



**COMPREHENSIVE RESPONSE ACTION TRANSMITTAL
FORM & PHASE I COMPLETION STATEMENT**

Release Tracking Number

3 - 18126

Pursuant to 310 CMR 40.0484 (Subpart D) and 40.0800 (Subpart H)

A. SITE LOCATION:

1. Site Name: TOMBARELLO AND SONS INC HOFMAN AVE
2. Street Address: 207 MARSTON ST
3. City/Town: LAWRENCE 4. ZIP Code: 018410000

5. Check here if the disposal site that is the source of the release is Tier Classified. Check the current Tier Classification Category:
 a. Tier I b. Tier ID c. Tier II

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

- 1. Submit a **Phase I Completion Statement**, pursuant to 310 CMR 40.0484.
- 2. Submit a **Revised Phase I Completion Statement**, pursuant to 310 CMR 40.0484.
- 3. Submit a **Phase II Scope of Work**, pursuant to 310 CMR 40.0834.
- 4. Submit an **interim Phase II Report**. This report does not satisfy the response action deadline requirements in 310 CMR 40.0500.
- 5. Submit a **final Phase II Report and Completion Statement**, pursuant to 310 CMR 40.0836.
- 6. Submit a **Revised Phase II Report and Completion Statement**, pursuant to 310 CMR 40.0836.
- 7. Submit a **Phase III Remedial Action Plan and Completion Statement**, pursuant to 310 CMR 40.0862.
- 8. Submit a **Revised Phase III Remedial Action Plan and Completion Statement**, pursuant to 310 CMR 40.0862.
- 9. Submit a **Phase IV Remedy Implementation Plan**, pursuant to 310 CMR 40.0874.
- 10. Submit a **Modified Phase IV Remedy Implementation Plan**, pursuant to 310 CMR 40.0874.
- 11. Submit an **As-Built Construction Report**, pursuant to 310 CMR 40.0875.
- 12. Submit a **Phase IV Status Report**, pursuant to 310 CMR 40.0877.
- 13. Submit a **Phase IV Completion Statement**, pursuant to 310 CMR 40.0878 and 40.0879.

Specify the outcome of Phase IV activities: (check one)

- a. Phase V Operation, Maintenance or Monitoring of the Comprehensive Remedial Action is necessary to achieve a Permanent or Temporary Solution.
- b. The requirements of a Permanent Solution have been met. A completed Permanent Solution Statement and Report (BWSC104) will be submitted to DEP.
- c. The requirements of a Temporary Solution have been met. A completed Temporary Solution Statement and Report (BWSC104) will be submitted to DEP.



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

14. Submit a **Revised Phase IV Completion Statement**, pursuant to 310 CMR 40.0878 and 40.0879.
15. Submit a **Phase V Status Report**, pursuant to 310 CMR 40.0892.
16. 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 a Status Report.
- iv. A Remedial Monitoring Report(s) submitted annually, concurrent with a Status Report.
- c. Status of Site: (check one) i. Phase IV ii. Phase V iii. Remedy Operation Status iv. Temporary Solution
- d. Number of Remedial Systems and/or Monitoring Programs: _____
- A separate BWSC108A, CRA Remedial Monitoring Report, must be filled out for each Remedial System and/or Monitoring Program addressed by this transmittal form.
17. Submit a **Remedy Operation Status**, pursuant to 310 CMR 40.0893.
18. Submit a **Status Report to maintain a Remedy Operation Status**, pursuant to 310 CMR 40.0893(2).
19. Submit a **Transfer and/or a Modification of Persons Maintaining a Remedy Operation Status (ROS)**, pursuant to 310 CMR 40.0893(5) (check one, or both, if applicable).
- a. Submit a Transfer of Persons Maintaining an ROS (the transferee should be the person listed in Section D, "Person Undertaking Response Actions").
- b. Submit a Modification of Persons Maintaining an ROS (the primary representative should be the person listed in Section D, "Person Undertaking Response Actions").
- c. Number of Persons Maintaining an ROS not including the primary representative: _____
20. Submit a **Termination of a Remedy Operation Status**, pursuant to 310 CMR 40.0893(6).(check one)
- a. Submit a notice indicating ROS performance standards have not been met. A plan and timetable pursuant to 310 CMR 40.0893(6)(b) for resuming the ROS are attached.
- b. Submit a notice of Termination of ROS.
21. Submit a **Phase V Completion Statement**, pursuant to 310 CMR 40.0894.
- Specify the outcome of Phase V activities: (check one)
- a. The requirements of a Permanent Solution have been met. A completed Permanent Solution Statement and Report (BWSC104) will be submitted to DEP.
- b. The requirements for a Temporary Solution have been met. A completed Temporary Solution Statement and Report (BWSC104) will be submitted to DEP.
22. Submit a **Revised Phase V Completion Statement**, pursuant to 310 CMR 40.0894.
23. Submit a **Temporary Solution Status Report**, pursuant to 310 CMR 40.0898.
24. Submit a **Plan for the Application of Remedial Additives** near a sensitive receptor, pursuant to 310 CMR 40.0046(3).
- a. Status of Site: (check one)
- i. Phase IV ii. Phase V iii. Remedy Operation Status iv. Temporary Solution



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D. PERSON UNDERTAKING RESPONSE ACTIONS:

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 LAWRENCE
3. Contact First Name: PEDRO 4. Last Name: SOTO
5. Street: 12 METHUEN STREET 6. Title: PLANNING DIRECTOR
7. City/Town: LAWRENCE 8. State: MA 9. ZIP Code: 018400000
10. Telephone: 9786203501 11. Ext: _____ 12. Email: psoto@cityoflawrence.com

E. RELATIONSHIP TO SITE OF PERSON UNDERTAKING RESPONSE ACTIONS: Check here to change relationship

1. RP or PRP a. Owner b. Operator c. Generator d. Transporter
 e. Other RP or PRP Specify: _____
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: _____

F. REQUIRED ATTACHMENT AND SUBMITTALS:

1. 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 DEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions thereof.
2. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of the submittal of any Phase Reports to DEP.
3. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of the availability of a Phase III Remedial Action Plan.
4. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of the availability of a Phase IV Remedy Implementation Plan.
5. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of any field work involving the implementation of a Phase IV Remedial Action.
6. If submitting a Transfer of a Remedy Operation Status (as per 310 CMR 40.0893(5)), check here to certify that a statement detailing the compliance history for the person making this submittal (transferee) is attached.
7. If submitting a Modification of a Remedy Operation Status (as per 310 CMR 40.0893(5)), check here to certify that a statement detailing the compliance history for each new person making this submittal is attached.
8. 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.
9. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.



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G. CERTIFICATION OF PERSON UNDERTAKING RESPONSE ACTIONS:

1. I, PEDRO SOTO, 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 those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

>if Section B indicates that this is a **Modification of a Remedy Operation Status (ROS)**, I attest under the pains and penalties of perjury that I am fully authorized to act on behalf of all persons performing response actions under the ROS as stated in 310 CMR 40.0893(5)(d) to receive oral and written correspondence from MassDEP with respect to performance of response actions under the ROS, and to receive a statement of fee amount as per 4.03(3).

I understand that any material received by the Primary Representative from MassDEP shall be deemed received by all the persons performing response actions under the ROS, and I am 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: PEDRO SOTO 3. Title: PLANNING DIRECTOR
Signature

4. For: CITY OF LAWRENCE 5. Date: 8/18/2020
(Name of person or entity recorded in Section D) (mm/dd/yyyy)

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

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:)

