



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
 - v. 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)



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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



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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 _____

 iia. 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:



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E. LSP SIGNATURE AND STAMP :

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal form, including any and all documents accompanying this submittal. In my professional opinion and judgment based upon application of (i) the standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief,

> if Section B of this form indicates that 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 #:	9719		
2. First Name:	ILEEN S	3. Last Name:	GLADSTONE
4. Telephone:	7817214012	5. Ext.:	
		6. Email:	igladstone@geiconsultants.com
7. Signature:	ILEEN S GLADSTONE		
8. Date:	9/22/2023	9. LSP Stamp:	
	(mm/dd/yyyy)		





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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 ATTACHMENT 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 RAM Completion Statement. You must submit a Phase IV Remedy Implementation Plan along with the appropriate transmittal form (BWSC108).
2. Check here if the Response Action(s) on which this opinion is based, if any, are (were) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions thereof.
3. Check here to certify that the Chief Municipal Officer and the Local Board of Health 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.



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I. CERTIFICATION OF PERSON UNDERTAKING RAM:

1. I, WILLIAM EPPERSON, 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: WILLIAM EPPERSON 3. Title: DEPUTY DIRECTOR OF CAPITAL CONS
(Signature)

4. For: BOSTON PLANNING & DEVELOPMENT AGENCY 5. Date: 9/22/2023
(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 (DEP USE ONLY:)

Received by DEP on
9/22/2023 12:11:46 PM