



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC 105

Immediate Response Action (IRA) Transmittal Form

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

Release Tracking Number

3 - 35355

A. SITE LOCATION:

1. Release Name/Location Aid: GALLOWES HILL PARK

2. Street Address: 50 PROCTOR STREET

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

☐ 5. Check here if this location is Adequately Regulated, pursuant to 310 CMR 40.0110-0114.

☐ a. CERCLA ☐ b. HSWA Corrective Action ☐ c. Solid Waste Management

☐ d. RCRA State Program (21C Facilities)

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

1. List Submittal Date of Initial IRA Written Plan (if previously submitted): _____

☒ 2. Submit an **Initial IRA Plan**.

☐ 3. Submit a **Modified IRA Plan** of a previously submitted written IRA Plan.

☒ 4. Submit an **Imminent Hazard Evaluation**. (check one)

☐ a. An Imminent Hazard exists in connection with this Release or Threat of Release.

☐ b. An Imminent Hazard does not exist in connection with this Release or Threat of Release.

☐ c. It is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release, and further assessment activities will be undertaken.

☒ d. It is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release. However, response actions will address those conditions that could pose an Imminent Hazard.

☐ 5. Submit a request to **Terminate an Active Remedial System or Response Action(s) Taken to Address an Imminent Hazard**.

☐ 6. Submit an **IRA Status Report**

☐ 7. Submit a **Remedial Monitoring Report**. (This report can only be submitted through eDEP.)

a. Type of Report: (check one) ☐ i. Initial Report ☐ ii. Interim Report ☐ iii. Final Report

b. Frequency of Submittal: (check all that apply)

☐ i. A Remedial Monitoring Report(s) submitted monthly to address an Imminent Hazard.

☐ ii. A Remedial Monitoring Report(s) submitted monthly to address a Condition of Substantial Release Migration.

☐ iii. A Remedial Monitoring Report(s) submitted every six months, concurrent with an IRA Status Report.

☐ iv. A Remedial Monitoring Report(s) submitted annually, concurrent with an IRA Status Report.

c. Number of Remedial Systems and/or Monitoring Programs: _____

A separate BWSC105A, IRA Remedial Monitoring Report, must be filled out for each Remedial System and/or Monitoring Program addressed by this transmittal form.



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☐ 8. Submit an **IRA Completion Statement**.

☐ a. Check here if future response actions addressing this Release or Threat of Release notification condition will be conducted as part of the Response Actions planned or ongoing at a Site that has already been Tier Classified under a different Release Tracking Number (RTN)

b. Provide Release Tracking Number of Tier Classified Site (Primary RTN): _____

These additional response actions must occur according to the deadlines applicable to the Primary RTN. Use the Primary RTN when making all future submittals for the site unless specifically relating to this Immediate Response Action.

☐ 9. Submit a **Revised IRA Completion Statement**.

☐ 10. Submit a **Plan for the Application of Remedial Additives** near a sensitive receptor, pursuant to 310 CMR 40.0046(3).

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

C. RELEASE OR THREAT OF RELEASE CONDITIONS THAT WARRANT IRA:

1. Media Impacted and Receptors Affected: (check all that apply)

- | | | |
|---|---|---|
| ☐ a. Paved Surface | ☐ b. Basement | ☐ c. School |
| ☐ d. Public Water Supply | ☐ e. Surface Water | ☐ f. Zone 2 |
| ☐ g. Private Well | ☐ h. Residence | ☒ i. Soil |
| ☐ j. Groundwater | ☐ k. Sediments | ☐ l. Wetland |
| ☐ m. Storm Drain | ☐ n. Indoor Air | ☐ o. Air |
| ☐ p. Soil Gas | ☐ q. Sub-Slab Soil Gas | ☐ r. Critical Exposure Pathway |
| ☐ s. NAPL | ☐ t. Unknown | |
| ☐ r. Others | Specify: _____ | |

2. Sources of the Release or TOR: (check all that apply)

- | | | |
|--|--|-----------------------------------|
| ☐ a. Transformer | ☐ b. Fuel Tank | ☐ c. Pipe |
| ☐ d. OHM Delivery | ☐ e. AST | ☐ f. Drums |
| ☐ g. Tanker Truck | ☐ h. Hose | ☐ i. Line |
| ☐ j. UST | Describe: _____ | |
| ☐ k. Vehicle | ☐ l. Boat/Vessel | |
| ☐ m. Unknown | ☒ n. Other: FORMER TANNERY | |

3. Type of Release or TOR: (check all that apply)

- | | | | |
|--|---|---|--------------------------------------|
| ☐ a. Dumping | ☐ b. Fire | ☐ c. AST Removal | ☐ d. Overfill |
| ☐ e. Rupture | ☐ f. Vehicle Accident | ☐ g. Leak | ☐ h. Spill |
| ☐ i. Test failure | ☐ j. TOR Only | | |
| ☐ k. UST Removal | Describe: _____ | | |
| ☐ l. Unknown | ☒ m. Other: FORMER TANNERY OPERATIONS | | |

4. Identify Oils and Hazardous Materials Released: (check all that apply)

- | | |
|---|--|
| ☐ a. Oils | ☐ b. Chlorinated Solvents |
| ☒ c. Heavy Metals | ☐ d. Others |
| Specify: _____ | |

D. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply, for volumes list cumulative amounts)

- | | |
|---|---|
| ☒ 1. Assessment and/or Monitoring Only | ☐ 2. Temporary Covers or Caps |
| ☐ 3. Deployment of Absorbent or Containment Materials | ☐ 4. Temporary Water Supplies |
| ☐ 5. Structure Venting System/HVAC Modification System | ☐ 6. Temporary Evacuation or Relocation of Residents |
| ☐ 7. Product or NAPL Recovery | ☒ 8. Fencing and Sign Posting |
| ☐ 9. Groundwater Treatment Systems | ☐ 10. Soil Vapor Extraction |
| ☐ 11. Remedial Additives | ☐ 12. Air Sparging |
| ☐ 13. Active Exposure Pathway Mitigation System | ☐ 14. Passive Exposure Pathway Mitigation System |



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D. DESCRIPTION OF RESPONSE ACTIONS: (cont.)

☐ 15. Excavation of Contaminated Soils.

☐ a. Re-use, Recycling or Treatment

☐ i. On Site

Estimated volume in cubic yards _____

☐ ii. Off Site

Estimated volume in cubic yards _____

iiia. Receiving Facility: _____

Town: _____

State: _____

iiib. Receiving Facility: _____

Town: _____

State: _____

iiic. Describe: _____

☐ b. Store

☐ i. On Site

Estimated volume in cubic yards _____

☐ ii. Off Site

Estimated volume in cubic yards _____

iiia. Receiving Facility: _____

Town: _____

State: _____

iiib. Receiving Facility: _____

Town: _____

State: _____

☐ c. Landfill

☐ i. Cover

Estimated volume in cubic yards _____

Receiving Facility: _____

Town: _____

State: _____

☐ ii. Disposal

Estimated volume in cubic yards _____

Receiving Facility: _____

Town: _____

State: _____

☐ 16. Removal of Drums, Tanks, or Containers:

a. Describe Quantity and Amount: _____

b. Receiving Facility: _____

Town: _____

State: _____

c. Receiving Facility: _____

Town: _____

State: _____

☐ 17. Removal of Other Contaminated Media:

a. Specify Type and Volume: _____

☐ 18. Other Response Actions:

Describe: _____

☐ 19. Use of Innovative Technologies:

Describe: _____



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E. 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 an **Immediate Response Action Plan** 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) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that an **Imminent Hazard Evaluation** is being submitted, this Imminent Hazard Evaluation was developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and the assessment activity(ies) undertaken to support this Imminent Hazard Evaluation comply(ies) with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000;

> if Section B of this form indicates that an **Immediate Response Action Status Report** and/or a **Remedial Monitoring Report** is(are) 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) comply(ies) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that an **Immediate Response Action Completion Statement** or a request to **Terminate an Active Remedial System or Response Action(s) Taken to Address an Imminent Hazard** 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.

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 #: 2365

2. First Name: TODD D 3. Last Name: KIRTON

4. Telephone: 413-572-3222 5. Ext: 6. Email:

7. Signature: TODD D KIRTON

8. Date: 1/17/2019 (mm/dd/yyyy)

9. LSP Stamp:





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F. PERSON UNDERTAKING IRA:

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: CITY OF SALEM DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT
3. Contact First Name: TOM 4. Last Name: DANIEL
5. Street: 93 WASHINGTON STREET 6. Title: DIRECTOR
7. City/Town: SALEM 8. State: MA 9. Zip Code: 019700000
10. Telephone: 978-745-9595 11. Ext: 12. Email: tdaniel@Salem.com

G. RELATIONSHIP TO RELEASE OR THREAT OF RELEASE OF PERSON UNDERTAKING IRA:

- ☒ Check here to change relationship
- ☐ 1. RP or PRP ☐ a. Owner ☐ b. Operator ☐ c. Generator ☐ d. Transporter
☐ e. Other RP or PRP Specify Relationship:
- ☒ 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 Undertaking Response Actions: Specify Relationship:

H. REQUIRED ATTACHMENT AND SUBMITTALS:

- ☐ 1. Check here if any Remediation Waste, generated as a result of this IRA, will be stored, treated, managed, recycled or reused at the site following submission of the IRA Completion Statement. If this box is checked, you must submit one of the following plans, along with the appropriate transmittal form.
☐ a. A Release Abatement Measure (RAM) Plan (BWSC106) ☐ b. Phase IV Remedy Implementation Plan (BWSC108)
- ☐ 2. 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 MassDEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions thereof.
- ☒ 3. Check here to certify that the Chief Municipal Officer and the Local Board of Health were notified of the implementation of an Immediate Response Action taken to control, prevent, abate or eliminate an Imminent Hazard.
- ☐ 4. Check here to certify that the Chief Municipal Officer and the Local Board of Health were notified of the submittal of a Completion Statement for an Immediate Response Action taken to control, prevent, abate or eliminate an Imminent Hazard.
- ☐ 5. 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.
- ☒ 6. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.



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I. CERTIFICATION OF PERSON UNDERTAKING IRA:

1. I, TOM DANIEL, 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 the/those individual(s) immediately responsible for obtaining the information, the material information contained herein is, to the best of my knowledge, information and belief, true, accurate and complete; (iii) that, to the best of my knowledge, information and belief, I/the person(s) or entity(ies) on whose behalf this submittal is made satisfy(ies) the criteria in 310 CMR 40.0183(2); (iv) that I/the person(s) or entity(ies) on whose behalf this submittal is made have provided notice in accordance with 310 CMR 40.0183(5); and (v) 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/are aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

2. By: TOM DANIEL 3. Title: DIRECTOR

4. For: CITY OF SALEM DEPARTMENT OF PLANNING & COMMUNITY DEVE 5. Date: 1/17/2019 (mm/dd/yyyy)

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

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
1/17/2019 4:47:31 PM