



**TRANSMITTAL FORM FOR RECORDING THE RECEIPT  
AND/OR ISSUANCE OF BWSC DOCUMENTS**

4 - 26179

**A. RELEASE OR THREAT OF RELEASE LOCATION:**

1. Release Name/Location Aid: BARNSTABLE COUNTY FIRE TRAINING ACADEMY  
2. Street Address: 3195 MAIN STREET  
3. City/Town: BARNSTABLE 4. ZIP Code: 026300000

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

1. Record and Attach a Notice of Responsibility or related Document: (check one)  
 a. Notice of Responsibility (NOR)  d. One-year Anniversary Letter  
 b. Field NOR  e. Retraction of an NOR  
 c. Notice of Obligation/Notice of Requirements

2. Record and Attach a Denial of a Release Notification Retraction

3. Record and Attach:  a. Request for Access Letter  b. Signed Access Agreement

4. Record and Attach a Lower-level Enforcement and/or Audit Related Document(s): (check all that apply)  
 a. Notice of Audit  g. Request for Information  
 b. Request for Information Relating to an Audit  h. Notice of Noncompliance  
 c. Notice of Audit Findings - No Violations  i. Notice of Need to Conduct Field Work  
 d. Notice of Audit Findings - Violations without Follow-up  j. Interim Deadline Letter  
 e. Notice of Audit Findings/Notice of Noncompliance  
 f. Interim Deadline Letter Relating to an Audit

5. Record and Attach an Executed Higher-level Enforcement Related Document: (check one)  
 a. Penalty Assessment Notice  e. Administrative Consent Order with Penalty  
 b. Unilateral Administrative Order  f. Amendment of a Higher-level Enforcement Document  
 c. Demand Notice  g. Notice of Response Action  
 d. Administrative Consent Order  h. Notice of Intent to Mobilize

6. Record and Attach MassDEP Initiated Response Action (RA) related Document and/or Activity: (check one)  
 a. Technical Screen Audit (L1)  c. Audit Inspection (L2)  e. Comprehensive Audit (L3)  
 b. Written Plan Approval  d. Written Plan Denial  f. Audit Memorandum  
 g. Other RA related Document and/or Activity Specify: \_\_\_\_\_  
 h. A Submittal that has been Invalidated or Terminated by Specify: \_\_\_\_\_

**MassDEP**  
7. Select Response Actions Associated with Activity checked in B6: (check all that apply)  
 a. Release Notification  d. Downgradient Property Status (DPS)  
 b. Immediate Response Action (IRA)  e. Utility-related Abatement Measure (URAM)  
 c. Release Abatement Measure (RAM)  f. Tier Classification /Phase I



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7. Select Response Actions Associated with Activity checked in B6 (cont.): (check all that apply)

- g. Comprehensive Response Actions
- i. Permanent or Temporary Solution
- h. Activity and Use Limitation (AUL)
- j. Other Response Actions Describe: \_\_\_\_\_

8. Record and Attach any other **MassDEP Document** Specify: \_\_\_\_\_

9. Record Date of Document(s) and/or Activity(ies) from B1 thru B8: 11/22/2016  
(mm/dd/yyyy)

Check here to confirm that these are final document(s) intended for public viewing (do not use for internal only documents).

10. Record and Attach a Special Project Activity or Submittal: (check all that apply)

- a. **Special Project Permit**
- b. **Special Project Extension**
- c. Other **Special Project Activity** Describe: \_\_\_\_\_

11. Attach any other **Submittal received by MassDEP** Specify: \_\_\_\_\_

12. Record Date of Activity(ies) and/or Submittal from B10 or B11: \_\_\_\_\_  
(mm/dd/yyyy)

13. Record Additional Information: \_\_\_\_\_

**C. PRP OR OTHER PERSON ASSOCIATED WITH DOCUMENT:**

1. Check all that apply:  a. change in contact name  b. change of address  c. new person associated with release

2. Name of Organization: \_\_\_\_\_

3. Contact First Name: THOMAS C 4. Last Name: CAMBARERI

5. Street: PO BOX 226 6. Title: \_\_\_\_\_

7. City/Town: BARNSTABLE 8. State: MA 9. ZIP Code: 026300000

10. Telephone: 508-362-3828 11. Ext: \_\_\_\_\_ 12. EMail: \_\_\_\_\_

13. Relationship of Person to Release:  PRP  OTHER c. Type(e.g. Current Owner): Licensed Site Professional

14. No Person associated with activity or document specified in Section B.

**D. MassDEP STAFF AND FORM PREPARER:**

1. MassDEP Staff: GALLAGHER ANGELA  b. Check here, if Unassigned. (or staff name not applicable)

2. Preparer Signature: ANGELA GALLAGHER 3. Date : 11/22/2016  
(mm/dd/yyyy)