



Immediate Response Action (IRA) Transmittal Form
Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

Release Tracking Number

4 - 601

A. SITE LOCATION:

1. Release Name/Location Aid: AEROVOX INC
2. Street Address: 740 BELLEVILLE AVE
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000
5. Check here if this location is Adequately Regulated, pursuant to 310 CMR 40.0110-0114.
- a. CERCLA b. HSWA Corrective Action c. Solid Waste Management
- d. RCRA State Program (21C Facilities)

B. THIS FORM IS BEING USED TO: (check all that apply)

1. List Submittal Date of Initial IRA Written Plan (if previously submitted): 6/10/2014
2. Submit an **Initial IRA Plan**.
3. Submit a **Modified IRA Plan** of a previously submitted written IRA Plan.
4. Submit an **Imminent Hazard Evaluation**. (check one)
- a. An Imminent Hazard exists in connection with this Release or Threat of Release.
- b. An Imminent Hazard does not exist in connection with this Release or Threat of Release.
- c. It is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release, and further assessment activities will be undertaken.
- d. It is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release. However, response actions will address those conditions that could pose an Imminent Hazard.
5. Submit a request to **Terminate an Active Remedial System or Response Action(s) Taken to Address an Imminent Hazard**.
6. Submit an **IRA Status Report**
7. Submit a **Remedial Monitoring Report**. (This report can only be submitted through eDEP.)
- a. Type of Report: (check one) i. Initial Report ii. Interim Report iii. Final Report
- b. Frequency of Submittal: (check all that apply)
- i. A Remedial Monitoring Report(s) submitted monthly to address an Imminent Hazard.
- ii. A Remedial Monitoring Report(s) submitted monthly to address a Condition of Substantial Release Migration.
- iii. A Remedial Monitoring Report(s) submitted every six months, concurrent with an IRA Status Report.
- iv. A Remedial Monitoring Report(s) submitted annually, concurrent with an IRA Status Report.
- c. Number of Remedial Systems and/or Monitoring Programs: _____

A separate BWSC105A, IRA Remedial Monitoring Report, must be filled out for each Remedial System and/or Monitoring Program addressed by this transmittal form.



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8. Submit an IRA Completion Statement.

a. Check here if future response actions addressing this Release or Threat of Release notification condition will be conducted as part of the Response Actions planned or ongoing at a Site that has already been Tier Classified under a different Release Tracking Number (RTN)

b. Provide Release Tracking Number of Tier Classified Site (Primary RTN):

These additional response actions must occur according to the deadlines applicable to the Primary RTN. Use the Primary RTN when making all future submittals for the site unless specifically relating to this Immediate Response Action.

9. Submit a Revised IRA Completion Statement.

10. Submit a Plan for the Application of Remedial Additives near a sensitive receptor, pursuant to 310 CMR 40.0046(3).

(All sections of this transmittal form must be filled out unless otherwise noted above)

C. RELEASE OR THREAT OF RELEASE CONDITIONS THAT WARRANT IRA:

1. Media Impacted and Receptors Affected: (check all that apply)

- a. Paved Surface b. Basement c. School
d. Public Water Supply e. Surface Water f. Zone 2 g. Private Well h. Residence i. Soil
j. Groundwater k. Sediments l. Wetland m. Storm Drain n. Indoor Air o. Air
p. Soil Gas q. Sub-Slab Soil Gas r. Critical Exposure Pathway s. NAPL t. Unknown
r. Others Specify:

2. Sources of the Release or TOR: (check all that apply)

- a. Transformer b. Fuel Tank c. Pipe
d. OHM Delivery e. AST f. Drums g. Tanker Truck h. Hose i. Line
j. UST Describe: k. Vehicle l. Boat/Vessel
m. Unknown n. Other: HISTORIC FACILITY

3. Type of Release or TOR: (check all that apply)

- a. Dumping b. Fire c. AST Removal d. Overfill
e. Rupture f. Vehicle Accident g. Leak h. Spill i. Test failure j. TOR Only
k. UST Removal Describe:
l. Unknown m. Other: HISTORIC MANU OPS

4. Identify Oils and Hazardous Materials Released: (check all that apply)

- a. Oils b. Chlorinated Solvents
c. Heavy Metals d. Others Specify: PCBS

D. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply, for volumes list cumulative amounts)

- 1. Assessment and/or Monitoring Only 2. Temporary Covers or Caps
3. Deployment of Absorbent or Containment Materials 4. Temporary Water Supplies
5. Structure Venting System/HVAC Modification System 6. Temporary Evacuation or Relocation of Residents
7. Product or NAPL Recovery 8. Fencing and Sign Posting
9. Groundwater Treatment Systems 10. Soil Vapor Extraction
11. Remedial Additives 12. Air Sparging
13. Active Exposure Pathway Mitigation System 14. Passive Exposure Pathway Mitigation System



D. DESCRIPTION OF RESPONSE ACTIONS: (cont.)

15. Excavation of Contaminated Soils.

a. Re-use, Recycling or Treatment i. On Site Estimated volume in cubic yards _____

ii. Off Site Estimated volume in cubic yards _____

Receiving Facility: _____ Town: _____ State: _____

Receiving Facility: _____ Town: _____ State: _____

Describe: _____

b. Store i. On Site Estimated volume in cubic yards _____

ii. Off Site Estimated volume in cubic yards _____

Receiving Facility: _____ Town: _____ State: _____

Receiving Facility: _____ Town: _____ State: _____

c. Landfill i. Cover Estimated volume in cubic yards _____

Receiving Facility: _____ Town: _____ State: _____

ii. Disposal Estimated volume in cubic yards _____

Receiving Facility: _____ Town: _____ State: _____

16. Removal of Drums, Tanks, or Containers:

a. Describe Quantity and Amount: _____

Receiving Facility: _____ Town: _____ State: _____

Receiving Facility: _____ Town: _____ State: _____

17. Removal of Other Contaminated Media:

a. Specify Type and Volume: _____

18. Other Response Actions:

Describe: _____

19. Use of Innovative Technologies:

Describe: UVOST W/GEOPROBE FOR IDENTIFICATION OF EXTENT OF NAPL, TUNED TO TARGET SITE SPECIFIC PRODUCT.



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I. CERTIFICATION OF PERSON UNDERTAKING IRA:

1. I, EVAN SLAVITT, 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 transmittal form; (ii) that, based on my inquiry of the/those individual(s) immediately responsible for obtaining the information, the material information contained herein is, to the best of my knowledge, information and belief, true, accurate and complete; (iii) that, to the best of my knowledge, information and belief, I/the person(s) or entity(ies) on whose behalf this submittal is made satisfy(ies) the criteria in 310 CMR 40.0183(2); (iv) that I/the person(s) or entity(ies) on whose behalf this submittal is made have provided notice in accordance with 310 CMR 40.0183(5); and (v) 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/are aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

2. By: EVAN SLAVITT 3. Title: _____

4. For: AVX CORPORATION 5. Date: 8/4/2015 (mm/dd/yyyy)

6. Check here if the address of the person providing certification is different from address recorded in Section F.

7. Street: _____

8. City/Town: _____ 9. State: _____ 10. Zip Code: _____

11. Telephone: _____ 12. Ext: _____ 13. Email: _____

YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE.

Date Stamp (DEP USE ONLY:)

Received by DEP on
8/4/2015 3:36:14 PM