





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

5. Submit Public Involvement Petition documents. (check all that apply). (Section C is not required).

- a. Submit a Public Involvement Petition
- b. Submit a Public Involvement Petition Retraction
- c. Submit a Positive Public Involvement Petition Designation Letter
- d. Submit a Negative Public Involvement Designation Letter
- e. Submit a Draft Public Involvement Petition Plan
- f. Submit a Revised Public Involvement Petition Plan
- g. Submit a Final Public Involvement Petition Plan
- h. Submit a Notice of Public Comment Period

Date of Close of Comment Period : \_\_\_\_\_  
(mm/dd/yyyy)

i. Submit a copy of a Public Involvement Petition legal notice

j. Submit a Notice of Public Meeting

Meeting Date: 8/22/2023  
(mm/dd/yyyy)

k. Submit other Public Involvement Petition related documents not specified above:

Describe: MEETING MINUTES (8/22/2023)

6. Submit a RCRA Contained-In-Determination to document that soil and/or groundwater is no longer considered a hazardous waste pursuant to state (310 CMR 30.00) and federal (Title 40, Chapter I, Part 261 of the Code of Federal Regulations) hazardous waste regulations.

7. Submit notification and documentation of Reclamation Soil Reuse pursuant to 310 CMR 40.0031(2).

**C. LSP SIGNATURE:**

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. 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)



Miscellaneous Document Transmittal Form

Release Tracking Number

3 - 15009

**D. PERSON MAKING A SUBMITTAL:**

1. Check all that apply:  a. Change in contact name  b. Change of address  c. Change in 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, SUITE 901 6. Title: DEPUTY DIRECTOR OF CAPITAL CONSTRUCTION

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

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

13. Check here if the person is a Public Involvement Petitioner

**E. RELATIONSHIP TO SITE OF PERSON MAKING SUBMITTAL:**

Check here to change relationship

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

e. Other RP or PRP Specify: \_\_\_\_\_

2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2)

3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))

4. Any Other Person Undertaking Response Actions Specify Relationship: \_\_\_\_\_

**F. CERTIFICATION OF PERSON MAKING SUBMITTAL:**

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  
Signature

4. For: BOSTON PLANNING & DEVELOPMENT AGENCY 5. Date: 9/11/2023  
(Name of person or entity recorded in Section D) mm/dd/yyyy

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

7. Street: \_\_\_\_\_

8. City/Town: \_\_\_\_\_ 9. State: \_\_\_\_\_ 10. ZIP Code: \_\_\_\_\_

11. Telephone: \_\_\_\_\_ 12. Ext.: \_\_\_\_\_ 13. Email: \_\_\_\_\_



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Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP@state.ma.us

**YOU MUST LEGIBLY COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE.**

Date Stamp (DEP USE ONLY):

Received by DEP on  
9/11/2023 3:35:13 PM