



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

Release Tracking Number

4 - 25855

A. RELEASE OR THREAT OF RELEASE LOCATION:

1. Release Name/Location Aid: FORMER REED & BARTON

2. Street Address: 47 ELM STREET

3. City/Town: NORTON

4. ZIP Code: 027660000

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: DATA TRANSMITTAL

☐ 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: MASSDEP SITE DISCOVERY

☐ 8. Record and Attach any other **MassDEP Document**

Specify: _____

9. Record Date of Document(s) and/or Activity(ies) from B1 thru B8: _____

11/27/2018

(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: RB LIQUIDATION INC

3. Contact First Name: TIMOTHY

4. Last Name: RIDDLE

5. Street: 144 W BRITTANIA ST

6. Title: _____

7. City/Town: TAUNTON

8. State: MA

9. ZIP Code: 027800000

10. Telephone: _____

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: JACOBS ELLIOT

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

2. Preparer Signature: ELLIOTT JACOBS

3. Date : 11/28/2018

(mm/dd/yyyy)