts		AVX CORPORATION								
and mail it with a		1. Name of Firm - Or, if party needi	na this s	nnroval is a	n individu	al ontor namo	holow:			
copy of this form to:		SLAVITT	ng uns c	appiovai is a	EVAN		Delow.			
DEP, P.O. Box		2. Last Name of Individual				t Name of Ind	ividual		4. MI	
4062, Boston, MA 02211.		PO BOX 867 801 17TH AV	PO BOX 867 801 17TH AVENUE SOUTH							
		5. Street Address								
3. Three copies of		MYRTLE BEACH			sc	29578086	67	8439650624		
this form will be needed.		6. City/Town			7. State	8. Zip Cod	de	9. Telephone #	10. Ext. #	
Copy 1 - the original must		11. Contact Person				12. e-mail a	ddress (o	ptional)		
accompany your	_	0 F 111 O1								
permit application.	C. Facility, Site or Individual Requiring Approval									
Copy 2 must accompany your		AEROVOX INC								
fee payment.		1. Name of Facility, Site Or Individu	ıal							
Copy 3 should be		740 BELLEVILLE AVE								
retained for your records		2. Street Address			22.0				1 m	
1000100		NEW BEDFORD			MA	027400			J L	
4. Both fee-paying		3. City/Town			4. State	5. Zip Cod	ie	6. Telephone #	7. Ext. #	
and exempt applicants must		9 DED Equility Number (if Known)			0 Fodor	al I D. Numba	r (if Know	4 601	ing # (if Known)	
mail a copy of this		8. DEP Facility Number (if Known) 9. Federal I.D. Number (if Known) 10. BWSC Tracking # (if Known)								
transmittal form to:	D. Application Prepared by (if different from Section B)*									
DEP										
P.O. Box 4062 Boston, MA		WADE MARILYN M								
	1. Name of Firm Or Individual									
02211	5 INDUSTRIAL WAY,URS CORP 2. Address									
		SALEM			NH	0307900	00	6038930616		
* Note:		3. City/Town			4. State	5. Zip Cod		6. Telephone #		
For BWSC Permits, enter the LSP.		G. G., 7. G., 1.				4513		0. 10.0p.10.10 <i>II</i>		
enter the Lor.		8. Contact Person					ber (BWS	C Permits only)		
	E. Permit - Project Coordination									
	 Is this project subject to MEPA review?									
		Environmental Notification For								
		Environmental Notification For	11 13 346	milited to t	IIC WILI A	Curit.	EOEA E	lo Numbor		
	F. Amount Due									
	٠.	Amount Due								
DEP Use Only	Sp	Special Provisions:								
	1. 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.									
8/15/2013 6:26:47 PM	 Hardship Request - payment extensions according to 310 CMR 4.04(3)(c). Alternative Schedule Project (according to 310 CMR 4.05 and 4.10). 									
Rec'd Date:	3. 4.									
Reviewer:										
		I	1	1			- 1	I		

Dollar Amount

Date

Check Number