



Immediate Response Action (IRA) Transmittal Form
Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

Release Tracking Number

4 - 28615

A. SITE LOCATION:

1. Release Name/Location Aid: KING'S COVE SHORE

2. Street Address: BRIDGE STREET

3. City/Town: WEYMOUTH 4. Zip Code:

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): 4 26230

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

2. Sources of the Release or TOR: (check all that apply)
- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> a. Transformer | <input type="checkbox"/> b. Fuel Tank | <input type="checkbox"/> c. Pipe |
| <input type="checkbox"/> d. OHM Delivery | <input type="checkbox"/> e. AST | <input type="checkbox"/> f. Drums |
| <input type="checkbox"/> g. Tanker Truck | <input type="checkbox"/> h. Hose | <input type="checkbox"/> i. Line |
| <input type="checkbox"/> j. UST | Describe: _____ | |
| <input type="checkbox"/> k. Vehicle | <input type="checkbox"/> l. Boat/Vessel | |
| <input type="checkbox"/> m. Unknown | <input checked="" type="checkbox"/> n. Other: <u>CONTAMINATED FILL</u> | |

3. Type of Release or TOR: (check all that apply)
- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> a. Dumping | <input type="checkbox"/> b. Fire | <input type="checkbox"/> c. AST Removal | <input type="checkbox"/> d. Overfill |
| <input type="checkbox"/> e. Rupture | <input type="checkbox"/> f. Vehicle Accident | <input type="checkbox"/> g. Leak | <input type="checkbox"/> h. Spill |
| <input type="checkbox"/> i. Test failure | <input type="checkbox"/> j. TOR Only | | |
| <input type="checkbox"/> k. UST Removal | Describe: _____ | | |
| <input type="checkbox"/> l. Unknown | <input checked="" type="checkbox"/> m. Other: <u>EROSION CONTAMINATED FILL</u> | | |

4. Identify Oils and Hazardous Materials Released: (check all that apply)
- | | |
|---|--|
| <input type="checkbox"/> a. Oils | <input type="checkbox"/> b. Chlorinated Solvents |
| <input checked="" type="checkbox"/> c. Heavy Metals | <input type="checkbox"/> d. Others |
| Specify: _____ | |

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

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

 ii.a. Receiving Facility: _____ Town: _____ State: _____

 ii.b. Receiving Facility: _____ Town: _____ State: _____

 iii. Describe: _____

b. Store i. On Site Estimated volume in cubic yards _____

ii. Off Site Estimated volume in cubic yards _____

 ii.a. Receiving Facility: _____ Town: _____ State: _____

 ii.b. 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 #: 3984

2. First Name: JAMES D 3. Last Name: DOHERTY

4. Telephone: 978-703-6002 5. Ext: _____ 6. Email: _____

7. Signature: JAMES D DOHERTY

8. Date: 6/14/2021 (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: ALGONQUIN GAS TRANSMISSION LLC
3. Contact First Name: GEORGE A 4. Last Name: MCLACHLAN
5. Street: 890 WINTER STREET STE 300 6. Title: ENVNTML MGR
7. City/Town: WALTHAM 8. State: MA 9. Zip Code: 024511493
10. Telephone: 617-560-1342 11. Ext: _____ 12. Email: _____

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: CONTRACTUAL 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, GEORGE MCLACHLAN, 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: GEORGE MCLACHLAN 3. Title: ENVNTML MGR

4. For: ALGONQUIN GAS TRANSMISSION LLC 5. Date: 6/14/2021 (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
6/14/2021 12:59:22
PM