



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

Release Tracking Number

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

A. SITE LOCATION:

1. Site Name: _____
2. Street Address: _____
3. City/Town: _____ 4. ZIP Code: _____
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.



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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: _____
- 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



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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 #: _____

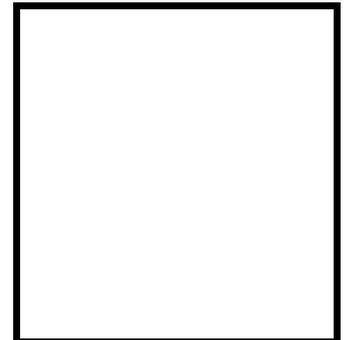
2. First Name: _____ 3. Last Name: _____

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

7. Signature: _____

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

9. LSP Stamp:





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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: _____
3. Contact First Name: _____ 4. Last Name: _____
5. Street: _____ 6. Title: _____
7. City/Town: _____ 8. State: _____ 9. ZIP Code: _____
10. Telephone: _____ 11. Ext.: _____ 12. Email: _____

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



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

G. CERTIFICATION OF PERSON UNDERTAKING RESPONSE ACTIONS:

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.

>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: _____ 3. Title: _____
Signature

4. For: _____ 5. Date: _____
(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:)



**COMPREHENSIVE RESPONSE ACTION REMEDIAL
MONITORING REPORT**

Pursuant to 310 CMR 40.0800 (Subpart H)

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Remedial System or Monitoring Program: _____ of: _____

A. DESCRIPTION OF ACTIVE OPERATION AND MAINTENANCE ACTIVITY:

1. Type of Active Operation and Maintenance Activity: (check all that apply)

- a. Active Remedial System: (check all that apply)
 - i. NAPL Recovery
 - ii. Soil Vapor Extraction/Bioventing
 - iii. Vapor-phase Carbon Adsorption
 - iv. Groundwater Recovery
 - v. Dual/Multi-phase Extraction
 - vi. Aqueous-phase Carbon Adsorption
 - vii. Air Stripping
 - viii. Sparging/Biosparging
 - ix. Cat/Thermal Oxidation
 - x. Other Describe: _____

- b. Active Exposure Pathway Elimination Measure:
Active Exposure Pathway Mitigation System to address (check one): i. Indoor Air ii. Drinking Water

- c. Application of Remedial Additives: (check all that apply)
 - i. To the Subsurface
 - ii. To Groundwater (Injection)
 - iii. To the Surface

- d. Active Remedial Monitoring Program Without the Application of Remedial Additives: (check all that apply; Sections C, D and E are not required; attach supporting information, data, maps and/or sketches needed by checking Section G5)
 - i. Reactive Wall
 - ii. Natural Attenuation
 - iii. Other Describe: _____

2. Mode of Operation: (check one)

- a. Continuous
- b. Intermittent
- c. Pulsed
- d. One-time Event Only
- e. Other: _____

3. System Effluent/Discharge: (check all that apply)

- a. Sanitary Sewer/POTW
- b. Groundwater Re-infiltration/Re-injection: (check one)
 - i. Downgradient
 - ii. Upgradient
- c. Vapor-phase Discharge to Ambient Air: (check one)
 - i. Off-gas Controls
 - ii. No Off-gas Controls
- d. Drinking Water Supply
- e. Surface Water (including Storm Drains)
- f. Other Describe: _____

B. MONITORING FREQUENCY:

1. Reporting period that is the subject of this submittal: From: _____ To: _____
(mm/dd/yyyy) (mm/dd/yyyy)

2. Number of monitoring events during the reporting period: (check one)

- a. System Startup: (if applicable)
 - i. Days 1, 3, 6, and then weekly thereafter, for the first month.
 - ii. Other Describe: _____

- b. Post-system Startup (after first month) or Monitoring Program:
 - i. Monthly
 - ii. Quarterly
 - iii. Annually
 - iv. Other Describe: _____

3. Check here to certify that the number of required monitoring events were conducted during the reporting period.

C. EFFLUENT/DISCHARGE REGULATION: (check one to indicate how the effluent/discharge limits were established)

- 1. NPDES: (check one)
 - a. Remediation General Permit
 - b. Individual Permit
 - c. Emergency Exclusion
 Effective Date of Permit: _____
(mm/dd/yyyy)

2. MCP Performance Standard MCP Citations(s): _____

3. DEP Approval Letter Date of Letter: _____
(mm/dd/yyyy)

4. Other Describe: _____



COMPREHENSIVE RESPONSE ACTION REMEDIAL MONITORING REPORT Pursuant to 310 CMR 40.0800 (Subpart H)

Release Tracking Number

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Remedial System or Monitoring Program: _____ of: _____

D. WASTEWATER TREATMENT PLANT OPERATOR: (check one)

- 1. Required due to Remedial Wastewater Treatment Plant in place for more than 30 days.
 - a. Name: _____ b. Grade: _____
 - c. License No.: _____ d. License Exp. Date: _____
 (mm/dd/yyyy)
- 2. Not Required
- 3. Not Applicable

E. STATUS OF ACTIVE REMEDIAL SYSTEM OR ACTIVE REMEDIAL MONITORING PROGRAM DURING REPORTING PERIOD:

(check all that apply)

- 1. The Active Remedial System was functional one or more days during the Reporting Period.
 - a. Days System was Fully Functional: _____ b. GW Recovered (gals): _____
 - c. NAPL Recovered (gals): _____ d. GW Discharged (gals): _____
 - e. Avg. Soil Gas Recovery Rate (scfm): _____ f. Avg. Sparging Rate (scfm) : _____

2. Remedial Additives: (check all that apply)

- a. No Remedial Additives applied during the Reporting Period.
- b. Enhanced Bioremediation Additives applied: (total quantity applied at the site for the current reporting period)

i. Nitrogen/Phosphorus:

Name of Additive	Date	Quantity	Units

ii. Peroxides:

Name of Additive	Date	Quantity	Units

iii. Microorganisms:

Name of Additive	Date	Quantity	Units

iv. Other:

Name of Additive	Date	Quantity	Units

c. Chemical oxidation/reduction additives applied: (total quantity applied at the site for the current reporting period)

i. Permanganates:

Name of Additive	Date	Quantity	Units

ii. Peroxides:

Name of Additive	Date	Quantity	Units

iii. Persulfates:

Name of Additive	Date	Quantity	Units

iv. Other:

Name of Additive	Date	Quantity	Units



COMPREHENSIVE RESPONSE ACTION REMEDIAL MONITORING REPORT Pursuant to 310 CMR 40.0800 (Subpart H)

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Remedial System or Monitoring Program: _____ of: _____

E. STATUS OF ACTIVE REMEDIAL SYSTEM OR ACTIVE REMEDIAL MONITORING PROGRAM DURING REPORTING PERIOD: (cont.)
 (check all that apply)

d. Other additives applied: (total quantity applied at the site for the current reporting period)

Name of Additive	Date	Quantity	Units

Name of Additive	Date	Quantity	Units

e. Check here if any additional Remedial Additives were applied. Attach list of additional additives and include Name of Additive, Date Applied, Quantity Applied and Units (in gals. or lbs.)

F. SHUTDOWNS OF ACTIVE REMEDIAL SYSTEM OR ACTIVE REMEDIAL MONITORING PROGRAM: (check all that apply)

1. The Active Remedial System had unscheduled shutdowns on one or more occasions during the Reporting Period.

a. Number of Unscheduled Shutdowns: _____ b. Total Number of Days of Unscheduled Shutdowns: _____

c. Reason(s) for Unscheduled Shutdowns: _____

2. The Active Remedial System had scheduled shutdowns on one or more occasions during the Reporting Period.

a. Number of Scheduled Shutdowns: _____ b. Total Number of Days of Scheduled Shutdowns: _____

c. Reason(s) for Scheduled Shutdowns: _____

3. The Active Remedial System or Active Remedial Monitoring Program was permanently shutdown/discontinued during the Reporting Period.

a. Date of Final System or Monitoring Program Shutdown: _____
 (mm/dd/yyyy)

b. No Further Effluent Discharges.

c. No Further Application of Remedial Additives planned; sufficient monitoring completed to demonstrate compliance with 310 CMR 40.0046.

d. No Further Submittals Planned.

e. Other: Describe: _____

G. SUMMARY STATEMENTS: (check all that apply for the current reporting period)

1. All Active Remedial System checks and effluent analyses required by the approved plan and/or permit were performed when applicable.

2. There were no significant problems or prolonged (>25% of reporting period) unscheduled shutdowns of the Active Remedial System.

3. The Active Remedial System or Active Remedial Monitoring Program operated in conformance with the MCP, and all applicable approval conditions and/or permits.

4. Indicate any Operational Problems or Notes:

5. Check here if additional/supporting Information, data, maps, and/or sketches are attached to the form.

