

addressed by this transmittal form.

Massachusetts Department of Environmental Protection Bureau of Waste Site Cleanup

BWSC 105

Release Tracking Number **Immediate Response Action (IRA) Transmittal Form** Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D) 601

1. Release Name/Locati	on Aid: AEROVOX INC		
2. Street Address:	740 BELLEVILLE AVE		
3. City/Town:	NEW BEDFORD	4. Zip Code:	027400000
6 5. Check here if this	s location is Adequately Regulated, pursuant to 3	310 CMR 40.0110-0114.	
ê a. CERO	CLA	€ c. Solid Waste M	anagement
é d. RCR	A State Program (21C Facilities)		
B. THIS FORM IS B	BEING USED TO: (check all that apply)		
1. List Submittal Date of	of Initial IRA Written Plan (if previously submitted	ed): 6/10/2014	
2. Submit an Initial	IRA Plan.		
a Submit a Modifie	ed IRA Plan of a previously submitted written IF	RA Plan.	
e 4. Submit an Immi n	nent Hazard Evaluation. (check one)		
ê a. An Imminen	t Hazard exists in connection with this Release of	or Threat of Release.	
ê b. An Imminen	at Hazard does not exist in connection with this	Release or Threat of Release	>.
ê c. It is unknown activities will be un	n whether an Imminent Hazard exists in connec ndertaken.	tion with this Release or Th	reat of Release, and further assessment
	n whether an Imminent Hazard exists in connects those conditions that could pose an Imminent		reat of Release. However, response
6 5. Submit a request	to Terminate an Active Remedial System or R	esponse Action(s) Taken to	Address an Imminent Hazard.
6. Submit an IRA S	tatus Report		
6 7. Submit a Remedi	ial Monitoring Report. (This report can only be	submitted through eDEP.)	
a. Type of Report:	(check one) ê i. Initial Report ê	ii. Interim Report	iii. Final Report
b. Frequency of Su	abmittal: (check all that apply)		
ê i. A Remedial I	Monitoring Report(s) submitted monthly to addr	ress an Imminent Hazard.	
ê ii. A Remedial	Monitoring Report(s) submitted monthly to add	dress a Condition of Substan	tial Release Migration.
ê iii. A Remedial	l Monitoring Report(s) submitted every six mon	ths, concurrent with an IRA	Status Report.
ê iv. A Remedial	Monitoring Report(s) submitted annually, cond	current with an IRA Status F	Report.
c. Number of Remo	edial Systems and/or Monitoring Programs:		
A separate BWSC1	105A, IRA Remedial Monitoring Report, must b	e filled out for each Remedi	al System and/or Monitoring Program

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8. Submit an IRA Completion Statemen

a. Check here if future response actions addressing this Release of part of the Response Actions planned or ongoing at a Site that has all Number (RTN)	
b. Provide Release Tracking Number of Tier Classified Site (Prima	ry RTN):
These additional response actions must occur according to the deadli making all future submittals for the site unless specifically relating to	
ê 9. Submit a Revised IRA Completion Statement .	
$\hat{\epsilon}$ 10. Submit a Plan for the Application of Remedial Additives near a se	nsitive receptor, pursuant to 310 CMR 40.0046(3).
(All sections of this transmittal form must be f	illed 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)	é a. Paved Surface é b. Basement é c. School
ê d. Public Water Supply ê e. Surface Water ê f. Zone 2	ê g. Private Well ê h. Residence ⓑ i. Soil
₿ j. Groundwater	nd ê m. Storm Drain ê n. Indoor Air ê o. Air
ê p. Soil Gas ê q. Sub-Slab Soil Gas ê r. Critica	l Exposure Pathway b s. NAPL e t. Unknown
ê r. Others Specify:	
2. Sources of the Release or TOR: (check all that apply) $\mbox{$\hat{\mathbb{e}}$}$	a. Transformer ê b. Fuel Tank ê c. Pipe
$\hat{\mathbb{C}}$ d. OHM Delivery $\hat{\mathbb{C}}$ e. AST $\hat{\mathbb{C}}$ f. Drums	ê g. Tanker Truck ê h. Hose ê i. Line
€ j. UST Describe:	€ k. Vehicle € l. Boat/Vessel
€ m. Unknown	
3. Type of Release or TOR: (check all that apply) $$\hat{\mathbb{C}}$$ a. Dumping	ê b. Fire
ê e. Rupture	ê h. Spill
ê k. UST Removal Describe:	
ê 1. Unknown b m. Other: HISTORIC MANU OPS	
4. Identify Oils and Hazardous Materials Released: (check all that apply)	ê a. Oils
ê c. Heavy Metals b d. Others Specify: PCBS	
D. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply	, for volumes list cumulative amounts)
b 1. Assessment and/or Monitoring Only	ê 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
	ê 8. Fencing and Sign Posting
€ 9. Groundwater Treatment Systems	€ 10. Soil Vapor Extraction
ê 11. Remedial Additives	€ 12. Air Sparging
€ 13. Active Exposure Pathway Mitigation System	ê 14. Passive Exposure Pathway Mitigation System

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D. DESCRIPTION OF RESPONSE ACTION	NS: (cont.)		
€ 15. Excavation of Contaminated Soils.			
e a. Re-use, Recycling or Treatment	e i. On Site	Estimated volume in cubic yards	
	e ii. Off Site	Estimated volume in cubic yards	
iia. Receiving Facility:		Town:	State:
iib. Receiving Facility:		Town:	State:
iii. Describe:			
e b. Store	e i. On Site	Estimated volume in cubic yards	
	e ii. Off Site	Estimated volume in cubic yards	
iia. Receiving Facility:		Town:	State:
iib. Receiving Facility:		Town:	State:
e c. Landfill	e 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:			
b. Receiving Facility:		Town:	State:
c. Receiving Facility:		Town:	State:
€ 17. Removal of Other Contaminated Media:			
a. Specify Type and Volume:			
€ 18. Other Response Actions:			
Describe:			
b 19. Use of Innovative Technologies:			

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



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E. LSP SIGNATURE AND STAMP:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal form, 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,

- > if Section B of this form indicates that an **Immediate Response Action Plan** is being submitted, the response action(s) that is(are) the subject of this submittal (i) has (have) been developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is(are) appropriate and reasonable to accomplish thepurposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;
- > if Section B of this form indicates that an **Imminent Hazard Evaluation** is being submitted, this Imminent Hazard Evaluation was developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and the assessment activity(ies) undertaken to support this Imminent Hazard Evaluation comply(ies) with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000;
- > if Section B of this form indicates that an **Immediate Response Action Status Report** and/or a **Remedial Monitoring Report** is(are) being submitted, the response action(s) that is (are) the subject of this submittal (i) is (are) being implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000,(ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) comply(ies) with the identified provisions of all orders, permits, and approvals identified in this submittal;
- > if Section B of this form indicates that an **Immediate Response Action Completion Statement** or a request to **Terminate an Active Remedial System or Response Action(s) Taken to Address an Imminent Hazard** is being submitted, the response action(s) that is(are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is(are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) comply(ies) with the identified provisions of all orders, permits, and approvals identified in this submittal.

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. LSP #: 451	13				
2. First Name:	MARILYN M		3. Last Name:	WADE	
4. Telephone:	603-893-0616	5. Ext:		6. Email:	
7. Signature:	MARILYN M WADE				
8. Date: 8/4/2	<u>'</u> 015	(mn	n/dd/yyyy)		9. LSP Stamp:
					Electronic Seal

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E PERSON LINDERTAKING IRA.

1. (check an that apply.	e a. chang	e in contact name 🕒 b	o. change of addr	ess e c actio	change in the person undertakins	ng response
2. N	Name of Organization:	AVX CORPO	RATION				
3. C	Contact First Name:	EVAN	4. La	ast Name: SLA	VITT		
5. S	Street: PO BOX 867			6. Title:			
7. C	City/Town: MYRTLE E	BEACH		8. State:	SC	9. Zip Code: 295780867	
10.	Telephone:		11. Ext:	12. Email:			
G. 3	RELATIONSHIP T	O RELEASE	OR THREAT OF RELEA	ASE OF PERSO	N UNDE	RTAKING IRA:	
ê	Check here to chang	e relationship					
ь	1. RP or PRP	ê a. Owner	ê b. Operator	ê c. C	Generator	ê d. Transporter	
	b e. Other RP or PI	RP	Specify Relationship: NC	N-SPECIFIED PRP			
ê	2. Fiduciary, Secured	Lender or Mun	icipality with Exempt Status	s (as defined by M	I.G.L. c. 21	E, s. 2)	
ê	3. Agency or Public V	Utility on a Righ	t of Way (as defined by M.C	G.L. c. 21E, s. 5(j)))		
ê	4. Any Other Person	Undertaking R	esponse Actions: S	pecify Relationsh	ip:		
Н.	REQUIRED ATTA	CHMENT ANI	SUBMITTALS:				
ê		n of the IRA Co				eated, managed, recycled or reus bmit one of the following plans,	
	ê a. A Release Al	batement Measu	re (RAM) Plan (BWSC106	e b. Ph	ase IV Rer	nedy Implementation Plan (BWS)	C108)
b						ubject to any order(s), permit(s) a nt identifying the applicable pro	
ь			f Municipal Officer and the control, prevent, abate or e			notified of the implementation of d.	f an
ê			f Municipal Officer and the e Action taken to control, p			notified of the submittal of a Con n Imminent Hazard.	npletion
ê	5. Check here if any to BWSC.eDEP@sta		nformation provided on this	s form is incorrec	t, e.g. Rele	ase Address/Location Aid. Send	corrections
Ь	6. Check here to cert	ify that the LSP	Opinion containing the ma	terial facts, data,	and other i	nformation is attached.	

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Rele	ase 1	racking I	Numbei
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I. CERTIFICATION OF PERSON UNDERTAKING IRA:

1. I, EV	AN SLAVITT	, attest under t	, attest under the pains and penalties of perjury (i) that I have personally examined and				
tha con kno CM 310 res sig:	t, based on my inquiry on tained herein is, to the lowledge, information and IR 40.0183(2); (iv) that LOCMR 40.0183(5); and ponsible for this submi	ation contained in this submittal, if the/those individual(s) immediates of my knowledge, information distributed best of my knowledge, information of my knowledge	tely responsible on and belief, tru es) on whose beh se behalf this sub make this attest) on whose beha	for obtaining the in e, accurate and con alf this submittal is mittal is made have ation on behalf of alf this submittal is	formation, the man plete; (iii) that, to made satisfy(ies) to provided notice in the person(s) or e s made is/are awa	terial information to the best of my the criteria in 310 accordance with ntity(ies) legally re that there are	
2. By:	EVAN SLAVITT		3. Title:				
4. For:	AVX CORPORATION		5. Date:	8/4/2015		(mm/dd/yyyy)	
ê 6. Cl	heck here if the address of	of the person providing certification	is different from	address recorded in	Section F.		
7. Street:							
8. City/T	own:		9. State:	10. 2	Zip Code:		
11. Telep	phone:	12. Ext:	13. Email:				
	YEAR FOR THIS I FORM OR DEP I FO	CT TO AN ANNUAL COMPLIANC DISPOSAL SITE. YOU MUST LEGI MAY RETURN THE DOCUMENT A DRM, YOU MAY BE PENALIZED F	IBLY COMPLET AS INCOMPLET	E ALL RELEVANT E. IF YOU SUBMIT	SECTIONS OF TH AN INCOMPLETI	IS	
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Date Stamp (DEP USE ONLY:)

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