

MassDEP RTN 3-15009 and RTN 3-36365

DRAFT Release Abatement Measure Completion Report

Parcel P-3: Tremont and Whittier Streets,
Boston (Roxbury), Massachusetts

Submitted to:

Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup
Northeast Regional Office
150 Presidential Way
Woburn, MA 01801

Submitted by:

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Executive Summary

GEI Consultants, Inc. prepared this Release Abatement Measure (RAM) Completion Report on behalf of Boston Planning & Development Agency (BPDA) for the management and disposal of contaminated soil at the property identified as Parcel P-3 (the Property) and at Whittier and Tremont Streets in Roxbury, Massachusetts. Two Massachusetts Department of Environmental Protection (MassDEP) disposal sites are on the Property; Release Tracking Numbers (RTNs) 3-15009, originally notified to MassDEP in 1997 and RTN 3-36365 notified to MassDEP on July 16, 2020. RTN 3-36365 has been linked to RTN 3-15009 creating a combined disposal site (the Site).

The soil contamination at the Property is volatile organic compounds (VOCs), petroleum hydrocarbons, polycyclic aromatic hydrocarbons (PAHs), and metals. A large artificial mound, approximately 5 to 10 feet above the surrounding pavement is on the northeast portion of the Site and consists of mixed soil and debris including metal, concrete, and brick debris, tires, and trash. The source of the contamination observed in the soil is likely contaminants common in urban fill and possibly historical releases from former industrial use of the Site. The groundwater contamination is chlorinated VOCs, PAHs, and metals. Sources of groundwater contamination include historical industrial use of the Site, and possible upgradient sources of VOC contamination.

On March 31, 2023, GEI submitted a RAM Plan to MassDEP to excavate, treat as necessary, and handle soil, including transportation of soil for off-site reuse, disposal, recycling and/or treatment. RAM activities (i.e., excavation) began in May 2023. RAM activities included the removal of a lead hot spot in soil, which was approximately 5 to 7 feet below the ground surface as the primary risk reduction measure to eliminate exposure pathways and avoid the need for an Engineered Barrier. On-site treatment of the soil for leachable lead was performed to de-characterize the soil as hazardous waste prior to disposal at an out-of-state lined landfill as non-hazardous waste. A total of approximately 252 cubic yards of TCLP treated soil from the lead hot spot were transported off site.

RAM activities also included the removal of a portion of the soil mound as a risk reduction measure to reduce exposure pathways. Soil removed from the mound as part of RAM activities was the most highly contaminated soil in the mound based on soil pre-characterization sampling and testing previously performed. A total of approximately 195 cubic yards of soil from the soil mound were transported for off-site disposal under the RAM.

GEI performed screening soil and conducted perimeter air monitoring for dust during in-situ treatment, excavation, and loading activities. Dust concentrations were below the action

level during the entire RAM so dust mitigating measures to protect against off-site dust migration were not necessary. In addition, there were no observations of odor or visually contaminated soil.

The RAM was conducted in general accordance with the RAM Plan. The objectives of the RAM have been achieved and the RAM is considered complete.

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1. Introduction

1.1 Purpose

GEI Consultants, Inc. prepared this Release Abatement Measure (RAM) Completion Report on behalf of Boston Planning & Development Agency (BPDA) for the management and disposal of contaminated soil at the property identified as Parcel P-3 (the Property) and at Whittier and Tremont Streets in Roxbury, Massachusetts. Two Massachusetts Department of Environmental Protection (MassDEP) disposal sites are on the Property; Release Tracking Numbers (RTNs) 3-15009, originally notified to MassDEP in 1997 and RTN 3-36365 notified to MassDEP on July 16, 2020. RTN 3-36365 has been linked to RTN 3-15009 creating a combined disposal site (the Site). This RAM Completion Report was prepared in accordance with the requirements of the Massachusetts Contingency Plan (MCP; 310 CMR 40.0000).

A RAM Plan was submitted to MassDEP on March 31, 2023, to excavate, treat as necessary, and handle soil, including transportation of soil for off-site reuse, disposal, recycling and/or treatment. RAM activities (i.e., excavation) began in May 2023.

The purpose of this RAM Completion Report is to document the RAM activities conducted, provide a summary of the results of the RAM, and demonstrate that the objectives of the RAM have been achieved in accordance with the requirements of the MCP (310 CMR 40.0000).

1.2 Submittals

The MassDEP RAM Transmittal Forms (BWSC106) are being submitted electronically via eDEP, and copies are in Appendix A. Two separate forms were filed for the two RTNs (RTNs 3-15009 and 3-36365).

1.3 Public Involvement

1.3.1 *Notification to Public Officials*

As required by 310 CMR 40.1403, letters were distributed to the Chief Municipal Officer (Boston Mayor) and Board of Health (Boston Public Health Commission) notifying them of the availability of the Report. Copies of the notification letters are in Appendix B.

1.3.2 PIP Activities

Disposal site RTN 3-15009 was designated a Public Involvement Plan (PIP) site in 2005. A public meeting to discuss and present the draft RAM Completion Report was held on <Pending>, 2023. Copies of the meeting notification letters sent to the PIP petitioners; a list of community members notified, and PIP meeting minutes and a copy of the PIP meeting are in Appendix B <Pending>.

2. Description of Releases, Site Conditions, and Surrounding Receptors (310 CMR 40.0446[4][a])

2.1 Site Description

The Site is at the intersection of Tremont Street and Whittier Street in Boston, Massachusetts (Fig. 1). The Site is vacant and owned by BPDA. The latitude and longitude of the Site are 42°19'59.88"N and 71° 5'21.33"W, and UTM coordinates for the Site are 4,688,888mN and 327,826mE. The City of Boston Assessor's database identifies the Site as Parcel ID 902980100.

The Site is approximately 334,546 square feet or 7.7 acres. The Site is bounded by Tremont Street to the north, Whittier Street to the east, Downing Street to the south, and an unnamed road to the west that accesses the parking lots behind the Madison Park High School. Additionally, Vernon Street bisects the eastern and western portions of the Site. In the eastern portion of the Site, an undeveloped road, formerly Hampshire Street, bisects the Site north of the former Whittier Street Health Center (WSHC) building (Fig. 2).

The former WSHC, a vacant, four-story brick building, is on the southeast portion of the Site (Fig. 2, east of Vernon Street and south of Hampshire Street). The building is surrounded by pavement, which is in poor condition and a fence. A large artificial mound, approximately 5 to 10 feet above the surrounding pavement, except for the northeast corner, which is landscaped and at normal grade, is on the northeast portion of the Site (Fig. 2, east of Vernon Street and north of Hampshire Street). The mound is mixed soil and debris including metal, concrete, and brick debris, tires, and trash. This area is entirely unpaved and is surrounded by a fence.

The western portion of the Site (Fig. 2, west of Vernon Street) is primarily paved asphalt parking lots, which are in good condition. In this area there are also some landscaped areas and a small community garden (Whittier Community Garden) with raised planter beds.

2.2 Natural Resource Areas and Surrounding Land Use

Based on our review of the MassGIS Natural Resources Map for the Site (Fig. 3), the environmental setting and potential sensitive receptors at the Site and in its vicinity include:

- Residential Population: The Site is in an urban area of Boston. We estimate that there are more than 1,000 residents within 0.5-mile of the Site.
- On-site Workers: There are fewer than 10 workers at the Site.

- Institutions: There are no institutions, as defined by the MCP, within 500 feet of the Site boundary. However, Madison Park High School is approximately 100 feet southwest and upgradient of the Site and the current WSHC is approximately 100 feet northwest and upgradient of the Site.
- Drinking Water Supplies: There are no known drinking water supplies (Zone II areas, Interim Wellhead Protection Areas, Zone A areas, Potentially Productive Aquifers [PPA], or private wells) or Sole Source Aquifers within 500 feet of the Site.
- Surface Waters and Wetlands: There are no surface water bodies or wetlands within 0.5 mile of the Site. The Back Bay Fens is approximately 0.5 mile to the northwest.
- Fish Habitat: The Back Bay Fens, approximately 0.5 mile from the site, is presumed fish habitat.
- Area of Critical Environmental Concern (ACEC): According to the MassGIS map, the Site is not located in an ACEC.
- Threatened or Endangered Species: According to the MassGIS map, there are no Natural Heritage and Endangered Species Program Estimated Habitats for Rare Wetlands Wildlife within 500 feet of the Site. According to the Massachusetts Natural Heritage Atlas, there are no priority habitats of rare species, estimated habitats of rare wildlife, or certified vernal pools within 0.5 mile of the Site.
- Protected Open Space: According to the MassGIS map, there is one public park, associated with Roxbury Community College, approximately 300 feet south of the Site.

2.3 Release Description

The Boston Redevelopment Authority (BRA), predecessor to the BPDA, engaged Weston & Sampson (W&S) to conduct subsurface investigations on the eastern portion of the Property in 1996 and 1997. The investigation identified total petroleum hydrocarbons (TPH), polycyclic aromatic hydrocarbons (PAHs), and lead more than the RCS-1 standards. The BRA reported the release to MassDEP on April 11, 1997 and the Site was assigned RTN 3-15009. The Site was classified as Tier II on April 10, 1998.

In 2002, W&S conducted Phase II investigations at the Site. W&S collected soil and groundwater samples for analysis of various contaminants. The detected contaminants were predominantly TPH, PAHs, and lead. As a result of this investigation, W&S identified the RTN 3-15009 disposal site as the eastern portion of the Property except for the former WSHC and its parking lot (Fig. 2).

W&S also conducted a combined Method 1 and 3 Risk Characterization for the RTN 3-15009 disposal site. The risk characterization indicated that a condition of

No Significant Risk (NSR) did not exist at the Site. In their Phase III Remedial Action Plan (RAP), W&S proposed excavating a hot spot of lead-contaminated soil on the southeast portion of the RTN 3-15009 disposal site and placing an Activity and Use Limitation (AUL) on the northern portion of the disposal site to restrict residential development.

The lead hot spot was not excavated and the AUL was not prepared. The next regulatory deadline for the RTN 3-15009 disposal site was a Phase IV Remedy Implementation Plan (RIP) by 2003; which was not completed.

In 2017, on behalf of the then-designated developer, P-3 Partners, GEI conducted a subsurface investigation. Based on the results of our investigation, concentrations of chlorinated volatile organic compounds (VOCs) including trichloroethene (TCE), cis-1,2-dichloroethene (DCE), and vinyl chloride in groundwater on the western portion of the Property exceeded the applicable MCP RCGW-2 standard. This constituted a new MassDEP reportable condition for the property owner (BPDA).

In addition, the concentration of lead and PAHs in soil samples collected from one test pit and one soil boring were greater than the RCS-1 standard. The test pit was within the boundary of the RTN 3-15009 disposal site, but the boring was in the western portion of the Property which had not been reported to MassDEP. However, the lead and PAHs concentrations are consistent with the coal and coal ash observed in the upper 8 to 10 feet of soil.

The new groundwater and soil exceedances were reported to MassDEP by BPDA on July 16, 2020 and the release was assigned RTN 3-36365.

On April 26, 2021, GEI, on behalf of the BPDA, submitted a Supplemental Phase II Comprehensive Site Assessment (CSA), Phase III RAP Addendum, and Temporary Solution Statement (GEI 2021 Supplemental Phase II/III Report). The report linked RTN 3-36365 to the RTN 3-15009, enlarging the historical disposal site to incorporate both (Fig. 2). In the report, GEI concluded that a condition of No Significant Risk did not exist at the Site from exposure to soil and groundwater. However, a condition of No Substantial Hazard to human health existed at the Site. GEI identified and evaluated remedial action alternatives (RAA) that were reasonably likely to achieve a Permanent or Temporary Solution and were feasible considering the expertise exists to effectively implement them. GEI recommended Site Maintenance as the selected remedy since it achieved a Temporary Solution and was more cost-effective than other RAAs that could potentially achieve a Permanent Solution. Definitive and enterprising steps were also recommended to achieve a Permanent Solution, including evaluating the feasibility of removing the large, artificial mound of soil at the Site.

3. RAM Activities (310 CMR 40.0446[4][b],[c])

The recent RAM was conducted in general accordance with the RAM Plan submitted on March 31, 2023. The objective of the RAM was to excavate, treat as necessary, and handle soil, including transportation of soil for off-site reuse, disposal, recycling and/or treatment. The work was performed under a Health and Safety Plan (HASP) prepared by the contractor.

The RAM included removal of the lead hot spot in soil that was approximately 5 to 7 feet below ground surface as the primary risk reduction measure to eliminate exposure pathways and avoid the need for an Engineered Barrier. This soil required on-site treatment of leachable lead to de-characterize the soil as hazardous waste prior to disposal at an out-of-state lined landfill as non-hazardous waste. The RAM also included removal of a portion of the soil mound as a risk reduction measure to reduce exposure pathways. The RAM was used to dispose off-site the most highly contaminated soil in the mound based on soil pre-characterization sampling and testing previously performed.

3.1 Soil Excavation and Management

Soil excavation activities for the Site were performed by McCourt Construction Co. Inc. (Mccourt) of Boston, Massachusetts. Soil was managed according to the RAM Plan and soil management plans depicted in Figs. 4 and 5.

Soil excavation for the project began in May 2023 and was completed in June 2023. We characterized soil for disposal using data that we collected during our pre-characterization program in December 2021. Sampling activities associated with the pre-characterization were summarized in the RAM Plan.

Soil from the lead contaminated soil hot spot that was characterized as Category F-1 (TCLP results for leachable lead greater than 5 mg/L) (Table 1) was treated on site, excavated, and transported off site. The limits of the excavation are shown in Figs. 4 and 5. Approximately 252 cubic yards of F-1 soil located within the lead contaminated soil hot spot was treated in-situ by McCourt and their subcontractor United Retek using phosphoric acid reagent. McCourt mixed the reagent into the soil with the bucket of an excavator. GZA Geoenvironmental, Inc. (GZA), on behalf of McCourt, collected five confirmatory samples and submitted them to ESS Laboratory of Cranston, Rhode Island (ESS) for TCLP lead analysis to confirm that the soil no longer contained leachable lead greater than 5 milligrams per liter (mg/L). Leachable lead was only detected above laboratory reporting limits in one confirmatory sample at a concentration of 0.053 mg/L, which was below the regulatory limit. The associated laboratory data report is in Appendix C. This soil was transported off site for disposal at High Acres Landfill in Fairport, New York.

Soil from the soil mound that was characterized as Category D was also excavated and transported off site. The limits of the excavation are shown in Fig. 4. Approximately 195 cubic yards of soil from the soil mound was transported off site for disposal under the RAM. McCourt excavated the soil from the southeastern portion of the soil mound (Fig. 4). This soil was transported off site for recycling at Ondrick Materials and Recycling in Chicopee, Massachusetts.

GEI screened material on Site as it was excavated. The screening consisted of visual and olfactory observations. There were no observations of odor or visually contaminated soil.

3.2 Perimeter Air Monitoring

Perimeter air monitoring for dust was performed by GEI during in-situ treatment, excavation, and loading activities. GEI maintained an air monitoring station at one location downwind of the work and one location upwind of the work. The stations each utilized a TSI DustTrak 8520 dust monitor. This monitoring served to protect the health and safety of surrounding receptors.

The action level for dust (measured as PM₁₀) at the Site perimeter was 0.150 mg/m³ micrograms per cubic meter (µg/m³) in accordance with the Perimeter Air Monitoring Plan (PAMP) and 310 CMR 6.00. Results of the air monitoring (Table 2) indicated that dust concentrations ranged from 0.004 mg/m³ to 0.145 mg/m³, which were below the action level. Therefore, dust mitigating measures to protect against off-site dust migration were not necessary given that standards were not exceeded.

In addition, nuisance odors generated by soils during excavation were not encountered. As a result, controls such as sequencing excavation work, covering stockpiles, or applying additives such as odor suppressing foam were not necessary.

3.3 Construction Dewatering and Groundwater Management

Groundwater was not encountered during construction activities.

3.4 Backfilling and Restoration

On June 1, 2023, McCourt backfilled the lead contaminated hot spot with Category B soil from the soil mound. McCourt also graded the portion of the soil mound where Category D soil excavation had taken place. These backfilled areas were compacted using a rolling vibratory compactor.

4. Remediation Waste Management (310 CMR 40.0446[4][e])

4.1 Soil

4.1.1 Remediation Waste

Between May 2023 and June 2023, a total of 715.26 tons (approximately 447 cubic yards) of excess soil was transported off site for reuse, recycling and/or disposal. This soil was classified as Remediation Waste. The quantity of soil transported off-site by material management category and disposal facility is summarized in Table 3.

Remediation waste characterization documentation associated with these soils was previously submitted to MassDEP with the related Bills of Lading (BOLs). The BOLs for the RAM are closed and copies are in Appendix D.

The RAM Plan requested approval for the management of up to 1,000 cubic yards of soil. The total amount of soil (447 cubic yards) managed was less than the amount requested.

4.1.2 Reuse of Soils

Some Category B soil from the soil mound was used as backfill within the lead contaminated hot spot excavation, in accordance with the RAM Plan.

4.2 Groundwater

Groundwater was not encountered during construction.

5. Findings and Conclusions (310 CMR 40.0446[4][d])

This RAM Completion Report was prepared in accordance with the requirements of the MCP (310 CMR 40.446) to document that the objectives of the RAM Plan have been achieved and the RAM is complete.

The RAM was conducted in accordance with 310 CMR 40.0440 and included:

- In-situ treatment of approximately 252 cubic yards of lead contaminated soil
- Excavation and off-site reuse, recycling, and or disposal of approximately 447 cubic yards of Remediation Waste soil.
- Visual and olfactory observation of soil during excavation.
- Perimeter air monitoring.

Based on the above, it is our opinion that it is appropriate to close the RAM in accordance with the MCP (310 CMR 40.0446).

6. Ongoing RAM Activities (310 CMR 40.0446[4][f])

Response actions associated with this RAM have been completed. There are no ongoing activities related to the RAM that will be conducted at the Site.

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7. Limitations

This RAM Completion Report was prepared for the use of BPDA and MassDEP, exclusively. Our conclusions are based on the information reported in this document. Additional information not available to GEI at the time this report was prepared, and additional information obtained in the future may result in a modification of the findings of this investigation. This report has been prepared in accordance with generally accepted engineering and hydrogeological practices. No warranty, express or implied, is made.

8. References

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- GEI (2016). Phase I Environmental Site Assessment, Parcel P-3, Tremont & Whittier Streets, Roxbury, Massachusetts, GEI Consultants, Inc. March 30, 2016.
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- GEI (2021). Supplemental Phase II Comprehensive Site Assessment, Phase III Remedial Action Plan, and Temporary Solution Statement, Parcel P-3: Tremont and Whittier Streets, Boston (Roxbury), Massachusetts, MassDEP RTN 3-15009 and RTN 3-36365, GEI Consultants, Inc. April 14, 2021.
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- Massachusetts Office of Geographic and Environmental Information, 2020. “Massachusetts Geographic Information System (MassGIS) Natural Resources Map.” July 20, 2020.
- Weston & Sampson Engineers, Inc. 1998. “Phase I Initial Investigation/Tier Classification, Parcel P-3, RTN 3-15009,” April 8, 1998.
- Weston & Sampson Engineers, Inc., 2002. “Phase II Comprehensive Site Assessment and Phase III Remedial Action Plan, Boston Redevelopment Authority, Parcel P-3, Roxbury, Massachusetts, Release Tracking Number (RTN) 3-15009,” April 19, 2002.

Tables

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Table 1. Soil Management Categories
Release Abatement Measure Completion Report
Parcel P-3, Tremont Street & Whittier Streets
Boston, Massachusetts

Construction/Demolition Debris Disposal:

Construction/Demolition Debris is excavated or otherwise generated material that is suitable for disposal at a state-regulated facility. Construction/Demolition Debris may include asphalt, brick, concrete, rock, steel, unpreserved wood, etc.

Category A: Restricted Reuse (<RCS-1 Material):

Category A materials are excavated materials with concentrations of oil or hazardous materials (OHM) below the reportable concentrations for soil category S-1 (RCS-1) as identified in the Massachusetts Contingency Plan (MCP; 310 CMR 40.0000), and not containing visual evidence of contamination such as coal or wood ash. Category A materials may be reused on site or off site at a location subject to the soil reuse provisions identified in 310 CMR 40.0032(3) and MassDEP Similar Soils Provision Guidance WSC#13-500.

Category B: Reuse as Unlined Landfill Cover in Massachusetts:

Category B materials are excavated materials with concentrations of OHM and physical characteristics that meet the acceptance criteria for use as daily cover material at an unlined landfill in Massachusetts.

Category C: Reuse as Lined Landfill Cover in Massachusetts:

Category C materials are excavated materials with concentrations of OHM and physical characteristics that meet the acceptance criteria for use as daily cover material at a lined landfill in Massachusetts.

Category D: Recycling at an Asphalt Batch Recycling Plant:

Category D materials are excavated materials with concentrations of OHM and physical characteristics that meet the acceptance criteria for recycling by asphalt batching.

Category E: Disposal in Out-of-State Landfill as Non-Hazardous Waste:

Category E materials are excavated materials with concentrations of OHM and physical characteristics that do not meet the acceptance criteria for Massachusetts landfill cover. This category includes material that has been treated to reduce toxicity characteristic leachate procedure (TCLP) concentrations to below regulatory limits.

Category F-1: On-site Treatment of Hazardous Waste and Disposal in Out-of-State Landfill as Non-Hazardous Waste:

Category F-1 materials are excavated materials that are considered a listed or characteristic hazardous waste and that can feasibly be treated on site prior to disposal. This category includes material with TCLP concentrations greater than those acceptable for disposal as non-hazardous waste. The material will be re-classified and disposed of as Category E.

Category F-2: Disposal in Out-of-State Landfill as Hazardous Waste:

Category F-2 materials are excavated materials that are considered a listed or characteristic hazardous waste and that cannot feasibly be treated on site prior to disposal.

Table 2. Perimeter Air Monitoring Results
Release Abatement Measure Completion Report
Parcel P-3, Tremont Street & Whittier Streets
Boston, Massachusetts

Date	Time	Air Monitoring Results		Notes
		AMS1 (upwind)	AMS2 (downwind)	
		Particulate Concentration (mg/m ³)	Particulate Concentration (mg/m ³)	
5/16/2023	7:30	0.009	0.009	excavation began
	7:45	0.014	0.010	
	8:00	0.013	0.008	
	8:15	0.008	0.023	
	8:30	0.010	0.013	
	8:45	0.010	0.015	
	9:00	0.009	0.011	
	9:15	0.010	0.014	
	9:30	0.008	0.014	
	9:45	0.009	0.011	
	10:00	0.015	0.011	
10:15	0.011	0.018	work suspended	
5/30/2023	7:15	0.006	0.130	excavation began
	7:30	0.020	0.129	
	7:45	0.057	0.127	
	8:00	0.004	0.128	
	8:15	0.004	0.127	
	8:30	0.007	0.133	
	8:45	0.006	0.132	
	9:00	0.004	0.133	
	9:15	0.004	0.132	
	9:30	0.004	0.134	
	9:45	0.016	0.132	
	10:00	0.013	0.140	
	10:15	0.019	0.145	
10:30	0.012	0.138	work suspended	
5/31/2023	7:15	0.021	0.016	excavation began
	7:30	0.025	0.019	
	7:45	0.024	0.019	
	8:00	0.023	0.020	
	8:15	0.020	0.014	work suspended
	10:30	0.006	0.016	excavation began
	10:45	0.006	0.018	
	11:00	0.008	0.019	
	11:15	0.015	0.005	
	11:30	0.025	0.008	
11:45	0.009	0.005	work suspended	
6/1/2023	7:00	0.054	0.040	excavation began
	7:15	0.042	0.026	
	7:30	0.042	0.067	
	7:45	0.042	0.037	
	8:00	0.041	0.029	
	8:15	0.041	0.027	
	8:30	0.041	0.027	
	8:45	0.038	0.032	
	9:00	0.039	0.029	
	9:15	0.040	0.035	
	9:30	0.040	0.032	
	9:45	0.042	0.028	
	10:00	0.042	0.029	
	10:15	0.041	0.028	
10:30	0.041	0.034	work suspended	
Action Level		0.150	0.150	

General Notes:

1. Particulate concentrations were measured using a TSI DustTrak 8520 aerosol monitor.
2. mg/m³ = milligrams per cubic meter

Table 3. Summary of Soil Disposal Quantities
Release Abatement Measure Completion Report
Parcel P-3, Tremont Street & Whittier Streets
Boston, Massachusetts

Soil Disposal Type	Receiving Facility	Total Quantity Transported Off Site May 30, 2023 through June 2, 2023		Total Quantity Transported Off Site	
		cubic yards	tons	cubic yards	tons
Recycling (Soil Category D)	Ondrick Material Recycling, Chicopee, MA	195	312.44	195	312.44
Subtotal:		195	312.44	195	312.44
On-Site Treatment, Non-Hazardous Waste Landfill (Soil Category F-1)	High Acres Landfill, Fairport, NY	252	402.82	252	402.82
Subtotal:		252	402.82	252	402.82
Total:		447	715.26	447	715.26

Material Management Categories:

Soil Category A: Reuse off site as < RCS-1 Material.

Soil Category B: Reuse as Unlined Landfill Cover in Massachusetts.

Soil Category C: Reuse as Lined Landfill Cover in Massachusetts.

Soil Category D: Recycling at Asphalt Batch or Thermal Treatment Plant.

Soil Category E: Disposal in Out-of-State Landfill as Non-Hazardous Waste.

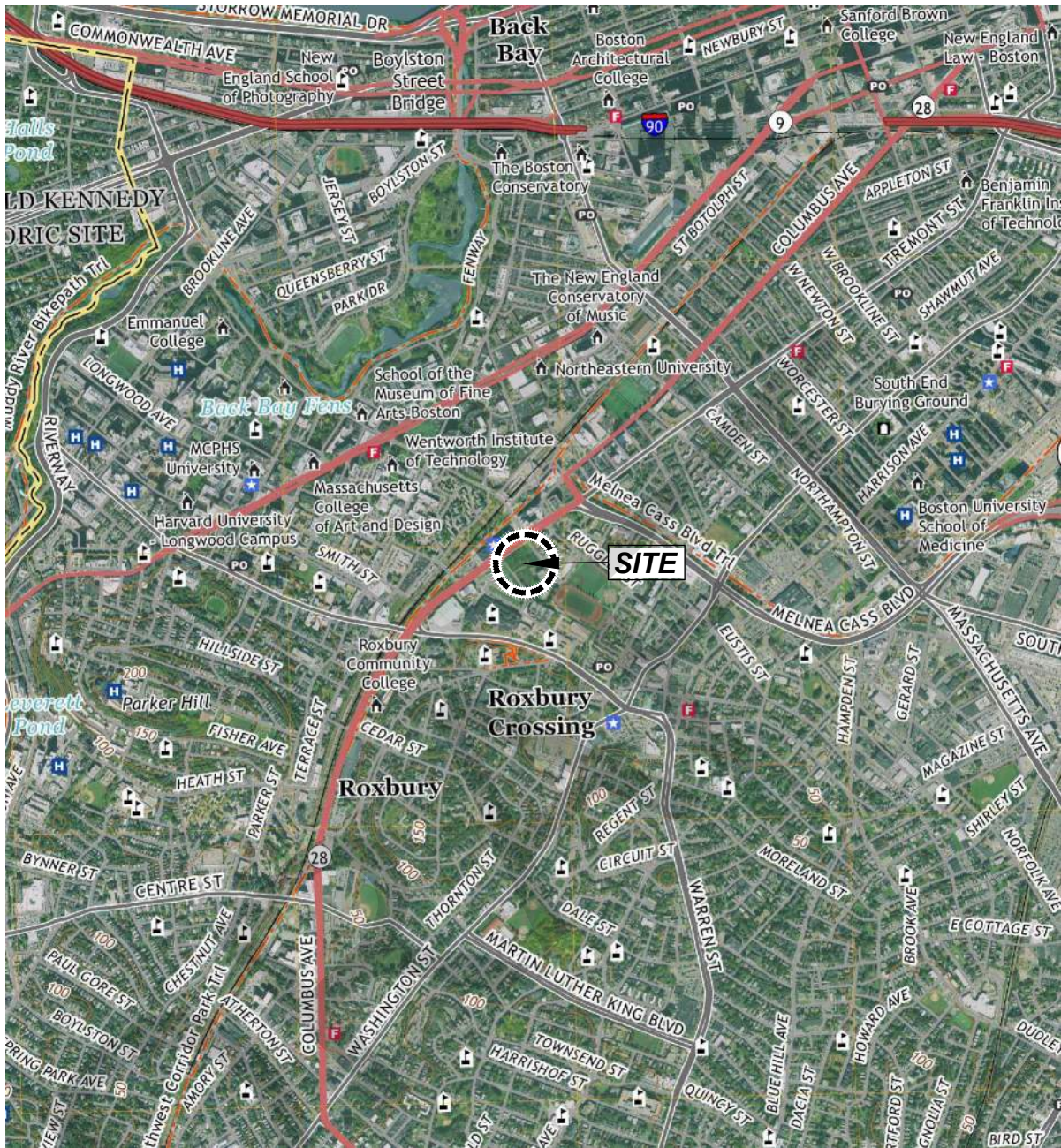
Soil Category F-1: On-site treatment of hazardous waste and disposal in Out-of-State Landfill as Non-Hazardous Waste.

General Notes:

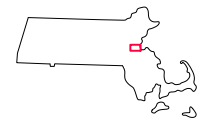
1. Cubic yards were converted from tons using a factor of 1.6.

Figures

DRAFT



This Image provided by MassGIS is from U.S.G.S. Topographic 7.5 Minute Series Boston South, MA Quadrangle, 2021. Datum is North American Vertical Datum of 1988 (NAVD88). Contour Interval is 10 Feet.



MASSACHUSETTS QUADRANGLE LOCATION

RAM Completion Report
Parcel P-3, Tremont & Whittier Streets
Boston (Roxbury), Massachusetts



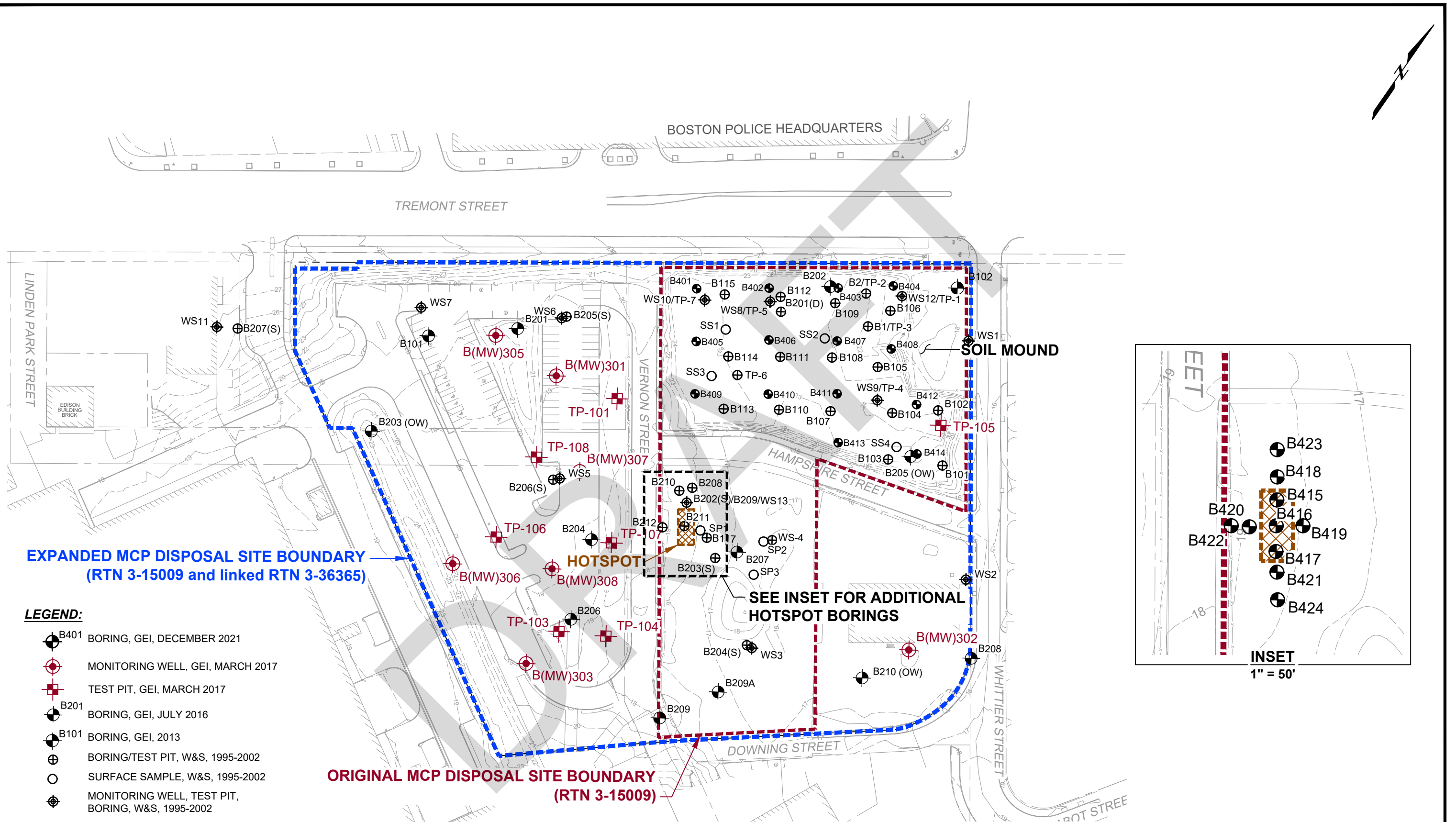
SITE LOCATION MAP

Boston Planning & Redevelopment Agency
Boston, Massachusetts

Project 2103938

August 2023

Fig. 1



EXPANDED MCP DISPOSAL SITE BOUNDARY
(RTN 3-15009 and linked RTN 3-36365)

ORIGINAL MCP DISPOSAL SITE BOUNDARY
(RTN 3-15009)

LEGEND:

- B401 BORING, GEI, DECEMBER 2021
- MONITORING WELL, GEI, MARCH 2017
- TEST PIT, GEI, MARCH 2017
- B201 BORING, GEI, JULY 2016
- B101 BORING, GEI, 2013
- ⊕ BORING/TEST PIT, W&S, 1995-2002
- SURFACE SAMPLE, W&S, 1995-2002
- MONITORING WELL, TEST PIT, BORING, W&S, 1995-2002

NOTES:

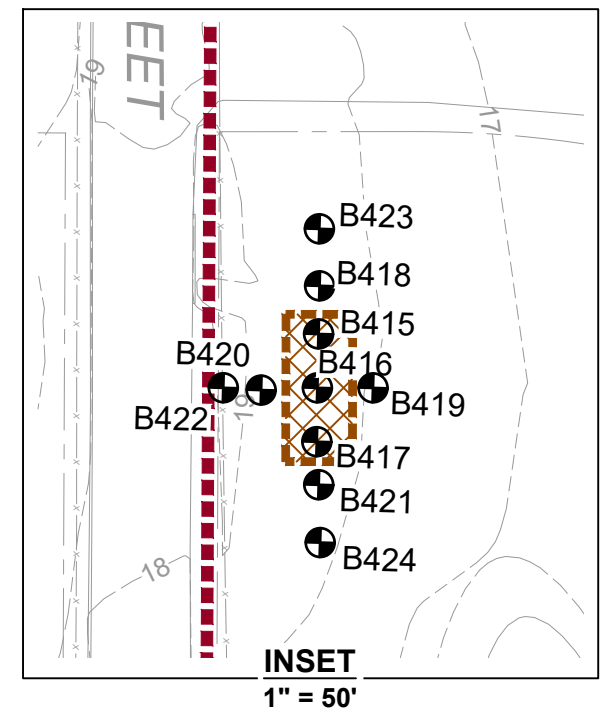
1. ELEVATIONS REFERENCE BOSTON CITY BASE DATUM WHICH IS 5.65 FT BELOW NGVD 1929. EL. 0.0 BCB = EL. -5.65 NGVD 1929.

SOURCE:

1. PRELIMINARY BASE PLAN PREPARED BY BSC GROUP AND TRANSMITTED TO GEI ON JULY 12, 2013.



SEE INSET FOR ADDITIONAL HOTSPOT BORINGS



RAM Completion Report Parcel P-3, Tremont & Whittier Streets Boston (Roxbury), Massachusetts
Boston Planning & Redevelopment Agency Boston, Massachusetts

GEI Consultants
Project 2103938

PROPERTY PLAN
August 2023
Fig. 2

MassDEP - Bureau of Waste Site Cleanup

Phase 1 Site Assessment Map: 500 feet & 0.5 Mile Radii

Site Information:

PARCEL P-3
TREMONT AND WHITTIER STREETS BOSTON, MA
3-000015009

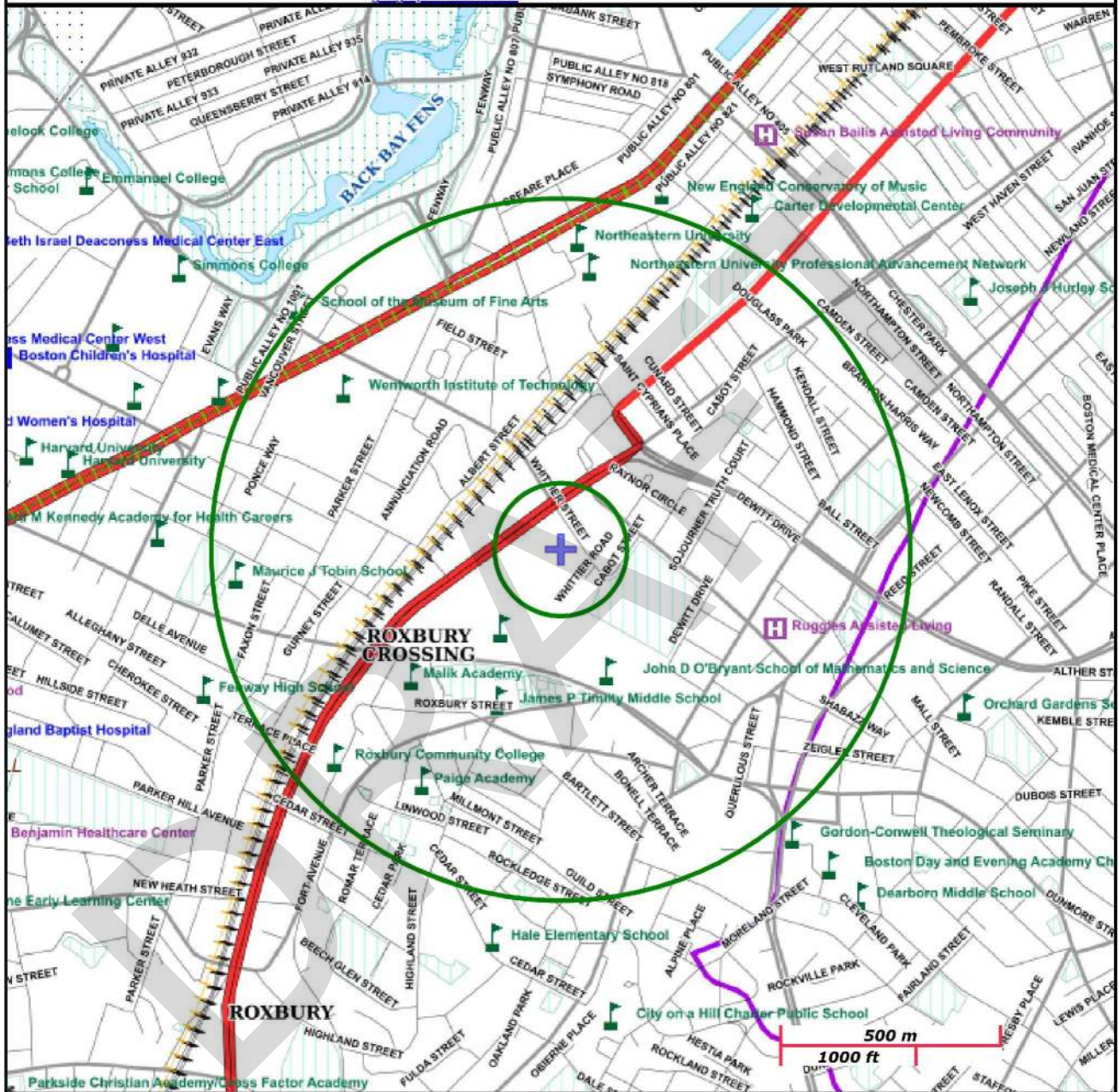
NAD83 UTM Meters:
4688924mN , 327876mE (Zone: 19)
July 17, 2023

The information shown is the best available at the date of printing. However, it may be incomplete. The responsible party and LSP are ultimately responsible for ascertaining the true conditions surrounding the site. Metadata for data layers shown on this map can be found at:
<https://www.mass.gov/orgs/massgis-bureau-of-geographic-information>



MassDEP

Commonwealth of Massachusetts
Department of Environmental Protection



Roads: Limited Access, Divided, Other Hwy, Major Road, Minor Road, Track, Trail	PWS Protection Areas: Zone II, IWPA, Zone A	
Boundaries: Town, County, DEP Region; Train; Powerline; Pipeline; Aqueduct	Hydrography: Open Water, PWS Reservoir, Tidal Flat	
Basins: Major, PWS; Streams: Perennial, Intermittent, Man Made Shore, Dam	Wetlands: Freshwater, Saltwater, Cranberry Bog	
Aquifers: Medium Yield, High Yield, EPA Sole Source	FEMA 100yr Floodplain; Protected Open Space; ACEC	
Non Potential Drinking Water Source Area: Medium, High (Yield)	NHESP Pri-Hab of Rare Species; Vernal Pool: Cert., Potential	
	Solid Waste Landfill; PWS: Com. GW, SW, Emerg., Non-Com.	

RAM Completion Report
Parcel P-3, Tremont & Whittier Streets
Boston (Roxbury), Massachusetts

Boston Planning & Redevelopment Agency
Boston, Massachusetts

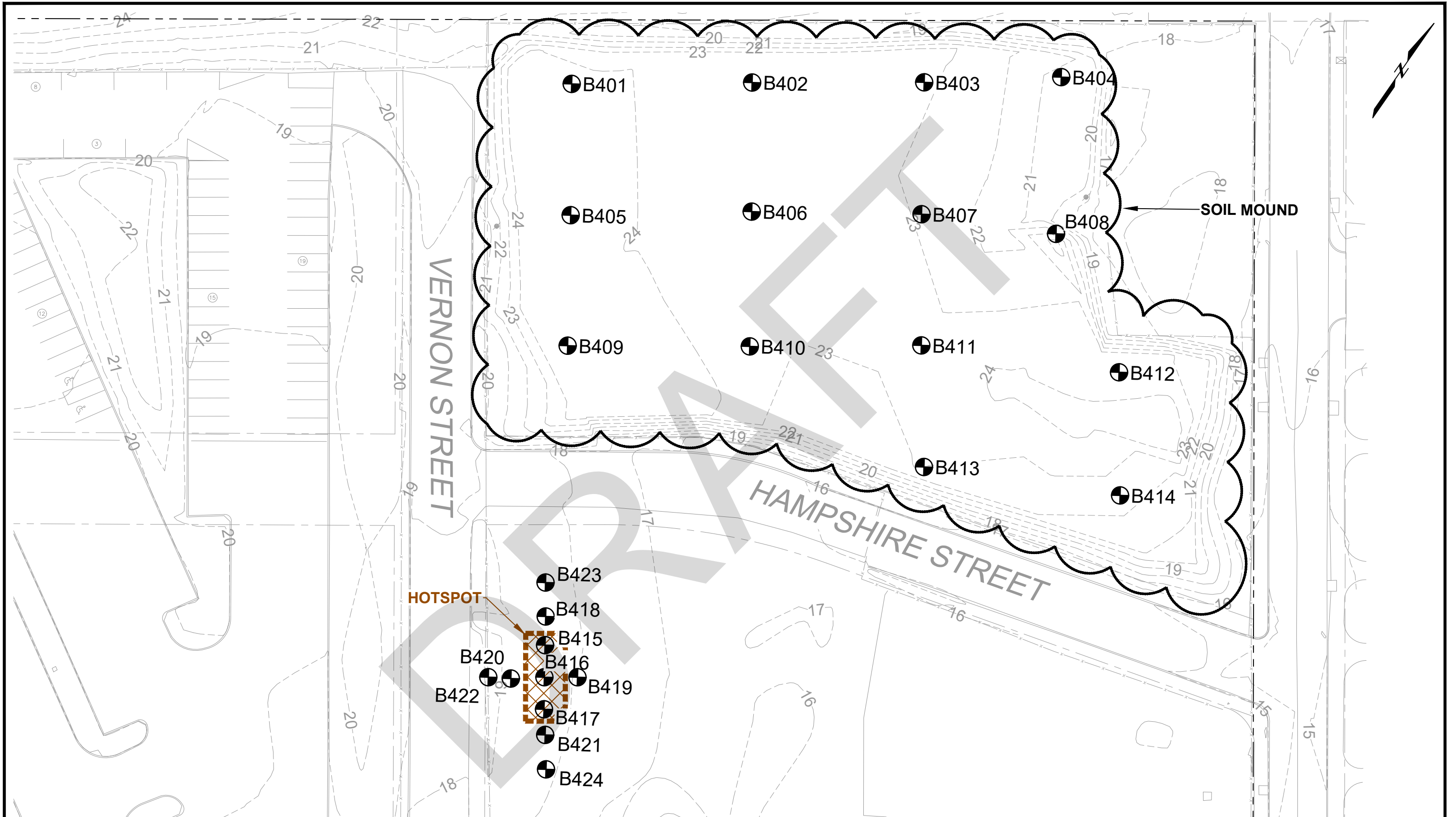


MASSGIS SITE SCORING MAP

Project 2103938


August 2023

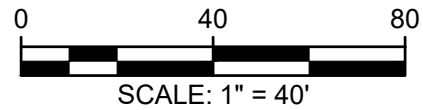
Fig. 3



NOTES:
 1. ELEVATIONS REFERENCE BOSTON CITY BASE DATUM WHICH IS 5.65 FT BELOW NGVD 1929. EL. 0.0 BCB = EL. -5.65 NGVD 1929.

SOURCE:
 1. PRELIMINARY BASE PLAN PREPARED BY BSC GROUP AND TRANSMITTED TO GEI ON JULY 12, 2013.

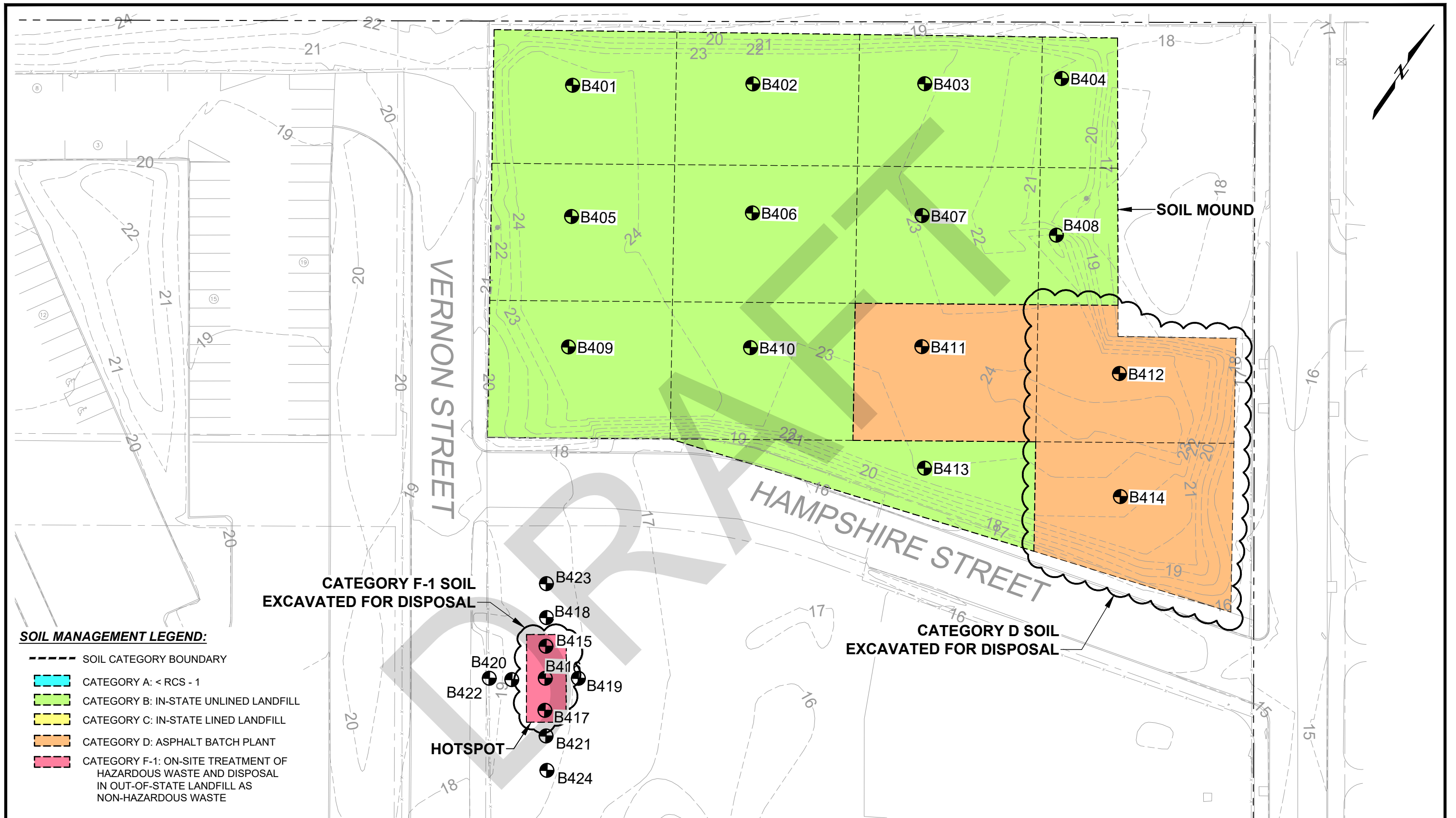
LEGEND:
 BORING, GEI, DECEMBER 2021



RAM Completion Report
 Parcel P-3, Tremont & Whittier Streets
 Boston (Roxbury), Massachusetts
 Boston Planning & Redevelopment Agency
 Boston, Massachusetts

GEI Consultants
 Project 2103938

BORING LOCATION PLAN
 August 2023
 Fig. 4



SOIL MANAGEMENT LEGEND:

- SOIL CATEGORY BOUNDARY
- █ CATEGORY A: < RCS - 1
- █ CATEGORY B: IN-STATE UNLINED LANDFILL
- █ CATEGORY C: IN-STATE LINED LANDFILL
- █ CATEGORY D: ASPHALT BATCH PLANT
- █ CATEGORY F-1: ON-SITE TREATMENT OF HAZARDOUS WASTE AND DISPOSAL IN OUT-OF-STATE LANDFILL AS NON-HAZARDOUS WASTE

CATEGORY F-1 SOIL EXCAVATED FOR DISPOSAL

CATEGORY D SOIL EXCAVATED FOR DISPOSAL

HOTSPOT

NOTES:

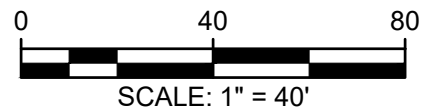
1. ELEVATIONS REFERENCE BOSTON CITY BASE DATUM WHICH IS 5.65 FT BELOW NGVD 1929. EL. 0.0 BCB = EL. -5.65 NGVD 1929.

SOURCE:

1. PRELIMINARY BASE PLAN PREPARED BY BSC GROUP AND TRANSMITTED TO GEI ON JULY 12, 2013.

LEGEND:

- BORING, GEI, DECEMBER 2021



RAM Completion Report Parcel P-3, Tremont & Whittier Streets Boston (Roxbury), Massachusetts
Boston Planning & Redevelopment Agency Boston, Massachusetts

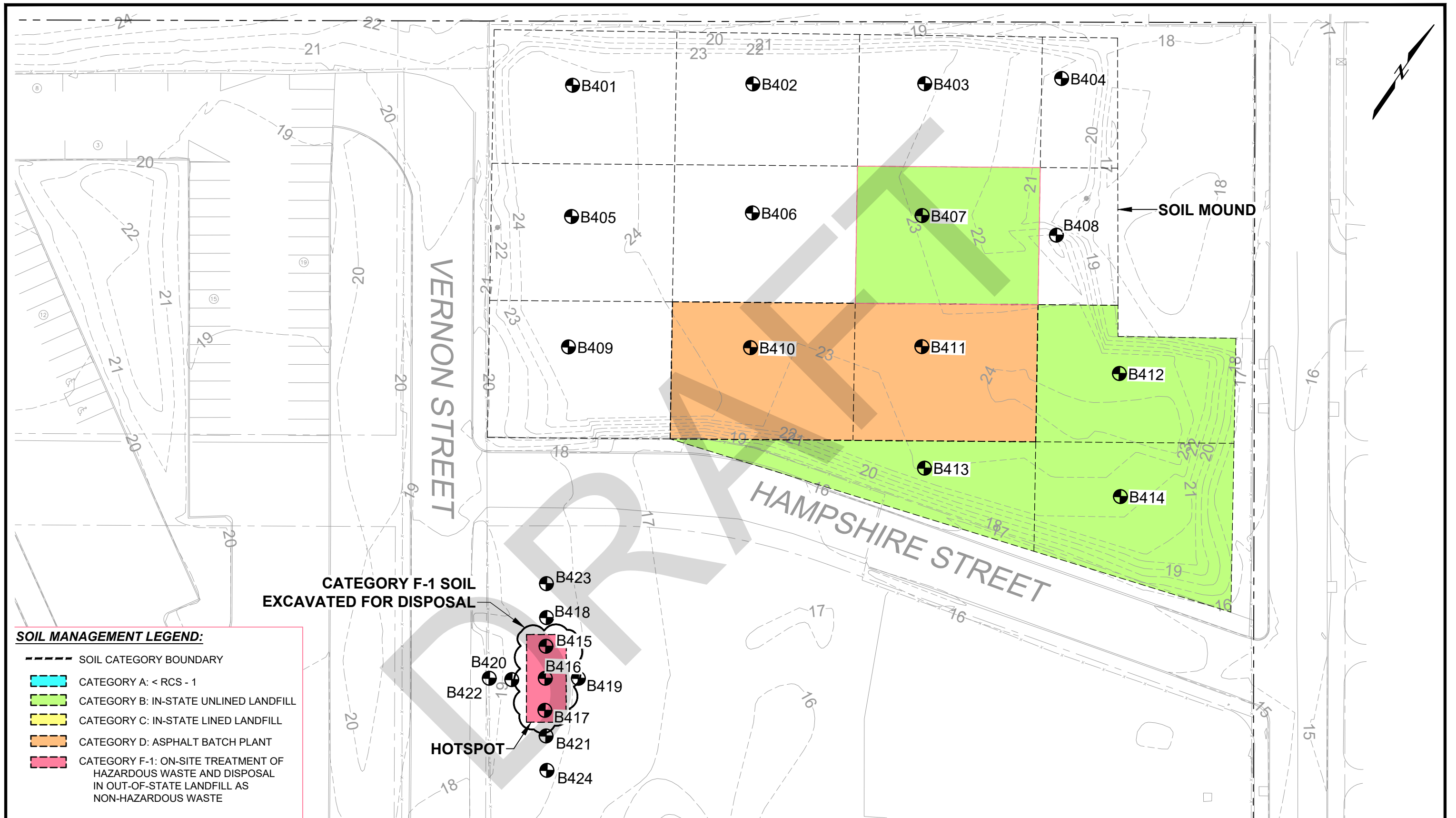


SOIL MANAGEMENT PLAN
0 TO 5 FEET

Project 2103938

August 2023

Fig. 5



RAM Completion Report
 Parcel P-3, Tremont & Whittier Streets
 Boston (Roxbury), Massachusetts
 Boston Planning & Redevelopment Agency
 Boston, Massachusetts



SOIL MANAGEMENT PLAN
 5 TO 10 FEET
 Project 2103938 August 2023 Fig. 6

Appendix A

MassDEP Transmittal Forms (BWSC106)

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RELEASE ABATEMENT MEASURE (RAM)
TRANSMITTAL FORM

Release Tracking Number

3 - 15009

Pursuant to 310 CMR 40.0444 - 0446 (Subpart D)

A. SITE LOCATION:

- 1. Site Name/Location Aid: UTMS 4688700MN 327800 ME
- 2. Street Address: PARCEL P-3 TREMONT & WHITTIER STS
- 3. City/Town: ROXBURY 4. Zip Code: 021190000

- 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. List Submittal Date of Initial RAM Plan (if previously submitted): 3/31/2023
(mm/dd/yyyy)

2. Submit an Initial Release Abatement Measure (RAM) Plan.

a. Check here if the RAM is being conducted as part of the construction of a permanent structure. If checked, you must specify what type of permanent structure is to be erected in or in the immediate vicinity of the area where the RAM is to be conducted.

- b. Specify type of permanent structure: (check all that apply)
 - i. School
 - ii. Residential
 - iii. Commercial
 - iv. Industrial
 - Other: _____ Specify: _____

3. Submit a Modified RAM Plan of a previously submitted RAM Plan.

4. Submit a RAM Status Report.

5. Submit a Remedial Monitoring Report. (This report can only be submitted through eDEP, concurrent with a RAM Status Report.)

- a. Type of Report: (check one)
 - i. Initial Report
 - ii. Interim Report
 - iii. Final Report

b. Frequency of Submittal:

- i. A Remedial Monitoring Report(s) submitted every six months, concurrent with a RAM Status Report.
- ii. A Remedial Monitoring Report(s) submitted annually, concurrent with a RAM Status Report.

c. Number of Remedial Systems and/or Monitoring Programs: _____

A separate BWSC106A, RAM Remedial Monitoring Report, must be filled out for each Remedial System and/or Monitoring Program addressed by this transmittal form.

6. Submit a RAM Completion Statement.

7. Submit a Revised RAM Completion Statement.

8. Provide Additional RTNs:

a. Check here if this RAM Submittal covers additional Release Tracking Numbers (RTNs). RTNs that have been previously linked to a Primary Tier Classified RTN do not need to be listed here. This section is intended to allow a RAM to cover more than one unclassified RTN and not show permanent linkage to a Primary Tier Classified RTN.

b. Provide the additional Release Tracking Number(s) covered by this RAM Submittal. - -

9. Include in the RAM Plan or Modified RAM Plan 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)



**RELEASE ABATEMENT MEASURE (RAM)
TRANSMITTAL FORM**

Release Tracking Number

3 - 15009

Pursuant to 310 CMR 40.0444 - 0446 (Subpart D)

C. RELEASE OR THREAT OF RELEASE CONDITIONS THAT WARRANT RAM:

1. Media Impacted and Receptors Affected: (check all that apply)
- a. Paved Surface
 - b. Basement
 - c. School
 - d. Public Water Supply
 - e. Surface Water
 - f. Zone 2
 - g. Private Well
 - h. Residence
 - i. Soil
 - j. Ground Water
 - k. Sediments
 - l. Wetland
 - m. Storm Drain
 - n. Indoor Air
 - o. Air
 - p. Soil Gas
 - q. Sub-Slab Soil Gas
 - r. Critical Exposure Pathway
 - s. NAPL
 - t. Unknown
 - u. Others Specify: _____

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

3. Type of Release or TOR: (check all that apply)
- a. Dumping
 - b. Fire
 - c. AST Removal
 - d. Overfill
 - e. Rupture
 - f. Vehicle Accident
 - g. Leak
 - h. Spill
 - i. Test Failure
 - j. TOR Only
 - k. UST Removal Describe: _____
 - l. Unknown
 - m. Other: URBAN FILL

4. Identify Oils and Hazardous Materials Released: (check all that apply)
- a. Oils
 - b. Chlorinated Solvents
 - c. Heavy Metals
 - d. Others Specify: _____

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

- 1. Assessment and/or Monitoring Only
- 2. Temporary Covers or Caps
- 3. Deployment of Absorbent or Containment Materials
- 4. Temporary Water Supplies
- 5. Structure Venting System/HVAC Modification System
- 6. Temporary Evacuation or Relocation of Residents
- 7. Product or NAPL Recovery
- 8. Fencing and Sign Posting
- 9. Groundwater Treatment Systems
- 10. Soil Vapor Extraction
- 11. Remedial Additives
- 12. Air Sparging
- 13. Active Exposure Pathway Mitigation System
- 14. Passive Exposure Pathway Mitigation System
- 15. Monitored Natural Attenuation
- 16. In-Situ Chemical Oxidation



RELEASE ABATEMENT MEASURE (RAM)
TRANSMITTAL FORM

Release Tracking Number

3 - 15009

Pursuant to 310 CMR 40.0444 - 0446 (Subpart D)

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

17. 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 447

 ii.a. Receiving Facility: HIGH ACRES LANDFILL Town: FAIRPORT State: NY

 ii.b. Receiving Facility: ONDRICK MATERIAL RECYCLING Town: CHICOPEE State: MA

 iii. Describe: HIGH ACRES - ON-SITE TREATMENT OF HAZARDOUS WASTE AND OUT OF STATE LANDFILL (252 CUBIC YARDS)
ONDRICK - ASPHALT BATCH RECYCLING FACILITY (195 CUBIC YARDS)

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: _____

18. Removal of Drums, Tanks or Containers:

a. Describe Quantity and Amount:

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

c. Receiving Facility: _____ Town: _____ State: _____

19. Removal of Other Contaminated Media:

a. Specify Type and Volume:

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

c. Receiving Facility: _____ Town: _____ State: _____

20. Other Response Actions:

Describe:

21. Use of Innovative Technologies:

Describe:

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**RELEASE ABATEMENT MEASURE (RAM)
TRANSMITTAL FORM**

Release Tracking Number

3 - 15009

Pursuant to 310 CMR 40.0444 - 0446 (Subpart D)

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 a **Release Abatement Measure 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) comply(ies) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that a **Release Abatement Measure Status Report** and/or **Remedial Monitoring Report** is 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 a **Release Abatement Measure Completion Statement** 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 #: 971

2. First Name: ILEENS 3. Last Name: GLADSTONE

4. Telephone: 7817214012 5. Ext: _____ 6. Email: igladstone@geiconsultants.com

7. Signature: _____

8. Date: _____ 9. LSP Stamp: _____
(mm/dd/yyyy)

DRAFT COPY





RELEASE ABATEMENT MEASURE (RAM)
TRANSMITTAL FORM

Release Tracking Number

3 - 15009

Pursuant to 310 CMR 40.0444 - 0446 (Subpart D)

F. PERSON UNDERTAKING RAM:

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: BOSTON PLANNING & DEVELOPMENT AGENCY

3. Contact First Name: WILLIAM J 4. Last Name: EPPERSON

5. Street: 12 CHANNEL STREET 6. Title: DEPUTY DIRECTOR OF CAPITAL CONSTRUC

7. City/Town: BOSTON 8. State: MA 9. ZIP Code: 022100000

10. Telephone: 6179186202 11. Ext.: _____ 12. Email: william.j.epperson@boston.gov

G. RELATIONSHIP TO RELEASE OR THREAT OF RELEASE OF PERSON UNDERTAKING RAM:

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 RAM Specify Relationship: _____

H. REQUIRED ATTACHMENTS AND SUBMITTALS:

1. Check here if any Remediation Waste, generated as a result of this RAM, will be stored, treated, managed, recycled or reused at the site following submission of the Remedial Completion Statement. You must submit a Phase IV Remedy Implementation Plan along with the appropriate transmittal form (BWSC 08)

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 DEP or EPA. If the box is checked, you MUST attach statement identifying the applicable provisions thereof.

3. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of the implementation of a Release Abatement Measure.

4. Check here if any non-updatable information provided on this form is incorrect, e.g. Release Address/Location Aid. Send corrections to bws.c.edep@state.ma.us.

5. If a RAM Compliance Fee is required for this RAM, check here to certify that a RAM Compliance Fee was submitted to DEP, P. O. Box 4062, Boston, MA 02211.

6. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.

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**RELEASE ABATEMENT MEASURE (RAM)
TRANSMITTAL FORM**

Release Tracking Number

3 - 15009

Pursuant to 310 CMR 40.0444 - 0446 (Subpart D)

I. CERTIFICATION OF PERSON UNDERTAKING RAM:

1. I, _____, 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.

2. By: _____ 3. Title: DEPUTY DIRECTOR OF CAPITAL CONS
(Signature)

4. For: BOSTON PLANNING & DEVELOPMENT AGENCY 5. Date: _____
(Name of person or entity recorded in Section F) (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 (EP USE ONLY)



DRAFT COPY



RELEASE ABATEMENT MEASURE (RAM)
TRANSMITTAL FORM

Release Tracking Number

3 - 36365

Pursuant to 310 CMR 40.0444 - 0446 (Subpart D)

A. SITE LOCATION:

- 1. Site Name/Location Aid: PARCEL P-3
- 2. Street Address: TREMONT STREET
- 3. City/Town: BOSTON 4. Zip Code: 021200000

- 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. List Submittal Date of Initial RAM Plan (if previously submitted): 3/31/2023
(mm/dd/yyyy)

2. Submit an Initial Release Abatement Measure (RAM) Plan.

a. Check here if the RAM is being conducted as part of the construction of a permanent structure. If checked, you must specify what type of permanent structure is to be erected in or in the immediate vicinity of the area where the RAM is to be conducted.

- b. Specify type of permanent structure: (check all that apply)
 - i. School
 - ii. Residential
 - iii. Commercial
 - iv. Industrial
 - Other: _____ Specify: _____

3. Submit a Modified RAM Plan for a previously submitted RAM Plan.

4. Submit a RAM Status Report.

5. Submit a Remedial Monitoring Report. (This report can only be submitted through eDEP, concurrent with a RAM Status Report.)

- a. Type of Report: (check one)
 - i. Initial Report
 - ii. Interim Report
 - iii. Final Report

b. Frequency of Submittal:

- i. A Remedial Monitoring Report(s) submitted every six months, concurrent with a RAM Status Report.
- ii. A Remedial Monitoring Report(s) submitted annually, concurrent with a RAM Status Report.

c. Number of Remedial Systems and/or Monitoring Programs: _____

A separate BWSC106A, RAM Remedial Monitoring Report, must be filled out for each Remedial System and/or Monitoring Program addressed by this transmittal form.

6. Submit a RAM Completion Statement.

7. Submit a Revised RAM Completion Statement.

8. Provide Additional RTNs:

a. Check here if this RAM Submittal covers additional Release Tracking Numbers (RTNs). RTNs that have been previously linked to a Primary Tier Classified RTN do not need to be listed here. This section is intended to allow a RAM to cover more than one unclassified RTN and not show permanent linkage to a Primary Tier Classified RTN.

b. Provide the additional Release Tracking Number(s) covered by this RAM Submittal. - -

9. Include in the RAM Plan or Modified RAM Plan 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)



**RELEASE ABATEMENT MEASURE (RAM)
TRANSMITTAL FORM**

Release Tracking Number

3 - 36365

Pursuant to 310 CMR 40.0444 - 0446 (Subpart D)

C. RELEASE OR THREAT OF RELEASE CONDITIONS THAT WARRANT RAM:

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 checked="" type="checkbox"/> i. Soil |
| <input type="checkbox"/> j. Ground Water | <input 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"/> u. 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 checked="" type="checkbox"/> m. Unknown | <input checked="" type="checkbox"/> n. Other: | URBAN FILL |

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: | URBAN FILL | |

4. Identify Oils and Hazardous Materials Released: (check all that apply)
- | | |
|---|---|
| <input checked="" type="checkbox"/> a. Oils | <input checked="" 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 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 |
| <input type="checkbox"/> 15. Monitored Natural Attenuation | <input type="checkbox"/> 16. In-Situ Chemical Oxidation |



**RELEASE ABATEMENT MEASURE (RAM)
TRANSMITTAL FORM**

Release Tracking Number

3 - 36365

Pursuant to 310 CMR 40.0444 - 0446 (Subpart D)

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

17. 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 447

 ii. Receiving Facility: HIGH ACRES LANDFILL Town: FAIRPORT State: NY

 iib. Receiving Facility: ONDRICK MATERIAL RECYCLING Town: CHICOPEE State: MA

 iii. Describe: HIGH ACRES - ON-SITE TREATMENT OF HAZARDOUS WASTE AND OUT OF STATE LANDFILL (252 CUBIC YARDS)
ONDRICK - ASPHALT BATCH RECYCLING FACILITY (195 CUBIC YARDS)

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

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

 iib. 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: _____

18. Removal of Drums, Tanks or Containers:

a. Describe Quantity and Amount:

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

c. Receiving Facility: _____ Town: _____ State: _____

19. Removal of Other Contaminated Media:

a. Specify Type and Volume:

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

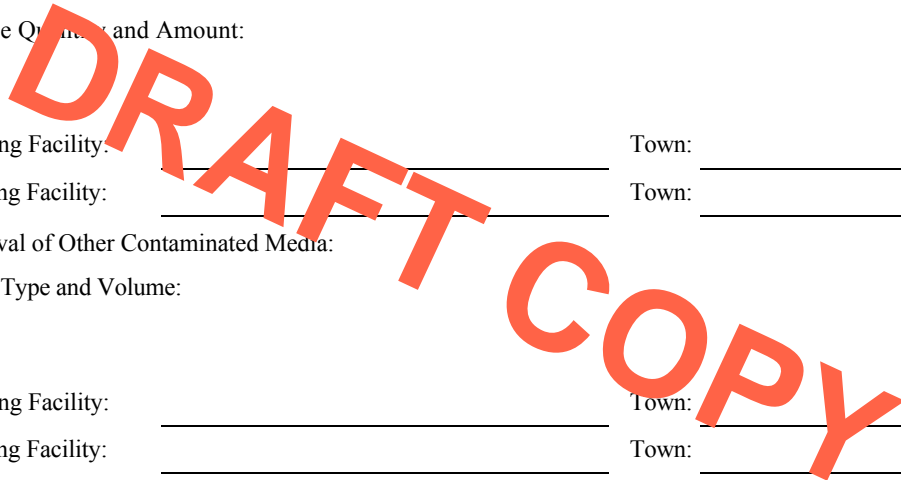
c. Receiving Facility: _____ Town: _____ State: _____

20. Other Response Actions:

Describe:

21. Use of Innovative Technologies:

Describe:





**RELEASE ABATEMENT MEASURE (RAM)
TRANSMITTAL FORM**

Release Tracking Number

3 - 36365

Pursuant to 310 CMR 40.0444 - 0446 (Subpart D)

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 a **Release Abatement Measure 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) comply(ies) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that a **Release Abatement Measure Status Report** and/or **Remedial Monitoring Report** is 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 a **Release Abatement Measure Completion Statement** 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 #: 971

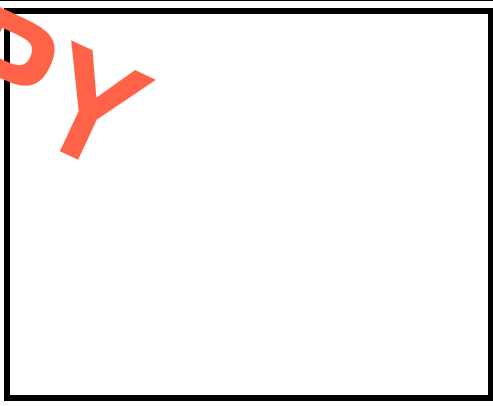
2. First Name: ILEENS 3. Last Name: GLADSTONE

4. Telephone: 7817214012 5. Ext: _____ 6. Email: igladstone@geiconsultants.com

7. Signature: _____

8. Date: _____ 9. LSP Stamp: _____
(mm/dd/yyyy)

DRAFT COPY





RELEASE ABATEMENT MEASURE (RAM)
TRANSMITTAL FORM

Release Tracking Number

3 - 36365

Pursuant to 310 CMR 40.0444 - 0446 (Subpart D)

F. PERSON UNDERTAKING RAM:

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: BOSTON PLANNING & DEVELOPMENT AGENCY

3. Contact First Name: WILLIAM J 4. Last Name: EPPERSON

5. Street: 12 CHANNEL STREET 6. Title: DEPUTY DIRECTOR OF CAPITAL CONSTRUC

7. City/Town: BOSTON 8. State: MA 9. ZIP Code: 022100000

10. Telephone: 6179186202 11. Ext.: _____ 12. Email: william.j.epperson@boston.gov

G. RELATIONSHIP TO RELEASE OR THREAT OF RELEASE OF PERSON UNDERTAKING RAM:

Check here to change relationship

1. RP or PRP a. Owner b. Operator c. Generator d. Transporter

e. Other RP or PRP Specify: NON-SPECIFIED PRP

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 RAM Specify Relationship: _____

H. REQUIRED ATTACHMENTS AND SUBMITTALS:

- 1. Check here if any Remediation Waste, generated as a result of this RAM, will be stored, treated, managed, recycled or reused at the site following submission of the Remedial Completion Statement. You must submit a Phase IV Remedy Implementation Plan along with the appropriate transmittal form (BWSC 08)
- 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 DEP or EPA. If the box is checked, you MUST attach statement identifying the applicable provisions thereof.
- 3. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of the implementation of a Release Abatement Measure.
- 4. 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.
- 5. If a RAM Compliance Fee is required for this RAM, check here to certify that a RAM Compliance Fee was submitted to DEP, P. O. Box 4062, Boston, MA 02211.
- 6. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.



**RELEASE ABATEMENT MEASURE (RAM)
TRANSMITTAL FORM**

Release Tracking Number

3 - 36365

Pursuant to 310 CMR 40.0444 - 0446 (Subpart D)

I. CERTIFICATION OF PERSON UNDERTAKING RAM:

1. I, _____, 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.

2. By: _____ 3. Title: DEPUTY DIRECTOR OF CAPITAL CONS
(Signature)

4. For: BOSTON PLANNING & DEVELOPMENT AGENCY 5. Date: _____
(Name of person or entity recorded in Section F) (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 (EP USE ONLY)



DRAFT COPY

**Release Abatement Measure Completion Report
Parcel P-3
Boston (Roxbury), Massachusetts
MassDEP RTNs 3-15009 and 3-36365**

Attachment to Release Abatement Measure Transmittal Form BWSC106

Section H, Question 2. Required Attachment and Submittals

The response actions described in this Release Abatement Measure Completion Report are subject to the provisions of Notice of Non-Compliance (NON-NE-07-3A146) issued by MassDEP to the Boston Redevelopment Authority (now BPDA) on October 22, 2007.

DRAFT

Appendix B

Public Notice Documents

DRAFT

DRAFT August 14, 2023
Project 2103938

Mayor Michelle Wu
Mayor's Office
Boston City Hall
One City Hall Plaza
Boston, MA 02201

Dear Mayor Wu:

**Re: Release Abatement Measure Completion Statement
Parcel P-3: Whittier and Tremont Street
Boston (Roxbury), Massachusetts
MassDEP RTNs 3-15009 and 3-36365**

GEI Consultants, Inc. is hereby notifying your office that a Release Abatement Measure (RAM) Completion Statement is being submitted to the Massachusetts Department of Environmental Protection (MassDEP) for the above-referenced site.

The work included management and disposal of contaminated soil at the property. The work associated with the RAM began in May 2023 and was completed in June 2023.

The RAM Completion Statement is on file with the MassDEP Northeast Regional Office (NERO) in Woburn, Massachusetts concurrently with this letter and is available for review online at <https://eeaonline.eea.state.ma.us/portal#!/search/wastesite>, searchable under RTNs 3-0015009 and 3-0036365. This notification is made in fulfillment of the public notice requirements of the MCP (310 CMR 40.1403).

Please contact me at 781-721-4012 or igladstone@geiconsultants.com if you have any questions.

Sincerely,

GEI CONSULTANTS, INC.

Ryan S. Hoffman, P.G., LSP
Vice President

Ileen S. Gladstone, P.E., LSP, LEED AP
Senior Vice President

RSH:jam

c: Bureau of Waste Site Cleanup, MassDEP-NERO

DRAFT August 14, 2023
Project 2103938

Dr. Bisola Ojikutu, MD, MPH
Executive Director
Boston Public Health Commission
1010 Massachusetts Avenue, 6th Floor
Boston, MA 02118

Dear Dr. Ojikutu:

**Re: Release Abatement Measure Plan
Parcel P-3: Whittier and Tremont Street
Boston (Roxbury), Massachusetts
MassDEP RTNs 3-15009 and 3-36365**

GEI Consultants, Inc. is hereby notifying your office that a Release Abatement Measure (RAM) Completion Statement is being submitted to the Massachusetts Department of Environmental Protection (MassDEP) for the above-referenced site.

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Please contact me at 781-721-4012 or igladstone@geiconsultants.com if you have any questions.

Sincerely,

GEI CONSULTANTS, INC.

Ryan S. Hoffman, P.G., LSP
Vice President

Ileen S. Gladstone, P.E., LSP, LEED AP
Senior Vice President

RSH:jam

c: Bureau of Waste Site Cleanup, MassDEP-NERO

Appendix C

Laboratory Data Report

DRAFT

CERTIFICATE OF ANALYSIS

Steve Winters
United Retek
47 South Maple Street
Bellingham, MA 02019

RE: 20 Whittier St (23-08)
ESS Laboratory Work Order Number: 23E0633

This signed Certificate of Analysis is our approved release of your analytical results. These results are only representative of sample aliquots received at the laboratory. ESS Laboratory expects its clients to follow all regulatory sampling guidelines. Beginning with this page, the entire report has been paginated. This report should not be copied except in full without the approval of the laboratory. Samples will be disposed of thirty days after the final report has been delivered. If you have any questions or concerns, please feel free to call our Customer Service Department.



Laurel Stoddard
Laboratory Director

REVIEWED

By ESS Laboratory at 4:59 pm, May 19, 2023

Analytical Summary

The project as described above has been analyzed in accordance with the ESS Quality Assurance Plan. This plan utilizes the following methodologies: US EPA SW-846, US EPA Methods for Chemical Analysis of Water and Wastes per 40 CFR Part 136, APHA Standard Methods for the Examination of Water and Wastewater, American Society for Testing and Materials (ASTM), and other recognized methodologies. The analyses with these noted observations are in conformance to the Quality Assurance Plan. In chromatographic analysis, manual integration is frequently used instead of automated integration because it produces more accurate results.

The test results present in this report are in compliance with TNI and relative state standards, and/or client Quality Assurance Project Plans (QAPP). The laboratory has reviewed the following: Sample Preservations, Hold Times, Initial Calibrations, Continuing Calibrations, Method Blanks, Blank Spikes, Blank Spike Duplicates, Duplicates, Matrix Spikes, Matrix Spike Duplicates, Surrogates and Internal Standards. Any results which were found to be outside of the recommended ranges stated in our SOPs will be noted in the Project Narrative.



CERTIFICATE OF ANALYSIS

Client Name: United Retek
Client Project ID: 20 Whittier St

ESS Laboratory Work Order: 23E0633

SAMPLE RECEIPT

The following samples were received on May 17, 2023 for the analyses specified on the enclosed Chain of Custody Record.

Lab Number	Sample Name	Matrix	Analysis
23E0633-01	1 Parcel-P3	Soil	1311, 1311/6010C
23E0633-02	2 Parcel-P3	Soil	1311, 1311/6010C
23E0633-03	3 Parcel-P3	Soil	1311, 1311/6010C
23E0633-04	4 Parcel-P3	Soil	1311, 1311/6010C
23E0633-05	5 Parcel-P3	Soil	1311, 1311/6010C



CERTIFICATE OF ANALYSIS

Client Name: United Retek
Client Project ID: 20 Whittier St

ESS Laboratory Work Order: 23E0633

PROJECT NARRATIVE

No unusual observations noted.

End of Project Narrative.

DATA USABILITY LINKS

To ensure you are viewing the most current version of the documents below, please clear your internet cookies for www.ESSLaboratory.com. Consult your IT Support personnel for information on how to clear your internet cookies.

[Definitions of Quality Control Parameters](#)

[Semivolatile Organics Internal Standard Information](#)

[Semivolatile Organics Surrogate Information](#)

[Volatile Organics Internal Standard Information](#)

[Volatile Organics Surrogate Information](#)

[EPH and VPH Alkane Lists](#)



CERTIFICATE OF ANALYSIS

Client Name: United Retek
Client Project ID: 20 Whittier St

ESS Laboratory Work Order: 23E0633

CURRENT SW-846 METHODOLOGY VERSIONS

Analytical Methods

- 1010A - Flashpoint
- 6010C - ICP
- 6020A - ICP MS
- 7010 - Graphite Furnace
- 7196A - Hexavalent Chromium
- 7470A - Aqueous Mercury
- 7471B - Solid Mercury
- 8011 - EDB/DBCP/TCP
- 8015C - GRO/DRO
- 8081B - Pesticides
- 8082A - PCB
- 8100M - TPH
- 8151A - Herbicides
- 8260B - VOA
- 8270D - SVOA
- 8270D SIM - SVOA Low Level
- 9014 - Cyanide
- 9038 - Sulfate
- 9040C - Aqueous pH
- 9045D - Solid pH (Corrosivity)
- 9050A - Specific Conductance
- 9056A - Anions (IC)
- 9060A - TOC
- 9095B - Paint Filter
- MADEP 04-1.1 - EPH
- MADEP 18-2.1 - VPH

Prep Methods

- 3005A - Aqueous ICP Digestion
- 3020A - Aqueous Graphite Furnace / ICP MS Digestion
- 3050B - Solid ICP / Graphite Furnace / ICP MS Digestion
- 3060A - Solid Hexavalent Chromium Digestion
- 3510C - Separatory Funnel Extraction
- 3520C - Liquid / Liquid Extraction
- 3540C - Manual Soxhlet Extraction
- 3541 - Automated Soxhlet Extraction
- 3546 - Microwave Extraction
- 3580A - Waste Dilution
- 5030B - Aqueous Purge and Trap
- 5030C - Aqueous Purge and Trap
- 5035A - Solid Purge and Trap

SW846 Reactivity Methods 7.3.3.2 (Reactive Cyanide) and 7.3.4.1 (Reactive Sulfide) have been withdrawn by EPA. These methods are reported per client request and are not NELAP accredited.



CERTIFICATE OF ANALYSIS

Client Name: United Retek
Client Project ID: 20 Whittier St
Client Sample ID: 1 Parcel-P3
Date Sampled: 05/16/23 00:00
Percent Solids: N/A

ESS Laboratory Work Order: 23E0633
ESS Laboratory Sample ID: 23E0633-01
Sample Matrix: Soil
Units: mg/L

Extraction Method: 3005A TCLP

1311 TCLP Metals

<u>Analyte</u>	<u>Results (MRL)</u>	<u>MDL</u>	<u>Method</u>	<u>TCLP Limit</u>	<u>DF</u>	<u>Analyst</u>	<u>Analyzed</u>	<u>I/V</u>	<u>F/V</u>	<u>Batch</u>
Lead	ND (0.050)		1311/6010C		1	CEV	05/19/23 9:43	50	50	DE31831

DRAFT



CERTIFICATE OF ANALYSIS

Client Name: United Retek
Client Project ID: 20 Whittier St
Client Sample ID: 1 Parcel-P3
Date Sampled: 05/16/23 00:00
Percent Solids: N/A
Initial Volume: 100g
Final Volume: 2000ml
Extraction Method: 1311

ESS Laboratory Work Order: 23E0633
ESS Laboratory Sample ID: 23E0633-01
Sample Matrix: Soil
Units: °C
Analyst: AFV
Prepared: 5/17/23 20:20

TCLP Extraction by 1311

<u>Analyte</u>	<u>Results (MRL)</u>	<u>MDL</u>	<u>Method</u>	<u>Limit</u>	<u>DF</u>	<u>Analyst</u>	<u>Analyzed</u>	<u>Batch</u>
Temperature (Min C)	19.8 (N/A)		1311		1	AFV	05/18/23 14:17	DE31754
Temperature (Max C)	22.4 (N/A)		1311		1	AFV	05/18/23 14:17	DE31754
Temperature (Range)	Temperature is not within 23 +/-2 °C. (N/A)							



CERTIFICATE OF ANALYSIS

Client Name: United Retek
Client Project ID: 20 Whittier St
Client Sample ID: 2 Parcel-P3
Date Sampled: 05/16/23 00:00
Percent Solids: N/A

ESS Laboratory Work Order: 23E0633
ESS Laboratory Sample ID: 23E0633-02
Sample Matrix: Soil
Units: mg/L

Extraction Method: 3005A TCLP

1311 TCLP Metals

<u>Analyte</u>	<u>Results (MRL)</u>	<u>MDL</u>	<u>Method</u>	<u>TCLP Limit</u>	<u>DF</u>	<u>Analyst</u>	<u>Analyzed</u>	<u>I/V</u>	<u>F/V</u>	<u>Batch</u>
Lead	ND (0.050)		1311/6010C		1	CEV	05/19/23 9:45	50	50	DE31831

DRAFT



CERTIFICATE OF ANALYSIS

Client Name: United Retek
Client Project ID: 20 Whittier St
Client Sample ID: 2 Parcel-P3
Date Sampled: 05/16/23 00:00
Percent Solids: N/A
Initial Volume: 100g
Final Volume: 2000ml
Extraction Method: 1311

ESS Laboratory Work Order: 23E0633
ESS Laboratory Sample ID: 23E0633-02
Sample Matrix: Soil
Units: °C
Analyst: AFV
Prepared: 5/17/23 20:20

TCLP Extraction by 1311

<u>Analyte</u>	<u>Results (MRL)</u>	<u>MDL</u>	<u>Method</u>	<u>Limit</u>	<u>DF</u>	<u>Analyst</u>	<u>Analyzed</u>	<u>Batch</u>
Temperature (Min C)	19.8 (N/A)		1311		1	AFV	05/18/23 14:17	DE31754
Temperature (Max C)	22.4 (N/A)		1311		1	AFV	05/18/23 14:17	DE31754
Temperature (Range)	Temperature is not within 23 +/-2 °C. (N/A)							



CERTIFICATE OF ANALYSIS

Client Name: United Retek
Client Project ID: 20 Whittier St
Client Sample ID: 3 Parcel-P3
Date Sampled: 05/16/23 00:00
Percent Solids: N/A

ESS Laboratory Work Order: 23E0633
ESS Laboratory Sample ID: 23E0633-03
Sample Matrix: Soil
Units: mg/L

Extraction Method: 3005A TCLP

1311 TCLP Metals

<u>Analyte</u>	<u>Results (MRL)</u>	<u>MDL</u>	<u>Method</u>	<u>TCLP Limit</u>	<u>DF</u>	<u>Analyst</u>	<u>Analyzed</u>	<u>I/V</u>	<u>F/V</u>	<u>Batch</u>
Lead	ND (0.050)		1311/6010C		1	CEV	05/19/23 9:48	50	50	DE31831

DRAFT



CERTIFICATE OF ANALYSIS

Client Name: United Retek
Client Project ID: 20 Whittier St
Client Sample ID: 3 Parcel-P3
Date Sampled: 05/16/23 00:00
Percent Solids: N/A
Initial Volume: 100g
Final Volume: 2000ml
Extraction Method: 1311

ESS Laboratory Work Order: 23E0633
ESS Laboratory Sample ID: 23E0633-03
Sample Matrix: Soil
Units: °C
Analyst: AFV
Prepared: 5/17/23 20:20

TCLP Extraction by 1311

<u>Analyte</u>	<u>Results (MRL)</u>	<u>MDL</u>	<u>Method</u>	<u>Limit</u>	<u>DF</u>	<u>Analyst</u>	<u>Analyzed</u>	<u>Batch</u>
Temperature (Min C)	19.8 (N/A)		1311		1	AFV	05/18/23 14:17	DE31754
Temperature (Max C)	22.4 (N/A)		1311		1	AFV	05/18/23 14:17	DE31754
Temperature (Range)	Temperature is not within 23 +/-2 °C. (N/A)							



CERTIFICATE OF ANALYSIS

Client Name: United Retek
Client Project ID: 20 Whittier St
Client Sample ID: 4 Parcel-P3
Date Sampled: 05/16/23 00:00
Percent Solids: N/A

ESS Laboratory Work Order: 23E0633
ESS Laboratory Sample ID: 23E0633-04
Sample Matrix: Soil
Units: mg/L

Extraction Method: 3005A TCLP

1311 TCLP Metals

<u>Analyte</u>	<u>Results (MRL)</u>	<u>MDL</u>	<u>Method</u>	<u>TCLP Limit</u>	<u>DF</u>	<u>Analyst</u>	<u>Analyzed</u>	<u>I/V</u>	<u>F/V</u>	<u>Batch</u>
Lead	0.053 (0.050)		1311/6010C		1	CEV	05/19/23 9:50	50	50	DE31831

DRAFT



CERTIFICATE OF ANALYSIS

Client Name: United Retek
Client Project ID: 20 Whittier St
Client Sample ID: 4 Parcel-P3
Date Sampled: 05/16/23 00:00
Percent Solids: N/A
Initial Volume: 100g
Final Volume: 2000ml
Extraction Method: 1311

ESS Laboratory Work Order: 23E0633
ESS Laboratory Sample ID: 23E0633-04
Sample Matrix: Soil
Units: °C
Analyst: AFV
Prepared: 5/17/23 20:20

TCLP Extraction by 1311

<u>Analyte</u>	<u>Results (MRL)</u>	<u>MDL</u>	<u>Method</u>	<u>Limit</u>	<u>DF</u>	<u>Analyst</u>	<u>Analyzed</u>	<u>Batch</u>
Temperature (Min C)	19.8 (N/A)		1311		1	AFV	05/18/23 14:17	DE31754
Temperature (Max C)	22.4 (N/A)		1311		1	AFV	05/18/23 14:17	DE31754
Temperature (Range)	Temperature is not within 23 +/-2 °C. (N/A)							



CERTIFICATE OF ANALYSIS

Client Name: United Retek
Client Project ID: 20 Whittier St
Client Sample ID: 5 Parcel-P3
Date Sampled: 05/16/23 00:00
Percent Solids: N/A

ESS Laboratory Work Order: 23E0633
ESS Laboratory Sample ID: 23E0633-05
Sample Matrix: Soil
Units: mg/L

Extraction Method: 3005A TCLP

1311 TCLP Metals

<u>Analyte</u>	<u>Results (MRL)</u>	<u>MDL</u>	<u>Method</u>	<u>TCLP Limit</u>	<u>DF</u>	<u>Analyst</u>	<u>Analyzed</u>	<u>I/V</u>	<u>F/V</u>	<u>Batch</u>
Lead	ND (0.050)		1311/6010C		1	CEV	05/19/23 9:52	50	50	DE31831

DRAFT



CERTIFICATE OF ANALYSIS

Client Name: United Retek
Client Project ID: 20 Whittier St
Client Sample ID: 5 Parcel-P3
Date Sampled: 05/16/23 00:00
Percent Solids: N/A
Initial Volume: 100g
Final Volume: 2000ml
Extraction Method: 1311

ESS Laboratory Work Order: 23E0633
ESS Laboratory Sample ID: 23E0633-05
Sample Matrix: Soil
Units: °C
Analyst: AFV
Prepared: 5/17/23 20:20

TCLP Extraction by 1311

<u>Analyte</u>	<u>Results (MRL)</u>	<u>MDL</u>	<u>Method</u>	<u>Limit</u>	<u>DF</u>	<u>Analyst</u>	<u>Analyzed</u>	<u>Batch</u>
Temperature (Min C)	19.8 (N/A)		1311		1	AFV	05/18/23 14:17	DE31754
Temperature (Max C)	22.4 (N/A)		1311		1	AFV	05/18/23 14:17	DE31754
Temperature (Range)	Temperature is not within 23 +/-2 °C. (N/A)							



CERTIFICATE OF ANALYSIS

Client Name: United Retek
Client Project ID: 20 Whittier St

ESS Laboratory Work Order: 23E0633

Quality Control Data

Analyte	Result	MRL	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Qualifier
1311 TCLP Metals										
Batch DE31831 - 3005A_TCLP										
Blank										
Lead	ND	0.050	mg/L							
LCS										
Lead	0.467	0.050	mg/L	0.5000		93	80-120			
LCS Dup										
Lead	0.453	0.050	mg/L	0.5000		91	80-120	3	20	

DRAFT



CERTIFICATE OF ANALYSIS

Client Name: United Retek
Client Project ID: 20 Whittier St

ESS Laboratory Work Order: 23E0633

Notes and Definitions

- Z18 Temperature is not within 23 +/-2 °C.
- U Analyte included in the analysis, but not detected
- ND Analyte NOT DETECTED at or above the MRL (LOQ), LOD for DoD Reports, MDL for J-Flagged Analytes
- dry Sample results reported on a dry weight basis
- RPD Relative Percent Difference
- MDL Method Detection Limit
- MRL Method Reporting Limit
- LOD Limit of Detection
- LOQ Limit of Quantitation
- DL Detection Limit
- I/V Initial Volume
- F/V Final Volume
- § Subcontracted analysis; see attached report
- 1 Range result excludes concentrations of surrogates and/or internal standards eluting in that range.
- 2 Range result excludes concentrations of target analytes eluting in that range.
- 3 Range result excludes the concentration of the C9-C10 aromatic range.
- Avg Results reported as a mathematical average.
- NR No Recovery
- [CALC] Calculated Analyte
- SUB Subcontracted analysis; see attached report
- RL Reporting Limit
- EDL Estimated Detection Limit
- MF Membrane Filtration
- MPN Most Probable Number
- TNTC Too numerous to Count
- CFU Colony Forming Units



CERTIFICATE OF ANALYSIS

Client Name: United Retek
Client Project ID: 20 Whittier St

ESS Laboratory Work Order: 23E0633

ESS LABORATORY CERTIFICATIONS AND ACCREDITATIONS

ENVIRONMENTAL

Rhode Island Potable and Non Potable Water: LAI00179

<http://www.health.ri.gov/find/labs/analytical/ESS.pdf>

Connecticut Potable and Non Potable Water, Solid and Hazardous Waste: PH-0750

http://www.ct.gov/dph/lib/dph/environmental_health/environmental_laboratories/pdf/OutOfStateCommercialLaboratories.pdf

Maine Potable and Non Potable Water, and Solid and Hazardous Waste: RI00002

<http://www.maine.gov/dhhs/meecd/environmental-health/dwp/partners/labCert.shtml>

Massachusetts Potable and Non Potable Water: M-RI002

<http://public.dep.state.ma.us/Labcert/Labcert.aspx>

New Hampshire (NELAP accredited) Potable and Non Potable Water, Solid and Hazardous Waste: 2424

<http://des.nh.gov/organization/divisions/water/dwgb/nhelap/index.htm>

New York (NELAP accredited) Non Potable Water, Solid and Hazardous Waste: 11313

<http://www.wadsworth.org/labcert/elap/comm.html>

New Jersey (NELAP accredited) Non Potable Water, Solid and Hazardous Waste: RI006

http://datamine2.state.nj.us/DEP_OPRA/OpraMain/pi_main?mode=pi_by_site&sort_order=PI_NAMEA&Select+a+Site:=58715

Pennsylvania: 68-01752

<http://www.dep.pa.gov/Business/OtherPrograms/Labs/Pages/Laboratory-Accreditation-Program.aspx>

ESS Laboratory Sample and Cooler Receipt Checklist

Client: United Retek - TB
 Shipped/Delivered Via: ESS Courier

ESS Project ID: 23E0633
 Date Received: 5/17/2023
 Project Due Date: 5/19/2023
 Days for Project: 2 Day

1. Air bill manifest present? No
 Air No.: NA
2. Were custody seals present? No
3. Is radiation count <100 CPM? Yes
4. Is a Cooler Present? Yes
 Temp: 4.1 Iced with: Ice
5. Was COC signed and dated by client? Yes

6. Does COC match bottles? Yes
7. Is COC complete and correct? Yes
8. Were samples received intact? Yes
9. Were labs informed about short holds & rushes? Yes / No / NA
10. Were any analyses received outside of hold time? Yes No
- _____
- _____

11. Any Subcontracting needed? Yes / No
 ESS Sample IDs: _____
 Analysis: _____
 TAT: _____

12. Were VOAs received? Yes / No
 a. Air bubbles in aqueous VOAs? Yes / No
 b. Does methanol cover soil completely? Yes / No / NA

13. Are the samples properly preserved? Yes / No
 a. If metals preserved upon receipt: Date: _____ Time: _____ By/Acid Lot#: _____
 b. Low Level VOA vials frozen: Date: _____ Time: _____ By: _____

Sample Receiving Notes:

14. Was there a need to contact Project Manager? Yes / No
 a. Was there a need to contact the client? Yes / No
 Who was contacted? _____ Date: _____ Time: _____ By: _____

Resolution:

Sample Number	Container ID	Proper Container	Air Bubbles Present	Sufficient Volume	Container Type	Preservative	Record pH (Cyanide and 608 Pesticides)
1	431487	Yes	N/A	Yes	8 oz jar	NP	
2	431488	Yes	N/A	Yes	8 oz jar	NP	
3	431489	Yes	N/A	Yes	8 oz jar	NP	
4	431490	Yes	N/A	Yes	8 oz jar	NP	
5	431491	Yes	N/A	Yes	8 oz jar	NP	

2nd Review

Were all containers scanned into storage/lab?

Initials BB
 Yes / No

Are barcode labels on correct containers?

Yes / No / NA

Are all Flashpoint stickers attached/container ID # circled?

Yes / No / NA

Are all Hex Chrome stickers attached?

Yes / No / NA

Are all QC stickers attached?

Yes / No / NA

Are VOA stickers attached if bubbles noted?

Yes / No / NA

Completed By: [Signature]

Date & Time: 5/17/23 17:48

Reviewed By: [Signature]

Date & Time: 5/17/23 1841



185 Frances Avenue
 Cranston, RI 02921
 Phone: 401-461-7181
 Fax: 401-461-4486
 www.esslaboratory.com

CHAIN OF CUSTODY

ESS Lab # 23ED633

Page of

Turn Time > 5 5 4 3 2 1 Same Day

ELECTRONIC DELIVERABLES (Final Reports are PDF)

Regulatory State: Criteria:

- Limit Checker State Forms EQUS
 Excel Hard Copy Enviro Data
 CLP-Like Package Other (Specify) →

Is this project for any of the following?:

- CT RCP MA MCP RGP Permit 401 WQ

REQUESTED ANALYSES

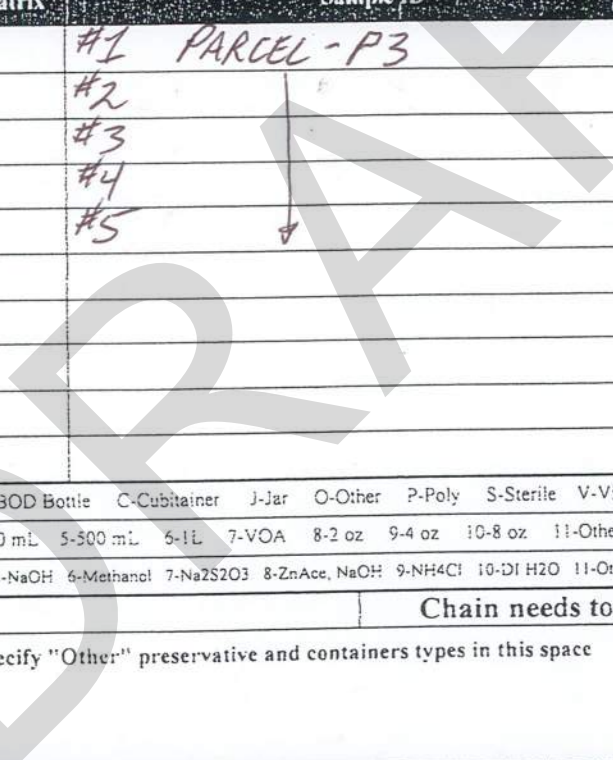
CLIENT INFORMATION
 Client: UNITED RETEK CORP
 Address: 47 SOUTH MAPLE ST
 BELLINGHAM MA 02019
 Phone: 508-478-5500
 Email Distribution List: EDDIE@UNITEDRETEK.COM
 RYAN@UNITEDRETEK.COM
 STEVE@UNITEDRETEK.COM

PROJECT INFORMATION
 Project Name: 20 WHITTIER ST.
 Project Location: 20 WHITTIER ST. ROXBURY
 Project Number: 23-08
 Project Manager: N/A
 Bill to: UNITED RETEK
 PO#: N/A
 Quote#: N/A

Client acknowledges that sampling is compliant with all EPA / State regulatory programs

ESS Lab ID	Collection Date	Collection Time	Sample Type	Sample Matrix	Sample ID	Requested Analyses
1	5-16-23	A.M.	C	S	#1 PARCEL - P3	X
2	↓	↓	↓	↓	#2	X
3	↓	↓	↓	↓	#3	X
4	↓	↓	↓	↓	#4	X
5	↓	↓	↓	↓	#5	X

TOTAL NUMBER OF BOTTLES



Container Type: AC-Air Cassette AG-Amber Glass B-BOD Bottle C-Cubitainer J-Jar O-Other P-Poly S-Sterile V-Vial
 Container Volume: 1-100 mL 2-2.5 gal 3-250 mL 4-300 mL 5-500 mL 6-1L 7-VOA 8-2 oz 9-4 oz 10-8 oz 11-Other*
 Preservation Code: 1-Non Preserved 2-HCl 3-H2SO4 4-HNO3 5-NaOH 6-Methanol 7-Na2S2O3 8-ZnAc, NaOH 9-NH4Cl 10-DI H2O 11-Other*

Chain needs to be filled out neatly and completely for on time delivery.

Sampled by: _____
 Laboratory Use Only
 Cooler Temperature (°C): 4.1
 1 ce

All samples submitted are subject to ESS Laboratory's payment terms and conditions.

Dissolved Filtration
 Lab Filter

Relinquished by (Signature)	Date	Time	Received by (Signature)	Relinquished by (Signature)	Date	Time	Received by (Signature)
<i>Ryan D...</i>	5-17-23	A.M.	<i>Steve...</i>	<i>Jim...</i>	5/17/23	17:00	<i>[Signature]</i>
Relinquished by (Signature)	Date	Time	Received by (Signature)	Relinquished by (Signature)	Date	Time	Received by (Signature)

Appendix D

Bills of Lading

DRAFT



BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

3 - 36365

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:

1. Release Name/Location Aid: PARCEL P-3
2. Street Address: TREMONT STREET
3. City/Town: BOSTON 4. Zip Code: 021200000
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 one: B1-B4):

1. Submit a **Bill of Lading (BOL)** to transport Remediation Waste to Temporary Storage or a Receiving Facility.
Response Actions associated with this BOL (check all that apply):
 a. Immediate Response Action (IRA) e. Comprehensive Response Actions
 b. Release Abatement Measure (RAM) f. Limited Removal Action (LRA): (must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP)
 c. Downgradient Property Status (DPS) g. Other _____
 d. Utility Release Abatement Measure (URAM)
2. Submit an Attestation of Completion of **Shipment to Temporary Storage** (Sections C, F and J are not required):
3. Submit an Attestation of **Completion of Shipment to a Receiving Facility** (Sections C, F and J are not required):
4. Certify that Remediation Waste Was **Not Shipped, and the Bill of Lading is Void**. (Sections C, D, E, and F are not required)
5. Date Bill of Lading submitted to the Department: _____ b. eDEP Transaction ID: _____
(mm/dd/yyyy)
6. Period of Generation Associated with this Bill of Lading 4/15/2023 to 7/31/2023
(mm/dd/yyyy) (mm/dd/yyyy)

(All sections of this transmittal form must be filled out unless otherwise noted above)

The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.

C. DESCRIPTION OF WASTE AND WASTE SOURCE:

1. Contaminated Media/Debris (check all that apply):
 a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris
 f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other: _____
2. Uncontainerized Waste (check all that apply):
 a. Inorganic Absorbent Materials b. Other: _____



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC 112

Release Tracking Number

3 - 36365

BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):

3. Containerized Waste (check all that apply):

a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments

e. Other: _____

4. Estimated Quantity: 200 _____ Tons Cu. Yds. Gallons

5. Contaminant Source (check one):

a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment

d. Other: URBAN FILL

6. Type of Contaminant (check all that apply):

a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel

g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other: _____

7. Constituents of Concern (check all that apply):

a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH

h. PCBs i. VOCs j. SVOCs k. Other: _____

8. If applicable, check the box for the Reportable Concentration Category of the site:

a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2

9. Remediation Waste Characterization Documentation (check at least one):

a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data

d. Field Screening Data e. Characterization Documentation previously submitted to the Department

i. Date submitted: _____ ii. Type of Documentation: _____

(mm/dd/yyyy)

D. TRANSPORTER OR COMMON CARRIER INFORMATION:

1. Transporter/Common Carrier Name: FOURTH ARROW TRUCKING

2. Contact First Name: BRYAN

3. Last Name: CAHILL

4. Street: P.O. BOX 3558

5. Title: PRESIDENT

6. City/Town: PEABODY

7. State: MA

8. Zip Code: 019610000

9. Telephone: 9782739100

10. Ext: _____

11. Email: _____



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC 112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

3 - 36365

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:

1. Operator/Facility Name: ONDRICK MATERIALS & RECYCLING

2. Contact First Name: DAVID 3. Last Name: COSTANZO

4. Street: 58 INDUSTRY ROAD 5. Title: ENVIRONMENTAL DIVISION MANAGER

6. City/Town: CHICOPEE 7. State: MA 8. Zip Code: 010200000

9. Telephone: 4135922566 10. Ext: _____ 11. Email: dcostanzo@ondrickmr.com

12. Type of facility: (check one)

a. Temporary Storage i. Period of Temporary Storage _____ to _____
 (mm/dd/yyyy) (mm/dd/yyyy)

ii. Reason for Temporary Storage: _____

b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill e. Landfill/Daily Cover

f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other: _____

13. Division of Hazardous Waste/Class A Permit Number: X258844

14. Division of Solid Waste Permit Number: _____

15. EPA Identification Number: MAR000529677

F. LSP SIGNATURE AND STAMP:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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 #: 9719

2. First Name: ILEENS 3. Last Name: GLADSTONE

4. Telephone: 7817214012 5. Ext: _____ 6. Email: igladstone@geiconsultants.com

7. Signature: ILEEN S GLADSTONE

8. Date: 5/24/2023
 (mm/dd/yyyy)

9. LSP Stamp:





Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC 112

Release Tracking Number

3 - 36365

BILL OF LADING (pursuant to 310 CMR 40.0030)

G. PERSON SUBMITTING BILL OF LADING:

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: BOSTON PLANNING & DEVELOPMENT AGENCY
3. Contact First Name: WILLIAM J 4. Last Name: EPPERSON
5. Street: 22 DRYDOCK AVE SUITE #201 6. Title: DEPUTY DIRECTOR OF CAPITAL CONSTRUCTION
7. City/Town: BOSTON 8. State: MA 9. Zip Code: 022102386
10. Telephone: _____ 11. Ext: _____ 12. Email: william.j.epperson@boston.gov

H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING:

Check here to change relationship

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

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: _____

I. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. 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
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.

J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING:

1. I, WILLIAM EPPERSON, attest under the pains and penalties or 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.

2. By: WILLIAM EPPERSON 3. Title: DEPUTY DIRECTOR OF CAPITAL CONSTRUCTION
4. For: BOSTON PLANNING & DEVELOPMENT AGENCY 5. Date: 5/23/2023
(Name of person or entity recorded in Section G) (mm/dd/yyyy)



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC 112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

3 - 36365

J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.) :

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

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 (MassDEP USE ONLY):

Received by DEP on 5/24/2023 11:05:53 AM

DRAFT



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BILL OF LADING Transport Log Sheet

Release Tracking Number

Page _____ OF _____

-

I. LOAD INFORMATION: Signature of Transporter Representative: _____ Receiving Facility/Temporary Storage Representative: _____

Load 1:

Date of Shipment: _____ Time of Shipment: _____
 AM PM

Truck/Tractor Registration: _____ Trailer Registration (if any): _____

Date of Receipt: _____ Time of Receipt: _____
 AM PM

Load Size (cu. yds./tons): _____

Load 2: Signature of Transporter Representative: _____ Receiving Facility/Temporary Storage Representative: _____

Date of Shipment: _____ Time of Shipment: _____
 AM PM

Truck/Tractor Registration: _____ Trailer Registration (if any): _____

Date of Receipt: _____ Time of Receipt: _____
 AM PM

Load Size (cu. yds./tons): _____

Load 3: Signature of Transporter Representative: _____ Receiving Facility/Temporary Storage Representative: _____

Date of Shipment: _____ Time of Shipment: _____
 AM PM

Truck/Tractor Registration: _____ Trailer Registration (if any): _____

Date of Receipt: _____ Time of Receipt: _____
 AM PM

Load Size (cu. yds./tons): _____

Load 4: Signature of Transporter Representative: _____ Receiving Facility/Temporary Storage Representative: _____

Date of Shipment: _____ Time of Shipment: _____
 AM PM

Truck/Tractor Registration: _____ Trailer Registration (if any): _____

Date of Receipt: _____ Time of Receipt: _____
 AM PM

Load Size (cu. yds./tons): _____

Load 5: Signature of Transporter Representative: _____ Receiving Facility/Temporary Storage Representative: _____

Date of Shipment: _____ Time of Shipment: _____
 AM PM

Truck/Tractor Registration: _____ Trailer Registration (if any): _____

Date of Receipt: _____ Time of Receipt: _____
 AM PM

Load Size (cu. yds./tons): _____

Load 6: Signature of Transporter Representative: _____ Receiving Facility/Temporary Storage Representative: _____

Date of Shipment: _____ Time of Shipment: _____
 AM PM

Truck/Tractor Registration: _____ Trailer Registration (if any): _____

Date of Receipt: _____ Time of Receipt: _____
 AM PM

Load Size (cu. yds./tons): _____

J. LOG SHEET VOLUME INFORMATION:

Total Volume Recorded This Page (cu. yds./tons) _____

Total Carried Forward (cu. yds./tons): _____

Total Carried Forward and This Page (cu. yds./tons): _____

Ondrick Materials & Recycling, LLC

22 Industry Road, Chicopee, MA 01020

Ticket

391429

5/31/23

1:29 PM

Truck ID GERVACIO3 GERVACIO3
Customer Order 1596 GZA GEOENVIRONMENTAL
23-05-O-11899M, Parcel P3, Tremont & Whittier Street

P.O.

Product OIL MA

Site Addr. Parcel P3
Parcel P3: Tremont and Whittier Street
Dorchester, MA 02122

Driver: _____ *RG*

Customer: _____

Arrival Time: _____ Depart Time: _____

Gross 94100 Lb
Tare 30800 Lb *
Net 31.65 Ton

	Today	To Date
Loads	6	6
Qty	200.29	200.29

NOTICE TO PURCHASERS: The Purchaser, through their officer, principal, employee or agent, hereby acknowledges that in consideration of the purchase and loading of product from Ondrick Materials & Construction, LLC, hereafter referred to as Seller, the Purchaser agrees that SELLER'S LIABILITY, IN TORT, IN NEGLIGENCE OR OTHERWISE SHALL BE LIMITED TO THE AMOUNT OF THE PURCHASE PRICE OF THE SELLER'S PRODUCT AND UNDER NO CIRCUMSTANCE SHALL SELLER BE LIABLE FOR SPECIAL, INDIRECT OR CONSEQUENTIAL DAMAGES arising out of the fact that the vehicle loaded by the seller for the purchaser was loaded in excess of its permitted and certified capacity. Purchaser, through their officer, principal, employee or agent, further agrees in consideration of the purchase and loading of Seller's product, TO RELEASE, REMISE AND FOREVER DISCHARGE THE SELLER, ITS REPRESENTATIVES, SUCCESSORS AND ASSIGNS OF AND FROM ANY AND ALL DEBTS, DEMANDS, ACTIONS, CAUSES OF ACTION, SUITS, PRECEEDINGS, AGREEMENTS, CONTRACTS, JUDGEMENTS, DAMAGES, EXECUTIONS, CLAIMS AND LIABILITIES WHATSOEVER OF EVERY NATURE AND NAME, WHETHER KNOWN OR UNKNOWN, WHETHER IN LAW OR IN EQUITY, WHICH THE PURCHASER HAS OR MAY HAVE FOR ANY REASON, MATTER OR CAUSE, AND PURCHASER FURTHER INDEMNIFIES AND HOLDS SELLER HARMLESS FROM ANY LOSS, COST, EXPENSE, DAMAGE, OR ATTORNEY'S FEES ARISING OUT OF THE SELLER'S LOADING OF ANY VEHICLE FOR THE PURCHASER IN EXCESS OF ITS PERMITTED AND CERTIFIED CAPACITY

CAUTION: HOT MATERIAL (275°F-325°F) Avoid contact with skin & eyes - Thermal Burns could result. Fumes count cause nausea or irritation. Seek proper medical assistance in all emergencies. Consult Material Safety Data Sheet for more information. KNOW & RESPECT THE PRODUCTS YOU HANDLE

DRAFT

Ondrick Materials & Recycling, LLC

22 Industry Road, Chicopee, MA 01020

Ticket

391373

5/31/23

9:14 AM

Truck ID GERVACIO3 GERVACIO3
Customer Order 1596 GZA GEOENVIRONMENTAL
23-05-O-11899M, Parcel P3, Tremont & Whittier Street
P.O.
Product OIL MA
Site Addr. Parcel P3
Parcel P3: Tremont and Whittier Street
Dorchester, MA 02122
Driver: _____
Customer: _____
Arrival Time: _____ **Depart Time:** _____

Gross Tare	93700 Lb	
	30800 Lb	*
Net	31.45 Ton	
	Today	To Date
Loads Qty	2	2
	66.00	66.00

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Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BILL OF LADING Transport Log Sheet

Release Tracking Number

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I. LOAD INFORMATION:

Load 1: Signature of Transporter Representative: Gervacio Receiving Facility/Temporary Storage Representative: ONEK (C)

Date of Shipment: 05/31 Time of Shipment: AM PM Date of Receipt: 5/31/23 Time of Receipt: 9:14 AM PM

Truck/Tractor Registration: 2AC952 Trailer Registration (if any): _____ Load Size (cu. yds./tons): 31.45 TONE

Load 2: Signature of Transporter Representative: Gervacio Receiving Facility/Temporary Storage Representative: ONEK (C)

Date of Shipment: 05/31 Time of Shipment: AM PM Date of Receipt: 5/31/23 Time of Receipt: 1:28 AM PM

Truck/Tractor Registration: 2AC952 Trailer Registration (if any): _____ Load Size (cu. yds./tons): 31.65 TONE

Load 3: Signature of Transporter Representative: _____ Receiving Facility/Temporary Storage Representative: _____

Date of Shipment: _____ Time of Shipment: AM PM Date of Receipt: _____ Time of Receipt: AM PM

Truck/Tractor Registration: _____ Trailer Registration (if any): _____ Load Size (cu. yds./tons): _____

Load 4: Signature of Transporter Representative: _____ Receiving Facility/Temporary Storage Representative: _____

Date of Shipment: _____ Time of Shipment: AM PM Date of Receipt: _____ Time of Receipt: AM PM

Truck/Tractor Registration: _____ Trailer Registration (if any): _____ Load Size (cu. yds./tons): _____

Load 5: Signature of Transporter Representative: _____ Receiving Facility/Temporary Storage Representative: _____

Date of Shipment: _____ Time of Shipment: AM PM Date of Receipt: _____ Time of Receipt: AM PM

Truck/Tractor Registration: _____ Trailer Registration (if any): _____ Load Size (cu. yds./tons): _____

Load 6: Signature of Transporter Representative: _____ Receiving Facility/Temporary Storage Representative: _____

Date of Shipment: _____ Time of Shipment: AM PM Date of Receipt: _____ Time of Receipt: AM PM

Truck/Tractor Registration: _____ Trailer Registration (if any): _____ Load Size (cu. yds./tons): _____

J. LOG SHEET VOLUME INFORMATION:

Total Volume Recorded This Page (cu. yds./tons): _____

Total Carried Forward (cu. yds./tons): _____

Total Carried Forward and This Page (cu. yds./tons): _____

Ondrick Materials & Recycling, LLC

22 Industry Road, Chicopee, MA 01020

Ticket**391426**

5/31/23

1:17 PM

Truck ID RNG1 RNG1

Customer 1596 GZA GEOENVIRONMENTAL
Order 23-05-O-11899M, Parcel P3, Tremont & Whittier Stree

P.O.

Product OIL MA

Site Addr. Parcel P3
Parcel P3: Tremont and Whittier Street
Dorchester, MA 02122

Driver: _____ *[Signature]*

Customer: _____

Arrival Time: _____ Depart Time: _____

Gross	105120 Lb	
Tare	32000 Lb	*
Net	36.56 Ton	*
	Today	To Date
Loads	5	5
Qty	168.64	168.64

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DRAFT

Ondrick Materials & Recycling, LLC

22 Industry Road, Chicopee, MA 01020

Ticket**391376**

5/31/23

9:22 AM

Truck ID RNG1 RNG1

Customer Order 1596 GZA GEOENVIRONMENTAL
23-05-O-11899M, Parcel P3, Tremont & Whittier Stree

P.O.

Product OIL MA

Site Addr. Parcel P3
Parcel P3: Tremont and Whittier Street
Dorchester, MA 02122

Driver: _____ *Key - P***Customer:** _____**Arrival Time:** _____ **Depart Time:** _____

Gross Tare 92660 Lb
 32000 Lb *

Net 30.33 Ton *

	Today	To Date
Loads	3	3
Qty	96.33	96.33

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DRAFT



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BILL OF LADING Transport Log Sheet

Release Tracking Number

Page _____ OF _____

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I. LOAD INFORMATION: Signature of Transporter Representative: *[Signature]* Receiving Facility/Temporary Storage Representative: *[Signature]*

Load 1: Date of Shipment: *5/31/23* Time of Shipment: AM PM Date of Receipt: *5-31-23* Time of Receipt: *9:22* AM PM

Truck/Tractor Registration: *1AD194* Trailer Registration (if any): _____ Load Size (cu. yds./tons): *30.33*

Load 2: Signature of Transporter Representative: *[Signature]* Receiving Facility/Temporary Storage Representative: *[Signature]*

Date of Shipment: *5/31/23* Time of Shipment: AM PM Date of Receipt: *5-31-23* Time of Receipt: *1:17* AM PM

Truck/Tractor Registration: *1AD194* Trailer Registration (if any): _____ Load Size (cu. yds./tons): *36.56*

Load 3: Signature of Transporter Representative: _____ Receiving Facility/Temporary Storage Representative: _____

Date of Shipment: _____ Time of Shipment: AM PM Date of Receipt: _____ Time of Receipt: AM PM

Truck/Tractor Registration: _____ Trailer Registration (if any): _____ Load Size (cu. yds./tons): _____

Load 4: Signature of Transporter Representative: _____ Receiving Facility/Temporary Storage Representative: _____

Date of Shipment: _____ Time of Shipment: AM PM Date of Receipt: _____ Time of Receipt: AM PM

Truck/Tractor Registration: _____ Trailer Registration (if any): _____ Load Size (cu. yds./tons): _____

Load 5: Signature of Transporter Representative: _____ Receiving Facility/Temporary Storage Representative: _____

Date of Shipment: _____ Time of Shipment: AM PM Date of Receipt: _____ Time of Receipt: AM PM

Truck/Tractor Registration: _____ Trailer Registration (if any): _____ Load Size (cu. yds./tons): _____

Load 6: Signature of Transporter Representative: _____ Receiving Facility/Temporary Storage Representative: _____

Date of Shipment: _____ Time of Shipment: AM PM Date of Receipt: _____ Time of Receipt: AM PM

Truck/Tractor Registration: _____ Trailer Registration (if any): _____ Load Size (cu. yds./tons): _____

J. LOG SHEET VOLUME INFORMATION: Total Volume Recorded This Page (cu. yds./tons): _____
Total Carried Forward (cu. yds./tons): _____
Total Carried Forward and This Page (cu. yds./tons): _____

Ondrick Materials & Recycling, LLC

22 Industry Road, Chicopee, MA 01020

Ticket**391417**

5/31/23

12:45 PM

Truck ID BOUTHILLER30 BOUTHILLER30

Customer Order 1596 GZA GEOENVIRONMENTAL
23-05-O-11899M, Parcel P3, Tremont & Whittier Stree

P.O.**Product** OIL MA

Site Addr. Parcel P3
Parcel P3: Tremont and Whittier Street
Dorchester, MA 02122

Driver: _____ *Phd***Customer:** _____**Arrival Time:** _____ **Depart Time:** _____

Gross	105000 Lb	
Tare	33500 Lb	*
Net	35.75 Ton	*
	Today	To Date
Loads Qty	4	4
	132.08	132.08

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Ondrick Materials & Recycling, LLC

22 Industry Road, Chicopee, MA 01020

Ticket**391369**

5/31/23

8:50 AM

Truck ID BOUTHILLER30 BOUTHILLER30

Customer Order 1596 GZA GEOENVIRONMENTAL
23-05-O-11899M, Parcel P3, Tremont & Whittier Street

P.O.**Product** OIL MA

Site Addr. Parcel P3
Parcel P3: Tremont and Whittier Street
Dorchester, MA 02122

Driver: _____ *J. Hill***Customer:** _____**Arrival Time:** _____ **Depart Time:** _____

Gross 102600 Lb
Tare 33500 Lb *
Net 34.55 Ton

	Today	To Date
Loads	1	1
Qty	34.55	34.55

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Massachusetts Department of Environmental Protection
 Bureau of Waste Site Cleanup

BILL OF LADING Transport Log Sheet

Release Tracking Number

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I. LOAD INFORMATION: Signature of Transporter Representative: _____
Load 1: Receiving Facility/Temporary Storage Representative: _____
 Date of Shipment: 5/31/23 Time of Shipment: AM PM Date of Receipt: 5-31-23 Time of Receipt: 8:50 AM PM
 Truck/Tractor Registration: 1A2666 MA Trailer Registration (if any): 519-2937 m12 Load Size (cu. yds./tons): 34.55 TONS

Load 2: Signature of Transporter Representative: _____
 Date of Shipment: 5/31/23 Time of Shipment: AM PM Receiving Facility/Temporary Storage Representative: _____
 Date of Receipt: 5-31-23 Time of Receipt: 12:45 AM PM
 Truck/Tractor Registration: 1A2666 MA Trailer Registration (if any): 519-2937 m12 Load Size (cu. yds./tons): 35.75 TONS

Load 3: Signature of Transporter Representative: _____
 Date of Shipment: _____ Time of Shipment: AM PM Receiving Facility/Temporary Storage Representative: _____
 Date of Receipt: _____ Time of Receipt: AM PM
 Truck/Tractor Registration: _____ Trailer Registration (if any): _____ Load Size (cu. yds./tons): _____

Load 4: Signature of Transporter Representative: _____
 Date of Shipment: _____ Time of Shipment: AM PM Receiving Facility/Temporary Storage Representative: _____
 Date of Receipt: _____ Time of Receipt: AM PM
 Truck/Tractor Registration: _____ Trailer Registration (if any): _____ Load Size (cu. yds./tons): _____

Load 5: Signature of Transporter Representative: _____
 Date of Shipment: _____ Time of Shipment: AM PM Receiving Facility/Temporary Storage Representative: _____
 Date of Receipt: _____ Time of Receipt: AM PM
 Truck/Tractor Registration: _____ Trailer Registration (if any): _____ Load Size (cu. yds./tons): _____

Load 6: Signature of Transporter Representative: _____
 Date of Shipment: _____ Time of Shipment: AM PM Receiving Facility/Temporary Storage Representative: _____
 Date of Receipt: _____ Time of Receipt: AM PM
 Truck/Tractor Registration: _____ Trailer Registration (if any): _____ Load Size (cu. yds./tons): _____

J. LOG SHEET VOLUME INFORMATION: Total Volume Recorded This Page (cu. yds./tons): _____
 Total Carried Forward (cu. yds./tons): _____
 Total Carried Forward and This Page (cu. yds./tons): _____

Parcel P-3 Environmental Remediation

Boston, MA

Daily Weight Report

Ondrick Recycling



Date	Load #	Truck ID	Tons
6/1/2023	1	Bouthiller #30	36.02
6/1/2023	2	Bouthiller #30	33.81
6/1/2023	3	RNG #1	42.32
	3	Total =	112.15

DRAFT

Ondrick Materials & Recycling, LLC

22 Industry Road, Chicopee, MA 01020

Ticket**391502**

6/1/23

12:27 PM

Truck ID BOUTHILLER30 BOUTHILLER30

Customer Order 1596 GZA GEOENVIRONMENTAL
23-05-O-11899M, Parcel P3, Tremont & Whittier Stree

P.O.

Product OIL MA

Site Addr. Parcel P3
Parcel P3: Tremont and Whittier Street
Dorchester, MA 02122

Driver: _____ *P. Paul*

Customer: _____

Arrival Time: _____ **Depart Time:** _____

Gross Tare	105540 Lb	
	33500 Lb	*
Net	36.02 Ton	*
	Today	To Date
Loads Qty	3	9
	112.15	312.44

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DRAFT

Ondrick Materials & Recycling, LLC

22 Industry Road, Chicopee, MA 01020

Ticket**391455**

6/1/23

8:11 AM

Truck ID BOUTHILLER30 BOUTHILLER30

Customer Order 1596 GZA GEOENVIRONMENTAL
23-05-O-11899M, Parcel P3, Tremont & Whittier Street

P.O.**Product** OIL MA

Site Addr. Parcel P3
Parcel P3: Tremont and Whittier Street
Dorchester, MA 02122

Driver: _____ *P. Hart***Customer:** _____**Arrival Time:** _____ **Depart Time:** _____

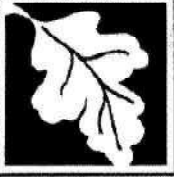
Gross	101120 Lb	
Tare	33500 Lb	*
Net	<hr/>	
	33.81 Ton	

	<u>Today</u>	<u>To Date</u>
Loads	1	7
Qty	33.81	234.10

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DRAFT



Massachusetts Department of Environmental Protection
 Bureau of Waste Site Cleanup

BILL OF LADING Transport Log Sheet

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I. LOAD INFORMATION: Signature of Transporter Representative: *Philip Bostick*

Load 1: Receiving Facility/Temporary Storage Representative: *OnDrive CO*

Date of Shipment: *6/1/23* Time of Shipment: AM PM Date of Receipt: *6-1-23* Time of Receipt: *8:11* AM PM

Truck/Tractor Registration: *11AC66C MA* Trailer Registration (if any): *519-2937 ME* Load Size (cu. yds./tons): *33.81 TONS*

Load 2: Signature of Transporter Representative: *Philip Bostick*

Receiving Facility/Temporary Storage Representative: *OnDrive CO*

Date of Shipment: *6/1/23* Time of Shipment: AM PM Date of Receipt: *6-1-23* Time of Receipt: *12:27* AM PM

Truck/Tractor Registration: *11AC66C MA* Trailer Registration (if any): *519-2937 ME* Load Size (cu. yds./tons): *36.02 TONS*

Load 3: Signature of Transporter Representative:

Receiving Facility/Temporary Storage Representative:

Date of Shipment: Time of Shipment: AM PM Date of Receipt: Time of Receipt: AM PM

Truck/Tractor Registration: Trailer Registration (if any): Load Size (cu. yds./tons):

Load 4: Signature of Transporter Representative:

Receiving Facility/Temporary Storage Representative:

Date of Shipment: Time of Shipment: AM PM Date of Receipt: Time of Receipt: AM PM

Truck/Tractor Registration: Trailer Registration (if any): Load Size (cu. yds./tons):

Load 5: Signature of Transporter Representative:

Receiving Facility/Temporary Storage Representative:

Date of Shipment: Time of Shipment: AM PM Date of Receipt: Time of Receipt: AM PM

Truck/Tractor Registration: Trailer Registration (if any): Load Size (cu. yds./tons):

Load 6: Signature of Transporter Representative:

Receiving Facility/Temporary Storage Representative:

Date of Shipment: Time of Shipment: AM PM Date of Receipt: Time of Receipt: AM PM

Truck/Tractor Registration: Trailer Registration (if any): Load Size (cu. yds./tons):

J. LOG SHEET VOLUME INFORMATION:

Total Volume Recorded This Page (cu. yds./tons)

Total Carried Forward (cu. yds./tons):

Total Carried Forward and This Page (cu. yds./tons):

Ondrick Materials & Recycling, LLC

22 Industry Road, Chicopee, MA 01020

Ticket**391470**

6/1/23

9:50 AM

Truck ID RNG1 RNG1

Customer Order 1596 GZA GEOENVIRONMENTAL
23-05-O-11899M, Parcel P3, Tremont & Whittier Street

P.O.**Product** OIL MA

Site Addr. Parcel P3
Parcel P3: Tremont and Whittier Street
Dorchester, MA 02122

Driver: _____ *REG***Customer:** _____**Arrival Time:** _____ **Depart Time:** _____

Gross 116640 Lb

Tare 32000 Lb *

Net 42.32 Ton

	Today	To Date
Loads	2	8
Qty	76.13	276.42

NOTICE TO PURCHASERS: The Purchaser, through their officer, principal, employee or agent, hereby acknowledges that in consideration of the purchase and loading of product from Ondrick Materials & Construction, LLC, hereafter referred to as Seller, the Purchaser agrees that SELLER'S LIABILITY, IN TORT, IN NEGLIGENCE OR OTHERWISE SHALL BE LIMITED TO THE AMOUNT OF THE PURCHASE PRICE OF THE SELLER'S PRODUCT AND UNDER NO CIRCUMSTANCE SHALL SELLER BE LIABLE FOR SPECIAL, INDIRECT OR CONSEQUENTIAL DAMAGES arising out of the fact that the vehicle loaded by the seller for the purchaser was loaded in excess of its permitted and certified capacity. Purchaser, through their officer, principal, employee or agent, further agrees in consideration of the purchase and loading of Seller's product, TO RELEASE, REMISE AND FOREVER DISCHARGE THE SELLER, ITS REPRESENTATIVES, SUCCESSORS AND ASSIGNS OF AND FROM ANY AND ALL DEBTS, DEMANDS, ACTIONS, CAUSES OF ACTION, SUITS, PRECEEDINGS, AGREEMENTS, CONTRACTS, JUDGEMENTS, DAMAGES, EXECUTIONS, CLAIMS AND LIABILITIES WHATSOEVER OF EVERY NATURE AND NAME, WHETHER KNOWN OR UNKNOWN, WHETHER IN LAW OR IN EQUITY, WHICH THE PURCHASER HAS OR MAY HAVE FOR ANY REASON, MATTER OR CAUSE, AND PURCHASER FURTHER INDEMNIFIES AND HOLDS SELLER HARMLESS FROM ANY LOSS, COST, EXPENSE, DAMAGE, OR ATTORNEY'S FEES ARISING OUT OF THE SELLER'S LOADING OF ANY VEHICLE FOR THE PURCHASER IN EXCESS OF ITS PERMITTED AND CERTIFIED CAPACITY

CAUTION: HOT MATERIAL (275°F-325°F) Avoid contact with skin & eyes - Thermal Burns could result. Fumes count cause nausea or irritation. Seek proper medical assistance in all emergencies. Consult Material Safety Data Sheet for more information. KNOW & RESPECT THE PRODUCTS YOU HANDLE

DRAFT



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BILL OF LADING Transport Log Sheet

Release Tracking Number

Page _____ OF _____

3 - 36365

I. LOAD INFORMATION: Signature of Transporter Representative: *[Signature]* Receiving Facility/Temporary Storage Representative: *[Signature]*

Load 1: Date of Shipment: 6/1/23 Time of Shipment: AM PM Date of Receipt: 6-1-23 Time of Receipt: 9:50 AM PM

Truck/Tractor Registration: 1AD194 Trailer Registration (if any): Load Size (cu. yds./tons): 42.32 Tons

Load 2: Signature of Transporter Representative: *[Signature]* Receiving Facility/Temporary Storage Representative:

Date of Shipment: 6/1/23 Time of Shipment: AM PM Date of Receipt: Time of Receipt: AM PM

Truck/Tractor Registration: 1AD194 Trailer Registration (if any): Load Size (cu. yds./tons):

Load 3: Signature of Transporter Representative: Receiving Facility/Temporary Storage Representative:

Date of Shipment: Time of Shipment: AM PM Date of Receipt: Time of Receipt: AM PM

Truck/Tractor Registration: Trailer Registration (if any): Load Size (cu. yds./tons):

Load 4: Signature of Transporter Representative: Receiving Facility/Temporary Storage Representative:

Date of Shipment: Time of Shipment: AM PM Date of Receipt: Time of Receipt: AM PM

Truck/Tractor Registration: Trailer Registration (if any): Load Size (cu. yds./tons):

Load 5: Signature of Transporter Representative: Receiving Facility/Temporary Storage Representative:

Date of Shipment: Time of Shipment: AM PM Date of Receipt: Time of Receipt: AM PM

Truck/Tractor Registration: Trailer Registration (if any): Load Size (cu. yds./tons):

Load 6: Signature of Transporter Representative: Receiving Facility/Temporary Storage Representative:

Date of Shipment: Time of Shipment: AM PM Date of Receipt: Time of Receipt: AM PM

Truck/Tractor Registration: Trailer Registration (if any): Load Size (cu. yds./tons):

J. LOG SHEET VOLUME INFORMATION: Total Volume Recorded This Page (cu. yds./tons)
Total Carried Forward (cu. yds./tons):
Total Carried Forward and This Page (cu. yds./tons):



Massachusetts Department of Environmental Protection

eDEP Transaction Copy

Here is the file you requested for your records.

To retain a copy of this file you must save and/or print.

Username: **RHOFFMAN_GEI**

Transaction ID: **1582018**

Document: **BWSC112 Bill of Lading**

Size of File: **416.09K**

Status of Transaction: **In Process**

Date and Time Created: **6/27/2023:2:13:23 PM**

Note: This file only includes forms that were part of your transaction as of the date and time indicated above. If you need a more current copy of your transaction, return to eDEP and select to "Download a Copy" from the Current Submittals page.



BILL OF LADING (pursuant to 310 CMR 40.0030)

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:

1. Release Name/Location Aid: PARCEL P-3
2. Street Address: TREMONT STREET
3. City/Town: BOSTON 4. Zip Code: 021200000
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 one: B1-B4):

1. Submit a **Bill of Lading (BOL)** to transport Remediation Waste to Temporary Storage or a Receiving Facility.
Response Actions associated with this BOL (check all that apply):
 a. Immediate Response Action (IRA) e. Comprehensive Response Actions
 b. Release Abatement Measure (RAM) f. Limited Removal Action (LRA): (must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP)
 c. Downgradient Property Status (DPS) g. Other _____
 d. Utility Release Abatement Measure (URAM)
2. Submit an Attestation of Completion of **Shipment to Temporary Storage** (Sections C, F and J are not required):
3. Submit an Attestation of **Completion of Shipment to a Receiving Facility** (Sections C, F and J are not required):
4. Certify that Remediation Waste Was **Not Shipped, and the Bill of Lading is Void.** (Sections C, D, E, and F are not required)
5. Date Bill of Lading submitted to the Department: 5/24/2023 b. eDEP Transaction ID: 1540813
(mm/dd/yyyy)
6. Period of Generation Associated with this Bill of Lading 4/15/2023 to 6/1/2023
(mm/dd/yyyy) (mm/dd/yyyy)

(All sections of this transmittal form must be filled out unless otherwise noted above)

The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.

C. DESCRIPTION OF WASTE AND WASTE SOURCE:

1. Contaminated Media/Debris (check all that apply):
 a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris
 f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other: _____
2. Uncontainerized Waste (check all that apply):
 a. Inorganic Absorbent Materials b. Other: _____



BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):

3. Containerized Waste (check all that apply):

- a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments
- e. Other: _____

4. Estimated Quantity: _____ Tons Cu. Yds. Gallons

5. Contaminant Source (check one):

- a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment
- d. Other: _____

6. Type of Contaminant (check all that apply):

- a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
- g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other: _____

7. Constituents of Concern (check all that apply):

- a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH
- h. PCBs i. VOCs j. SVOCs k. Other: _____

8. If applicable, check the box for the Reportable Concentration Category of the site:

- a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2

9. Remediation Waste Characterization Documentation (check at least one):

- a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
- d. Field Screening Data e. Characterization Documentation previously submitted to the Department

i. Date submitted: _____ ii. Type of Documentation: _____
(mm/dd/yyyy)

D. TRANSPORTER OR COMMON CARRIER INFORMATION:

- 1. Transporter/Common Carrier Name: FOURTH ARROW TRUCKING
- 2. Contact First Name: BRYAN 3. Last Name: CAHILL
- 4. Street: P.O. BOX 3558 5. Title: PRESIDENT
- 6. City/Town: PEABODY 7. State: MA 8. Zip Code: 019610000
- 9. Telephone: 9782739100 10. Ext: _____ 11. Email: _____



BILL OF LADING (pursuant to 310 CMR 40.0030)

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:

1. Operator/Facility Name: ONDRICK MATERIALS RECYCLING

2. Contact First Name: DAVID 3. Last Name: COSTANZO

4. Street: 58 INDUSTRY ROAD 5. Title: ENVIRONMENTAL DIVISION MANAGER

6. City/Town: CHICOPEE 7. State: MA 8. Zip Code: 010200000

9. Telephone: 4135922566 10. Ext: _____ 11. Email: dcostanzo@ondrickmr.com

12. Type of facility: (check one)

a. Temporary Storage i. Period of Temporary Storage _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

ii. Reason for Temporary Storage: _____

b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill e. Landfill/Daily Cover

f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other: _____

13. Division of Hazardous Waste/Class A Permit Number: X258844

14. Division of Solid Waste Permit Number: _____

15. EPA Identification Number: MAR000529677

F. LSP SIGNATURE AND STAMP:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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 #: _____

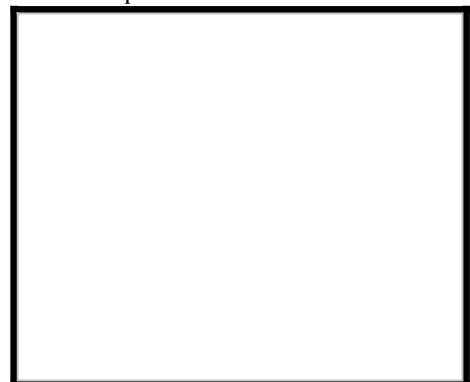
2. First Name: _____ 3. Last Name: _____

4. Telephone: _____ 5. Ext: _____ 6. Email: _____

7. Signature: _____

8. Date: _____
(mm/dd/yyyy)

9. LSP Stamp:





BILL OF LADING (pursuant to 310 CMR 40.0030)

G. PERSON SUBMITTING BILL OF LADING:

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: BOSTON PLANNING & DEVELOPMENT AGENCY
3. Contact First Name: WILLIAM J 4. Last Name: EPPERSON
5. Street: 22 DRYDOCK AVE SUITE #201 6. Title: DEPUTY DIRECTOR OF CAPITAL CONSTRUCTION
7. City/Town: BOSTON 8. State: MA 9. Zip Code: 022102386
10. Telephone: _____ 11. Ext: _____ 12. Email: william.j.epperson@boston.gov

H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING:

Check here to change relationship

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

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: _____

I. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. 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
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.

J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING:

1. I, _____, attest under the pains and penalties or 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.

2. By: _____ 3. Title: DEPUTY DIRECTOR OF CAPITAL CONSTRUCTION
4. For: BOSTON PLANNING & DEVELOPMENT AGENCY 5. Date: _____
(Name of person or entity recorded in Section G) (mm/dd/yyyy)



BILL OF LADING (pursuant to 310 CMR 40.0030)

J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.) :

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

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 (MassDEP USE ONLY):

Received by DEP on 6/27/2023 2:08:52 PM

DRAFT



BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

SUMMARY OF SHIPMENT SHEET 1 OF 1

3 - 36365

A. SUMMARY OF SHIPMENT (To be filled out by the receiving facility upon receipt of Remediation Waste):

1. Date of Shipment: (mm/dd/yyyy)	2. Date of Receipt: (mm/dd/yyyy)	3. Number of Loads Shipped:	4. Daily Volume Shipped:		
			<input type="checkbox"/> yds ³	<input checked="" type="checkbox"/> tons	<input type="checkbox"/> gals
5/31/2023	5/31/2023	6	200.29		
6/1/2023	6/1/2023	3	112.15		
5. Totals Recorded on this Summary of Shipment Sheet:		9	312.44		

DRAFT



BILL OF LADING (pursuant to 310 CMR 40.0030)
SUMMARY SHEET SIGNATURE PAGE

A. ACKNOWLEDGEMENT OF RECEIPT OF REMEDIATION WASTE AT RECEIVING FACILITY OR TEMPORARY STORAGE:

1. I, DAVID S. COSTANZO, attest under the pains and penalties or 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.

2. By: DAVID S. COSTANZO 3. Title: _____

4. For: ONDRICK MATERIALS & RECYCLING 5. Date: 6/20/2023
(mm/dd/yyyy)

6. Date of Final Shipment associated with this Bill of lading: 6/1/2023
(mm/dd/yyyy)

B. ACKNOWLEDGEMENT OF SHIPMENT AND RECEIPT OF REMEDIATION WASTE BY PERSON CONDUCTING RESPONSE ACTIONS ASSOCIATED WITH THIS BILL OF LADING:

1. I, WILLIAM J EPPERSON, attest under the pains and penalties or 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.

2. By: WILLIAM J EPPERSON 3. Title: DEPUTY DIRECTOR OF CAPITAL CONSTRUCTION

4. For: BOSTON PLANNING & DEVELOPMENT AGENCY 5. Date: 6/27/2023
(Name of person or entity recorded in Section G) (mm/dd/yyyy)

6. Check here if the address of the person providing certification is different from address recorded in BWSC112 Section G.

7. Street: _____

8. City/Town: _____ 9. State: _____ 10. Zip Code: _____

11. Telephone: _____ 12. Ext: _____ 13. Email: _____

14. Check here if attaching optional supporting documentation such as copies of Load Information Summary Sheets



BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

3 - 36365

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:

1. Release Name/Location Aid: PARCEL P-3
2. Street Address: TREMONT STREET
3. City/Town: BOSTON 4. Zip Code: 021200000
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 one: B1-B4):

1. Submit a **Bill of Lading (BOL)** to transport Remediation Waste to Temporary Storage or a Receiving Facility.
Response Actions associated with this BOL (check all that apply):
 a. Immediate Response Action (IRA) e. Comprehensive Response Actions
 b. Release Abatement Measure (RAM) f. Limited Removal Action (LRA): (must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP)
 c. Downgradient Property Status (DPS) g. Other _____
 d. Utility Release Abatement Measure (URAM)
2. Submit an Attestation of Completion of **Shipment to Temporary Storage** (Sections C, F and J are not required):
3. Submit an Attestation of **Completion of Shipment to a Receiving Facility** (Sections C, F and J are not required):
4. Certify that Remediation Waste Was **Not Shipped, and the Bill of Lading is Void**. (Sections C, D, E, and F are not required)
5. Date Bill of Lading submitted to the Department: _____ b. eDEP Transaction ID: _____
(mm/dd/yyyy)
6. Period of Generation Associated with this Bill of Lading 4/15/2023 to 7/31/2023
(mm/dd/yyyy) (mm/dd/yyyy)

(All sections of this transmittal form must be filled out unless otherwise noted above)

The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.

C. DESCRIPTION OF WASTE AND WASTE SOURCE:

1. Contaminated Media/Debris (check all that apply):
 a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris
 f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other: _____
2. Uncontainerized Waste (check all that apply):
 a. Inorganic Absorbent Materials b. Other: _____



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC 112

Release Tracking Number

3 - 36365

BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):

3. Containerized Waste (check all that apply):

a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments

e. Other: _____

4. Estimated Quantity: 600 Tons Cu. Yds. Gallons

5. Contaminant Source (check one):

a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment

d. Other: URBAN FILL

6. Type of Contaminant (check all that apply):

a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel

g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other: _____

7. Constituents of Concern (check all that apply):

a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH

h. PCBs i. VOCs j. SVOCs k. Other: _____

8. If applicable, check the box for the Reportable Concentration Category of the site:

a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2

9. Remediation Waste Characterization Documentation (check at least one):

a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data

d. Field Screening Data e. Characterization Documentation previously submitted to the Department

i. Date submitted: _____ ii. Type of Documentation: _____

(mm/dd/yyyy)

D. TRANSPORTER OR COMMON CARRIER INFORMATION:

1. Transporter/Common Carrier Name: FOURTH ARROW TRUCKING

2. Contact First Name: BRYAN

3. Last Name: CAHILL

4. Street: P.O. BOX 3558

5. Title: PRESIDENT

6. City/Town: PEABODY

7. State: MA

8. Zip Code: 019610000

9. Telephone: 9782739100

10. Ext: _____

11. Email: _____



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC 112

Release Tracking Number

3 - 36365

BILL OF LADING (pursuant to 310 CMR 40.0030)

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:

1. Operator/Facility Name: HIGH ACRES LANDFILL&RECYCL CTR

2. Contact First Name: KARIN 3. Last Name: KLOCK

4. Street: 425 PERINTON PARKWAY 5. Title: ENV. PROTECTION SPECIALIST II

6. City/Town: PERINTON 7. State: NY 8. Zip Code: 144500000

9. Telephone: 8009634776 10. Ext: _____ 11. Email: kklock@wm.com

12. Type of facility: (check one)

a. Temporary Storage i. Period of Temporary Storage _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

ii. Reason for Temporary Storage: _____

b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill e. Landfill/Daily Cover

f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other: _____

13. Division of Hazardous Waste/Class A Permit Number: _____

14. Division of Solid Waste Permit Number: 8-9908-00162/00032

15. EPA Identification Number: _____

F. LSP SIGNATURE AND STAMP:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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 #: 9719

2. First Name: ILEENS 3. Last Name: GLADSTONE

4. Telephone: 7817214012 5. Ext: _____ 6. Email: igladstone@geiconsultants.com

7. Signature: ILEEN S GLADSTONE

8. Date: 5/24/2023
(mm/dd/yyyy)

9. LSP Stamp:





Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC 112

Release Tracking Number

3 - 36365

BILL OF LADING (pursuant to 310 CMR 40.0030)

G. PERSON SUBMITTING BILL OF LADING:

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: BOSTON PLANNING & DEVELOPMENT AGENCY
3. Contact First Name: WILLIAM J 4. Last Name: EPPERSON
5. Street: 22 DRYDOCK AVE SUITE #201 6. Title: DEPUTY DIRECTOR OF CAPITAL CONSTRUCTION
7. City/Town: BOSTON 8. State: MA 9. Zip Code: 022102386
10. Telephone: _____ 11. Ext: _____ 12. Email: william.j.epperson@boston.gov

H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING:

Check here to change relationship

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

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: _____

I. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. 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
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.

J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING:

1. I, WILLIAM EPPERSON, attest under the pains and penalties or 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.

2. By: WILLIAM EPPERSON 3. Title: DEPUTY DIRECTOR OF CAPITAL CONSTRUCTION
4. For: BOSTON PLANNING & DEVELOPMENT AGENCY 5. Date: 5/23/2023
 (Name of person or entity recorded in Section G) (mm/dd/yyyy)



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC 112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

3 - 36365

J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.) :

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

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 (MassDEP USE ONLY):

Received by DEP on 5/24/2023 11:05:25 AM



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BILL OF LADING Transport Log Sheet

Release Tracking Number

Page _____ OF _____

3 - 36365

I. LOAD INFORMATION: Signature of Transporter Representative: _____ Load 1: Date of Shipment: _____ Time of Shipment: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Truck/Tractor Registration: _____ Trailer Registration (if any): _____ Load Size (cu. yds./tons): _____		Receiving Facility/Temporary Storage Representative: _____ Date of Receipt: _____ Time of Receipt: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Load Size (cu. yds./tons): _____	
Load 2: Signature of Transporter Representative: _____ Date of Shipment: _____ Time of Shipment: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Truck/Tractor Registration: _____ Trailer Registration (if any): _____ Load Size (cu. yds./tons): _____		Receiving Facility/Temporary Storage Representative: _____ Date of Receipt: _____ Time of Receipt: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Load Size (cu. yds./tons): _____	
Load 3: Signature of Transporter Representative: _____ Date of Shipment: _____ Time of Shipment: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Truck/Tractor Registration: _____ Trailer Registration (if any): _____ Load Size (cu. yds./tons): _____		Receiving Facility/Temporary Storage Representative: _____ Date of Receipt: _____ Time of Receipt: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Load Size (cu. yds./tons): _____	
Load 4: Signature of Transporter Representative: _____ Date of Shipment: _____ Time of Shipment: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Truck/Tractor Registration: _____ Trailer Registration (if any): _____ Load Size (cu. yds./tons): _____		Receiving Facility/Temporary Storage Representative: _____ Date of Receipt: _____ Time of Receipt: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Load Size (cu. yds./tons): _____	
Load 5: Signature of Transporter Representative: _____ Date of Shipment: _____ Time of Shipment: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Truck/Tractor Registration: _____ Trailer Registration (if any): _____ Load Size (cu. yds./tons): _____		Receiving Facility/Temporary Storage Representative: _____ Date of Receipt: _____ Time of Receipt: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Load Size (cu. yds./tons): _____	
Load 6: Signature of Transporter Representative: _____ Date of Shipment: _____ Time of Shipment: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Truck/Tractor Registration: _____ Trailer Registration (if any): _____ Load Size (cu. yds./tons): _____		Receiving Facility/Temporary Storage Representative: _____ Date of Receipt: _____ Time of Receipt: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Load Size (cu. yds./tons): _____	
J. LOG SHEET VOLUME INFORMATION:			
		Total Volume Recorded This Page (cu. yds./tons)	
		Total Carried Forward (cu. yds./tons):	
		Total Carried Forward and This Page (cu. yds./tons):	



Waste Management High Acres LF
 425 Perinton Pkwy
 Fairport, NY, 14450
 Ph: (585) 223-6132

Reprint
 Ticket# 1534581

Customer Name GZAGEOENVIRON-126559NY GZA Ge Carrier JALAROCHELLE
 Ticket Date 05/30/2023 Vehicle# 3128 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0008658
 State Waste Code Gen EPA ID RTNs 3-36365 and 3-15009
 Manifest na Grid CELL 11
 Destination
 PO
 Profile 126559NY (CONTAMINATED SOIL (DISPOSAL))
 Generator 113-BOSTONPLANNINGANDDEVELPARC Boston Planning & Development Agency

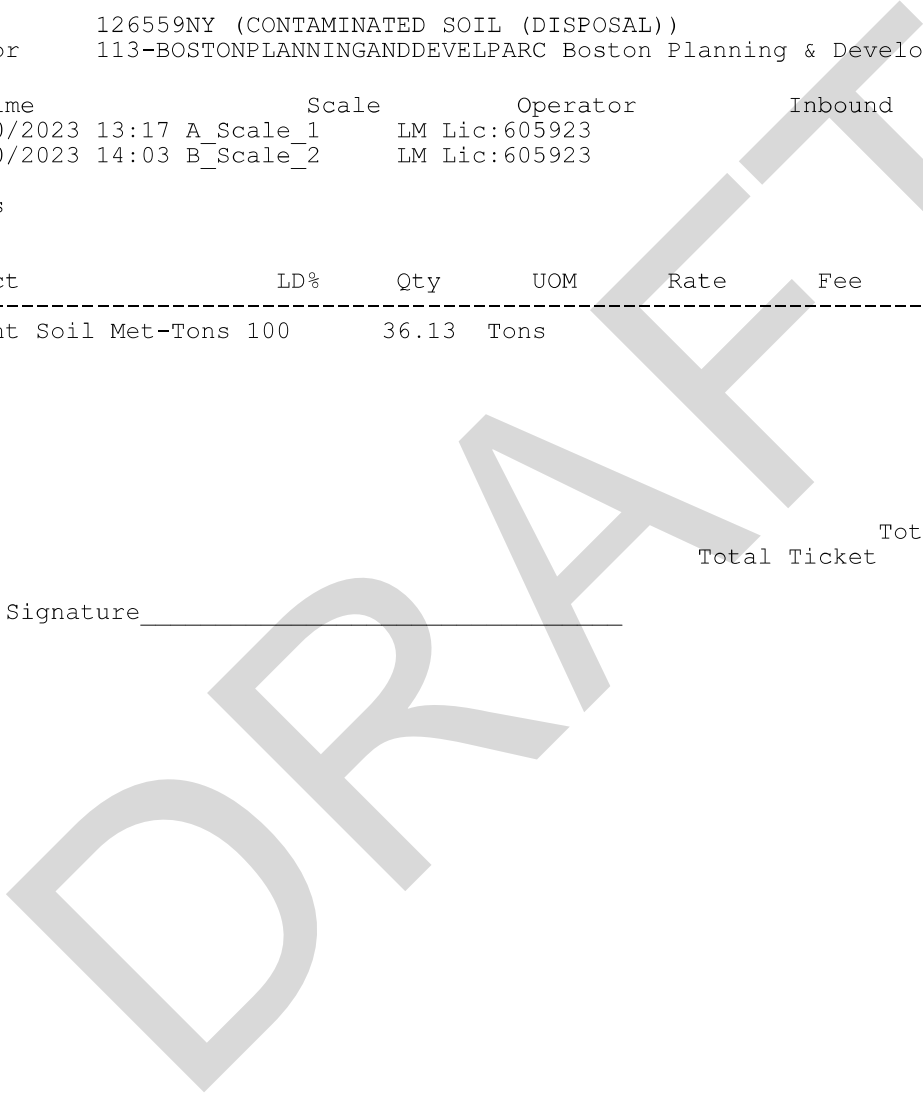
	Time	Scale	Operator	Inbound	Gross	
In	05/30/2023 13:17	A_Scale_1	LM Lic:605923			109220 lb
Out	05/30/2023 14:03	B_Scale_2	LM Lic:605923			36960 lb
					Net	72260 lb
					Tons	36.13

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	36.13	Tons				MA

Total Fees
 Total Ticket

Driver's Signature _____



J. La Rochelle #3128 126559NY



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BILL OF LADING Transport Log Sheet

Page _____ OF _____

Release Tracking Number

3 - 36365

I. LOAD INFORMATION: Signature of Transporter Representative: _____
Load 1: Receiving Facility/Temporary Storage Representative: _____
 Date of Shipment: _____ Time of Shipment: _____ Date of Receipt: _____ Time of Receipt: _____
 5-30-23 7 AM PM 5/30/23 1:10 AM PM
 Truck/Tractor Registration: 59414A Trailer Registration (if any): AE46013
 Load Size (cu. yds./tons): _____

Load 2: Signature of Transporter Representative: _____
 Receiving Facility/Temporary Storage Representative: _____
 Date of Shipment: _____ Time of Shipment: _____ Date of Receipt: _____ Time of Receipt: _____
 AM PM AM PM
 Truck/Tractor Registration: _____ Trailer Registration (if any): _____
 Load Size (cu. yds./tons): _____

Load 3: Signature of Transporter Representative: _____
 Receiving Facility/Temporary Storage Representative: _____
 Date of Shipment: _____ Time of Shipment: _____ Date of Receipt: _____ Time of Receipt: _____
 AM PM AM PM
 Truck/Tractor Registration: _____ Trailer Registration (if any): _____
 Load Size (cu. yds./tons): _____

Load 4: Signature of Transporter Representative: _____
 Receiving Facility/Temporary Storage Representative: _____
 Date of Shipment: _____ Time of Shipment: _____ Date of Receipt: _____ Time of Receipt: _____
 AM PM AM PM
 Truck/Tractor Registration: _____ Trailer Registration (if any): _____
 Load Size (cu. yds./tons): _____

Load 5: Signature of Transporter Representative: _____
 Receiving Facility/Temporary Storage Representative: _____
 Date of Shipment: _____ Time of Shipment: _____ Date of Receipt: _____ Time of Receipt: _____
 AM PM AM PM
 Truck/Tractor Registration: _____ Trailer Registration (if any): _____
 Load Size (cu. yds./tons): _____

Load 6: Signature of Transporter Representative: _____
 Receiving Facility/Temporary Storage Representative: _____
 Date of Shipment: _____ Time of Shipment: _____ Date of Receipt: _____ Time of Receipt: _____
 AM PM AM PM
 Truck/Tractor Registration: _____ Trailer Registration (if any): _____
 Load Size (cu. yds./tons): _____

J. LOG SHEET VOLUME INFORMATION:
 Total Volume Recorded This Page (cu. yds./tons): _____
 Total Carried Forward (cu. yds./tons): _____
 Total Carried Forward and This Page (cu. yds./tons): _____



Waste Management High Acres LF
 425 Perinton Pkwy
 Fairport, NY, 14450
 Ph: (585) 223-6132

Reprint
 Ticket# 1534602

Customer Name GZAGEOENVIRON-126559NY GZA Ge Carrier MERRILL MERRILL
 Ticket Date 05/30/2023 Vehicle# 70 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0008658
 State Waste Code Gen EPA ID RTNs 3-36365 and 3-15009
 Manifest NA Grid CELL 11
 Destination
 PO
 Profile 126559NY (CONTAMINATED SOIL (DISPOSAL))
 Generator 113-BOSTONPLANNINGANDDEVELPARC Boston Planning & Development Agency

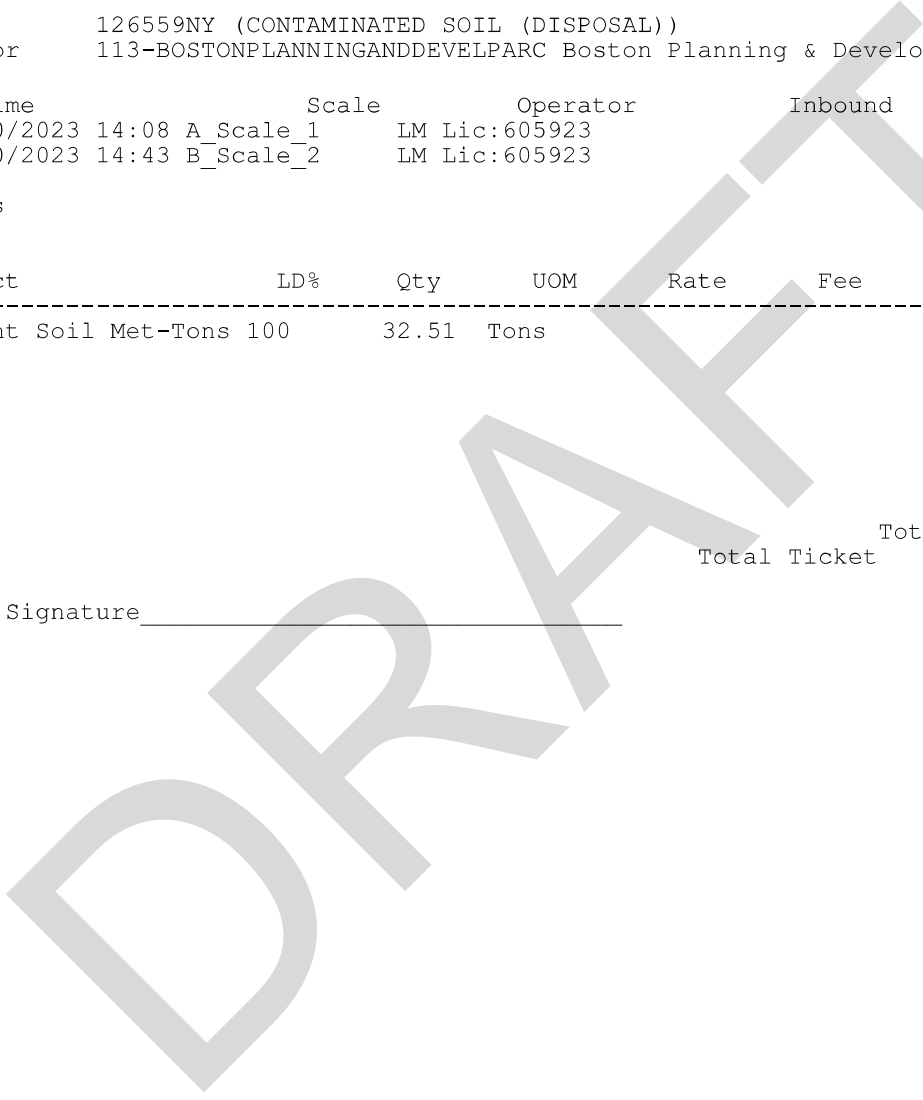
	Time	Scale	Operator	Inbound	Gross	
In	05/30/2023 14:08	A_Scale_1	LM Lic:605923			100820 lb
Out	05/30/2023 14:43	B_Scale_2	LM Lic:605923			35800 lb
					Net	65020 lb
					Tons	32.51

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	32.51	Tons				MA

Total Fees
 Total Ticket

Driver's Signature _____



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Massachusetts Department of Environmental Protection
 Bureau of Waste Site Cleanup

BILL OF LADING Transport Log Sheet

Release Tracking Number

Page OF

-

I. LOAD INFORMATION:		Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:
Load 1:	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:
5-30-2023	7:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	5/30/23	2:08 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
92526 MP	BW 9418 OK		
Load 2:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
Load 3:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
Load 4:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
Load 5:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
Load 6:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
J. LOG SHEET VOLUME INFORMATION:		Total Volume Recorded This Page (cu. yds./tons)	
		Total Carried Forward (cu. yds./tons):	
		Total Carried Forward and This Page (cu. yds./tons):	

Parcel P-3 Environmental Remediation
Boston, MA
Daily Weight Report
TCLP Treated Soil High Acres Landfill Disposal



Date	Load #	Truck ID	Tons
5/31/2023	1	Cason #88	31.78
5/31/2023	2	EA Russell #20	34.13
5/31/2023	3	EA Russell #18	33.43
5/31/2023	4	EA Russell #19	32.67
5/31/2023	5	EA Russell #13	34.78
	5	Total =	166.79

DRAFT



Waste Management High Acres LF
 425 Perinton Pkwy
 Fairport, NY, 14450
 Ph: (585) 223-6132

Reprint
 Ticket# 1534622

Customer Name GZAGEOENVIRON-126559NY GZA Ge Carrier CAS CASON, INC
 Ticket Date 05/31/2023 Vehicle# 88 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0008658
 State Waste Code Gen EPA ID RTNs 3-36365 and 3-15009
 Manifest NA Grid CELL 11
 Destination
 PO
 Profile 126559NY (CONTAMINATED SOIL (DISPOSAL))
 Generator 113-BOSTONPLANNINGANDDEVELPARC Boston Planning & Development Agency

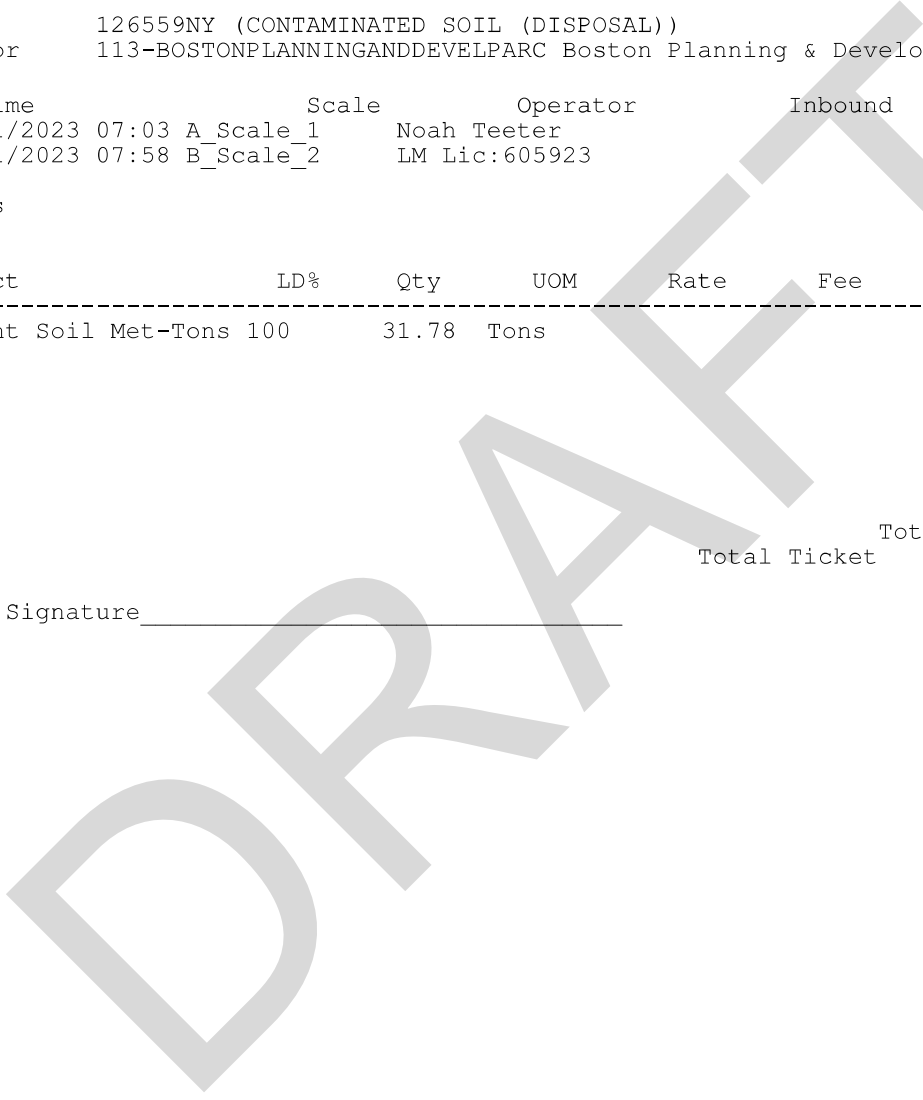
	Time	Scale	Operator	Inbound	Gross	
In	05/31/2023 07:03	A_Scale_1	Noah Teeter			100060 lb
Out	05/31/2023 07:58	B_Scale_2	LM Lic:605923			36500 lb
					Net	63560 lb
					Tons	31.78

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	31.78	Tons				MA

Total Fees
 Total Ticket

Driver's Signature _____





Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

126559 NY

BILL OF LADING Transport Log Sheet

Page _____ OF _____

Release Tracking Number

3 - 36365

I. LOAD INFORMATION:		Signature of Transporter Representative:		Receiving Facility/Temporary Storage Representative:	
Load 1:	<i>RMORSE</i>	<i>Wash 2</i>	<i>HALF</i>		
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:		
<i>5/30/23</i>	<i>7:30</i> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<i>5-31-23</i>	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):			
<i>30118 PF NJ</i>	<i>CA 95689 NJ</i>				
Load 2:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:			
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):			
Load 3:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:			
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):			
Load 4:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:			
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):			
Load 5:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:			
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):			
Load 6:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:			
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):			

J. LOG SHEET VOLUME INFORMATION:

Total Volume Recorded This Page (cu. yds./tons): _____

Total Carried Forward (cu. yds./tons): _____

Total Carried Forward and This Page (cu. yds./tons): _____



Waste Management High Acres LF
 425 Perinton Pkwy
 Fairport, NY, 14450
 Ph: (585) 223-6132

Reprint
 Ticket# 1534624

Customer Name GZAGEOENVIRON-126559NY GZA Ge Carrier EARUS EARUSSELL
 Ticket Date 05/31/2023 Vehicle# 20 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0008658
 State Waste Code Gen EPA ID RTNs 3-36365 and 3-15009
 Manifest NA Grid CELL 11
 Destination
 PO
 Profile 126559NY (CONTAMINATED SOIL (DISPOSAL))
 Generator 113-BOSTONPLANNINGANDDEVELPARC Boston Planning & Development Agency

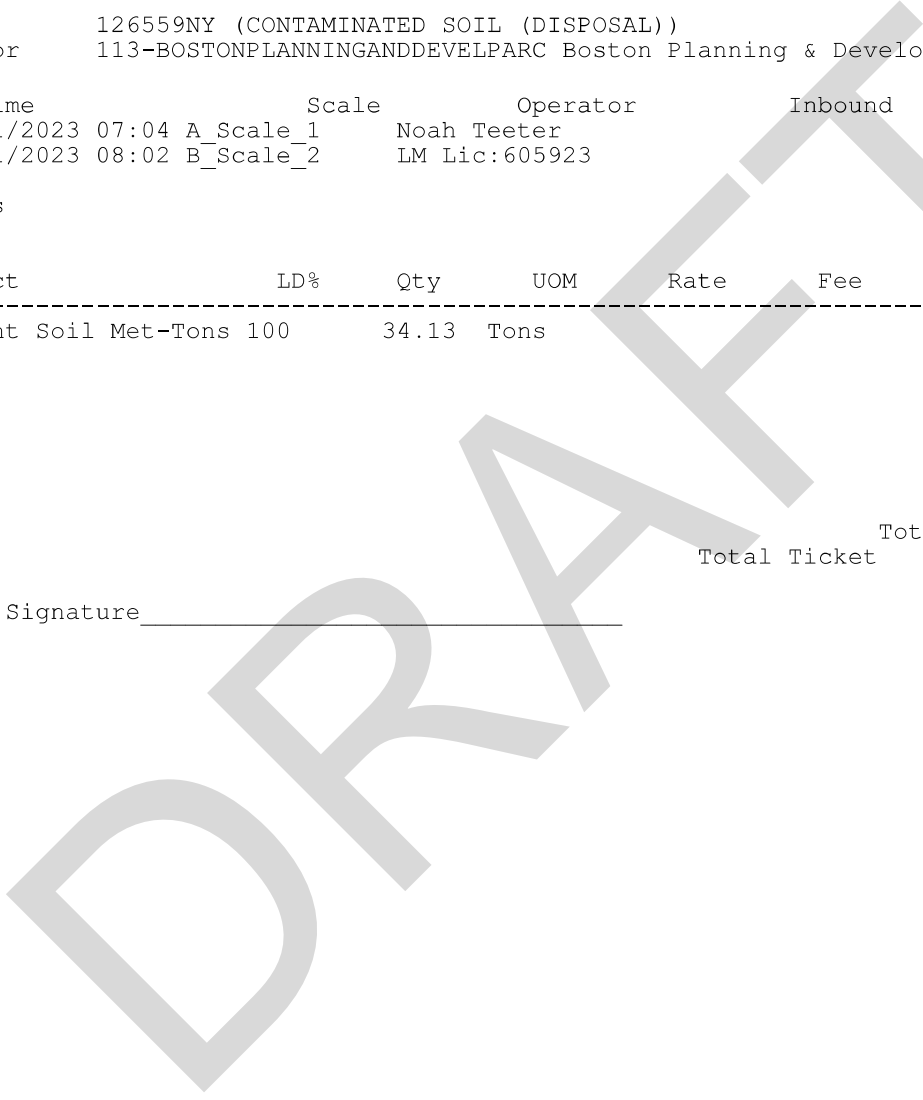
	Time	Scale	Operator	Inbound	Gross	
In	05/31/2023 07:04	A_Scale_1	Noah Teeter			106740 lb
Out	05/31/2023 08:02	B_Scale_2	LM Lic:605923			38480 lb
					Net	68260 lb
					Tons	34.13

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	34.13	Tons				MA

Total Fees
 Total Ticket

Driver's Signature _____



EA 20



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BILL OF LADING Transport Log Sheet

Page _____ OF _____

Release Tracking Number

3 - 36365

I. LOAD INFORMATION: Signature of Transporter Representative: _____

Load 1: Receiving Facility/Temporary Storage Representative: _____

Date of Shipment: _____ Time of Shipment: _____
 5/30/23 10:00 AM PM
 Date of Receipt: _____ Time of Receipt: _____

Truck/Tractor Registration: _____ Trailer Registration (if any): _____
 1AA22M MA 515-8501 ME
 Date of Receipt: 5-31-23 AM PM

Load Size (cu. yds./tons): _____

Load 2: Signature of Transporter Representative: _____

Receiving Facility/Temporary Storage Representative: _____

Date of Shipment: _____ Time of Shipment: _____
 AM PM

Date of Receipt: _____ Time of Receipt: _____
 AM PM

Truck/Tractor Registration: _____ Trailer Registration (if any): _____

Load Size (cu. yds./tons): _____

Load 3: Signature of Transporter Representative: _____

Receiving Facility/Temporary Storage Representative: _____

Date of Shipment: _____ Time of Shipment: _____
 AM PM

Date of Receipt: _____ Time of Receipt: _____
 AM PM

Truck/Tractor Registration: _____ Trailer Registration (if any): _____

Load Size (cu. yds./tons): _____

Load 4: Signature of Transporter Representative: _____

Receiving Facility/Temporary Storage Representative: _____

Date of Shipment: _____ Time of Shipment: _____
 AM PM

Date of Receipt: _____ Time of Receipt: _____
 AM PM

Truck/Tractor Registration: _____ Trailer Registration (if any): _____

Load Size (cu. yds./tons): _____

Load 5: Signature of Transporter Representative: _____

Receiving Facility/Temporary Storage Representative: _____

Date of Shipment: _____ Time of Shipment: _____
 AM PM

Date of Receipt: _____ Time of Receipt: _____
 AM PM

Truck/Tractor Registration: _____ Trailer Registration (if any): _____

Load Size (cu. yds./tons): _____

Load 6: Signature of Transporter Representative: _____

Receiving Facility/Temporary Storage Representative: _____

Date of Shipment: _____ Time of Shipment: _____
 AM PM

Date of Receipt: _____ Time of Receipt: _____
 AM PM

Truck/Tractor Registration: _____ Trailer Registration (if any): _____

Load Size (cu. yds./tons): _____

J. LOG SHEET VOLUME INFORMATION:

Total Volume Recorded This Page (cu. yds./tons): _____

Total Carried Forward (cu. yds./tons): _____

Total Carried Forward and This Page (cu. yds./tons): _____



Waste Management High Acres LF
 425 Perinton Pkwy
 Fairport, NY, 14450
 Ph: (585) 223-6132

Reprint
 Ticket# 1534625

Customer Name GZAGEOENVIRON-126559NY GZA Ge Carrier EARUS EARUSSELL
 Ticket Date 05/31/2023 Vehicle# 18 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0008658
 State Waste Code Gen EPA ID RTNs 3-36365 and 3-15009
 Manifest NA Grid CELL 11
 Destination
 PO
 Profile 126559NY (CONTAMINATED SOIL (DISPOSAL))
 Generator 113-BOSTONPLANNINGANDDEVELPARC Boston Planning & Development Agency

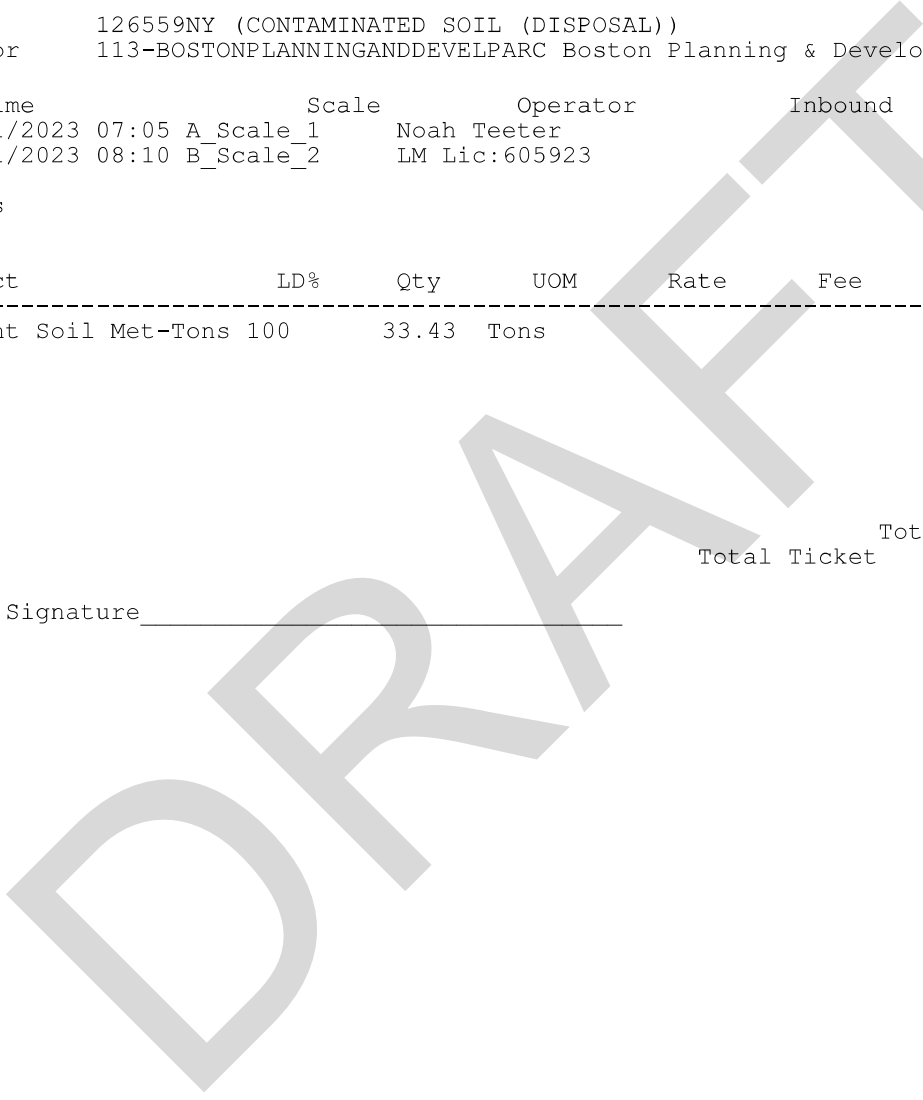
	Time	Scale	Operator	Inbound	Gross	
In	05/31/2023 07:05	A_Scale_1	Noah Teeter			104100 lb
Out	05/31/2023 08:10	B_Scale_2	LM Lic:605923			37240 lb
					Net	66860 lb
					Tons	33.43

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	33.43	Tons				MA

Total Fees
 Total Ticket

Driver's Signature _____





Massachusetts Department of Environmental Protection
 Bureau of Waste Site Cleanup

BILL OF LADING Transport Log Sheet

Page _____ OF _____

Release Tracking Number

3 - 36365

I. LOAD INFORMATION:		Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:
Load 1:			
Date of Shipment: 5/30/23	Time of Shipment:	HALF	Date of Receipt:
	<input type="checkbox"/> AM <input type="checkbox"/> PM		Time of Receipt:
Truck/Tractor Registration: 1330B	Trailer Registration (if any): T-22	5-81-23	<input type="checkbox"/> AM <input type="checkbox"/> PM
		Load Size (cu. yds./tons):	
Load 2:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
Load 3:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
Load 4:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
Load 5:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
Load 6:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
J. LOG SHEET VOLUME INFORMATION:		Total Volume Recorded This Page (cu. yds./tons)	
		Total Carried Forward (cu. yds./tons):	
		Total Carried Forward and This Page (cu. yds./tons):	



Waste Management High Acres LF
 425 Perinton Pkwy
 Fairport, NY, 14450
 Ph: (585) 223-6132

Reprint
 Ticket# 1534626

Customer Name GZAGEOENVIRON-126559NY GZA Ge Carrier EARUS EARUSSELL
 Ticket Date 05/31/2023 Vehicle# 19 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0008658
 State Waste Code Gen EPA ID RTNs 3-36365 and 3-15009
 Manifest NA Grid CELL 11
 Destination
 PO
 Profile 126559NY (CONTAMINATED SOIL (DISPOSAL))
 Generator 113-BOSTONPLANNINGANDDEVELPARC Boston Planning & Development Agency

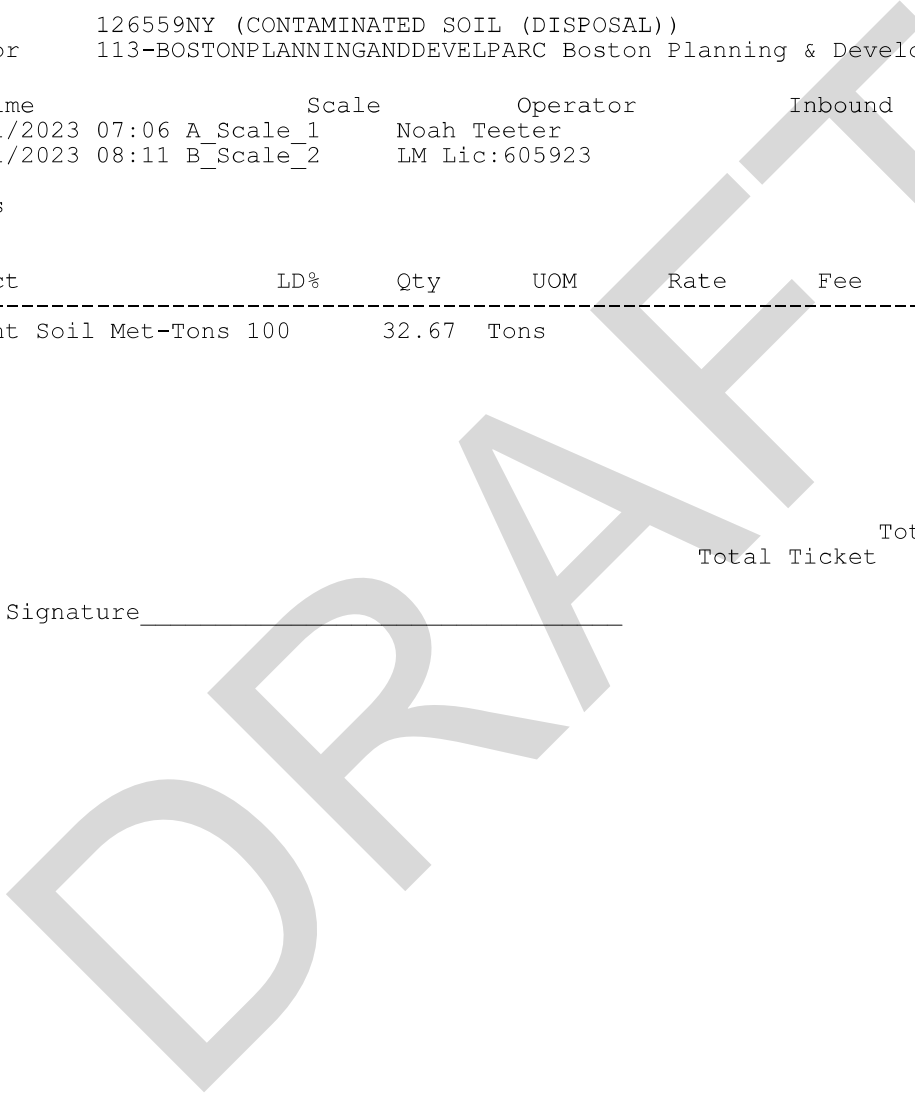
	Time	Scale	Operator	Inbound	Gross	
In	05/31/2023 07:06	A_Scale_1	Noah Teeter			101900 lb
Out	05/31/2023 08:11	B_Scale_2	LM Lic:605923			36560 lb
					Net	65340 lb
					Tons	32.67

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	32.67	Tons				MA

Total Fees
 Total Ticket

Driver's Signature _____





Massachusetts Department of Environmental Protection
 Bureau of Waste Site Cleanup

BILL OF LADING Transport Log Sheet

Page _____ OF _____

Release Tracking Number

3 - 36365

I. LOAD INFORMATION:

Load 1: Signature of Transporter Representative: *[Signature]* Receiving Facility/Temporary Storage Representative: *[Signature]*
 Date of Shipment: 5-30-23 Time of Shipment: 9:50 AM AM PM Date of Receipt: HALF Time of Receipt: *[Signature]*
 Truck/Tractor Registration: 19 Trailer Registration (if any): 17 Date of Receipt: 5-31-23 AM PM
 Load Size (cu. yds./tons):

Load 2: Signature of Transporter Representative: Receiving Facility/Temporary Storage Representative:
 Date of Shipment: Time of Shipment: AM PM Date of Receipt: Time of Receipt: AM PM
 Truck/Tractor Registration: Trailer Registration (if any): Load Size (cu. yds./tons):

Load 3: Signature of Transporter Representative: Receiving Facility/Temporary Storage Representative:
 Date of Shipment: Time of Shipment: AM PM Date of Receipt: Time of Receipt: AM PM
 Truck/Tractor Registration: Trailer Registration (if any): Load Size (cu. yds./tons):

Load 4: Signature of Transporter Representative: Receiving Facility/Temporary Storage Representative:
 Date of Shipment: Time of Shipment: AM PM Date of Receipt: Time of Receipt: AM PM
 Truck/Tractor Registration: Trailer Registration (if any): Load Size (cu. yds./tons):

Load 5: Signature of Transporter Representative: Receiving Facility/Temporary Storage Representative:
 Date of Shipment: Time of Shipment: AM PM Date of Receipt: Time of Receipt: AM PM
 Truck/Tractor Registration: Trailer Registration (if any): Load Size (cu. yds./tons):

Load 6: Signature of Transporter Representative: Receiving Facility/Temporary Storage Representative:
 Date of Shipment: Time of Shipment: AM PM Date of Receipt: Time of Receipt: AM PM
 Truck/Tractor Registration: Trailer Registration (if any): Load Size (cu. yds./tons):

J. LOG SHEET VOLUME INFORMATION: Total Volume Recorded This Page (cu. yds./tons)
 Total Carried Forward (cu. yds./tons):
 Total Carried Forward and This Page (cu. yds./tons):



Waste Management High Acres LF
 425 Perinton Pkwy
 Fairport, NY, 14450
 Ph: (585) 223-6132

Reprint
 Ticket# 1534642

Customer Name GZAGEOENVIRON-126559NY GZA Ge Carrier EARUS EARUSSELL
 Ticket Date 05/31/2023 Vehicle# 13 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0008658
 State Waste Code Gen EPA ID RTNs 3-36365 and 3-15009
 Manifest na Grid CELL 11
 Destination
 PO
 Profile 126559NY (CONTAMINATED SOIL (DISPOSAL))
 Generator 113-BOSTONPLANNINGANDDEVELPARC Boston Planning & Development Agency

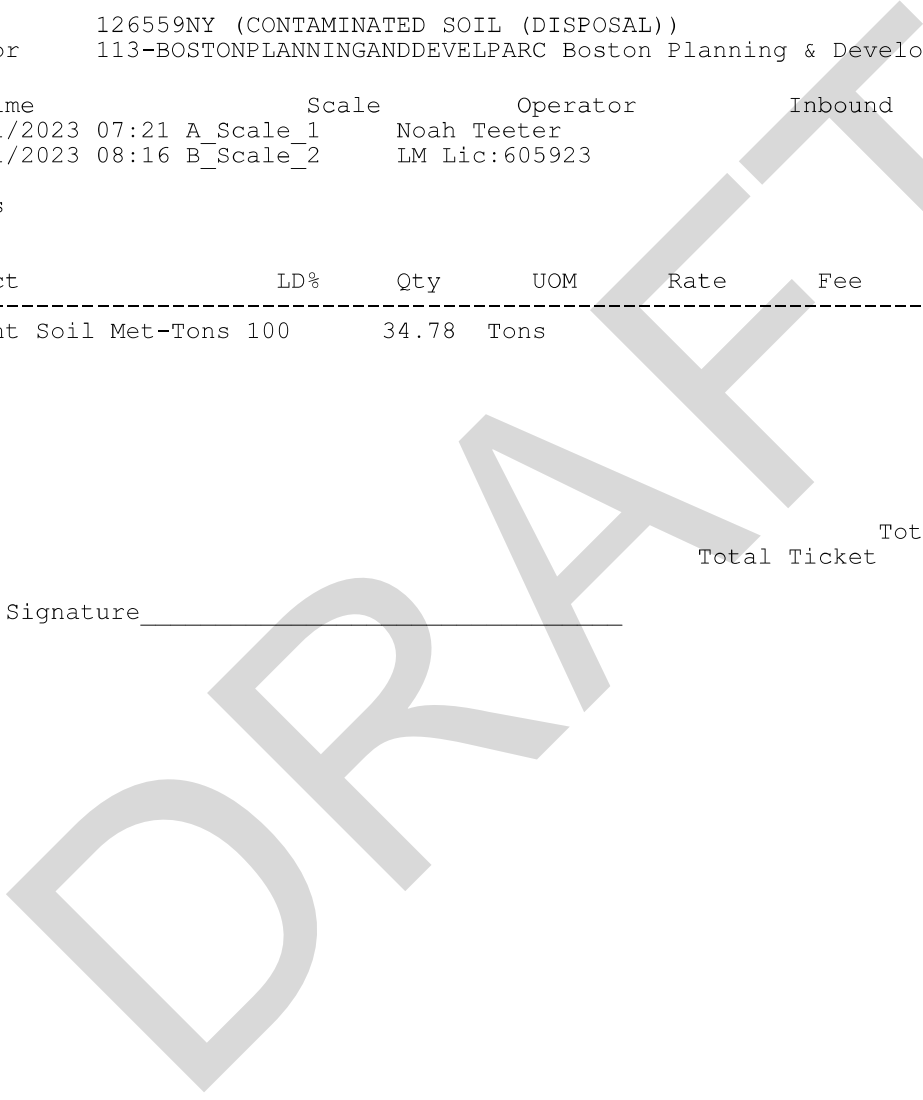
	Time	Scale	Operator	Inbound	Gross	
In	05/31/2023 07:21	A_Scale_1	Noah Teeter			106420 lb
Out	05/31/2023 08:16	B_Scale_2	LM Lic:605923			36860 lb
					Net	69560 lb
					Tons	34.78

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	34.78	Tons				MA

Total Fees
 Total Ticket

Driver's Signature _____



EA 13



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BILL OF LADING Transport Log Sheet

Release Tracking Number

3 - 36365

Page _____ OF _____

I. LOAD INFORMATION:		Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:
Load 1:			
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:
5/30/23	10:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	5-31-23	<input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
71615 MA	25 9460A		
Load 2:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
Load 3:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
Load 4:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
Load 5:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
Load 6:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	

J. LOG SHEET VOLUME INFORMATION:	Total Volume Recorded This Page (cu. yds./tons)
	Total Carried Forward (cu. yds./tons):
	Total Carried Forward and This Page (cu. yds./tons):

Parcel P-3 Environmental Remediation
Boston, MA
Daily Weight Report
TCLP Treated Soil High Acres Landfill Disposal



Date	Load #	Truck ID	Tons
6/1/2023	1	Merrill #70	33.98
6/1/2023	2	LaRochelle #3128	32.20
6/1/2023	3	EA Russell #19	35.30
6/1/2023	4	EA Russell #20	32.40
	4	Total =	133.88

DRAFT



Waste Management High Acres LF
 425 Perinton Pkwy
 Fairport, NY, 14450
 Ph: (585) 223-6132

Reprint
 Ticket# 1534837

Customer Name GZAGEOENVIRON-126559NY GZA Ge Carrier MERRILL MERRILL
 Ticket Date 06/01/2023 Vehicle# 70 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0008658
 State Waste Code Gen EPA ID RTNs 3-36365 and 3-15009
 Manifest na Grid CELL 11
 Destination
 PO
 Profile 126559NY (CONTAMINATED SOIL (DISPOSAL))
 Generator 113-BOSTONPLANNINGANDDEVELPARC Boston Planning & Development Agency

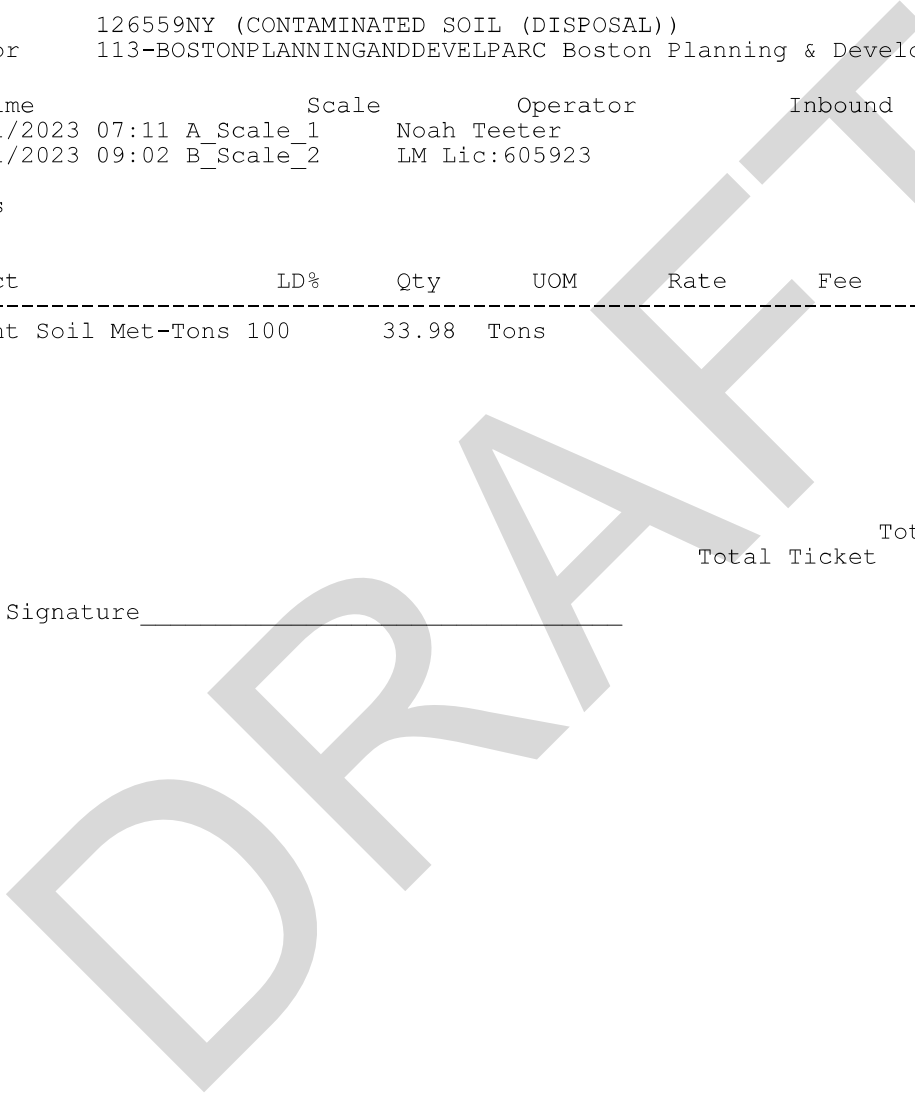
	Time	Scale	Operator	Inbound	Gross	
In	06/01/2023 07:11	A_Scale_1	Noah Teeter			104340 lb
Out	06/01/2023 09:02	B_Scale_2	LM Lic:605923			36380 lb
					Net	67960 lb
					Tons	33.98

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	33.98	Tons				MA

Total Fees
 Total Ticket

Driver's Signature _____



126559 NY



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BILL OF LADING Transport Log Sheet

Page _____ OF _____

Release Tracking Number

3 - 36365

I. LOAD INFORMATION:

Load 1:

Date of Shipment:

5-31-2003

Signature of Transporter Representative:

[Signature]

Time of Shipment:

9:30 AM PM

Receiving Facility/Temporary Storage Representative:

HALF

[Signature]

Date of Receipt:

6-1-23

Time of Receipt:

AM PM

Truck/Tractor Registration:

92526 MA

Trailer Registration (if any):

BW 9418 OK

Load Size (cu. yds./tons):

Load 2:

Signature of Transporter Representative:

Receiving Facility/Temporary Storage Representative:

Date of Shipment:

Time of Shipment:

AM PM

Date of Receipt:

Time of Receipt:

AM PM

Truck/Tractor Registration:

Trailer Registration (if any):

Load Size (cu. yds./tons):

Load 3:

Signature of Transporter Representative:

Receiving Facility/Temporary Storage Representative:

Date of Shipment:

Time of Shipment:

AM PM

Date of Receipt:

Time of Receipt:

AM PM

Truck/Tractor Registration:

Trailer Registration (if any):

Load Size (cu. yds./tons):

Load 4:

Signature of Transporter Representative:

Receiving Facility/Temporary Storage Representative:

Date of Shipment:

Time of Shipment:

AM PM

Date of Receipt:

Time of Receipt:

AM PM

Truck/Tractor Registration:

Trailer Registration (if any):

Load Size (cu. yds./tons):

Load 5:

Signature of Transporter Representative:

Receiving Facility/Temporary Storage Representative:

Date of Shipment:

Time of Shipment:

AM PM

Date of Receipt:

Time of Receipt:

AM PM

Truck/Tractor Registration:

Trailer Registration (if any):

Load Size (cu. yds./tons):

Load 6:

Signature of Transporter Representative:

Receiving Facility/Temporary Storage Representative:

Date of Shipment:

Time of Shipment:

AM PM

Date of Receipt:

Time of Receipt:

AM PM

Truck/Tractor Registration:

Trailer Registration (if any):

Load Size (cu. yds./tons):

J. LOG SHEET VOLUME INFORMATION:

Total Volume Recorded This Page (cu. yds./tons)

Total Carried Forward (cu. yds./tons):

Total Carried Forward and This Page (cu. yds./tons):



Waste Management High Acres LF
 425 Perinton Pkwy
 Fairport, NY, 14450
 Ph: (585) 223-6132

Reprint
 Ticket# 1534882

Customer Name GZAGEOENVIRON-126559NY GZA Ge Carrier JALAROCHELLE
 Ticket Date 06/01/2023 Vehicle# 3128 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0008658
 State Waste Code Gen EPA ID RTNs 3-36365 and 3-15009
 Manifest NA Grid CELL 11
 Destination
 PO
 Profile 126559NY (CONTAMINATED SOIL (DISPOSAL))
 Generator 113-BOSTONPLANNINGANDDEVELPARC Boston Planning & Development Agency

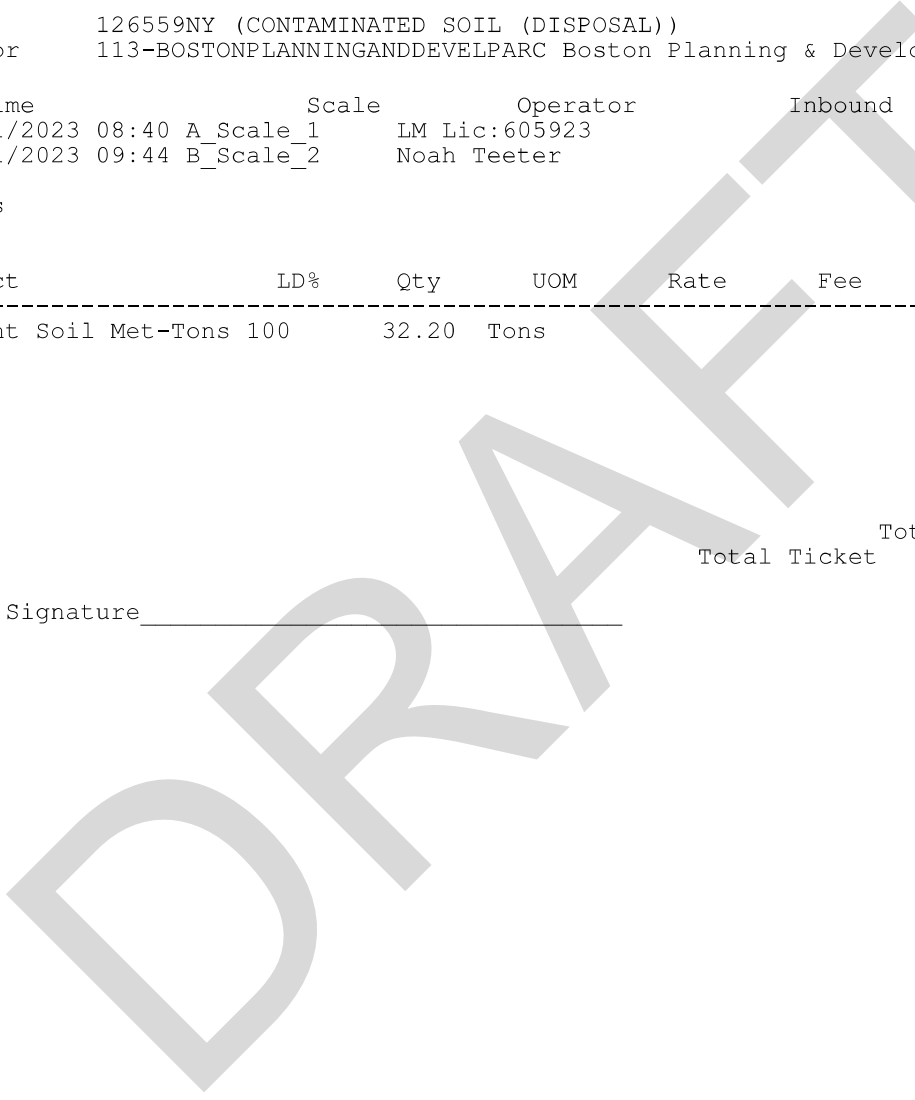
	Time	Scale	Operator	Inbound	Gross	
In	06/01/2023 08:40	A_Scale_1	LM Lic:605923			101080 lb
Out	06/01/2023 09:44	B_Scale_2	Noah Teeter		Tare	36680 lb
					Net	64400 lb
					Tons	32.20

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	32.20	Tons				MA

Total Fees
 Total Ticket

Driver's Signature _____



J. Thibodeau #3128

VIII HIGH ACES, PHONE 1203391
126559 NY



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BILL OF LADING Transport Log Sheet

Release Tracking Number

Page _____ OF _____

3 - 36365

I. LOAD INFORMATION:		Signature of Transporter Representative:		Receiving Facility/Temporary Storage Representative:	
Load 1:	<i>John A. Thibodeau</i>	<i>Shavillette</i>			
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:		
5-31-03	2:10 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	6/1/03	8:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):			
59414A	AE46013				
Load 2:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:			
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):			
Load 3:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:			
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):			
Load 4:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:			
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):			
Load 5:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:			
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):			
Load 6:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:			
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):			

J. LOG SHEET VOLUME INFORMATION:

Total Volume Recorded This Page (cu. yds./tons): _____

Total Carried Forward (cu. yds./tons): _____

Total Carried Forward and This Page (cu. yds./tons): _____



Waste Management High Acres LF
 425 Perinton Pkwy
 Fairport, NY, 14450
 Ph: (585) 223-6132

Reprint
 Ticket# 1534949

Customer Name GZAGEOENVIRON-126559NY GZA Ge Carrier EARUS EARUSSELL
 Ticket Date 06/01/2023 Vehicle# 19 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0008658
 State Waste Code Gen EPA ID RTNs 3-36365 and 3-15009
 Manifest NA Grid CELL 11
 Destination
 PO
 Profile 126559NY (CONTAMINATED SOIL (DISPOSAL))
 Generator 113-BOSTONPLANNINGANDDEVELPARC Boston Planning & Development Agency

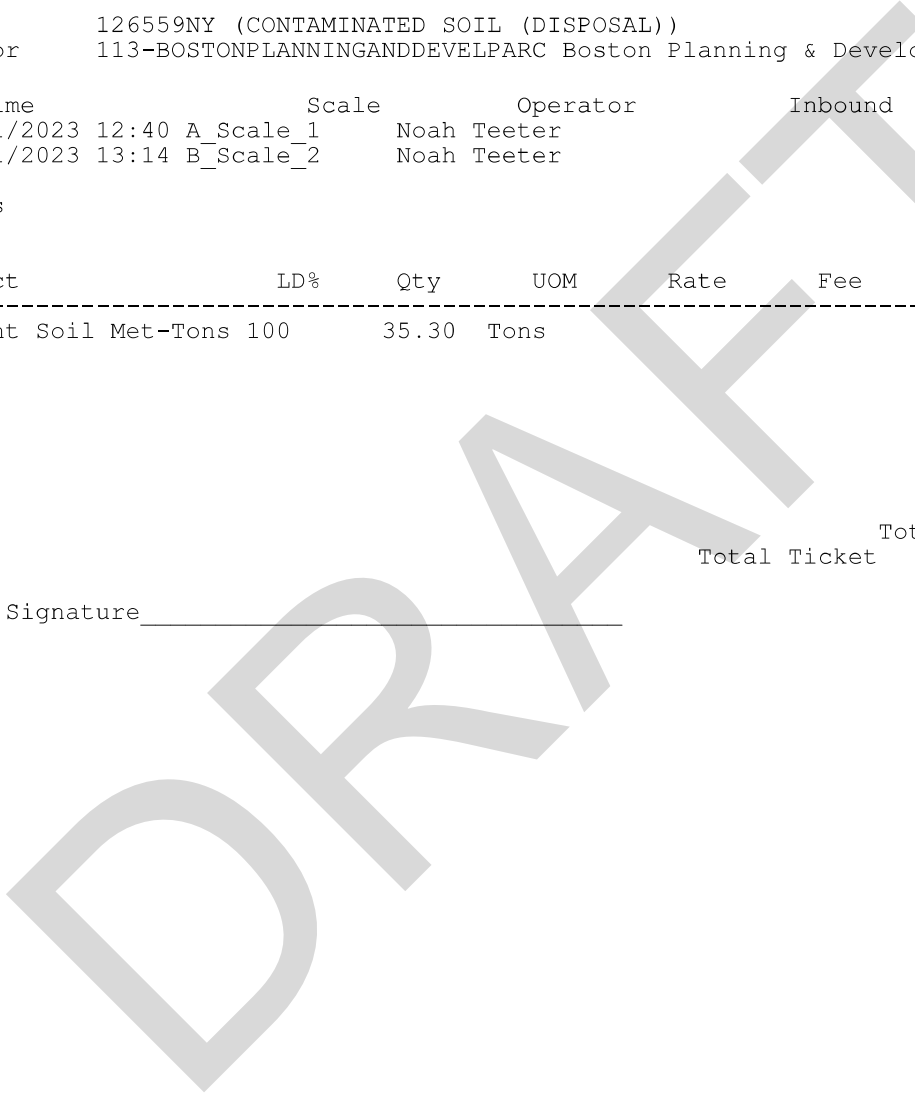
	Time	Scale	Operator	Inbound	Gross	
In	06/01/2023 12:40	A_Scale_1	Noah Teeter			107620 lb
Out	06/01/2023 13:14	B_Scale_2	Noah Teeter			37020 lb
					Net	70600 lb
					Tons	35.30

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	35.30	Tons				MA

Total Fees
 Total Ticket

Driver's Signature _____





Massachusetts Department of Environmental Protection
 Bureau of Waste Site Cleanup

BILL OF LADING Transport Log Sheet

Release Tracking Number

Page _____ OF _____

3 - 36365

I. LOAD INFORMATION:		Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:
Load 1:	<i>[Signature]</i>	<i>HALF</i>	<i>Wah [Signature]</i>
Date of Shipment: <i>6-1-23</i>	Time of Shipment: <i>6:00</i> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Date of Receipt: <i>6-1-23</i>	Time of Receipt: <input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration: <i>19</i>	Trailer Registration (if any): <i>17</i>	Load Size (cu. yds./tons):	
Load 2:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Receipt:	Time of Receipt: <input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
Load 3:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Receipt:	Time of Receipt: <input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
Load 4:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Receipt:	Time of Receipt: <input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
Load 5:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Receipt:	Time of Receipt: <input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
Load 6:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Receipt:	Time of Receipt: <input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
J. LOG SHEET VOLUME INFORMATION:		Total Volume Recorded This Page (cu. yds./tons)	
		Total Carried Forward (cu. yds./tons):	
		Total Carried Forward and This Page (cu. yds./tons):	



Waste Management High Acres LF
 425 Perinton Pkwy
 Fairport, NY, 14450
 Ph: (585) 223-6132

Reprint
 Ticket# 1534973

Customer Name GZAGEOENVIRON-126559NY GZA Ge Carrier EARUS EARUSSELL
 Ticket Date 06/01/2023 Vehicle# 20 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0008658
 State Waste Code Gen EPA ID RTNs 3-36365 and 3-15009
 Manifest NA Grid CELL 11
 Destination
 PO
 Profile 126559NY (CONTAMINATED SOIL (DISPOSAL))
 Generator 113-BOSTONPLANNINGANDDEVELPARC Boston Planning & Development Agency

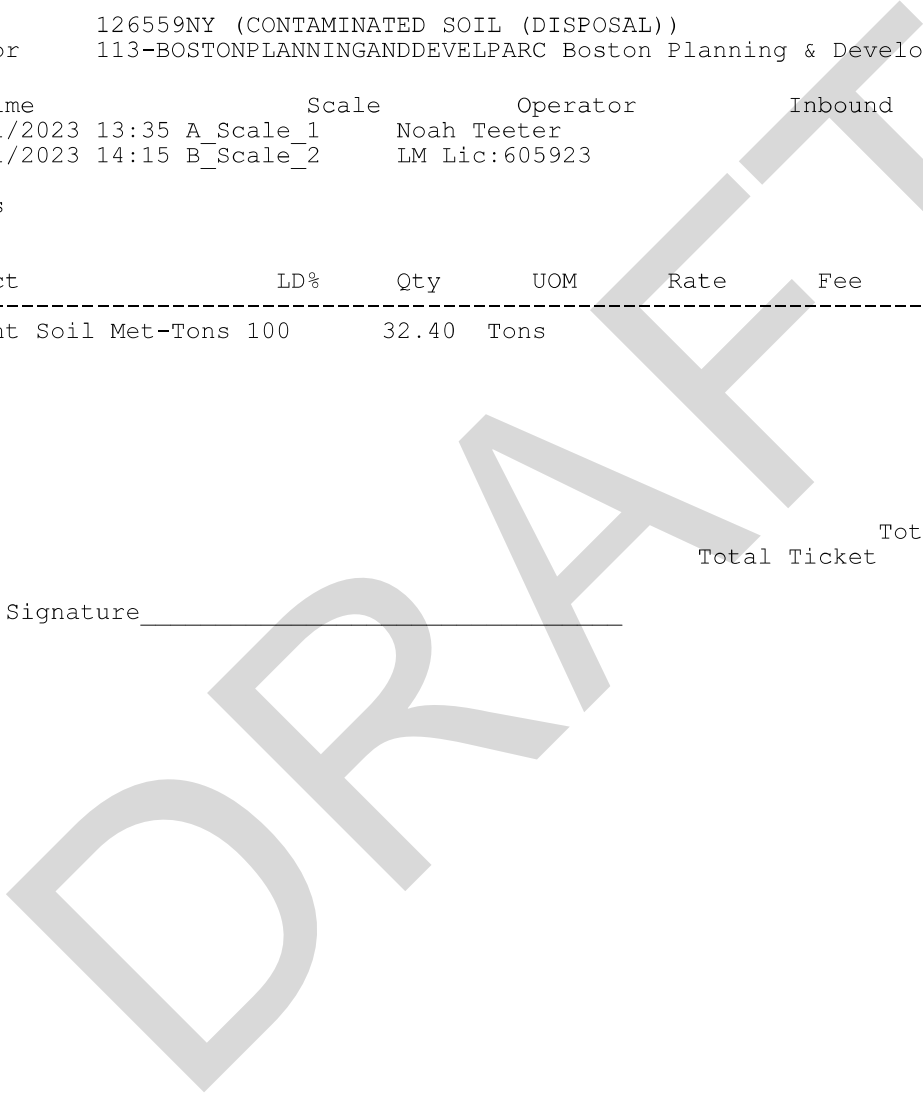
	Time	Scale	Operator	Inbound	Gross	
In	06/01/2023 13:35	A_Scale_1	Noah Teeter			103320 lb
Out	06/01/2023 14:15	B_Scale_2	LM Lic:605923			38520 lb
					Net	64800 lb
					Tons	32.40

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	32.40	Tons				MA

Total Fees
 Total Ticket

Driver's Signature _____



EA 20

WM High Acres: Profile 126559NY



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BILL OF LADING Transport Log Sheet

Release Tracking Number

Page _____ OF _____

3 - 36365

I. LOAD INFORMATION:		Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:
Load 1:	<i>[Signature]</i>	<i>HALF</i>	<i>[Signature]</i>
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:
<i>6/1/23</i>	<i>7:00</i> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<i>6-1-23</i>	<input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
<i>1A88 MA</i>	<i>515-8501 HE</i>		
Load 2:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
Load 3:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
Load 4:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
Load 5:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
Load 6:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:	
Date of Shipment:	Time of Shipment:	Date of Receipt:	Time of Receipt:
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Truck/Tractor Registration:	Trailer Registration (if any):	Load Size (cu. yds./tons):	
J. LOG SHEET VOLUME INFORMATION:		Total Volume Recorded This Page (cu. yds./tons)	
		Total Carried Forward (cu. yds./tons):	
		Total Carried Forward and This Page (cu. yds./tons):	

Parcel P-3 Environmental Remediation
Boston, MA
Daily Weight Report
TCLP Treated Soil High Acres Landfill Disposal



Date	Load #	Truck ID	Tons
6/2/2023	1	Cason #80	33.51
	1	Total =	33.51

DRAFT



Massachusetts Department of Environmental Protection

eDEP Transaction Copy

Here is the file you requested for your records.

To retain a copy of this file you must save and/or print.

Username: **RHOFFMAN_GEI**

Transaction ID: **1582024**

Document: **BWSC112 Bill of Lading**

Size of File: **415.56K**

Status of Transaction: **In Process**

Date and Time Created: **6/27/2023:2:14:29 PM**

Note: This file only includes forms that were part of your transaction as of the date and time indicated above. If you need a more current copy of your transaction, return to eDEP and select to "Download a Copy" from the Current Submittals page.



BILL OF LADING (pursuant to 310 CMR 40.0030)

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:

1. Release Name/Location Aid: PARCEL P-3
2. Street Address: TREMONT STREET
3. City/Town: BOSTON 4. Zip Code: 021200000
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 one: B1-B4):

1. Submit a **Bill of Lading (BOL)** to transport Remediation Waste to Temporary Storage or a Receiving Facility.
Response Actions associated with this BOL (check all that apply):
 a. Immediate Response Action (IRA) e. Comprehensive Response Actions
 b. Release Abatement Measure (RAM) f. Limited Removal Action (LRA): (must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP)
 c. Downgradient Property Status (DPS) g. Other _____
 d. Utility Release Abatement Measure (URAM)
2. Submit an Attestation of Completion of **Shipment to Temporary Storage** (Sections C, F and J are not required):
3. Submit an Attestation of **Completion of Shipment to a Receiving Facility** (Sections C, F and J are not required):
4. Certify that Remediation Waste Was **Not Shipped, and the Bill of Lading is Void.** (Sections C, D, E, and F are not required)
5. Date Bill of Lading submitted to the Department: 5/24/2023 b. eDEP Transaction ID: 1539598
(mm/dd/yyyy)
6. Period of Generation Associated with this Bill of Lading 4/15/2023 to 6/2/2023
(mm/dd/yyyy) (mm/dd/yyyy)

(All sections of this transmittal form must be filled out unless otherwise noted above)

The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.

C. DESCRIPTION OF WASTE AND WASTE SOURCE:

1. Contaminated Media/Debris (check all that apply):
 a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris
 f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other: _____
2. Uncontainerized Waste (check all that apply):
 a. Inorganic Absorbent Materials b. Other: _____



BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):

3. Containerized Waste (check all that apply):

- a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments
- e. Other: _____

4. Estimated Quantity: _____ Tons Cu. Yds. Gallons

5. Contaminant Source (check one):

- a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment
- d. Other: _____

6. Type of Contaminant (check all that apply):

- a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
- g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other: _____

7. Constituents of Concern (check all that apply):

- a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH
- h. PCBs i. VOCs j. SVOCs k. Other: _____

8. If applicable, check the box for the Reportable Concentration Category of the site:

- a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2

9. Remediation Waste Characterization Documentation (check at least one):

- a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
- d. Field Screening Data e. Characterization Documentation previously submitted to the Department

i. Date submitted: _____ ii. Type of Documentation: _____
(mm/dd/yyyy)

D. TRANSPORTER OR COMMON CARRIER INFORMATION:

- 1. Transporter/Common Carrier Name: FOURTH ARROW TRUCKING
- 2. Contact First Name: BRYAN 3. Last Name: CAHILL
- 4. Street: P.O. BOX 3558 5. Title: _____
- 6. City/Town: PEABODY 7. State: MA 8. Zip Code: 019610000
- 9. Telephone: 9782739100 10. Ext: _____ 11. Email: _____



BILL OF LADING (pursuant to 310 CMR 40.0030)

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:

1. Operator/Facility Name: HIGH ACRES LANDFILL&RECYCL CTR

2. Contact First Name: KARIN 3. Last Name: KLOCK

4. Street: 425 PERINTON PARKWAY 5. Title: ENV. PROTECTION SPECIALIST II

6. City/Town: PERINTON 7. State: NY 8. Zip Code: 144500000

9. Telephone: 8009634776 10. Ext: _____ 11. Email: kklock@wm.com

12. Type of facility: (check one)

a. Temporary Storage i. Period of Temporary Storage _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

ii. Reason for Temporary Storage: _____

b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill e. Landfill/Daily Cover

f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other: _____

13. Division of Hazardous Waste/Class A Permit Number: _____

14. Division of Solid Waste Permit Number: 8990800162/00032

15. EPA Identification Number: _____

F. LSP SIGNATURE AND STAMP:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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 #: _____

2. First Name: _____ 3. Last Name: _____

4. Telephone: _____ 5. Ext: _____ 6. Email: _____

7. Signature: _____

8. Date: _____
(mm/dd/yyyy)

9. LSP Stamp: 



BILL OF LADING (pursuant to 310 CMR 40.0030)

G. PERSON SUBMITTING BILL OF LADING:

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: BOSTON PLANNING & DEVELOPMENT AGENCY
3. Contact First Name: WILLIAM J 4. Last Name: EPPERSON
5. Street: 22 DRYDOCK AVE SUITE #201 6. Title: DEPUTY DIRECTOR OF CAPITAL CONSTRUCTION
7. City/Town: BOSTON 8. State: MA 9. Zip Code: 022102386
10. Telephone: _____ 11. Ext: _____ 12. Email: william.j.epperson@boston.gov

H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING:

Check here to change relationship

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

I. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. 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
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.

J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING:

1. I, _____, attest under the pains and penalties or 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.

2. By: _____ 3. Title: DEPUTY DIRECTOR OF CAPITAL CONSTRUCTION
4. For: BOSTON PLANNING & DEVELOPMENT AGENCY 5. Date: _____
(Name of person or entity recorded in Section G) (mm/dd/yyyy)



BILL OF LADING (pursuant to 310 CMR 40.0030)

J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.) :

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

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 (MassDEP USE ONLY):

Received by DEP on 6/27/2023 2:09:09 PM

DRAFT



BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

SUMMARY OF SHIPMENT SHEET 1 OF 1

3 - 36365

A. SUMMARY OF SHIPMENT (To be filled out by the receiving facility upon receipt of Remediation Waste):

1. Date of Shipment: (mm/dd/yyyy)	2. Date of Receipt: (mm/dd/yyyy)	3. Number of Loads Shipped:	4. Daily Volume Shipped:		
			<input type="checkbox"/> yds ³	<input checked="" type="checkbox"/> tons	<input type="checkbox"/> gals
5/30/2023	5/30/2023	2	68.64		
5/31/2023	5/31/2023	5	166.79		
6/1/2023	6/1/2023	4	133.88		
6/2/2023	6/2/2023	1	33.51		
5. Totals Recorded on this Summary of Shipment Sheet:		12	402.82		

DRAFT



BILL OF LADING (pursuant to 310 CMR 40.0030)
SUMMARY SHEET SIGNATURE PAGE

A. ACKNOWLEDGEMENT OF RECEIPT OF REMEDIATION WASTE AT RECEIVING FACILITY OR TEMPORARY STORAGE:

1. I, KARIN KLOCK, attest under the pains and penalties or 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.

2. By: KARIN KLOCK 3. Title: ENV. PROTECTION SPECIALIST II

4. For: HIGH ACRES LANDFILL&RECYCLING 5. Date: 6/22/2023
(mm/dd/yyyy)

6. Date of Final Shipment associated with this Bill of lading: 6/2/2023
(mm/dd/yyyy)

B. ACKNOWLEDGEMENT OF SHIPMENT AND RECEIPT OF REMEDIATION WASTE BY PERSON CONDUCTING RESPONSE ACTIONS ASSOCIATED WITH THIS BILL OF LADING:

1. I, WILLIAM J EPPERSON, attest under the pains and penalties or 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.

2. By: WILLIAM J EPPERSON 3. Title: DEPUTY DIRECTOR OF CAPITAL CONSTRUCTION

4. For: BOSTON PLANNING & DEVELOPMENT AGENCY 5. Date: 6/27/2023
(Name of person or entity recorded in Section G) (mm/dd/yyyy)

6. Check here if the address of the person providing certification is different from address recorded in BWSC112 Section G.

7. Street: _____

8. City/Town: _____ 9. State: _____ 10. Zip Code: _____

11. Telephone: _____ 12. Ext: _____ 13. Email: _____

14. Check here if attaching optional supporting documentation such as copies of Load Information Summary Sheets