



Massachusetts Department of Environmental Protection
 Bureau of Waste Site Cleanup
BWSC 01 – Tier IA
BWSC 02 – Tier IB
BWSC 03 – Tier IC
Initial Application for Tier I Permit

E586204	
Transmittal Number	
4	601
Release Tracking Number	

B. Primary Representative Information

Note:

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

2. If there is more than one applicant, then the Primary Representative should complete this page.

3. 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. _____ d. _____
 Name Title

e. _____
 Street

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

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

k. _____ l. _____
 Contact Name (if different) 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



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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 Permit 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. **AVX CORPORATION**
Name of Organization

b. **EVAN** **SLAVITT** c. **VICE PRESIDENT**
Applicant Name Title

d. **PO BOX 867 801 17TH AVENUE SOUTH**
Street

e. **MYRTLE BEACH** f. **SC** g. **29578-0867**
City/Town State Zip Code

h. **(843) 965-0624** i. _____
Telephone E-mail (optional)

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

2. Type of Applicant (check one):

- a. Individual
- b. Sole proprietorship
- c. Partnership
- d. Corporation
- e. Realty trust
- f. State authority
- g. Municipality
- h. State agency
- i. Federal agency
- j. Other, please specify: _____

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

- a. Current owner (as defined in Section 5(a)(1) of M.G.L. c 21E)
- b. Current operator (as defined in Section 5(a)(1) of M.G.L. c 21E)
- c. Past owner (as defined in Section 5(a)(2) of M.G.L. c 21E)
- d. Past operator (as defined in Section 5(a)(2) of M.G.L. c 21E)
- e. Generator (as defined in Section 5(a)(3) of M.G.L. c 21E)
- f. Transporter (as defined in Section 5(a)(4) of M.G.L. c 21E)
- g. Other legally responsible party (as defined in Section 5(a)(5) of M.G.L. c 21E)
- 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.



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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 Permit 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. 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)			
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			

3. 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.		
b.		
c.		



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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 Permit 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. Applicant Acceptance

a.
 Name (Print)

b.
 Position or Title

c.
 Signature

d.
 Date



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F. Required Technical Submittals with Permit Application

1. Check here to certify that a Tier I Classification Submittal is attached to this application.
2. Please indicate which of the following response actions are in progress or have been completed at this disposal site at the time of this permit application:

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

3. 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 permit application.

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



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F. Required Technical Submittals with Permit Application (cont.)

Document	Previously Submitted	Submitted with this Application	Projected Date for Completion
f. RAM Status Report(s)	<input type="checkbox"/>	<input type="checkbox"/>	
g. RAM Completion Report(s)	<input type="checkbox"/>	<input type="checkbox"/>	
h. Utility-Related Abatement Measures (URAM)	<input type="checkbox"/>	<input type="checkbox"/>	
i. URAM Status Report(s)	<input type="checkbox"/>	<input type="checkbox"/>	
j. URAM Completion Report(s)	<input type="checkbox"/>	<input type="checkbox"/>	
k. Phase I Report and Completion Statement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	08/15/2013
l. Phase II Scope of Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	08/15/2013
m. Phase II Report and Completion Statement	<input type="checkbox"/>	<input type="checkbox"/>	
n. Phase III Remedial Action Plan and Completion Statement	<input type="checkbox"/>	<input type="checkbox"/>	
o. Phase IV Remedy Implementation Plan (RIP)	<input type="checkbox"/>	<input type="checkbox"/>	
p. <input type="text"/> Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

4. Specify the pages of either the Phase I Report or Phase II Report (if completed) for purposes of supporting the following information:

	Phase I Report	Phase II Report	Page(s)
a. Disposal site location information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
i. Institutions within 500 feet of the disposal site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2
ii. Listing of natural resource areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2-3
b. Disposal Site Locus Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FIGURE 1
c. Disposal site history	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9-14
i. Release history and abatement measures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9-12
ii. OHM use and storage history	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13-14
iii. Environmental permits and compliance history	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14



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	Phase I Report	Phase II Report	Page(s)
d. Disposal site hydrogeological characteristics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15-17
i. Groundwater depth and flow direction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FIGURE 3
ii. Soil and bedrock description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16
iii. Disposal site topography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15
e. Nature and extent of contamination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18-21
i. Thickness of non-aqueous phase liquid, if encountered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20-21
ii. Approximate horizontal and vertical extent of contamination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20
f. Migration pathways and exposure potential	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22-23
i. Contaminant migration potential	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22-23
ii. Potential human exposure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23
iii. Potential environmental receptors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23
g. Evaluation for Immediate Response Action(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24
h. <input type="text"/> Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
i. Conclusions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25-26

G. 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.

1. **4513**
License Number

2. **MARILYN M WADE**
LSP Name (Print)

3.
Date

4. **(603) 893-0616**
Telephone

5.
LSP Signature

6. LSP Seal:

