



**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
 - c. Audit Inspection (L2)
 - d. Written Plan Denial
 - e. Comprehensive Audit (L3)
 - 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
 - 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



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

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: 7/26/2017
(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 : 7/26/2017
(mm/dd/yyyy)