

## **Aerovox Inc Site RTN 4-601**

### **BWSC 02 Sec D Q.1 - Additional Compliance History Statement**

The subject Tier Classification and Tier 1 B Permit Application is being submitted pursuant to an Administrative Consent Order and Notice of Responsibility, between AVX Corporation and the Commonwealth of Massachusetts, File No. ACO-SE-09-3P-016, dated June 3, 2010. AVX Corporation is in full compliance with this ACO. No other permits, orders or notices apply to the applicant relative to the subject RTN.



Enter your transmittal number

X257204

Transmittal Number

Your unique Transmittal Number can be accessed online: <http://mass.gov/dep/service/online/trasmfrm.shtml>

**Massachusetts Department of Environmental Protection  
Transmittal Form for Permit Application and Payment**

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

**Copy 1 - the original** must accompany your permit application. **Copy 2** must accompany your fee payment. **Copy 3** should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to:

MassDEP  
P.O. Box 4062  
Boston, MA  
02211

\* Note:  
For BWSC Permits,  
enter the LSP.

**A. Permit Information**

BWSC 02

Tier 1B Permit

1. Permit Code: 7 or 8 character code from permit instructions

2. Name of Permit Category

Permit to Proceed With Response Actions Under MCP/21E

3. Type of Project or Activity

**B. Applicant Information – Firm or Individual**

AVX Corporation

1. Name of Firm - Or, if party needing this approval is an individual enter name below:

2. Last Name of Individual

3. First Name of Individual

4. MI

1 AVX Boulevard

5. Street Address

Fountain Inn

SC

29644

864 228 8863

6. City/Town

7. State

8. Zip Code

9. Telephone #

10. Ext. #

John Waites

john.waites@avx.com

11. Contact Person

12. e-mail address (optional)

**C. Facility, Site or Individual Requiring Approval**

Aerovox Inc

1. Name of Facility, Site Or Individual

740 Belleville Ave

2. Street Address

New Bedford

MA

02740

NA

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

4-601

8. DEP Facility Number (if Known)

9. Federal I.D. Number (if Known)

10. BWSC Tracking # (if Known)

**D. Application Prepared by (if different from Section B)\***

Marilyn M. Wade, URS Corporation

1. Name of Firm Or Individual

5 Industrial Way

2. Address

Salem

NH

03079

603 893 0616

2244

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

Marilyn M Wade

4513

8. Contact Person

9. LSP Number (BWSC Permits only)

**E. Permit - Project Coordination**

1. Is this project subject to MEPA review?  yes  no  
If yes, enter the project's EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:

EOEA File Number

**F. Amount Due**

**Special Provisions:**

- Fee Exempt (city, town or municipal housing authority)(state agency if fee is \$100 or less).  
*There are no fee exemptions for BWSC permits, regardless of applicant status.*
- Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).
- Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).
- Homeowner (according to 310 CMR 4.02).

DEP Use Only

Permit No:

Rec'd Date:

Reviewer:

Check Number

Dollar Amount

Date