



TIER CLASSIFICATION TRANSMITTAL FORM

Pursuant to 310 CMR 40.0500 (Subpart E)

Release Tracking Number

4 - 26347

A. DISPOSAL SITE LOCATION:

1. Disposal Site Name: BARNSTABLE MUNICIPAL AIRPORT
2. Street Address: 480 BARNSTABLE ROAD
3. City/Town: BARNSTABLE 4. ZIP Code: 026010000
5. Coordinates: Latitude: N 42.45666 Longitude: W 70.34555

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

- 1. Submit a new **Tier Classification Submittal**, including a **Tier Classification Compliance History** (BWSC107B).
Check the tier classification category:
 - a. Tier I b. Tier II
 - c. Check all Tier I criteria that apply, pursuant to 310 CMR 40.0520(2):
 - i. Groundwater is located within an Interim Wellhead Protection Area, Zone II, or within 500 feet of a Private Water Supply Well, and there is evidence of groundwater contamination by an Oil or Hazardous Material at the time of Tier Classification at concentrations equal to or exceeding the applicable RCGW-1 Reportable Concentration set forth in 310 CMR 40.0360.
 - ii. An Imminent Hazard is present at the time of Tier Classification.
 - iii. One or more remedial actions are required as part of an Immediate Response Action pursuant to 310 CMR 40.0414(2).
 - iv. One or more response actions are required as part of an Immediate Response Action to eliminate or mitigate a Critical Exposure Pathway pursuant to 310 CMR 40.0414(3).
 - d. Check here if including an **Eligible Person, Eligible Tenant, or Other Person Certification** (BWSC107D)
- 2. Submit a **Phase I Completion Statement** as per 310 CMR 40.0480.
If previously submitted, provide date _____
mm/dd/yyyy
- 3. Submit a **Phase II Scope of Work** as per 310 CMR 40.0834.
If previously submitted, provide date _____
mm/dd/yyyy
- 4. Submit a **Phase II Conceptual Scope of Work supporting a Tier Classification Submittal**.
- 5. Submit a **Tier Classification Extension Submittal** for Response Actions at a Tier Classified Site including the **Tier Classification Compliance History** (BWSC107B).
- 6. Submit a Tier Classification Transfer Submittal for a change in person(s) undertaking Response Actions at a Tier Classified Site including the **Tier Classification Compliance History** (BWSC107B) and the **Tier Classification Transferor Certification** (BWSC107C).
Proposed effective date of transfer : _____
mm/dd/yyyy



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B. THIS FORM IS BEING USED TO: (cont.)

7. Submit a **Revised Tier Classification Submittal**.

Check the revised Tier Classification Category. If the Tier Classification Category is not changing, indicate the current classification.

- a. Tier I b. Tier II

c. Check all Tier I criteria that apply, pursuant to 310 CMR 40.0520(2):

- i. Groundwater is located within an Interim Wellhead Protection Area, Zone II, or within 500 feet of a Private Water Supply Well, and there is evidence of groundwater contamination by an Oil or Hazardous Material at the time of Tier Classification at concentrations equal to or exceeding the applicable RCGW-1 Reportable Concentration set forth in 310 CMR 40.0360.
- ii. An Imminent Hazard is present at the time of Tier Classification.
- iii. One or more remedial actions are required as part of an Immediate Response Action pursuant to 310 CMR 40.0414(2).
- iv. One or more response actions are required as part of an Immediate Response Action to eliminate or mitigate a Critical Exposure Pathway pursuant to 310 CMR 40.0414(3).

d. Check here if including an **Eligible Person, Eligible Tenant, or Other Person Certification** (BWSC107D)

8. Provide a **Notice that an additional Release Tracking Number(s) is (are) being linked to this Tier Classified Site** (Primary RTN). Future response actions addressing the Release or Threat of Release notification condition associated with additional Release Tracking Numbers (RTNs) will be conducted as part of the Response Actions planned or ongoing at the Primary Site listed above. For a previously Tier Classified Primary Site, if there is a reasonable likelihood that the addition of the new secondary RTN(s) would change the classification of the site, a **Revised Tier Classification Submittal** must also be made.

Provide Release Tracking Number(s): a. - b. -

All future Response Actions must occur according to the deadlines applicable to the Primary RTN. Use only the Primary RTN when making future submittals for this site unless specifically relating to response actions started before the linking occurred.



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C. 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 a **Tier Classification Submittal** is being submitted, this Tier Classification Submittal has been developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and, 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) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that a **Phase I Completion Statement** 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;

> if Section B of this form indicates that a **Phase II Scope of Work** 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 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 a **Tier Classification Extension Submittal** or a **Tier Classification Transfer Submittal** is 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) complies(y) 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#: 2061

2. First Name: JAMES F

3. Last Name: BEGLEY

4. Telephone: 508-732-0121

5. Ext.: _____

6. Email: _____

7. Signature: JAMES F BEGLEY

8. Date: 11/10/2017
mm/dd/yyyy

9. LSP Stamp:





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D. PERSON MAKING SUBMITTAL:

1. Check all that apply: a. change in contact name b. change of address c. change in the person undertaking response actions
2. Name of Organization: BARNSTABLE MUNICIPAL AIRPORT
3. Contact First Name: KATIE 4. Last Name: SERVIS
5. Street: 480 BARNSTABLE ROAD 6. Title: ASSISTANT MANAGER
7. City/Town: HYANNIS 8. State: MA 9. ZIP Code: 026010000
10. Telephone: 508-775-2020 11. Ext.: _____ 12. Email: katie.servis@town.barnstable.ma.us

E. RELATIONSHIP OF PERSON MAKING SUBMITTAL TO DISPOSAL SITE: Check here to change relationship

1. RP or PRP a. Owner b. Operator c. Generator d. Transporter
- e. Other RP or PRP Specify: _____
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))
4. Any Other Person Making Submittal Specify Relationship: _____

F. REQUIRED ATTACHMENT AND SUBMITTALS:

1. Check here if the Response Action(s) on which this opinion is based, if any, are (were) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions thereof.
2. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of the submittal of any Phase Reports to DEP.
3. Check here to certify that a copy of the Legal Notice of a Tier Classification or Re-classification Submittal is attached, and a cover letter and a copy of the notice is sent to the Chief Municipal Officer and the Local Board of Health pursuant to 310 CMR 40.0510(3) and 40.1403.
4. Check here to certify that the owner of a Public Water Supply has been provided written notice pursuant to 310 CMR 40.0510(3).
5. For a Tier Classification Extension Submittal, check here to certify that a statement summarizing why a Permanent or Temporary Solution has not been achieved at the Disposal Site is attached.
6. For a Tier Classification Transfer Submittal, check here to certify that a statement summarizing the reasons for the proposed change in person(s) undertaking the Response Actions is attached. All Response Actions must be completed by the deadline applicable to the person who first filed a Tier Classification Submittal for the Disposal Site.
7. Check here if any non-updatable information provided on this form is incorrect, e.g., Release Address/Location Aid. Send corrections to bwsc.edep@state.ma.us.
8. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.



G. CERTIFICATION OF PERSON MAKING SUBMITTAL:

1. I, KATIE SERVIS, 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 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 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.

If submitting a Tier II Classification, Extension or Transfer, I also 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 Transmittal Form 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 learn(s) that it/they is/are unable to proceed with the necessary response actions.

2. By: KATIE SERVIS Signature 3. Title: ASSISTANT MANAGER

4. For: BARNSTABLE MUNICIPAL AIRPORT 5. Date: 11/10/2017
(Name of person or entity recorded in Section D) mm/dd/yyyy

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

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 11/10/2017 5:16:38 PM