



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

2 - 21866

A. RELEASE OR THREAT OF RELEASE LOCATION:

- 1. Release Name/Location Aid: BEAN PORRIDGE HILL ROAD AREA
- 2. Street Address: BEAN PORRIDGE HILL ROAD
- 3. City/Town: WESTMINSTER 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)**
 - b. **Field NOR**
 - c. **Notice of Obligation/Notice of Requirements**
 - d. **One-year Anniversary Letter**
 - e. **Retraction of an NOR**
- 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**
 - b. **Request for Information Relating to an Audit**
 - c. **Notice of Audit Findings - No Violations**
 - d. **Notice of Audit Findings - Violations without Follow-up**
 - e. **Notice of Audit Findings/Notice of Noncompliance**
 - f. **Interim Deadline Letter Relating to an Audit**
 - g. **Request for Information**
 - h. **Notice of Noncompliance**
 - i. **Notice of Need to Conduct Field Work**
 - j. **Interim Deadline Letter**
- 5. Record and Attach an Executed Higher-level Enforcement Related Document: (check one)
 - a. **Penalty Assessment Notice**
 - b. **Unilateral Administrative Order**
 - c. **Demand Notice**
 - d. **Administrative Consent Order**
 - e. **Administrative Consent Order with Penalty**
 - f. **Amendment of a Higher-level Enforcement Document**
 - g. **Notice of Response Action**
 - 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)**
 - b. **Written Plan Approval**
 - c. **Audit Inspection (L2)**
 - d. **Written Plan Denial**
 - e. **Comprehensive Audit (L3)**
 - f. **Audit Memorandum**
 - g. Other RA related **Document and/or Activity** Specify: _____
 - h. A **Submittal that has been Invalidated or Terminated by** Specify: _____
- 7. **MassDEP** Select Response Actions Associated with Activity checked in B6: (check all that apply)
 - a. **Release Notification**
 - b. **Immediate Response Action (IRA)**
 - c. **Release Abatement Measure (RAM)**
 - d. **Downgradient Property Status (DPS)**
 - e. **Utility-related Abatement Measure (URAM)**
 - f. **Tier Classification /Phase I**



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2 - 21866

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: 3/31/2022
(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: MASSACHUSETTS NATURAL FERTILIZER COMPANY, INC

3. Contact First Name: WILLIAM 4. Last Name: PAGE JR

5. Street: 65 BEAN PORRIDGE HILL ROAD 6. Title: PRESIDENT

7. City/Town: WESTMIN 8. State: MA 9. ZIP Code: 014730000

10. Telephone: 999-999-9999 11. Ext: _____ 12. EMail: _____

13. Relationship of Person to Release: PRP OTHER c. Type(e.g. Current Owner): Current Operator

14. No Person associated with activity or document specified in Section B.

D. MassDEP STAFF AND FORM PREPARER:

1. MassDEP Staff: STEVENS RACHEL b. Check here, if Unassigned. (or staff name not applicable)

2. Preparer Signature: RACHEL STEVENS 3. Date : 4/1/2022
(mm/dd/yyyy)