

SCANNED



CB&I Environmental & Infrastructure, Inc.  
150 Royall Street  
Canton, MA 02021  
617-589-5111  
FAX: 617-589-5495  
[www.CBI.com](http://www.CBI.com)

November 5, 2015

Project #: 155349 / 06022110

Massachusetts Department of Environmental Protection  
Northeast Regional Office  
205B Lowell Street  
Wilmington, Massachusetts 01887

Subject: Phase V Remedy Operation Status - Inspection & Monitoring Report  
April 1, 2015 - September 30, 2015  
Former Varian Facility Site  
Beverly, Massachusetts  
MADEP # 3-0485

*150 Solier Rd.*  
*S/L = U/A*

To Whom It May Concern:

On behalf of Varian Medical Systems, Inc., CB&I Environmental and Infrastructure, Inc. has prepared the enclosed Phase V Remedy Operation Status - Inspection & Monitoring Report summarizing the activities conducted from April 1, 2015 - September 30, 2015 for the former Varian Facility Site in Beverly, Massachusetts. A copy of this report has also been provided to the Varian Public Involvement Plan (PIP) repository at the Beverly City Library, the City of Beverly Board of Health, and the Beverly Conservation Commission. A notice of availability for this document has also been issued to the PIP mailing list established for this Site.

If you have any questions regarding the report, please do not hesitate to contact me.

Sincerely,

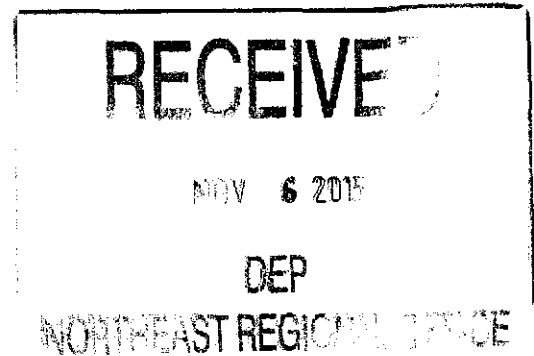
A handwritten signature in black ink, appearing to read 'Ray J. Cadorette'.

Raymond J. Cadorette  
Project Manager  
CB&I Environmental and Infrastructure, Inc.

Phone: 617-589-6102  
Email Address: [Raymond.cadorette@CBI.com](mailto:Raymond.cadorette@CBI.com)

Enclosure: BWSC-125  
Receipt from eDEP Transaction  
ROS Report (electronic copy on CD)

cc: See attached distribution list



## **DISTRIBUTION**

### **Hardcopy**

Ms. Suzanne Nichelson, Varian PIP Repository, Beverly MA (report only)

### **Electronic Copy— report only on CD**

Mr. John Buchanan, Varian Medical Systems, Inc. (all enclosures)  
Mr. Frank Carbone, Beverly Board of Health  
Ms. Debbie Hurlburt, Beverly Conservation Commission  
Mr. Paul Miedzionoski, Communications & Powers, Inc.  
Mr. Mark W. McKenna, Pediatric Associates of Greater Salem Inc.  
Mr. Grove Bryant, Signal Technology Corporation  
District Four Environmental Engineer, Massachusetts Highway Department  
Ms. Bobbi Whiting, Shore Country Day School  
Mr. Peter Muto, Cell Signaling Technology, 32 Tozer Road  
Mr. Andrew Irwin, IRWIN Engineers, Inc.  
Ms. Charlotte Parrish, U.S. Postal Service  
1943 LLC, c/o John Drislane  
Mr. Manuel Barros, 31 Tozer Road LLC  
Mr. Richard High, John N. Corcoran & Co.  
Richard Gallogly, Esquire, Rackemann, Sawyer & Brewster  
Arro Engineering Corporation  
Seth Jaffe, Esquire, Foley Hoag LLP  
Daniel J. Bailey, Esquire, Rackemann, Sawyer & Brewster  
Mr. Jonathan D. Penni, Cervinia LLC



**NOTIFICATION OF A NON-EDEP ELECTRONIC SUBMITTAL**

Release Tracking Number

3 - 485

Pursuant to 310 CMR 40.0015 (7) and 310 CMR 40.0009

**A. SITE LOCATION:**

1. Site Name: Varian - Microwave Division

2. Street Address: 150 Sohier Road

3. City/Town: Beverly, MA

4. ZIP Code: 01915-0000

**B. THIS FORM IS BEING USED TO:**

1. Make a BWSC non-eDEP Electronic Submittal (check one and fill out Sections C, D, F, and G):

- a. The Person Making the Submittal does not have internet access, and/or will not authorize anyone that has internet access to sign electronically on their behalf. (Section F must be signed by the Person Making the Submittal)
- b. Due to an eDEP problem, I was unable to make an eDEP submittal for this transaction. ( Attach email from BWSC.eDEP@state.ma.us)

Describe Problem: \_\_\_\_\_

2. Submit supporting Documentation on CD (check one and fill out Sections C, E, and G):

- a. I did not upload the supporting documentation for the submittal made in eDEP. The supporting documentation is greater than 30 mb.
- b. I was unable to upload the supporting documentation. The supporting documentation is less than 30 mb. ( Attach email from BWSC.eDEP @state.ma.us.)

Describe Problem: \_\_\_\_\_

**C. BWSC TRANSMITTAL FORM SUBMITTED: (check one)**

- |  |  |
|--|--|
| <input type="checkbox"/> 1. BWSC50 Application for Special Project Designation                 | <input type="checkbox"/> 8. BWSC111 Audit Plan & Post Audit Completion Statement |
| <input type="checkbox"/> 2. BWSC103 Release Notification and Retraction Form                   | <input type="checkbox"/> 9. BWSC112 Bill of Lading                               |
| <input type="checkbox"/> 3. BWSC104 Permanent or Temporary Solution Statement Transmittal Form | <input type="checkbox"/> 10. BWSC113 Activity and Use Limitation(AUL) Form       |
| <input type="checkbox"/> 4. BWSC105 Immediate Response Action Transmittal Form                 | <input type="checkbox"/> 11. BWSC115 Downgradient Property Status Form           |
| <input type="checkbox"/> 5. BWSC106 Release Abatement Measure Transmittal Form                 | <input type="checkbox"/> 12. BWSC119 URAM Transmittal Form                       |
| <input type="checkbox"/> 6. BWSC107 Tier Classification Transmittal Form                       | <input type="checkbox"/> 13. BWSC120 Homeowner Certification Transmittal Form    |
| <input checked="" type="checkbox"/> 7. BWSC108 CRA Transmittal Form & Phase I CS               | <input type="checkbox"/> 14. BWSC121 Notif. of Delay in Response Deadlines       |

**D. NON-EDEP ELECTRONIC SUBMITTAL CHECKLIST:**

1. Fill out Transmittal Form specified in Section C in eDEP, error check, and print completed form on paper.
2. Have Person Making Submittal sign the Transmittal Form specified in Section C in ink; LSP sign in ink.
3. Scan completed signed form, and put on CD with all required supporting documentation. Submittal does not meet the requirements of 310 CMR 40.0015(7) unless the complete package is on the CD.
4. Submit this completed BWSC125 Notification of Non-eDEP Electronic Submittal Form, the original signed Transmittal Form and a CD containing a scanned copy of the transmittal form and all required supporting documentation. The CD and attached documents must be submitted to the regional office either by hand, or by regular or certified mail, before applicable deadline.



**NOTIFICATION OF A NON-EDEP ELECTRONIC SUBMITTAL**

Release Tracking Number

3 - 485

Pursuant to 310 CMR 40.0015 (7) and 310 CMR 40.0009

**E. SUPPORTING DOCUMENTATION ON CD CHECKLIST:**

- 1. Complete and Submit in eDEP, Transmittal Form specified in Section C.
- 2. Submit CD to applicable regional office with this completed BWSC125 Notification of Non-eDEP Electronic Submittal Form along with a printed receipt of the eDEP Transaction. The CD and attached documents must be postmarked or delivered by hand the next business day.

3. Specify eDEP Transaction ID: 783305

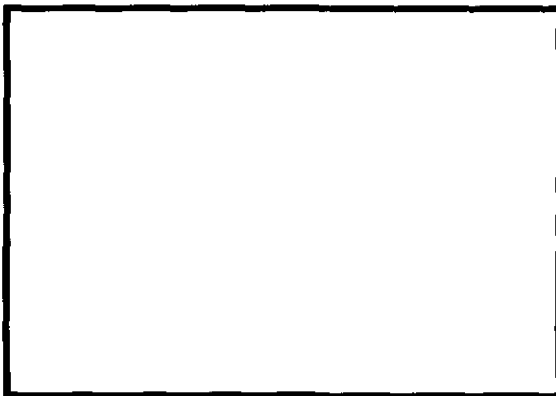
**F. SIGNATURE OF PERSON MAKING SUBMITTAL : (required if B1 is checked)**

1. First Name: \_\_\_\_\_ 2. Last Name: \_\_\_\_\_  
3. Title: LSP 4. Date: \_\_\_\_\_ (mm/dd/yyyy)  
5. Signature: \_\_\_\_\_

**G. SIGNATURE OF LSP OR AUTHORIZED AGENT OF LSP:**

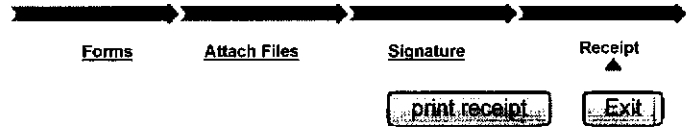
1. First Name: Brian J. 2. Last Name: Cote  
3. Title: LSP 4. Date: 11/3/15 (mm/dd/yyyy)  
5. Signature: Brian Cote

Date Stamp (DEP USE ONLY:)



**My eDEP** | **Forms** | **My Profile** | **Help** | **Notifications**

**Receipt**



**Summary/Receipt**

Your submission is complete. Thank you for using DEP's online reporting system. You can select "My eDEP" to see a list of your transactions.

DEP Transaction ID: 783305  
Date and Time Submitted: 11/5/2015 1:18:36 PM  
Other Email :

**Form Name:** BWSC108 Comp. Res. Action Transmittal Form & Phase I

RTN: 3-485  
Location: VARIAN-MICROWAVE DIV  
Address: 150 SOHIER RD, BEVERLY, 019150000

Person Making Submittal  
VARIAN MEDICAL SYSTEMS INC  
JOHN R BUCHANAN  
3120 HANSEN WAY M/S G-100  
PALO ALTO, CA 943041030

LSP  
LSP #: 4689  
LSP Name: BRIAN J COTE

Person Making Certification  
VARIAN MEDICAL SYSTEMS INC  
John R Buchanan

Additional Forms Submitted  
BWSCRMRA Remedial Monitoring Report( )  
BWSCRMRA Remedial Monitoring Report( )  
BWSCRMRA Remedial Monitoring Report( )

**Ancillary Document Uploaded/Mailed**  
BWSC-108 Ques.B18 - ROS Status Report - By Mail  
BWSC-108 Ques.F1 - Statement of Provisions - By Mail

[My eDEP](#)



**COMPREHENSIVE RESPONSE ACTION TRANSMITTAL  
FORM & PHASE I COMPLETION STATEMENT**

Pursuant to 310 CMR 40.0484 (Subpart D) and 40.0800 (Subpart H)

Release Tracking Number

3 - 485

**A. SITE LOCATION:**

1. Site Name: VARIAN-MICROWAVE DIV  
2. Street Address: 150 SOHIER RD  
3. City/Town: BEVERLY 4. ZIP Code: 019150000

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. Submit a **Phase I Completion Statement**, pursuant to 310 CMR 40.0484.
- 2. Submit a **Revised Phase I Completion Statement**, pursuant to 310 CMR 40.0484.
- 3. Submit a **Phase II Scope of Work**, pursuant to 310 CMR 40.0834.
- 4. Submit an **interim Phase II Report**. This report does not satisfy the response action deadline requirements in 310 CMR 40.0500.
- 5. Submit a **final Phase II Report and Completion Statement**, pursuant to 310 CMR 40.0836.
- 6. Submit a **Revised Phase II Report and Completion Statement**, pursuant to 310 CMR 40.0836.
- 7. Submit a **Phase III Remedial Action Plan and Completion Statement**, pursuant to 310 CMR 40.0862.
- 8. Submit a **Revised Phase III Remedial Action Plan and Completion Statement**, pursuant to 310 CMR 40.0862.
- 9. Submit a **Phase IV Remedy Implementation Plan**, pursuant to 310 CMR 40.0874.
- 10. Submit a **Modified Phase IV Remedy Implementation Plan**, pursuant to 310 CMR 40.0874.
- 11. Submit an **As-Built Construction Report**, pursuant to 310 CMR 40.0875.
- 12. Submit a **Phase IV Status Report**, pursuant to 310 CMR 40.0877.
- 13. Submit a **Phase IV Completion Statement**, pursuant to 310 CMR 40.0878 and 40.0879.

Specify the outcome of Phase IV activities: (check one)

- a. Phase V Operation, Maintenance or Monitoring of the Comprehensive Remedial Action is necessary to achieve a Permanent or Temporary Solution.
- b. The requirements of a Permanent Solution have been met. A completed Permanent Solution Statement and Report (BWSC104) will be submitted to DEP.
- c. The requirements of a Temporary Solution have been met. A completed Temporary Solution Statement and Report (BWSC104) will be submitted to DEP.



**COMPREHENSIVE RESPONSE ACTION TRANSMITTAL  
FORM & PHASE I COMPLETION STATEMENT**

Release Tracking Number

3 - 485

Pursuant to 310 CMR 40.0484 (Subpart D) and 40.0800 (Subpart H)

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

14. Submit a **Revised Phase IV Completion Statement**, pursuant to 310 CMR 40.0878 and 40.0879.
15. Submit a **Phase V Status Report**, pursuant to 310 CMR 40.0892.
16. Submit a **Remedial Monitoring Report**. (This report can only be submitted through eDEP.)
- a. Type of Report: (check one)     i. Initial Report     ii. Interim Report     iii. Final Report
- b. Frequency of Submittal: (check all that apply)
- i. A Remedial Monitoring Report(s) submitted monthly to address an Imminent Hazard.
- ii. A Remedial Monitoring Report(s) submitted monthly to address a Condition of Substantial Release Migration.
- iii. A Remedial Monitoring Report(s) submitted every six months, concurrent with a Status Report.
- iv. A Remedial Monitoring Report(s) submitted annually, concurrent with a Status Report.
- c. Status of Site: (check one)     i. Phase IV     ii. Phase V     iii. Remedy Operation Status     iv. Temporary Solution
- d. Number of Remedial Systems and/or Monitoring Programs:    3
- A separate BWSC108A, CRA Remedial Monitoring Report, must be filled out for each Remedial System and/or Monitoring Program addressed by this transmittal form.
17. Submit a **Remedy Operation Status**, pursuant to 310 CMR 40.0893.
18. Submit a **Status Report to maintain a Remedy Operation Status**, pursuant to 310 CMR 40.0893(2).
19. Submit a **Transfer and/or a Modification of Persons Maintaining a Remedy Operation Status (ROS)**, pursuant to 310 CMR 40.0893(5) (check one, or both, if applicable).
- a. Submit a Transfer of Persons Maintaining an ROS (the transferee should be the person listed in Section D, "Person Undertaking Response Actions").
- b. Submit a Modification of Persons Maintaining an ROS (the primary representative should be the person listed in Section D, "Person Undertaking Response Actions").
- c. Number of Persons Maintaining an ROS not including the primary representative: \_\_\_\_\_
20. Submit a **Termination of a Remedy Operation Status**, pursuant to 310 CMR 40.0893(6). (check one)
- a. Submit a notice indicating ROS performance standards have not been met. A plan and timetable pursuant to 310 CMR 40.0893(6) (b) for resuming the ROS are attached.
- b. Submit a notice of Termination of ROS.
21. Submit a **Phase V Completion Statement**, pursuant to 310 CMR 40.0894.
- Specify the outcome of Phase V activities: (check one)
- a. The requirements of a Permanent Solution have been met. A completed Permanent Solution Statement and Report (BWSC104) will be submitted to DEP.
- b. The requirements for a Temporary Solution have been met. A completed Temporary Solution Statement and Report (BWSC104) will be submitted to DEP.
22. Submit a **Revised Phase V Completion Statement**, pursuant to 310 CMR 40.0894.
23. Submit a **Temporary Solution Status Report**, pursuant to 310 CMR 40.0898.
24. Submit a **Plan for the Application of Remedial Additives** near a sensitive receptor, pursuant to 310 CMR 40.0046(3).
- a. Status of Site: (check one)
- i. Phase IV     ii. Phase V     iii. Remedy Operation Status     iv. Temporary Solution



**COMPREHENSIVE RESPONSE ACTION TRANSMITTAL  
FORM & PHASE I COMPLETION STATEMENT**

Release Tracking Number  
3 - 485

Pursuant to 310 CMR 40.0484 (Subpart D) and 40.0800 (Subpart H)

**C. 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 indicates that a *Phase I, Phase II, Phase III, Phase IV or Phase V Completion Statement and/or a Termination of a Remedy Operation Status* 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;

> if Section B indicates that a *Phase II Scope of Work or a Phase IV Remedy Implementation 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 indicates that an *As-Built Construction Report, a Remedy Operation Status, a Phase IV, Phase V or Temporary Solution Status Report, a Status Report to Maintain a Remedy Operation Status, a Transfer or Modification of Persons Maintaining a Remedy Operation Status and/or a 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.

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#: 4689

2. First Name: BRIAN J 3. Last Name: COTE

4. Telephone: 617-589-6175 5. Ext.: 6. Email:

7. Signature: BRIAN J COTE

8. Date: 11/5/2015 9. I.SP Stamp:

(mm/dd/yyyy)







**COMPREHENSIVE RESPONSE ACTION TRANSMITTAL  
FORM & PHASE I COMPLETION STATEMENT**

Release Tracking Number

3 - 485

Pursuant to 310 CMR 40.0484 (Subpart D) and 40.0800 (Subpart H)

**D. PERSON UNDERTAKING RESPONSE ACTIONS:**

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: VARIAN MEDICAL SYSTEMS INC

3. Contact First Name: JOHN R

4. Last Name: BUCHANAN

5. Street: 3120 HANSEN WAY M/S G-100

6. Title: ENVIRONMENTAL AFFAIRS MANAGER

7. City/Town: PALO ALTO

8. State: CA

9. ZIP Code: 943041030

10. Telephone: 650-424-6103

11. Ext: \_\_\_\_\_

12. Email: john.buchanan@varian.com

**E. RELATIONSHIP TO SITE OF PERSON UNDERTAKING RESPONSE ACTIONS:**  Check here to change relationship

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

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. 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 approval(s) issued by DEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions thereof.
- 2. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of the submittal of any Phase Reports to DEP.
- 3. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of the availability of a Phase III Remedial Action Plan.
- 4. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of the availability of a Phase IV Remedy Implementation Plan.
- 5. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of any field work involving the implementation of a Phase IV Remedial Action.
- 6. If submitting a Transfer of a Remedy Operation Status (as per 310 CMR 40.0893(5)), check here to certify that a statement detailing the compliance history for the person making this submittal (transferee) is attached.
- 7. If submitting a Modification of a Remedy Operation Status (as per 310 CMR 40.0893(5)), check here to certify that a statement detailing the compliance history for each new person making this submittal is attached.
- 8. 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](mailto:BWSC.eDEP@state.ma.us).
- 9. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.



**COMPREHENSIVE RESPONSE ACTION TRANSMITTAL  
FORM & PHASE I COMPLETION STATEMENT**

Release Tracking Number  
3 - 485

Pursuant to 310 CMR 40.0484 (Subpart D) and 40.0800 (Subpart H)

**G. CERTIFICATION OF PERSON UNDERTAKING RESPONSE ACTIONS:**

I, JOHN R BUCHANAN, 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.

>if Section B indicates that this is a **Modification of a Remedy Operation Status (ROS)**, I attest under the pains and penalties of perjury that I am fully authorized to act on behalf of all persons performing response actions under the ROS as stated in 310 CMR 40.0893(5)(d) to receive oral and written correspondence from MassDEP with respect to performance of response actions under the ROS, and to receive a statement of fee amount as per 4.03(3).

I understand that any material received by the Primary Representative from MassDEP shall be deemed received by all the persons performing response actions under the ROS, and I am 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: JOHN R BUCHANAN 3. Title: ENVIRONMENTAL AFFAIRS MANAGER  
Signature

4. For: VARIAN MEDICAL SYSTEMS INC 5. Date: 11/4/2015  
(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.

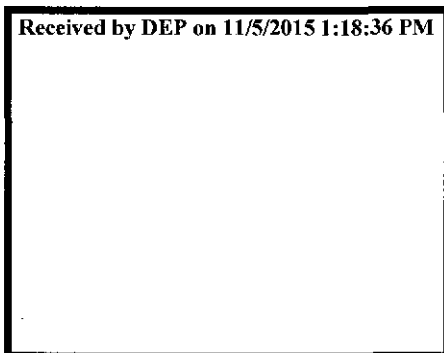
7. Street: \_\_\_\_\_

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

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

**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:)





COMPLAINT AND INQUIRY LOG FORM

NE - 15 - 8747

**A. COMPLAINT AND INQUIRY LOCATION:**

1. Street Address: 51 WATER STREET  
 2. City/Town: NEWBURYPORT  
 3. Caller: USCG SEAMAN PHILLIPS  
 4. Telephone: 9784623428

**B. THIS FORM IS BEING USED TO:**

1. Date and Time of Complaint, Inquiry or Update: 11/9/2015 Time: 05:02  AM  PM  
 (mm/dd/yyyy) (hh:mm)

2. Record a New Complaint.  3. Record a New Inquiry.  
 4. Record an Update of a Previously submitted Complaint or Inquiry.

**C. DESCRIPTIVE INFORMATION ABOUT COMPLAINT OR INQUIRY:**

1. Report Description (Check one Complaint Type):

<input type="radio"/> a. Drum(s)	<input type="radio"/> b. Bureau of Waste Prevention Matter	<input type="radio"/> c. Dumping	<input type="radio"/> d. Fill Material
<input type="radio"/> e. Odors	<input type="radio"/> f. Bureau of Resource Protection Matter	<input type="radio"/> g. Smoke	<input type="radio"/> h. Vapors
<input type="radio"/> i. Fire	<input checked="" type="radio"/> j. Spill or Leak Exempt from Reporting	<input type="radio"/> k. Sheen	<input type="radio"/> l. Fish Kill
<input type="radio"/> m. Sewage	<input type="radio"/> n. Vehicle Accident	<input type="radio"/> o. Unknown	<input type="radio"/> p. Other

2. Involved Party: NOT IDENTIFIED

3. Comments: (record additional comments in Section F)  
 EXEMPT SHEEN ON MERRIMACK RIVER WITH SOURCE NOT IDENTIFIED

**D. DISPOSITION OF COMPLAINT OR INQUIRY: (check one)**

1. Site Visit  2. Compliance Site Visit  3. Field Follow-up  4. Further Action Required  5. No Action Taken  
 6. Release or Threat of Release Exempt from Reporting Requirements (not referred.)  
 7. Refer to Other DEP Division; (check one)

<input type="radio"/> a. Air Quality	<input type="radio"/> b. Hazardous Waste	<input type="radio"/> c. Enforcement/Strike Force
<input type="radio"/> d. Solid Waste	<input type="radio"/> e. Water Supply	<input type="radio"/> f. Industrial Waste Water
<input type="radio"/> g. Water Pollution	<input type="radio"/> h. Other	<input type="radio"/> i. Wetlands and Waterways

8. Refer to Other Agency; (check one)

<input type="radio"/> a. EPA	<input type="radio"/> b. DPH	<input type="radio"/> c. US DOT
<input checked="" type="radio"/> d. US Coast Guard	<input type="radio"/> e. Board of Health	<input type="radio"/> f. Local Fire Dept.
		<input type="radio"/> g. Other

**E. DEP ASSIGNMENT:**

1. DEP Staff: a. Name: KENNETH SANDERSON  b. Check here, if Unassigned (or staff name not applicable).  
 2. Preparer Signature: KENNETH SANDERSON 3. Date: 11/9/2015



**Massachusetts Department of Environmental Protection**  
*Bureau of Waste Site Cleanup*

**COMPLAINT AND INQUIRY LOG FORM**

**BWSC100**

Complaint ID Number

NE - 15 - 8747

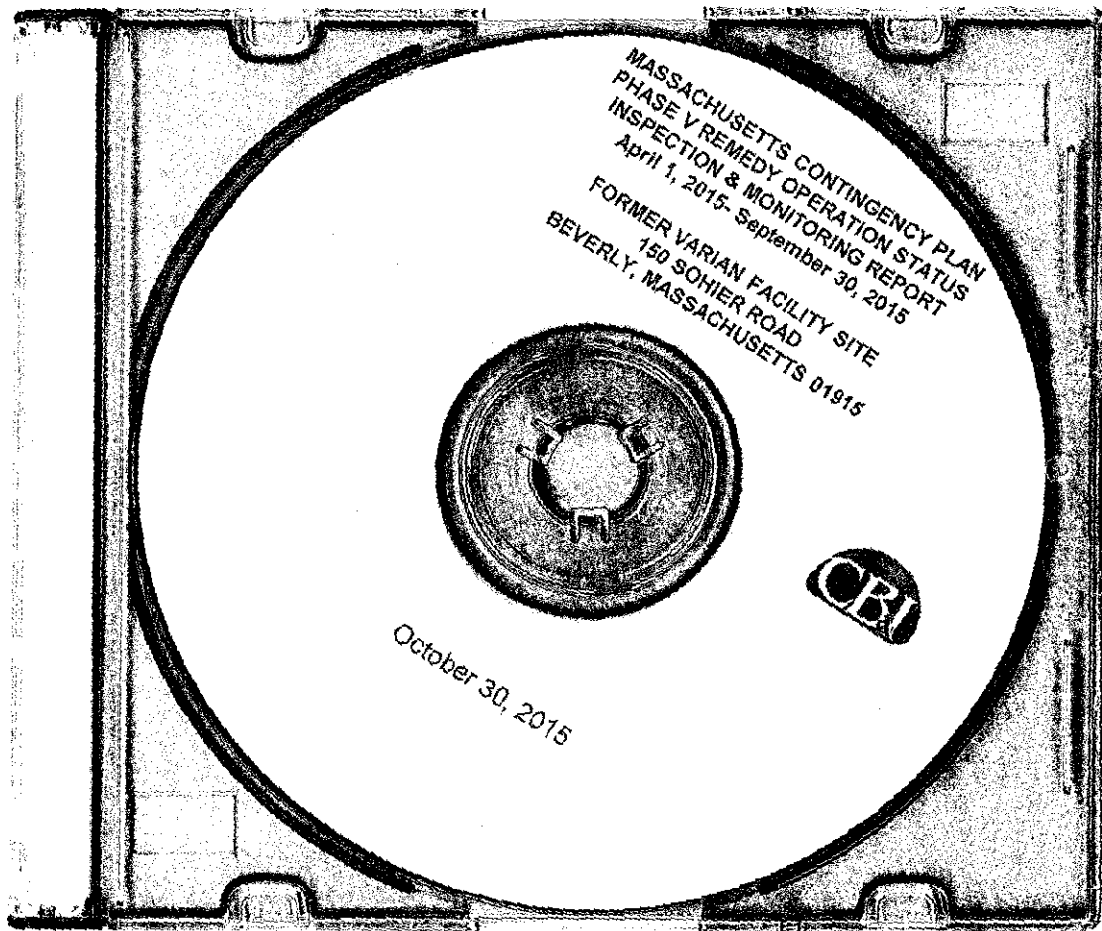
**F. ADDITIONAL COMMENTS AND DESCRIPTION:**

USCG'S SEAMAN PHILLIPS REPORTED HE OBSERVED A SHEEN ON THE MERRIMACK RIVER. HE STATED THAT THE SHEEN WAS ABOUT ONE MILE LONG BY ABOUT TEN FEET WIDE. HE STATED THAT THE SPECIFIC SOURCE IS NOT KNOWN. HE INDICATED THAT THE SHEEN APPEARED TO COME FROM THE NEWBURYPORT MARINA HOWEVER BOATS AND VESSELS WERE NOT FOUND. HE STATED THAT THE USCG WOULD MONITOR THE INCIDENT AND IF SITE CONDITIONS WERE TO CHANGE OR IF HE NEEDS ADDITIONAL ASSISTANCE THAT HE WOULD IMMEDIATELY CALL THE MASSDEP ER LINE.

EXEMPT FROM 21E AS THIS SHEEN HAS NOT APPARENT RELEASE SOURCE AND WILL LIKELY DISSIPATE AND NOT RECUR. ADEQUATE OVERSIGHT PROVIDED BY THE USCG.

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Check here if additional info is provided in an attachment.



MASSACHUSETTS CONTINGENCY PLAN  
PHASE V REMEDY OPERATION STATUS  
INSPECTION & MONITORING REPORT  
April 1, 2015- September 30, 2015  
FORMER VARIAN FACILITY SITE  
150 SOHIER ROAD  
BEVERLY, MASSACHUSETTS 01915



October 30, 2015