



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

Release Tracking Number

2 - 21072

A. RELEASE OR THREAT OF RELEASE LOCATION:

1. Release Name/Location Aid: PUBLIC WATER SUPPLY WELL

2. Street Address: 6 TOWN HALL

3. City/Town: PRINCETON 4. ZIP Code: _____

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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BWSC 128

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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:

11/25/2019

(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:

3. Contact First Name: JEFFREY L

4. Last Name: ARPS

5. Street: 53 SOUTHAMPTON RD

6. Title: _____

7. City/Town: WESTFIELD

8. State: MA

9. ZIP Code: 010850000

10. Telephone: 413-572-3227

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: BUSWELL REBECCA

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

2. Preparer Signature: REBECCA BUSWELL

3. Date : 11/25/2019

(mm/dd/yyyy)