



**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)
  - b. Field NOR
  - c. Notice of Obligation/Notice of Requirements
  - d. One-year Anniversary Letter
  - e. Retraction of an NOR
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
  - b. Request for Information Relating to an Audit
  - c. Notice of Audit Findings - No Violations
  - d. Notice of Audit Findings - Violations without Follow-up
  - e. Notice of Audit Findings/Notice of Noncompliance
  - f. Interim Deadline Letter Relating to an Audit
  - g. Request for Information
  - h. Notice of Noncompliance
  - i. Notice of Need to Conduct Field Work
  - j. Interim Deadline Letter
5. Record and Attach an Executed Higher-level Enforcement Related Document: (check one)
- a. Penalty Assessment Notice
  - b. Unilateral Administrative Order
  - c. Demand Notice
  - d. Administrative Consent Order
  - e. Administrative Consent Order with Penalty
  - f. Amendment of a Higher-level Enforcement Document
  - g. Notice of Response Action
  - 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)
  - b. Written Plan Approval
  - g. Other RA related Document and/or Activity Specify: REQUEST FOR IRA
  - c. Audit Inspection (L2)
  - d. Written Plan Denial
  - e. Comprehensive Audit (L3)
  - f. Audit Memorandum
  - 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
- b. Immediate Response Action (IRA)
- c. Release Abatement Measure (RAM)
- d. Downgradient Property Status (DPS)
- e. Utility-related Abatement Measure (URAM)
- 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: 8/9/2016  
(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: BARNSTABLE COUNTY COMMISSIONERS

3. Contact First Name: JACK 4. Last Name: YUNITS

5. Street: 3195 MAIN STREET 6. Title: \_\_\_\_\_

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

10. Telephone: 000-000-0000 11. Ext: \_\_\_\_\_ 12. EMail: \_\_\_\_\_

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

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 : 8/9/2016  
(mm/dd/yyyy)