



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

Release Tracking Number

3 - 35355

A. RELEASE OR THREAT OF RELEASE LOCATION:

1. Release Name/Location Aid: GALLOWS HILL PARK

2. Street Address: 50 PROCTOR STREET

3. City/Town: SALEM 4. ZIP Code: 019700000

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



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

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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:

1/16/2019

(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: SALEM CITY OF

3. Contact First Name: THOMAS

4. Last Name: DEVINE

5. Street: 93 WASHINGTON ST

6. Title:

7. City/Town: SALEM

8. State: MA

9. ZIP Code: 019700000

10. Telephone: 978-619-5684

11. Ext:

12. EMail:

13. Relationship of Person to Release: ☒ PRP ☐ OTHER c. Type(e.g. Current Owner): Non-specified PRP

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

D. MassDEP STAFF AND FORM PREPARER:

1. MassDEP Staff: _____

☒ b. Check here, if Unassigned. (or staff name not applicable)

2. Preparer Signature: KRISTIN DE MEO

3. Date : 1/16/2019

(mm/dd/yyyy)