



Miscellaneous Document Transmittal Form

Release Tracking Number

4 - 26230

A. DISPOSAL SITE LOCATION:

- 1. Disposal Site Name: 6 & 50 BRIDGE STREET
- 2. Street Address: 6 & 50 BRIDGE STREET
- 3. City/Town: WEYMOUTH 4. Zip Code: 021910000

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

- 1. Correct typographical errors and/or make corrections that do not materially affect the nature or complexity of the response actions. If changes are materially significant, then a revised or modified submittal must be made to the Department. List the report/form that is being corrected that is associated with the above Release Tracking Number (RTN). Attach an errata sheet containing a description of the errors and/or corrections.

| Form/Report | Submittal Date(mm/dd/yyyy) | Transaction ID |
|-------------|-------------------------------|----------------|
| _____ | _____ | _____ |

- 2. Submit other documents associated with this RTN that cannot be submitted to the Department using any other BWSC transmittal form. Do not submit documents that are of a time-critical nature and/or that require a direct response from the Department and/or that require an LSP Opinion pursuant to 310 CMR 40.0015. (Section C is not required).

Description of Submittal _____

- 3. Resign as LSP-of-Record for the above Release Tracking Number (RTN). Attach a copy of the LSP resignation letter. (Section D, E, and F are not required).

- 4. Submit copies of Public Notices required pursuant to 310 CMR 40.1400: (check all that apply)
(Section C is not required)

- | | |
|--|--|
| <input type="checkbox"/> a. Tier I Classification | <input type="checkbox"/> Check here if submitting a copy of a legal notice |
| <input type="checkbox"/> b. Tier II Classification | <input type="checkbox"/> Check here if submitting a copy of a legal notice |
| <input type="checkbox"/> c. Immediate Response Action (IRA) | |
| <input type="checkbox"/> d. Release Abatement Measure (RAM) | |
| <input type="checkbox"/> e. Downgradient Property Status (DPS) | |
| <input type="checkbox"/> f. Utility-related Abatement Measure (URAM) | |
| <input type="checkbox"/> g. Comprehensive Response Actions | |
| <input type="checkbox"/> h. Activities related to recording/registering an Activity and Use Limitation (AUL) | <input type="checkbox"/> Check here if submitting a copy of a legal notice |
| <input type="checkbox"/> i. Permanent or Temporary Solution | |

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



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

5. Submit Public Involvement Petition documents. (check all that apply). (Section C is not required).

- a. Submit a Public Involvement Petition
- b. Submit a Public Involvement Petition Retraction
- c. Submit a Positive Public Involvement Petition Designation Letter
- d. Submit a Negative Public Involvement Designation Letter
- e. Submit a Draft Public Involvement Petition Plan
- f. Submit a Revised Public Involvement Petition Plan
- g. Submit a Final Public Involvement Petition Plan
- h. Submit a Notice of Public Comment Period

Date of Close of Comment Period : _____
(mm/dd/yyyy)

i. Submit a copy of a Public Involvement Petition legal notice

j. Submit a Notice of Public Meeting

Meeting Date: 4/3/2018
(mm/dd/yyyy)

k. Submit other Public Involvement Petition related documents not specified above:

Describe: _____

6. Submit a RCRA Contained-In-Determination to document that soil and/or groundwater is no longer considered a hazardous waste pursuant to state (310 CMR 30.00) and federal (Title 40, Chapter I, Part 261 of the Code of Federal Regulations) hazardous waste regulations.

7. Submit notification and documentation of Reclamation Soil Reuse pursuant to 310 CMR 40.0031(2).

C. LSP SIGNATURE:

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. 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 #: _____

2. First Name: _____ 3. Last Name: _____

4. Telephone: _____ 5. Ext.: _____ 6. Email: _____

7. Signature: _____

8. Date: _____
(mm/dd/yyyy)



Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP@state.ma.us

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
3/27/2018 4:49:54
PM