

**APPENDIX B**

**Photograph Log**

**City of New Bedford  
NBHS Release Abatement Measure – Soil Excavation & Removal  
New Bedford, Massachusetts  
August 1, 2011 through January 5, 2012**



Photo 1 – Beginning of off-site transportation of impacted soil (August 1, 2011).



Photo 2 - Southern Island excavation with E-BAM dust monitor in foreground (August 9, 2011).



Photo 3 – Stormwater Pollution Prevention Plan (SWPPP) permit posted at NBHS (August 9, 2011).



Photo 4 – SWPPP permit posted at the Transfer Station stockpile area (August 9, 2011).

City of New Bedford  
NBHS Release Abatement Measure – Soil Excavation & Removal  
New Bedford, Massachusetts  
August 1, 2011 through January 5, 2012



Photo 5 – Stockpile area on August 9, 2011 (prior to initiation of island excavations) with E-BAM dust monitor in foreground. Drums in center of photograph not associated with RAM activities.



Photo 6 – Center portion of Southern Island excavation. (August 11, 2011).



Photo 7 – Clean Harbors (CHES) repairing silt fence at Transfer Station stockpile area per SWPPP (August 11, 2011).

City of New Bedford  
NBHS Release Abatement Measure – Soil Excavation & Removal  
New Bedford, Massachusetts  
August 1, 2011 through January 5, 2012



Photo 8 – Tree removal from Southern Island (August 12, 2011).



Photo 9 – Southern Island excavation (August 12, 2011).



Photo 10 – Management and protection of stockpiles at Transfer Station following heavy rain (August 15, 2011).

City of New Bedford  
NBHS Release Abatement Measure – Soil Excavation & Removal  
New Bedford, Massachusetts  
August 1, 2011 through January 5, 2012



Photo 11 – Treatment of Stockpile C using Enviroblend 90/10 stabilization material (August 16, 2011).



Photo 12 – Southern end of Hathaway Strip excavation (August 17, 2011).



Photo 13 – Excavation around tree in Hathaway Boulevard Strip (August 17, 2011).



Photo 14 – Excavation around trees in Hathaway Boulevard Strip (August 17, 2011).

**City of New Bedford  
NBHS Release Abatement Measure – Soil Excavation & Removal  
New Bedford, Massachusetts  
August 1, 2011 through January 5, 2012**



Photo 15 – Gravel vehicle tread cleaning pad entering Triangle Island excavation area (August 17, 2011).



Photo 16 – Excavation activities in Triangle Island (August 17, 2011).



Photo 17 – Spreading calcium silicate on access road to Transfer Station stockpile area to minimize dust from vehicles (August 17, 2011).



Photo 18 – Triangle Island area around tree TI-3 backfilled and graded in preparation for paving (August 18, 2011).

**City of New Bedford**  
**NBHS Release Abatement Measure – Soil Excavation & Removal**  
**New Bedford, Massachusetts**  
**August 1, 2011 through January 5, 2012**



Photo 19 – Backfilled Hathaway Boulevard Strip excavation (August 19, 2011).



Photo 20 – Backfilled Hathaway Boulevard Strip excavation (August 19, 2011).



Photo 21 – Tree radius marked prior to excavation of Divide Strip (August 19, 2011).



Photo 22 – Test pit excavation within Flagpole Island to locate existing utilities (August 19, 2011).

City of New Bedford  
NBHS Release Abatement Measure – Soil Excavation & Removal  
New Bedford, Massachusetts  
August 1, 2011 through January 5, 2012



Photo 23 – Surveying of existing utilities within Flagpole Island test pit (August 19, 2011).



Photo 24 – Completed Triangle Island excavation in preparation for paving (August 19, 2011).



Photo 25 – Divide Strip excavation (August 20, 2011).



Photo 26 – Triangle Island pavement (August 22, 2011).

City of New Bedford  
NBHS Release Abatement Measure – Soil Excavation & Removal  
New Bedford, Massachusetts  
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Photo 27 – Excavation around tree TI-1 in Triangle Island (August 22, 2011).



Photo 28 – Air knifing with dust suppression water mist around tree roots and root ball (August 22, 2011).



Photo 29- Excavation around tree root ball in Hathaway Strip (August 23, 2011).



Photo 30– Completed excavations around trees in Hathaway Strip (August 23, 2011).

City of New Bedford  
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Photo 31- Transfer Station stockpile area on August 23, 2011.



Photo 32 – Tree root excavation in Divide Strip (August 24, 2011).



Photo 33 – Tree root excavation around at tree TI-3 in Triangle Island (August 25, 2011).

City of New Bedford  
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Photo 34 – Temporary fencing reduced to Triangle Island to allow access to northern portion of NBHS campus (August 25, 2011).



Photo 35 – Triangle Island trees loamed and seeded (August 26, 2011).



Photo 36 – Completed Hathaway Strip excavation in preparation for loam and reseeded (August 26, 2011).

City of New Bedford  
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Photo 37 – Divide Strip excavation loamed and seeded (September 6, 2011).



Photo 38 – Excavation of Sign Island area (September 10, 2011).



Photo 39 – Excavation in Flagpole Island area with polyethylene sheeting to minimize potential fugitive dust (September 10, 2011).



Photo 40 – Backfilled Sign Island excavation (September 11, 2011).

City of New Bedford  
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Photo 41 – Backfilled southeastern portion of Flagpole Island (September 11, 2011).



Photo 42 – Installing manhole in Sign Island (September 12, 2011).



Photo 43 – Backfilling of catch basin trench across driveway from Sign Island to Flagpole Island (September 15, 2011).



Photo 44 – Transfer Station stockpile area (September 16, 2011).

City of New Bedford  
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Photo 45 – Offsite transportation of stockpile soil material (September 19, 2011).



Photo 46 – Sign Island backfilled and staked for final grading (September 21, 2011).



Photo 47- Transfer Station stockpile area (September 21, 2011).



Photo 48– Backfilling of northern portion of Flagpole (September 24, 2011).

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Photo 49 – Hay wattles placed along Sign Island where curbing has been removed as erosion control measure (September 24, 2011).



Photo 50 – Street sweeper maintaining access road to Transfer Station stockpile area (September 24, 2011).



Photo 51- Excavation in northeastern corner of Flagpole Island (September 26, 2011).



Photo 52– Preservation of existing monitoring well in Flagpole Island (September 27, 2011).

**City of New Bedford  
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Photo 53 – Soil sampling at tree TI-3 in Triangle Island associated with IRA activities (September 28, 2011).



Photo 54 – Soil boring locations associated with supplemental investigation of tree TI-3 area (September 28, 2011).



Photo 55- Transfer Station stockpile area on September 29, 2011.

City of New Bedford  
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Photo 56 – Installation of Cultec Chambers within Flagpole Island (October 12, 2011).



Photo 57 – Concrete installation within Sign Island (October 12, 2011).



Photo 58 - Installation of Cultec Chambers within Flagpole Island (October 12, 2011).



Photo 59– Transfer Station stockpile area (October 13, 2011).

**City of New Bedford  
NBHS Release Abatement Measure – Soil Excavation & Removal  
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August 1, 2011 through January 5, 2012**



Photo 60 – Pavement within Flagpole Island area (November 3, 2011).



Photo 61 – Stockpiling of soil material at Transfer Station (November 7, 2011).



Photo 62 – Transfer Station stockpile area (November 9, 2011).



Photo 63 – Loading of soil material at Transfer Station stockpile area for transportation offsite (November 16, 2011).

City of New Bedford  
NBHS Release Abatement Measure – Soil Excavation & Removal  
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Photo 64 – Soil removal and dust monitoring at HB-22 spot excavation (December 17, 2011).



Photo 65 – Loading of cubic yard boxes with HB-22 excavation soil material (December 17, 2011).



Photo 66 – Loading of stockpiled material for offsite disposal (January 3, 2012).



Photo 67 – Loading of stockpiled material for offsite disposal (January 5, 2012).

## **APPENDIX C**

### **Bill-of-Lading, Attestation of Completion and Manifest Documentation**

## **Bill-of-Lading Documents**





**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: 2453 Tons     Cu. Yds.    Gallons

5. Contaminant Source (check one):

- a. Transportation Accident     b. Underground Storage Tank     c. Brownfields Redevelopment  
 d. Other: **HISTORIC FILL ACTIVITIES**

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: 4/6/2011    ii. Type of Documentation: **RAM PLAN**  
(mm/dd/yyyy)

**D. TRANSPORTER OR COMMON CARRIER INFORMATION:**

1. Transporter/Common Carrier Name: **CITY OF NEW BEDFORD - DEPARTMENT OF PUBLIC INFRASTRUCTURE**

2. Contact First Name: **EUZEBIO**    3. Last Name: **ARRUDA**

4. Street: **1105 SHAWMUT AVENUE**    5. Title: **SUPERINTENDENT OF HIGHWAYS**

6. City/Town: **NEW BEDFORD**    7. State: **MA**    8. Zip Code: **027460000**

9. Telephone: **508-991-6395**    10. Ext: \_\_\_\_\_    11. Fax: **5089916152**



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

- 1. Operator/Facility Name **SHAWMUT AVENUE TRANSFER STATION**
- 2. Contact First Name: **LAWRENCE** 3. Last Name: **WARDEN**
- 4. Street: **1103 SHAWMUT AVENUE** 5. Title: **COMMISSIONER, DEPT OF PUB. FAC**
- 6. City/Town: **NEW BEDFORD** 7. State: **MA** 8. Zip Code: **027460000**
- 9. Telephone: **5089916156** 10. Ext: 11. Fax: **5089613133**
- 12. Type of Facility: (Check one)
  - a. Temporary Storage i. Period of Temporary Storage: **4/16/2011** to **7/21/2011**  
(mm/dd/yyyy) (mm/dd/yyyy)
  - ii. Reason for Temporary Storage: **SOIL SEGREGATION AND DISPOSAL CHARACTERIZATION**
  - 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: \_\_\_\_\_
- 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 #: **1488**
- 2. First Name: **DAVID M** 3. Last Name: **SULLIVAN**
- 4. Telephone: **9786563565** 5. Ext. \_\_\_\_\_
- 6. FAX: \_\_\_\_\_
- 7. Signature: **DAVID M SULLIVAN**
- 8. Date: **4/15/2011**  
(mm/dd/yyyy) 9. LSP Stamp: \_\_\_\_\_





**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**G. PERSON SUBMITTING BILL OF LADING:**

- 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:
- 3. Contact First Name: **SCOTT** 4. Last Name: **ALFONSE**
- 5. Street: **133 WILLIAM STREET** 6. Title: **DIRECTOR, ENVIRONMENTAL STEW**
- 7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **027400000**
- 10. Telephone: **5089791487** 11. Ext: 12. Fax:

**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:

- 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 ATTACHMENTS 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. property address. 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, **Scott Alfonse**, 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: **Scott Alfonse** 3. Title: **DIRECTOR, ENVIRONMENTAL STEWA**
- 4. For **SCOTT ALFONSE** 5 Date: **4/15/2011**
- (Name of person or entity recorded in Section H) (mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 | - | 15685

**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 H.

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

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

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

**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**  
**4/16/2011 7:32:10 AM**



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

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

1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
2. Street Address: **230 HATHAWAY BLVD**
3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:  
 a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
6. If applicable provide the Permit Number: \_\_\_\_\_

**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):
- |  |  |
|--|--|
| <input type="checkbox"/> a. Immediate Response Action (IRA)            | <input type="checkbox"/> e. Comprehensive Response Actions   |
| <input checked="" type="checkbox"/> b. Release Abatement Measure (RAM) | <input type="checkbox"/> f.. Limited Removal Action (LRA):<br>(must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP) |
| <input type="checkbox"/> c. Downgradient Property Status (DPS)         | <input type="checkbox"/> g. Other _____  |
| <input type="checkbox"/> 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 **8/9/2011** to **10/1/2011**  
 (mm/dd/yyyy) (mm/dd/yyyy)

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

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):
- |   |   |  |                                      |  |
|---|---|--|--------------------------------------|--|
| <input checked="" type="checkbox"/> a. Soil               | <input type="checkbox"/> b. Groundwater                   | <input type="checkbox"/> c. Surface Water                          | <input type="checkbox"/> d. Sediment | <input type="checkbox"/> e. Vegetation or Organic Debris |
| <input type="checkbox"/> f. Demolition/Construction Waste | <input type="checkbox"/> g. Inorganic Absorbent Materials | <input checked="" type="checkbox"/> h. Other: <b>HISTORIC FILL</b> |                                      |  |
2. Uncontainerized Waste (check all that apply):
- a. Inorganic Absorbent Materials  b. Other: \_\_\_\_\_



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

**4** - **15685**

**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:   
2. Contact First Name:     3. Last Name:   
4. Street:     5. Title:   
6. City/Town:     7. State:     8. Zip Code:   
9. Telephone:     10. Ext:     11. Fax:



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **SHAWMUT AVENUE TRANSFER STATION**

2. Contact First Name: **LAWRENCE** 3. Last Name: **WARDEN**

4. Street: **1103 SHAWMUT AVENUE** 5. Title: **COMMISSIONER, DEPT. OF PUB. F**

6. City/Town: **NEW BEDFORD** 7. State: **MA** 8. Zip Code: **027460000**

9. Telephone: **508-991-6156** 10. Ext:  11. Fax: **508-961-3133**

12. Type of Facility: (Check one)

a. Temporary Storage i. Period of Temporary Storage: **8/9/2011** to **12/6/2011**  
 (mm/dd/yyyy) (mm/dd/yyyy)

ii. Reason for Temporary Storage: **SOIL SEGREGATION IN SUPPORT OF CHARACTERIZATION AND AS NEEDED TREATMENT PENDING OFFSITE DISPOSAL**

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:

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 #: **1488**

2. First Name: **DAVID M** 3. Last Name: **SULLIVAN**

4. Telephone: **9786563565** 5. Ext.

6. FAX:

7. Signature: **David M Sullivan**

8. Date: **8/8/2011**  
 (mm/dd/yyyy)

9. LSP Stamp:



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**G. PERSON SUBMITTING BILL OF LADING:**

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: \_\_\_\_\_
3. Contact First Name: **SCOTT** 4. Last Name: **ALFONSE**
5. Street: **133 WILLIAM STREET** 6. Title: **DIRECTOR, ENVIRONMENTAL STEW**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **02740000**
10. Telephone: **5089791487** 11. Ext: \_\_\_\_\_ 12. Fax: \_\_\_\_\_

**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: \_\_\_\_\_
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 ATTACHMENTS 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. property address. 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, **Scott Alfonse**, 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: **Scott Alfonse** 3. Title: **DIRECTOR, ENVIRONMENTAL STEWA**
4. For: **SCOTT ALFONSE** 5. Date: **8/8/2011**  
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4

- 15685

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**8/8/2011 2:40:38 PM**



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

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

1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
2. Street Address: **230 HATHAWAY BLVD**
3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:  
 a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
6. If applicable provide the Permit Number: \_\_\_\_\_

**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 **8/9/2011** to **10/1/2011**  
 (mm/dd/yyyy) (mm/dd/yyyy)

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

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: **HISTORIC FILL**
2. Uncontainerized Waste (check all that apply):  
 a. Inorganic Absorbent Materials  b. Other: \_\_\_\_\_



**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:   
2. Contact First Name:     3. Last Name:   
4. Street:     5. Title:   
6. City/Town:     7. State:     8. Zip Code:   
9. Telephone:     10. Ext:     11. Fax:



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **WASTE MANAGEMENT - TAUNTON LANDFILL**

2. Contact First Name: **JOYCE** 3. Last Name: **GAUTHIER**

4. Street: **330 EAST BRITANNIA STREET** 5. Title: **TECHNICAL SERVICES REP.**

6. City/Town: **TAUNTON** 7. State: **MA** 8. Zip Code: **027800000**

9. Telephone: **603-330-2114** 10. Ext:  11. Fax: **603-330-2198**

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:

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 #: **1488**

2. First Name: **DAVID M** 3. Last Name: **SULLIVAN**

4. Telephone: **9786563565** 5. Ext.

6. FAX:

7. Signature: **David M Sullivan**

8. Date: **8/8/2011**  
(mm/dd/yyyy)

9. LSP Stamp:



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

**G. PERSON SUBMITTING BILL OF LADING:**

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: \_\_\_\_\_
3. Contact First Name: **SCOTT** 4. Last Name: **ALFONSE**
5. Street: **133 WILLIAM STREET** 6. Title: **DIRECTOR, ENVIRONMENTAL STEW**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **027400000**
10. Telephone: **5089791487** 11. Ext: \_\_\_\_\_ 12. Fax: \_\_\_\_\_

**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: \_\_\_\_\_
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 ATTACHMENTS 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. property address. 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, **Scott Alfonse**, 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: **Scott Alfonse** 3. Title: **DIRECTOR, ENVIRONMENTAL STEWA**
4. For: **SCOTT ALFONSE** 5. Date: **8/8/2011**  
 (Name of person or entity recorded in Section H) (mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4

- 15685

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**8/8/2011 2:41:31 PM**



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

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

1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
2. Street Address: **230 HATHAWAY BLVD**
3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:  
 a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
6. If applicable provide the Permit Number: \_\_\_\_\_

**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):
- |  |  |
|--|--|
| <input type="checkbox"/> a. Immediate Response Action (IRA)            | <input type="checkbox"/> e. Comprehensive Response Actions   |
| <input checked="" type="checkbox"/> b. Release Abatement Measure (RAM) | <input type="checkbox"/> f.. Limited Removal Action (LRA):<br>(must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP) |
| <input type="checkbox"/> c. Downgradient Property Status (DPS)         | <input type="checkbox"/> g. Other _____  |
| <input type="checkbox"/> 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 **8/9/2011** to **10/1/2011**  
 (mm/dd/yyyy) (mm/dd/yyyy)

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

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):
- |   |   |  |                                      |  |
|---|---|--|--------------------------------------|--|
| <input checked="" type="checkbox"/> a. Soil               | <input type="checkbox"/> b. Groundwater                   | <input type="checkbox"/> c. Surface Water                          | <input type="checkbox"/> d. Sediment | <input type="checkbox"/> e. Vegetation or Organic Debris |
| <input type="checkbox"/> f. Demolition/Construction Waste | <input type="checkbox"/> g. Inorganic Absorbent Materials | <input checked="" type="checkbox"/> h. Other: <b>HISTORIC FILL</b> |                                      |  |
2. Uncontainerized Waste (check all that apply):
- |   |  |
|---|--|
| <input type="checkbox"/> a. Inorganic Absorbent Materials | <input type="checkbox"/> b. Other: _____ |
|---|--|



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**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:

2. Contact First Name:  3. Last Name:

4. Street:  5. Title:

6. City/Town:  7. State:  8. Zip Code:

9. Telephone:  10. Ext:  11. Fax:



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **WASTE MANAGEMENT - TURNKEY LANDFILL**

2. Contact First Name: **JOYCE** 3. Last Name: **GAUTHIER**

4. Street: **90 ROCHESTER NECK ROAD** 5. Title: **TECHNICAL SERVICES REP.**

6. City/Town: **ROCHESTER** 7. State: **NH** 8. Zip Code: **038390000**

9. Telephone: **603-330-2114** 10. Ext:  11. Fax: **603-330-2198**

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:

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 #: **1488**

2. First Name: **DAVID M** 3. Last Name: **SULLIVAN**

4. Telephone: **9786563565** 5. Ext.

6. FAX:

7. Signature: **David M Sullivan**

8. Date: **8/8/2011**  
(mm/dd/yyyy)

9. LSP Stamp:



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

**G. PERSON SUBMITTING BILL OF LADING:**

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: \_\_\_\_\_
3. Contact First Name: **SCOTT** 4. Last Name: **ALFONSE**
5. Street: **133 WILLIAM STREET** 6. Title: **DIRECTOR, ENVIRONMENTAL STEW**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **02740000**
10. Telephone: **5089791487** 11. Ext: \_\_\_\_\_ 12. Fax: \_\_\_\_\_

**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: \_\_\_\_\_
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 ATTACHMENTS 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. property address. 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, **Scott Alfonse**, 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: **Scott Alfonse** 3. Title: **DIRECTOR, ENVIRONMENTAL STEWA**
4. For: **SCOTT ALFONSE** 5. Date: **8/8/2011**  
 (Name of person or entity recorded in Section H) (mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4

- 15685

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**8/8/2011 2:41:07 PM**



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

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

1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
2. Street Address: **230 HATHAWAY BLVD**
3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:  
 a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
6. If applicable provide the Permit Number: \_\_\_\_\_

**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 **8/15/2011** to **8/25/2011**  
 (mm/dd/yyyy) (mm/dd/yyyy)

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

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: **HISTORIC FILL**
2. Uncontainerized Waste (check all that apply):  
 a. Inorganic Absorbent Materials  b. Other: \_\_\_\_\_



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

**4 - 15685**

**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:

2. Contact First Name:     3. Last Name:

4. Street:     5. Title:

6. City/Town:     7. State:     8. Zip Code:

9. Telephone:     10. Ext:     11. Fax:



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **WASTE MANAGEMENT - TAUNTON LANDFILL**

2. Contact First Name: **JOYCE** 3. Last Name: **GAUTHIER**

4. Street: **330 EAST BRITANNIA STREET** 5. Title: **TECHNICAL SERVICES REP.**

6. City/Town: **TAUNTON** 7. State: **MA** 8. Zip Code: **027800000**

9. Telephone: **603-330-2114** 10. Ext:  11. Fax: **603-330-2198**

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:

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 #: **1488**

2. First Name: **DAVID M** 3. Last Name: **SULLIVAN**

4. Telephone: **9786563565** 5. Ext.

6. FAX:

7. Signature: **David M Sullivan**

8. Date: **9/15/2011**  
(mm/dd/yyyy)

9. LSP Stamp:



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**G. PERSON SUBMITTING BILL OF LADING:**

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: \_\_\_\_\_
3. Contact First Name: **SCOTT** 4. Last Name: **ALFONSE**
5. Street: **133 WILLIAM STREET** 6. Title: **DIRECTOR, ENVIRONMENTAL STEW**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **027400000**
10. Telephone: **5089791487** 11. Ext: \_\_\_\_\_ 12. Fax: \_\_\_\_\_

**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: \_\_\_\_\_
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 ATTACHMENTS 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. property address. 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, **Scott Alfonse**, 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: **Scott Alfonse** 3. Title: **DIRECTOR, ENVIRONMENTAL STEWA**
4. For: **SCOTT ALFONSE** 5. Date: **9/15/2011**  
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

**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 H.

7. Street:

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

11. Telephone:  12. Ext:  13. Fax:

**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):

**9/15/2011 4:06:09 PM**



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

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

1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
2. Street Address: **230 HATHAWAY BLVD**
3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:  
 a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
6. If applicable provide the Permit Number: \_\_\_\_\_

**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):
- |  |  |
|--|--|
| <input type="checkbox"/> a. Immediate Response Action (IRA)            | <input type="checkbox"/> e. Comprehensive Response Actions   |
| <input checked="" type="checkbox"/> b. Release Abatement Measure (RAM) | <input type="checkbox"/> f.. Limited Removal Action (LRA):<br>(must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP) |
| <input type="checkbox"/> c. Downgradient Property Status (DPS)         | <input type="checkbox"/> g. Other: _____   |
| <input type="checkbox"/> 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 **8/19/2011** to **8/24/2011**  
 (mm/dd/yyyy) (mm/dd/yyyy)

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

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):
- |   |   |  |                                      |  |
|---|---|--|--------------------------------------|--|
| <input type="checkbox"/> a. Soil                          | <input type="checkbox"/> b. Groundwater                   | <input type="checkbox"/> c. Surface Water                          | <input type="checkbox"/> d. Sediment | <input type="checkbox"/> e. Vegetation or Organic Debris |
| <input type="checkbox"/> f. Demolition/Construction Waste | <input type="checkbox"/> g. Inorganic Absorbent Materials | <input checked="" type="checkbox"/> h. Other: <b>HISTORIC FILL</b> |                                      |  |
2. Uncontainerized Waste (check all that apply):
- a. Inorganic Absorbent Materials  b. Other: \_\_\_\_\_



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

**4 - 15685**

**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:   
2. Contact First Name:     3. Last Name:   
4. Street:     5. Title:   
6. City/Town:     7. State:     8. Zip Code:   
9. Telephone:     10. Ext:     11. Fax:



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **WASTE MANAGEMENT - TURNKEY LANDFILL**

2. Contact First Name: **JOYCE** 3. Last Name: **GAUTHIER**

4. Street: **90 ROCHESTER NECK ROAD** 5. Title: **TECHNICAL SERVICES REP.**

6. City/Town: **ROCHESTER** 7. State: **NH** 8. Zip Code: **038390000**

9. Telephone: **603-330-2114** 10. Ext:  11. Fax: **603-330-2198**

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:

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 #: **1488**

2. First Name: **DAVID M** 3. Last Name: **SULLIVAN**

4. Telephone: **9786563565** 5. Ext.

6. FAX:

7. Signature: **David M Sullivan**

8. Date: **9/15/2011**  
(mm/dd/yyyy)

9. LSP Stamp:



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**G. PERSON SUBMITTING BILL OF LADING:**

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: \_\_\_\_\_
3. Contact First Name: **SCOTT** 4. Last Name: **ALFONSE**
5. Street: **133 WILLIAM STREET** 6. Title: **DIRECTOR, ENVIRONMENTAL STEW**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **027400000**
10. Telephone: **5089791487** 11. Ext: \_\_\_\_\_ 12. Fax: \_\_\_\_\_

**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: \_\_\_\_\_
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 ATTACHMENTS 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. property address. 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, **Scott Alfonse**, 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: **Scott Alfonse** 3. Title: **DIRECTOR, ENVIRONMENTAL STEWA**
4. For: **SCOTT ALFONSE** 5. Date: **9/15/2011**  
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**9/15/2011 4:06:43 PM**



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

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

1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
2. Street Address: **230 HATHAWAY BLVD**
3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:  
 a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
6. If applicable provide the Permit Number: \_\_\_\_\_

**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):
- |  |  |
|--|--|
| <input type="checkbox"/> a. Immediate Response Action (IRA)            | <input type="checkbox"/> e. Comprehensive Response Actions   |
| <input checked="" type="checkbox"/> b. Release Abatement Measure (RAM) | <input type="checkbox"/> f.. Limited Removal Action (LRA):<br>(must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP) |
| <input type="checkbox"/> c. Downgradient Property Status (DPS)         | <input type="checkbox"/> g. Other _____  |
| <input type="checkbox"/> 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 **8/9/2011** to **8/12/2011**  
 (mm/dd/yyyy) (mm/dd/yyyy)

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

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):
- |   |   |  |                                      |  |
|---|---|--|--------------------------------------|--|
| <input checked="" type="checkbox"/> a. Soil               | <input type="checkbox"/> b. Groundwater                   | <input type="checkbox"/> c. Surface Water                          | <input type="checkbox"/> d. Sediment | <input type="checkbox"/> e. Vegetation or Organic Debris |
| <input type="checkbox"/> f. Demolition/Construction Waste | <input type="checkbox"/> g. Inorganic Absorbent Materials | <input checked="" type="checkbox"/> h. Other: <b>HISTORIC FILL</b> |                                      |  |
2. Uncontainerized Waste (check all that apply):
- a. Inorganic Absorbent Materials  b. Other: \_\_\_\_\_



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

**4 - 15685**

**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:

2. Contact First Name:     3. Last Name:

4. Street:     5. Title:

6. City/Town:     7. State:     8. Zip Code:

9. Telephone:     10. Ext:     11. Fax:



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **WASTE MANAGEMENT - TAUNTON LANDFILL**

2. Contact First Name: **JOYCE** 3. Last Name: **GAUTHIER**

4. Street: **330 EAST BRITANNIA STREET** 5. Title: **TECHNICAL SERVICES REP.**

6. City/Town: **TAUNTON** 7. State: **MA** 8. Zip Code: **027800000**

9. Telephone: **603-330-2114** 10. Ext:  11. Fax: **603-330-2198**

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:

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 #: **1488**

2. First Name: **DAVID M** 3. Last Name: **SULLIVAN**

4. Telephone: **9786563565** 5. Ext.

6. FAX:

7. Signature: **DAVID M SULLIVAN**

8. Date: **8/29/2011**  
(mm/dd/yyyy)

9. LSP Stamp:



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

**G. PERSON SUBMITTING BILL OF LADING:**

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: \_\_\_\_\_
3. Contact First Name: **SCOTT** 4. Last Name: **ALFONSE**
5. Street: **133 WILLIAM STREET** 6. Title: **DIRECTOR, ENVIRONMENTAL STEW**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **027400000**
10. Telephone: **5089791487** 11. Ext: \_\_\_\_\_ 12. Fax: \_\_\_\_\_

**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: \_\_\_\_\_
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 ATTACHMENTS 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. property address. 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, **Scott Alfonse**, 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: **Scott Alfonse** 3. Title: \_\_\_\_\_
4. For: **SCOTT ALFONSE** 5. Date: **8/30/2011**  
 (Name of person or entity recorded in Section H) (mm/dd/yyyy)



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4

- 15685

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**8/30/2011 8:54:07 AM**



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

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

1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
2. Street Address: **230 HATHAWAY BLVD**
3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
5. Check here if a Tier Classification Submittal has been provided to DEP for this disposal site:  
 a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
6. If applicable provide the Permit Number: \_\_\_\_\_

**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):
- |  |  |
|--|--|
| <input type="checkbox"/> a. Immediate Response Action (IRA)            | <input type="checkbox"/> e. Comprehensive Response Actions   |
| <input checked="" type="checkbox"/> b. Release Abatement Measure (RAM) | <input type="checkbox"/> f.. Limited Removal Action (LRA):<br>(must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP) |
| <input type="checkbox"/> c. Downgradient Property Status (DPS)         | <input type="checkbox"/> g. Other: _____   |
| <input type="checkbox"/> 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 **8/12/2011** to **8/19/2011**  
 (mm/dd/yyyy) (mm/dd/yyyy)

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

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):
- |   |   |  |                                      |  |
|---|---|--|--------------------------------------|--|
| <input checked="" type="checkbox"/> a. Soil               | <input type="checkbox"/> b. Groundwater                   | <input type="checkbox"/> c. Surface Water                          | <input type="checkbox"/> d. Sediment | <input type="checkbox"/> e. Vegetation or Organic Debris |
| <input type="checkbox"/> f. Demolition/Construction Waste | <input type="checkbox"/> g. Inorganic Absorbent Materials | <input checked="" type="checkbox"/> h. Other: <b>HISTORIC FILL</b> |                                      |  |
2. Uncontainerized Waste (check all that apply):
- a. Inorganic Absorbent Materials  b. Other: \_\_\_\_\_



**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:   
2. Contact First Name:     3. Last Name:   
4. Street:     5. Title:   
6. City/Town:     7. State:     8. Zip Code:   
9. Telephone:     10. Ext:     11. Fax:



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **WASTE MANAGEMENT - TAUNTON LANDFILL**

2. Contact First Name: **JOYCE** 3. Last Name: **GAUTHIER**

4. Street: **330 EAST BRITANNIA STREET** 5. Title: **TECHNICAL SERVICES REP.**

6. City/Town: **TAUNTON** 7. State: **MA** 8. Zip Code: **027800000**

9. Telephone: **603-330-2114** 10. Ext:  11. Fax: **603-330-2198**

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:

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 #: **1488**

2. First Name: **DAVID M** 3. Last Name: **SULLIVAN**

4. Telephone: **9786563565** 5. Ext.

6. FAX:

7. Signature: **DAVID M SULLIVAN**

8. Date: **8/31/2011**  
(mm/dd/yyyy)

9. LSP Stamp:



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**G. PERSON SUBMITTING BILL OF LADING:**

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: \_\_\_\_\_
3. Contact First Name: **SCOTT** 4. Last Name: **ALFONSE**
5. Street: **133 WILLIAM STREET** 6. Title: **DIRECTOR, ENVIRONMENTAL STEW**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **027400000**
10. Telephone: **5089791487** 11. Ext: \_\_\_\_\_ 12. Fax: \_\_\_\_\_

**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: \_\_\_\_\_
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 ATTACHMENTS 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. property address. 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, **Scott Alfonse**, 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: **Scott Alfonse** 3. Title: **DIRECTOR, ENVIRONMENTAL STEWA**
4. For: **SCOTT ALFONSE** 5. Date: **8/31/2011**  
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**8/31/2011 5:11:59 PM**



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

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

- 1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
- 2. Street Address: **230 HATHAWAY BLVD**
- 3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
- 5. Check here if a Tier Classification Submittal has been provided to DEP for this disposal site:
  - a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
- 6. If applicable provide the Permit Number: \_\_\_\_\_

**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)
  - d. Utility Release Abatement Measure (URAM)  g. Other \_\_\_\_\_
- 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 **8/12/2011** to **8/19/2011**  
(mm/dd/yyyy) (mm/dd/yyyy)

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

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: **HISTORIC FILL**
- 2. Uncontainerized Waste (check all that apply):
  - a. Inorganic Absorbent Materials  b. Other: \_\_\_\_\_



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**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:

2. Contact First Name:  3. Last Name:

4. Street:  5. Title:

6. City/Town:  7. State:  8. Zip Code:

9. Telephone:  10. Ext:  11. Fax:



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **WASTE MANAGEMENT - TURNKEY LANDFILL**

2. Contact First Name: **JOYCE** 3. Last Name: **GAUTHIER**

4. Street: **90 ROCHESTER NECK ROAD** 5. Title: **TECHNICAL SERVICES REP.**

6. City/Town: **ROCHESTER** 7. State: **NH** 8. Zip Code: **038390000**

9. Telephone: **603-330-2114** 10. Ext:  11. Fax: **603-330-2198**

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:

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 #: **1488**

2. First Name: **DAVID M** 3. Last Name: **SULLIVAN**

4. Telephone: **9786563565** 5. Ext.

6. FAX:

7. Signature: **DAVID M SULLIVAN**

8. Date: **8/31/2011**  
(mm/dd/yyyy)

9. LSP Stamp:



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**G. PERSON SUBMITTING BILL OF LADING:**

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: \_\_\_\_\_
3. Contact First Name: **SCOTT** 4. Last Name: **ALFONSE**
5. Street: **133 WILLIAM STREET** 6. Title: **DIRECTOR, ENVIRONMENTAL STEW**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **027400000**
10. Telephone: **5089791487** 11. Ext: \_\_\_\_\_ 12. Fax: \_\_\_\_\_

**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: \_\_\_\_\_
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 ATTACHMENTS 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. property address. 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, **Scott Alfonse**, 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: **Scott Alfonse** 3. Title: \_\_\_\_\_
4. For: **SCOTT ALFONSE** 5. Date: **8/31/2011**  
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**8/31/2011 5:12:38 PM**



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

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

1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
2. Street Address: **230 HATHAWAY BLVD**
3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:  
 a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
6. If applicable provide the Permit Number: \_\_\_\_\_

**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):
- |  |  |
|--|--|
| <input type="checkbox"/> a. Immediate Response Action (IRA)            | <input type="checkbox"/> e. Comprehensive Response Actions   |
| <input checked="" type="checkbox"/> b. Release Abatement Measure (RAM) | <input type="checkbox"/> f.. Limited Removal Action (LRA):<br>(must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP) |
| <input type="checkbox"/> c. Downgradient Property Status (DPS)         | <input type="checkbox"/> g. Other _____  |
| <input type="checkbox"/> 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 **8/12/2011** to **8/19/2011**  
 (mm/dd/yyyy) (mm/dd/yyyy)

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

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):
- |   |   |  |                                      |  |
|---|---|--|--------------------------------------|--|
| <input checked="" type="checkbox"/> a. Soil               | <input type="checkbox"/> b. Groundwater                   | <input type="checkbox"/> c. Surface Water                          | <input type="checkbox"/> d. Sediment | <input type="checkbox"/> e. Vegetation or Organic Debris |
| <input type="checkbox"/> f. Demolition/Construction Waste | <input type="checkbox"/> g. Inorganic Absorbent Materials | <input checked="" type="checkbox"/> h. Other: <b>HISTORIC FILL</b> |                                      |  |
2. Uncontainerized Waste (check all that apply):
- |   |  |
|---|--|
| <input type="checkbox"/> a. Inorganic Absorbent Materials | <input type="checkbox"/> b. Other: _____ |
|---|--|



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

**4 - 15685**

**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:   
2. Contact First Name:     3. Last Name:   
4. Street:     5. Title:   
6. City/Town:     7. State:     8. Zip Code:   
9. Telephone:     10. Ext:     11. Fax:



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **WASTE MANAGEMENT - NEW HAMPSHIRE**

2. Contact First Name: **ELLEN** 3. Last Name: **BELLIO**

4. Street: **90 ROCHESTER NECK ROAD** 5. Title: **WASTE APPROVALS MANAGER**

6. City/Town: **ROCHESTER** 7. State: **NH** 8. Zip Code: **038390000**

9. Telephone: **603-360-2114** 10. Ext:  11. Fax: **603-330-2198**

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: **DES-SW-SP-95-001**

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 #: **1488**

2. First Name: **DAVID M** 3. Last Name: **SULLIVAN**

4. Telephone: **9786563565** 5. Ext.

6. FAX:

7. Signature: **David M Sullivan**

8. Date: **11/22/2011**  
 (mm/dd/yyyy)

9. LSP Stamp:



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**G. PERSON SUBMITTING BILL OF LADING:**

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: **CITY OF NEW BEDFORD**
3. Contact First Name: **SCOTT** 4. Last Name: **ALFONSE**
5. Street: **133 WILLIAM ST** 6. Title: **ENVIRONMENTAL STEWARDSHIP**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **027400000**
10. Telephone: **5089791487** 11. Ext:  12. Fax:

**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 ATTACHMENTS 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. property address. 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, **Cheryl Henlin**, 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: **Cheryl Henlin** 3. Title:

4. For: **CITY OF NEW BEDFORD** 5. Date: **11/22/2011**  
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**11/22/2011 5:02:58 PM**



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

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

- 1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
- 2. Street Address: **230 HATHAWAY BLVD**
- 3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
- 5. Check here if a Tier Classification Submittal has been provided to DEP for this disposal site:
  - a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
- 6. If applicable provide the Permit Number: \_\_\_\_\_

**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)
  - d. Utility Release Abatement Measure (URAM)  g. Other \_\_\_\_\_
- 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 **4/16/2011** to **7/5/2011**  
(mm/dd/yyyy) (mm/dd/yyyy)

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

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: **URBAN FILL**
- 2. Uncontainerized Waste (check all that apply):
  - a. Inorganic Absorbent Materials  b. Other: \_\_\_\_\_



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

**4 - 15685**

**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: **650**     Tons     Cu. Yds.     Gallons

5. Contaminant Source (check one):

- a. Transportation Accident     b. Underground Storage Tank     c. Brownfields Redevelopment  
 d. Other: **HISTORIC 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: **4/6/2011**    ii. Type of Documentation: **RAM PLAN**  
(mm/dd/yyyy)

**D. TRANSPORTER OR COMMON CARRIER INFORMATION:**

1. Transporter/Common Carrier Name: **GOULET TRUCKING INCORPORATED**

2. Contact First Name: **JEFF**    3. Last Name: **GOULET**

4. Street: **PO BOX 259, 20 INDUSTRIAL DRIVE WEST**    5. Title: \_\_\_\_\_

6. City/Town: **SOUTH DEERFIELD**    7. State: **MA**    8. Zip Code: **013730000**

9. Telephone: **888-559-2444**    10. Ext: \_\_\_\_\_    11. Fax: \_\_\_\_\_



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **ONTARIO COUNTY LANDFILL**

2. Contact First Name: **SCOTT** 3. Last Name: **SAMPSON**

4. Street: **1879 ROUTE 5 & 20** 5. Title: \_\_\_\_\_

6. City/Town: **STANLEY** 7. State: **NY** 8. Zip Code: **145610000**

9. Telephone: **585-526-4420** 10. Ext: \_\_\_\_\_ 11. Fax: **585-526-5459**

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: \_\_\_\_\_

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 #: **1488**

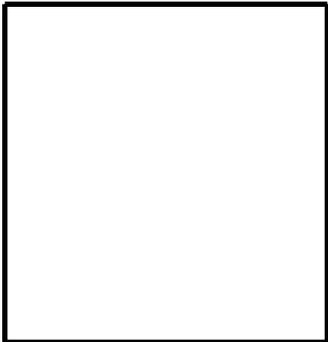
2. First Name: **DAVID M** 3. Last Name: **SULLIVAN**

4. Telephone: **9786563565** 5. Ext. \_\_\_\_\_

6. FAX: \_\_\_\_\_

7. Signature: **DAVID M SULLIVAN**

8. Date: **12/30/2011**  
(mm/dd/yyyy)

9. LSP Stamp: 



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**G. PERSON SUBMITTING BILL OF LADING:**

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: **CITY OF NEW BEDFORD**
3. Contact First Name: **CHERYL** 4. Last Name: **HENLIN**
5. Street: **133 WILLIAM ST** 6. Title: **ENVIRONMENTAL STEWARDSHIP**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **027400000**
10. Telephone: **5089614576** 11. Ext:  12. Fax:

**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 ATTACHMENTS 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. property address. 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, **Cheryl Henlin**, 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: **Cheryl Henlin** 3. Title: **ENVIRONMENTAL STEWARDSHIP**

4. For: **CITY OF NEW BEDFORD** 5. Date: **12/30/2011**  
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4

- 15685

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**12/30/2011 11:54:38 AM**



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

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

1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
2. Street Address: **230 HATHAWAY BLVD**
3. City/Town: **NEW BEDFORD** 4. Zip Code: **02740-0000**
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:  
 a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
6. If applicable provide the Permit Number:

**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 **7/22/2011** to **8/31/2011**  
 (mm/dd/yyyy) (mm/dd/yyyy)

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

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: **HISTORIC FILL**
2. Uncontainerized Waste (check all that apply):  
 a. Inorganic Absorbent Materials  b. Other:



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**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: HISTORIC FILL ACTIVITIES

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: 4/6/2011    ii. Type of Documentation: RAM PLAN  
(mm/dd/yyyy)

**D. TRANSPORTER OR COMMON CARRIER INFORMATION:**

1. Transporter/Common Carrier Name: CITY OF NEW BEDFORD - DEPARTMENT OF PUBLIC INFRASTRUCTURE  
2. Contact First Name: EUZEBIO    3. Last Name: ARRUDA  
4. Street: 1105 SHAWMUT AVENUE    5. Title: SUPERINTENDENT OF HIGHWAYS  
6. City/Town: NEW BEDFORD    7. State: MA    8. Zip Code: 02746-0000  
9. Telephone: (508) 991-6395    10. Ext: \_\_\_\_\_    11. Fax: (508) 991-6152



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

**BWSC112**

Release Tracking Number

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

**4 - 15685**

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **GREATER NB REGION REFUSE MANAGEMENT DISTRICT (CRAPO HILL)**

2. Contact First Name: **HANK** 3. Last Name: **VAN LAARHOVEN**

4. Street: **300 SAMUEL BARNET BLVD** 5. Title: **DIRECTOR**

6. City/Town: **NEW BEDFORD** 7. State: **MA** 8. Zip Code: **02745-0000**

9. Telephone: **(508) 763-5924** 10. Ext:  11. Fax:

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: **93537**

14. Division of Solid Waste Permit Number:

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 #: **1488**

2. First Name: **DAVID M** 3. Last Name: **SULLIVAN**

4. Telephone: **(978) 656-3565** 5. Ext:

6. FAX:

7. Signature: **DAVID M SULLIVAN**

8. Date: **7/26/2011**  
 (mm/dd/yyyy)

9. LSP Stamp: 



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

**G. PERSON SUBMITTING BILL OF LADING:**

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: \_\_\_\_\_
3. Contact First Name: **SCOTT** 4. Last Name: **ALFONSE**
5. Street: **133 WILLIAM STREET** 6. Title: **DIRECTOR, ENVIRONMENTAL STEWA**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **02740-0000**
10. Telephone: **(508) 979-1487** 11. Ext: \_\_\_\_\_ 12. Fax: \_\_\_\_\_

**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: \_\_\_\_\_
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 ATTACHMENTS 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. property address. 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, **SCOTT ALFONSE**, 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: **SCOTT ALFONSE** 3. Title: **DIRECTOR, ENVIRONMENTAL STEWA**
4. For: **SCOTT ALFONSE** 5. Date: **7/26/2011**  
 (Name of person or entity recorded in Section H) (mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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**  
**7/27/2011 9:05:18 AM**



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

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

1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
2. Street Address: **230 HATHAWAY BLVD**
3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:  
 a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
6. If applicable provide the Permit Number: \_\_\_\_\_

**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):
- |  |  |
|--|--|
| <input type="checkbox"/> a. Immediate Response Action (IRA)            | <input type="checkbox"/> e. Comprehensive Response Actions   |
| <input checked="" type="checkbox"/> b. Release Abatement Measure (RAM) | <input type="checkbox"/> f.. Limited Removal Action (LRA):<br>(must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP) |
| <input type="checkbox"/> c. Downgradient Property Status (DPS)         | <input type="checkbox"/> g. Other _____  |
| <input type="checkbox"/> 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 **8/22/2011** to **9/21/2011**  
 (mm/dd/yyyy) (mm/dd/yyyy)

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

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):
- |   |   |  |                                      |  |
|---|---|--|--------------------------------------|--|
| <input checked="" type="checkbox"/> a. Soil               | <input type="checkbox"/> b. Groundwater                   | <input type="checkbox"/> c. Surface Water                          | <input type="checkbox"/> d. Sediment | <input type="checkbox"/> e. Vegetation or Organic Debris |
| <input type="checkbox"/> f. Demolition/Construction Waste | <input type="checkbox"/> g. Inorganic Absorbent Materials | <input checked="" type="checkbox"/> h. Other: <b>HISTORIC FILL</b> |                                      |  |
2. Uncontainerized Waste (check all that apply):
- a. Inorganic Absorbent Materials  b. Other: \_\_\_\_\_



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

**4 - 15685**

**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:   
2. Contact First Name:     3. Last Name:   
4. Street:     5. Title:   
6. City/Town:     7. State:     8. Zip Code:   
9. Telephone:     10. Ext:     11. Fax:



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **WASTE MANAGEMENT - TURNKEY LANDFILL**

2. Contact First Name: **JOYCE** 3. Last Name: **GAUTHIER**

4. Street: **90 ROCHESTER NECK ROAD** 5. Title: **TECHNICAL SERVICES REP**

6. City/Town: **ROCHESTER** 7. State: **NH** 8. Zip Code: **038390000**

9. Telephone: **603-330-2114** 10. Ext:  11. Fax: **603-330-2198**

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:

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 #: **1488**

2. First Name: **DAVID M** 3. Last Name: **SULLIVAN**

4. Telephone: **9786563565** 5. Ext.

6. FAX:

7. Signature: **DAVID M SULLIVAN**

8. Date: **10/25/2011**  
 (mm/dd/yyyy)

9. LSP Stamp:



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**G. PERSON SUBMITTING BILL OF LADING:**

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: \_\_\_\_\_
3. Contact First Name: **SCOTT** 4. Last Name: **ALFONSE**
5. Street: **133 WILLIAM STREET** 6. Title: **DIRECTOR, ENVIRONMENTAL STEW**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **027400000**
10. Telephone: **5089791487** 11. Ext: \_\_\_\_\_ 12. Fax: \_\_\_\_\_

**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: \_\_\_\_\_
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 ATTACHMENTS 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. property address. 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, **Scott Alfonse**, 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: **Scott Alfonse** 3. Title: **DIRECTOR, ENVIRONMENTAL STEWA**
4. For: **SCOTT ALFONSE** 5. Date: **10/25/2011**  
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**10/25/2011 11:40:44 AM**



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

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

- 1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
- 2. Street Address: **230 HATHAWAY BLVD**
- 3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
- 5. Check here if a Tier Classification Submittal has been provided to DEP for this disposal site:
  - a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
- 6. If applicable provide the Permit Number: \_\_\_\_\_

**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)
  - d. Utility Release Abatement Measure (URAM)  g. Other \_\_\_\_\_
- 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 **8/22/2011** to **9/21/2011**  
(mm/dd/yyyy) (mm/dd/yyyy)

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

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: **HISTORIC FILL**
- 2. Uncontainerized Waste (check all that apply):
  - a. Inorganic Absorbent Materials  b. Other: \_\_\_\_\_



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

**4 - 15685**

**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:   
2. Contact First Name:     3. Last Name:   
4. Street:     5. Title:   
6. City/Town:     7. State:     8. Zip Code:   
9. Telephone:     10. Ext:     11. Fax:



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **WASTE MANAGEMENT - TAUNTON LANDFILL**

2. Contact First Name: **JOYCE** 3. Last Name: **GAUTHIER**

4. Street: **330 EAST BRITANNIA STREET** 5. Title: **TECHNICAL SERVICES REP.**

6. City/Town: **TAUNTON** 7. State: **MA** 8. Zip Code: **027800000**

9. Telephone: **603-330-2114** 10. Ext:  11. Fax: **603-330-2198**

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:

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 #: **1488**

2. First Name: **DAVID M** 3. Last Name: **SULLIVAN**

4. Telephone: **9786563565** 5. Ext.

6. FAX:

7. Signature: **DAVID M SULLIVAN**

8. Date: **10/27/2011**  
(mm/dd/yyyy)

9. LSP Stamp:



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

**G. PERSON SUBMITTING BILL OF LADING:**

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: \_\_\_\_\_
3. Contact First Name: **SCOTT** 4. Last Name: **ALFONSE**
5. Street: **133 WILLIAM STREET** 6. Title: **DIRECTOR, ENVIRONMENTAL STEW**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **027400000**
10. Telephone: **5089791487** 11. Ext: \_\_\_\_\_ 12. Fax: \_\_\_\_\_

**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: \_\_\_\_\_
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 ATTACHMENTS 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. property address. 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, **Scott Alfonse**, 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: **Scott Alfonse** 3. Title: **DIRECTOR, ENVIRONMENTAL STEWA**
4. For: **SCOTT ALFONSE** 5. Date: **10/27/2011**  
 (Name of person or entity recorded in Section H) (mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4

- 15685

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**10/28/2011 11:42:49 AM**



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

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

- 1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
- 2. Street Address: **230 HATHAWAY BLVD**
- 3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
- 5. Check here if a Tier Classification Submittal has been provided to DEP for this disposal site:
  - a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
- 6. If applicable provide the Permit Number: \_\_\_\_\_

**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)
  - d. Utility Release Abatement Measure (URAM)  g. Other \_\_\_\_\_
- 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 **8/22/2011** to **9/21/2011**  
(mm/dd/yyyy) (mm/dd/yyyy)

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

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: **HISTORIC FILL**
- 2. Uncontainerized Waste (check all that apply):
  - a. Inorganic Absorbent Materials  b. Other: \_\_\_\_\_



**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:   
2. Contact First Name:     3. Last Name:   
4. Street:     5. Title:   
6. City/Town:     7. State:     8. Zip Code:   
9. Telephone:     10. Ext:     11. Fax:



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **WASTE MANAGEMENT - TURNKEY LANDFILL**

2. Contact First Name: **JOYCE** 3. Last Name: **GAUTHIER**

4. Street: **90 ROCHESTER NECK ROAD** 5. Title: **TECHNICAL SERVICES REP.**

6. City/Town: **ROCHESTER** 7. State: **NH** 8. Zip Code: **038390000**

9. Telephone: **603-330-2114** 10. Ext:  11. Fax: **603-330-2198**

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:

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 #: **1488**

2. First Name: **DAVID M** 3. Last Name: **SULLIVAN**

4. Telephone: **9786563565** 5. Ext.

6. FAX:

7. Signature: **DAVID M SULLIVAN**

8. Date: **10/27/2011**  
(mm/dd/yyyy)

9. LSP Stamp:



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

G. PERSON SUBMITTING BILL OF LADING:

- 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:
3. Contact First Name: SCOTT 4. Last Name: ALFONSE
5. Street: 133 WILLIAM STREET 6. Title: DIRECTOR, ENVIRONMENTAL STEW
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Code: 027400000
10. Telephone: 5089791487 11. Ext: 12. Fax:

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:
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 ATTACHMENTS 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. property address. 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, Scott Alfonse, 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: Scott Alfonse 3. Title:

4. For: SCOTT ALFONSE 5. Date: 10/27/2011

(Name of person or entity recorded in Section H)

(mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4

- 15685

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**10/28/2011 11:41:59 AM**

**Bill-of-Lading Attestation of Completion Documents**



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

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

1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
2. Street Address: **230 HATHAWAY BLVD**
3. City/Town: **NEW BEDFORD** Zip Code: **02740-0000**
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:  
 a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
6. If applicable provide the Permit Number:

**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: **4/16/2011 7:32:10** b. eDEP Transaction ID: **378369**  
 (mm/dd/yyyy)
6. Period of Generation Associated with this Bill of Lading **4/16/2011** to **4/22/2011**  
 (mm/dd/yyyy) (mm/dd/yyyy)

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

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):  
 e. Inorganic Absorbent Materials  b. Other:



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4 - 15685**

**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: **CITY OF NEW BEDFORD - DEPARTMENT OF PUBLIC INFRASTRUCTURE**

2. Contact First Name: **EUZEBIO**    3. Last Name: **ARRUDA**

4. Street: **1105 SHAWMUT AVENUE**    5. Title: **SUPERINTENDENT OF HIGHWAYS**

6. City/Town: **NEW BEDFORD**    7. State: **MA**    8. Zip Code: **02746-0000**

9. Telephone: **(508) 991-6395**    10. Ext:     11. Fax: **(508) 991-6152**



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **SHAWMUT AVENUE TRANSFER STATION**

2. Contact First Name: **LAWRENCE** 3. Last Name: **WARDEN**

4. Street: **1103 SHAWMUT AVENUE** 5. Title: **COMMISSIONER, DEPT OF PUB. FAC**

6. City/Town: **NEW BEDFORD** 7. State: **MA** 8. Zip Code: **02746-0000**

9. Telephone: **(508) 991-6156** 10. Ext:  11. Fax: **(508) 961-3133**

12. Type of Facility: (Check one)

a. Temporary Storage i. Period of Temporary Storage: **4/16/2011** to **8/31/2011**  
(mm/dd/yyyy) (mm/dd/yyyy)

ii. Reason for Temporary Storage: **TEMPORARY STORAGE PENDING CHARACTERIZATION AND AS NEEDED STABILIZATION TREATMENT PER APPROVED RAM.**

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:

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. FAX:

7. Signature:

8. Date:   
(mm/dd/yyyy)

9. LSP Stamp:



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

**G. PERSON SUBMITTING BILL OF LADING:**

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: \_\_\_\_\_

3. Contact First Name: **SCOTT** 4. Last Name: **ALFONSE**

5. Street: **133 WILLIAM STREET** 6. Title: **DIRECTOR, ENVIRONMENTAL STEW**

7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **02740-0000**

10. Telephone: **(508) 979-1487** 11. Ext: \_\_\_\_\_ 12. Fax: \_\_\_\_\_

**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: \_\_\_\_\_

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 ATTACHMENTS 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. property address. 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: \_\_\_\_\_

4. For: \_\_\_\_\_ 5. Date: \_\_\_\_\_  
 (Name of person or entity recorded in Section H) (mm/dd/yyyy)



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):



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

**BWSC112A**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**SUMMARY OF SHIPMENT SHEET**  **OF**

-

**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 <sup>3</sup> <input checked="" type="checkbox"/> tons <input type="checkbox"/> gals
4/16/2011	4/16/2011	33	428.54
4/17/2011	4/17/2011	18	270.65
4/18/2011	4/18/2011	25	496.91
4/19/2011	4/19/2011	15	284.08
4/20/2011	4/20/2011	16	261.12
5/14/2011	5/14/2011	17	261.22
5/21/2011	5/21/2011	10	164.15
6/20/2011	6/20/2011	1	9.88
6/27/2011	6/27/2011	7	140.04
7/5/2011	7/5/2011	6	103.79
7/6/2011	7/6/2011	7	145.03
7/7/2011	7/7/2011	1	9.45
7/8/2011	7/8/2011	3	47.70
7/11/2011	7/11/2011	6	95.75
7/12/2011	7/12/2011	5	104.60
7/13/2011	7/13/2011	8	176.41
5. Totals Recorded on this Summary of Shipment Sheet:		17	3001

**B.**  Check here if additional BWSC112A BOL Summary Sheets are needed.





Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

Release Tracking Number

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

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

1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
2. Street Address: **230 HATHAWAY BLVD**
3. City/Town: **NEW BEDFORD** 4. Zip Code: **02740000**
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:  
 a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
6. If applicable provide the Permit Number: \_\_\_\_\_

**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: **8/8/2011 2:40:38** b. eDEP Transaction ID: **407909**  
 (mm/dd/yyyy)
6. Period of Generation Associated with this Bill of Lading **8/9/2011** to **10/1/2011**  
 (mm/dd/yyyy) (mm/dd/yyyy)

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

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)

**4 - 15685**

**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: **CITY OF NEW BEDFORD - DEPARTMENT OF PUBLIC INFRASTRUCTURE**

2. Contact First Name: **EUZEBIO**    3. Last Name: **ARRUDA**

4. Street: **1105 SHAWMUT AVENUE**    5. Title: **SUPERINTENDENT OF HIGHWAYS**

6. City/Town: **NEW BEDFORD**    7. State: **MA**    8. Zip Code: **027460000**

9. Telephone: **508-991-6395**    10. Ext:     11. Fax: **508-991-6152**



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **SHAWMUT AVENUE TRANSFER STATION**

2. Contact First Name: **LAWRENCE** 3. Last Name: **WARDEN**

4. Street: **1103 SHAMUT AVENUE** 5. Title: **COMMISSIONER, DEPT OF PUBLIC F**

6. City/Town: **NEW BEDFORD** 7. State: **MA** 8. Zip Code: **027460000**

9. Telephone: **508-991-6156** 10. Ext:  11. Fax: **508-961-3133**

12. Type of Facility: (Check one)

a. Temporary Storage i. Period of Temporary Storage: **4/16/2011** to **12/1/2011**  
(mm/dd/yyyy) (mm/dd/yyyy)

ii. Reason for Temporary Storage: **SOIL CHARACTERIZATION AND AS-NEEDED STABILIZATION TREATMENT PER APPROVED RAM PLAN**

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:

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. FAD:

7. Signature:

8. Date:   
(mm/dd/yyyy)

9. LSP Stamp:



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

**G. PERSON SUBMITTING BILL OF LADING:**

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: City of New Bedford
3. Contact First Name: SCOTT 4. Last Name: ALFONSE
5. Street: 133 William Street 6. Title: Director, Environmental Steward.
7. City/Town: New Bedford 8. State: MA 9. Zip Code: 02740-0000
10. Telephone: 508-979-1487 11. Ext:  12. Fax:

**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:
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 ATTACHMENTS 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. property address. 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/vis 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:
4. For:  5. Date:   
 (Name of person or entity recorded in Section H) (mm/dd/yyyy)



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112A

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

SUMMARY OF SHIPMENT SHEET 1 OF 3

4 - 15685

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 <sup>3</sup> <input checked="" type="checkbox"/> tons <input type="checkbox"/> gals
8/9/2011	8/9/2011	6	112.11
8/11/2011	8/11/2011	6	100.19
8/12/2011	8/12/2011	9	134.52
8/15/2011	8/15/2011	43	807.71
8/16/2011	8/16/2011	50	999.41
8/17/2011	8/17/2011	50	1000.87
8/18/2011	8/18/2011	19	355.96
8/19/2011	8/19/2011	22	411.66
8/20/2011	8/20/2011	21	411.39
8/22/2011	8/22/2011	12	243.72
8/23/2011	8/23/2011	16	318.54
8/24/2011	8/24/2011	9	149.34
8/25/2011	8/25/2011	8	145.97
9/10/2011	9/10/2011	19	307.49
9/11/2011	9/11/2011	22	404.41
9/12/2011	9/12/2011	7	91.44
5. Totals Recorded on this Summary of Shipment Sheet:		319	5994.73

B.  Check here if additional BWSC112A BOL Summary Sheets are needed.



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

**BWSC112A**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

SUMMARY OF SHIPMENT SHEET **2** OF **3**

**4** - **15685**

**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 <sup>3</sup> <input checked="" type="checkbox"/> tons <input type="checkbox"/> gals
9/13/2011	9/13/2011	3	44.37
9/14/2011	9/14/2011	2	21.16
9/15/2011	9/15/2011	2	25.44
9/20/2011	9/20/2011	8	120.97
9/21/2011	9/21/2011	11	213.40
9/22/2011	9/22/2011	9	164.29
9/24/2011	9/24/2011	27	481.09
9/26/2011	9/26/2011	9	146.22
9/27/2011	9/27/2011	6	91.01
9/28/2011	9/28/2011	5	98.16
9/29/2011	9/29/2011	9	150.05
10/3/2011	10/3/2011	6	88.63
10/4/2011	10/4/2011	4	67.15
10/5/2011	10/5/2011	1	9.45
10/6/2011	10/6/2011	2	28.4
10/8/2011	10/8/2011	15	260.55
5. Totals Recorded on this Summary of Shipment Sheet:		119	2010.3400000000001

B.  Check here if additional BWSC112A BOL Summary Sheets are needed.



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

**BWSC112A**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

SUMMARY OF SHIPMENT SHEET  OF

-

**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 <sup>3</sup> <input checked="" type="checkbox"/> tons <input type="checkbox"/> gals
10/10/2011	10/10/2011	17	253.33
10/11/2011	10/11/2011	6	114.52
10/12/2011	10/12/2011	3	54.61
10/13/2011	10/13/2011	4	62.73
10/15/2011	10/15/2011	9	163.10
5. Totals Recorded on this Summary of Shipment Sheet:		39	648.2900000000001

B.  Check here if additional BWSC112A BOL Summary Sheets are needed.

*Grand total 8654*



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

**BWSC112B**

Release Tracking Number

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

4 - 15685

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

1. I, DANA S. FARLAND, 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/s 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: [Signature] 3. Title: NR DPT - PROJECT COORDINATOR

4. For: SHAWMUT AVENUE TRANSFER STATION/DPF 5. Date: 11/9/2011  
 (mm/dd/yyyy)

6. Date of Final Shipment associated with this Bill of Lading: 10/15/2011  
 (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, SCOTT ALFONSE, 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/s 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: [Signature] 3. Title: DIRECTOR, ENVIRONMENTAL STEWARDSHIP

4. For: CITY OF NEW BEDFORD 5. Date: 11/9/2011  
 (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 H.

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

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

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

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



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

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

1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
2. Street Address: **230 HATHAWAY BLVD**
3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:  
 a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
6. If applicable provide the Permit Number: \_\_\_\_\_

**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: **8/8/2011 2:41:31** b. eDEP Transaction ID: **407954**  
 (mm/dd/yyyy)
6. Period of Generation Associated with this Bill of Lading **8/9/2011** to **10/1/2011**  
 (mm/dd/yyyy) (mm/dd/yyyy)

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

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)

**4 - 15685**

**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: **CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.**  
2. Contact First Name: **PAUL**    3. Last Name: **PUKK**  
:  
4. Street: **42 LONGWATER DRIVE**    5. Title: **PROJECT MANAGER**  
6. City/Town: **NORWELL**    7. State: **MA**    8. Zip Code: **020610000**  
9. Telephone: **781-792-5816**    10. Ext:     11. Fax: **781-792-5945**



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **WASTE MANAGEMENT - TAUNTON LANDFILL**

2. Contact First Name: **JOYCE** 3. Last Name: **GAUTHIER**

4. Street: **330 EAST BRITANNIA STREET** 5. Title: **TECHNICAL SERVICES REP.**

6. City/Town: **TAUNTON** 7. State: **MA** 8. Zip Code: **027800000**

9. Telephone: **603-330-2114** 10. Ext:  11. Fax: **603-330-2198**

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:

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. FAX:

7. Signature:

8. Date:   
(mm/dd/yyyy)

9. LSP Stamp:



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**G. PERSON SUBMITTING BILL OF LADING:**

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: \_\_\_\_\_
3. Contact First Name: **SCOTT** 4. Last Name: **ALFONSE**
5. Street: **133 WILLIAM STREET** 6. Title: **DIRECTOR, ENVIRONMENTAL STEW**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **027400000**
10. Telephone: **5089791487** 11. Ext: \_\_\_\_\_ 12. Fax: **5089613045**

**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: \_\_\_\_\_
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 ATTACHMENTS 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. property address. 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: \_\_\_\_\_

4. For \_\_\_\_\_ 5. Date: \_\_\_\_\_  
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**12/12/2011 9:28:00 AM**



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

**BWSC112A**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

SUMMARY OF SHIPMENT SHEET

1  OF 1

4 - 15685

**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 <sup>3</sup> <input checked="" type="checkbox"/> tons <input type="checkbox"/> gals
8/22/2011	8/22/2011	24	745.46
8/31/2011	8/31/2011	2	44.70
5. Totals Recorded on this Summary of Shipment Sheet:		26	790.1600000000001

**B.**  Check here if additional BWSC112A BOL Summary Sheets are needed.



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

**BWSC112B**

Release Tracking Number

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

**4** - **15685**

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

1. I, **Aaron Smith**, 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: **Aaron Smith** 3. Title: **TECHNICAL SERVICES REP.**  
 4. For: **WASTE MANAGEMENT - TAUNTON LANDFILL** 5. Date: **12/9/2011**  
 (mm/dd/yyyy)  
 6. Date of Final Shipment associated with this Bill of Lading: **8/31/2011**  
 (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, **Cheryl Henlin**, 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: **Cheryl Henlin** 3. Title: \_\_\_\_\_  
 4. For: **CITY OF NEW BEDFORD** 5. Date: **12/12/2011**  
 (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 H.

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

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

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

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



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

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

1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
2. Street Address: **230 HATHAWAY BLVD**
3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:  
 a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
6. If applicable provide the Permit Number: \_\_\_\_\_

**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: **8/8/2011 2:41:08** b. eDEP Transaction ID: **407940**  
 (mm/dd/yyyy)
6. Period of Generation Associated with this Bill of Lading **8/9/2011** to **10/1/2011**  
 (mm/dd/yyyy) (mm/dd/yyyy)

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

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)

**4 - 15685**

**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: **CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.**  
2. Contact First Name: **PAUL**    3. Last Name: **PUKK**  
:  
4. Street: **42 LONGWATER DRIVE**    5. Title: **PROJECT MANAGER**  
6. City/Town: **NORWELL**    7. State: **MA**    8. Zip Code: **020610000**  
9. Telephone: **781-792-5816**    10. Ext:     11. Fax: **781-792-5945**



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **WASTE MANAGEMENT OF NEW HAMPSHIRE**

2. Contact First Name: **ELLEN** 3. Last Name: **BELLIO**

4. Street: **90 ROCHESTER NECK ROAD** 5. Title: **WASTE APPROVALS MANAGER**

6. City/Town: **ROCHESTER** 7. State: **NH** 8. Zip Code: **038390000**

9. Telephone: **603-330-2114** 10. Ext:  11. Fax: **603-330-2198**

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: **DES-SW-SP-95-001**

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. FAX:

7. Signature:

8. Date:   
(mm/dd/yyyy)

9. LSP Stamp:



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

**G. PERSON SUBMITTING BILL OF LADING:**

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:
3. Contact First Name: **SCOTT** 4. Last Name: **ALFONSE**
5. Street:  6. Title:
7. City/Town:  8. State:  9. Zip Code:
10. Telephone:  11. Ext:  12. Fax:

**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:
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 ATTACHMENTS 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. property address. 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:

4. For  5. Date:   
 (Name of person or entity recorded in Section H) (mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**11/18/2011 9:47:02 AM**



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

**BWSC112A**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

SUMMARY OF SHIPMENT SHEET  OF

-

**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 <sup>3</sup> <input checked="" type="checkbox"/> tons <input type="checkbox"/> gals
8/9/2011	8/9/2011	7	228.77
8/10/2011	8/10/2011	8	261.37
8/10/2011	8/11/2011	8	262.91
8/11/2011	8/11/2011	1	32.62
8/11/2011	8/11/2011	7	227.56
5. Totals Recorded on this Summary of Shipment Sheet:		31	1013.23

**B.**  Check here if additional BWSC112A BOL Summary Sheets are needed.



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

**BWSC112B**

Release Tracking Number

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

**4 - 15685**

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

1. I, **John E. Nadeau**, 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: **John E. Nadeau** 3. Title: **DISTRICT MANAGER**  
 4. For: **WASTE MANAGEMENT OF NEW HAMPSHIRE** 5. Date: **11/16/2011**  
 (mm/dd/yyyy)  
 6. Date of Final Shipment associated with this Bill of Lading: **8/11/2011**  
 (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, **Cheryl Henlin**, 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: **Cheryl Henlin** 3. Title: \_\_\_\_\_  
 4. For: **CITY OF NEW BEDFORD** 5. Date: **11/18/2011**  
 (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 H.

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

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

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

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



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

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

1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
2. Street Address: **230 HATHAWAY BLVD**
3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:  
 a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
6. If applicable provide the Permit Number: \_\_\_\_\_

**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: **9/15/2011 4:06:43** b. eDEP Transaction ID: **414843**  
 (mm/dd/yyyy)
6. Period of Generation Associated with this Bill of Lading **8/19/2011** to **8/24/2011**  
 (mm/dd/yyyy) (mm/dd/yyyy)

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

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)

**4 - 15685**

**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: **CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.**  
2. Contact First Name: **PAUL**    3. Last Name: **PUKK**  
:  
4. Street: **42 LONGWATER DRIVE**    5. Title: **PROJECT MANAGER**  
6. City/Town: **NORWELL**    7. State: **MA**    8. Zip Code: **020610000**  
9. Telephone: **781-792-5816**    10. Ext:     11. Fax: **781-792-5945**



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **WASTE MANAGEMENT OF NEW HAMPSHIRE**

2. Contact First Name: **ELLEN** 3. Last Name: **BELLIO**

4. Street: **90 ROCHESTER NECK ROAD** 5. Title: **WASTE APPROVAL MANAGER**

6. City/Town: **ROCHESTER** 7. State: **NH** 8. Zip Code: **038390000**

9. Telephone: **603-330-2114** 10. Ext:  11. Fax: **603-330-2198**

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: **DES-SW-SP-95-001**

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. FAX:

7. Signature:

8. Date:   
(mm/dd/yyyy)

9. LSP Stamp:



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**G. PERSON SUBMITTING BILL OF LADING:**

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: **CITY OF NEW BEDFORD**
3. Contact First Name: **SCOTT** 4. Last Name: **ALPHONSE**
5. Street: **133 WILLIAM ST** 6. Title: **DIRECTOR, ENVIRONMENTAL STEW**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **027400000**
10. Telephone: **5089791527** 11. Ext:  12. Fax:

**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:
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 ATTACHMENTS 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. property address. 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:

4. For  5. Date:   
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**11/18/2011 9:48:31 AM**





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

**BWSC112B**

Release Tracking Number

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

**4 - 15685**

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

1. I, **John E. Nadeau**, 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: **John E. Nadeau** 3. Title: **DISTRICT MANAGER**  
 4. For: **WASTE MANAGEMENT OF NEW HAMPSHIRE** 5. Date: **11/16/2011**  
 (mm/dd/yyyy)  
 6. Date of Final Shipment associated with this Bill of Lading: **9/22/2011**  
 (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, **Cheryl Henlin**, 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: **Cheryl Henlin** 3. Title: \_\_\_\_\_  
 4. For: **CITY OF NEW BEDFORD** 5. Date: **11/18/2011**  
 (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 H.

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

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

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

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



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

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

- 1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
- 2. Street Address: **230 HATHAWAY BLVD**
- 3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
- 5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:
  - a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
- 6. If applicable provide the Permit Number: \_\_\_\_\_

**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)
  - d. Utility Release Abatement Measure (URAM)  g. Other \_\_\_\_\_
- 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: **9/15/2011 4:06:09** b. eDEP Transaction ID: **417906**  
(mm/dd/yyyy)
- 6. Period of Generation Associated with this Bill of Lading **8/15/2011** to **8/25/2011**  
(mm/dd/yyyy) (mm/dd/yyyy)

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

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)

**4 - 15685**

**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: **CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.**  
2. Contact First Name: **PAUL**    3. Last Name: **PUKK**  
:  
4. Street: **42 LONGWATER DRIVE**    5. Title: **PROJECT MANAGER**  
6. City/Town: **NORWELL**    7. State: **MA**    8. Zip Code: **020610000**  
9. Telephone: **781-792-5816**    10. Ext:     11. Fax: **781-792-5945**



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **WASTE MANAGEMENT - TAUNTON LANDFILL**

2. Contact First Name: **JOYCE** 3. Last Name: **GAUTHIER**

4. Street: **330 EAST BRITANNIA STREET** 5. Title: **TECHNICAL SERVICES REP.**

6. City/Town: **TAUNTON** 7. State: **MA** 8. Zip Code: **027800000**

9. Telephone: **603-330-2114** 10. Ext:  11. Fax: **603-330-2198**

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:

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. FAX:

7. Signature:

8. Date:   
(mm/dd/yyyy)

9. LSP Stamp:



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**G. PERSON SUBMITTING BILL OF LADING:**

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: **CITY OF NEW BEDFORD**
3. Contact First Name: **SCOTT** 4. Last Name: **ALPHONSE**
5. Street: **133 WILLIAM ST** 6. Title: **DIRECTOR, ENVIRONMENTAL STEW**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **027400000**
10. Telephone: **5089791527** 11. Ext:  12. Fax:

**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:
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 ATTACHMENTS 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. property address. 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:

4. For  5. Date:   
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**12/12/2011 9:29:39 AM**



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

**BWSC112A**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

SUMMARY OF SHIPMENT SHEET  OF

-

**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 <sup>3</sup> <input checked="" type="checkbox"/> tons <input type="checkbox"/> gals
9/16/2011	9/16/2011	15	479.66
9/21/2011	9/21/2011	20	629.09
9/22/2011	9/22/2011	9	277.44
10/6/2011	10/6/2011	8	254.74
5. Totals Recorded on this Summary of Shipment Sheet:		52	1640.93

**B.**  Check here if additional BWSC112A BOL Summary Sheets are needed.



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

**BWSC112B**

Release Tracking Number

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

**4 - 15685**

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

1. I, **Aaron Smith**, 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: **Aaron Smith** 3. Title: **TECHNICAL SERVICES REP.**  
 4. For: **WASTE MANAGEMENT - TAUNTON LANDFILL** 5. Date: **12/9/2011**  
 (mm/dd/yyyy)  
 6. Date of Final Shipment associated with this Bill of Lading: **10/6/2011**  
 (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, **Cheryl Henlin**, 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: **Cheryl Henlin** 3. Title: \_\_\_\_\_  
 4. For: **CITY OF NEW BEDFORD** 5. Date: **12/12/2011**  
 (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 H.

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

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

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

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



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

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

1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
2. Street Address: **230 HATHAWAY BLVD**
3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:  
 a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
6. If applicable provide the Permit Number: \_\_\_\_\_

**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: **8/30/2011 8:54:07** b. eDEP Transaction ID: **412860**  
 (mm/dd/yyyy)
6. Period of Generation Associated with this Bill of Lading **8/9/2011** to **8/12/2011**  
 (mm/dd/yyyy) (mm/dd/yyyy)

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

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)

**4 - 15685**

**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: **CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.**  
2. Contact First Name: **PAUL**    3. Last Name: **PUKK**  
:  
4. Street: **42 LONGWATER DRIVE**    5. Title: **PROJECT MANAGER**  
6. City/Town: **NORWELL**    7. State: **MA**    8. Zip Code: **020610000**  
9. Telephone: **781-792-5816**    10. Ext:     11. Fax: **781-792-5945**



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **WASTE MANAGEMENT - TAUNTON LANDFILL**

2. Contact First Name: **JOYCE** 3. Last Name: **GAUTHIER**

4. Street: **330 EAST BRITANNIA STREET** 5. Title: **TECHNICAL SERVICES REP.**

6. City/Town: **TAUNTON** 7. State: **MA** 8. Zip Code: **027800000**

9. Telephone: **603-330-2114** 10. Ext:  11. Fax: **603-330-2198**

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:

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. FAX:

7. Signature:

8. Date:   
(mm/dd/yyyy)

9. LSP Stamp:



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**G. PERSON SUBMITTING BILL OF LADING:**

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: **CITY OF NEW BEDFORD**
3. Contact First Name: **SCOTT** 4. Last Name: **ALPHONSE**
5. Street: **133 WILLIAM ST** 6. Title: **DIRECTOR, ENVIRONMENTAL STEW**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **027400000**
10. Telephone: **5089791527** 11. Ext:  12. Fax:

**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:
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 ATTACHMENTS 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. property address. 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:

4. For  5. Date:   
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**12/12/2011 9:28:38 AM**



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

**BWSC112A**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

SUMMARY OF SHIPMENT SHEET  OF

-

**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 <sup>3</sup> <input checked="" type="checkbox"/> tons <input type="checkbox"/> gals
<b>8/31/2011</b>	<b>8/31/2011</b>	<b>10</b>	<b>315.77</b>
5. Totals Recorded on this Summary of Shipment Sheet:		<b>10</b>	<b>315.77</b>

**B.**  Check here if additional BWSC112A BOL Summary Sheets are needed.



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

**BWSC112B**

Release Tracking Number

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

**4** - **15685**

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

1. I, **Aaron Smith**, 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: **Aaron Smith** 3. Title: **TECHNICAL SERVICES REP.**  
 4. For: **WASTE MANAGEMENT - TAUNTON LANDFILL** 5. Date: **12/9/2011**  
 (mm/dd/yyyy)  
 6. Date of Final Shipment associated with this Bill of Lading: **8/31/2011**  
 (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, **Cheryl Henlin**, 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: **Cheryl Henlin** 3. Title: \_\_\_\_\_  
 4. For: **CITY OF NEW BEDFORD** 5. Date: **12/12/2011**  
 (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 H.

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

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

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

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



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

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

1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
2. Street Address: **230 HATHAWAY BLVD**
3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:  
 a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
6. If applicable provide the Permit Number: \_\_\_\_\_

**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: **8/31/2011 5:11:59** b. eDEP Transaction ID: **413703**  
 (mm/dd/yyyy)
6. Period of Generation Associated with this Bill of Lading **8/12/2011** to **8/19/2011**  
 (mm/dd/yyyy) (mm/dd/yyyy)

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

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)

4 - 15685

**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: **CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.**
- 2. Contact First Name: **PAUL** 3. Last Name: **PUKK**
- 4. Street: **42 LONGWATER DRIVE** 5. Title: **PROJECT MANAGER**
- 6. City/Town: **NORWELL** 7. State: **MA** 8. Zip Code: **020610000**
- 9. Telephone: **781-792-5816** 10. Ext:  11. Fax: **781-792-5945**



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **WASTE MANAGEMENT - TAUNTON LANDFILL**

2. Contact First Name: **JOYCE** 3. Last Name: **GAUTHIER**

4. Street: **330 EAST BRITANNIA STREET** 5. Title: **TECHNICAL SERVICES REP.**

6. City/Town: **TAUNTON** 7. State: **MA** 8. Zip Code: **027800000**

9. Telephone: **603-330-2114** 10. Ext:  11. Fax: **603-330-2198**

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:

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. FAX:

7. Signature:

8. Date:   
(mm/dd/yyyy)

9. LSP Stamp:



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**G. PERSON SUBMITTING BILL OF LADING:**

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: **CITY OF NEW BEDFORD**
3. Contact First Name: **SCOTT** 4. Last Name: **ALPHONSE**
5. Street: **133 WILLIAM ST** 6. Title: **DIRECTOR, ENVIRONMENTAL STEW**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **027400000**
10. Telephone: **5089791527** 11. Ext:  12. Fax:

**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:
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 ATTACHMENTS 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. property address. 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:

4. For  5. Date:   
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4

- 15685

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**12/12/2011 9:29:10 AM**



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

**BWSC112A**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

SUMMARY OF SHIPMENT SHEET  OF

-

**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 <sup>3</sup> <input checked="" type="checkbox"/> tons <input type="checkbox"/> gals
9/1/2011	9/1/2011	4	129.76
9/6/2011	9/6/2011	10	313.52
9/7/2011	9/7/2011	8	257.53
5. Totals Recorded on this Summary of Shipment Sheet:		22	700.81

**B.**  Check here if additional BWSC112A BOL Summary Sheets are needed.



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

**BWSC112B**

Release Tracking Number

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

**4 - 15685**

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

1. I, **Aaron Smith**, 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: **Aaron Smith** 3. Title: **TECHNICAL SERVICES REP.**  
 4. For: **WASTE MANAGEMENT - TAUNTON LANDFILL** 5. Date: **12/9/2011**  
 (mm/dd/yyyy)  
 6. Date of Final Shipment associated with this Bill of Lading: **9/7/2011**  
 (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, **Cheryl Henlin**, 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: **Cheryl Henlin** 3. Title: \_\_\_\_\_  
 4. For: **CITY OF NEW BEDFORD** 5. Date: **12/12/2011**  
 (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 H.

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

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

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

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



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

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

1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
2. Street Address: **230 HATHAWAY BLVD**
3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:  
 a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
6. If applicable provide the Permit Number: \_\_\_\_\_

**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: **8/31/2011 5:12:38** b. eDEP Transaction ID: **413713**  
 (mm/dd/yyyy)
6. Period of Generation Associated with this Bill of Lading **8/12/2011** to **8/19/2011**  
 (mm/dd/yyyy) (mm/dd/yyyy)

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

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)

**4 - 15685**

**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: **CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.**  
2. Contact First Name: **PAUL**    3. Last Name: **PUKK**  
:  
4. Street: **42 LONGWATER DRIVE**    5. Title: **PROJECT MANAGER**  
6. City/Town: **NORWELL**    7. State: **MA**    8. Zip Code: **020610000**  
9. Telephone: **781-792-5816**    10. Ext:     11. Fax: **781-792-5945**



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **WASTE MANAGEMENT OF NEW HAMPSHIRE**

2. Contact First Name: **ELLEN** 3. Last Name: **BELLIO**

4. Street: **90 ROCHESTER NECK ROAD** 5. Title: **WASTE APPROVALS MANAGER**

6. City/Town: **ROCHESTER** 7. State: **NH** 8. Zip Code: **038390000**

9. Telephone: **603-330-2114** 10. Ext:  11. Fax: **603-330-2198**

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: **DES-SW-SP-95-001**

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. FAX:

7. Signature:

8. Date:   
(mm/dd/yyyy)

9. LSP Stamp:



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**G. PERSON SUBMITTING BILL OF LADING:**

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: **CITY OF NEW BEDFORD**
3. Contact First Name: **SCOTT** 4. Last Name: **ALPHONSE**
5. Street: **133 WILLIAM ST** 6. Title: **DIRECTOR, ENVIRONMENTAL STEW**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **027400000**
10. Telephone: **5089791527** 11. Ext:  12. Fax:

**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:
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 ATTACHMENTS 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. property address. 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:

4. For  5. Date:   
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4

- 15685

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**11/18/2011 9:47:47 AM**





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

**BWSC112B**

Release Tracking Number

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

**4 - 15685**

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

1. I, **John E. Nadeau**, 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: **John E. Nadeau** 3. Title: **DISTRICT MANAGER**  
 4. For: **WASTE MANAGEMENT OF NEW HAMPSHIRE** 5. Date: **11/16/2011**  
 (mm/dd/yyyy)  
 6. Date of Final Shipment associated with this Bill of Lading: **9/8/2011**  
 (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, **Cheryl Henlin**, 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: **Cheryl Henlin** 3. Title: \_\_\_\_\_  
 4. For: **CITY OF NEW BEDFORD** 5. Date: **11/18/2011**  
 (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 H.

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

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

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

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



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

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

1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
2. Street Address: **230 HATHAWAY BLVD**
3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:  
 a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
6. If applicable provide the Permit Number: \_\_\_\_\_

**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: **11/22/2011 5:02:5** b. eDEP Transaction ID: **433802**  
 (mm/dd/yyyy)
6. Period of Generation Associated with this Bill of Lading **8/12/2011** to **8/19/2011**  
 (mm/dd/yyyy) (mm/dd/yyyy)

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

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: \_\_\_\_\_



**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: **CLEAN HARBORS ENVIRONMENTAL SERVICES**

2. Contact First Name: **PAUL**    3. Last Name: **PUKK**

4. Street: **42 LONGWATER DRIVE**    5. Title: **PROJECT MANAGER**

6. City/Town: **NORWELL**    7. State: **MA**    8. Zip Code: **020610000**

9. Telephone: **781-792-5816**    10. Ext:     11. Fax: **781-792-5945**



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **WASTE MANAGEMENT OF NEW HAMPSHIRE**

2. Contact First Name: **ELLEN** 3. Last Name: **BELLIO**

4. Street: **90 ROCHESTER NECK ROAD** 5. Title: **WASTE APPROVALS MANAGER**

6. City/Town: **ROCHESTER** 7. State: **NH** 8. Zip Code: **038390000**

9. Telephone: **603-330-2144** 10. Ext:  11. Fax: **603-330-2198**

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: **DES-SW-SP-95-001**

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. FAX:

7. Signature:

8. Date:   
(mm/dd/yyyy)

9. LSP Stamp:



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**G. PERSON SUBMITTING BILL OF LADING:**

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: **CITY OF NEW BEDFORD**
3. Contact First Name: **SCOTT** 4. Last Name: **ALFONSE**
5. Street: **133 WILLIAM ST** 6. Title: **DIRECTOR, ENVIRONMENTAL STEW**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **027400000**
10. Telephone: **5089791527** 11. Ext:  12. Fax:

**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 ATTACHMENTS 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. property address. 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:

4. For  5. Date:   
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4

- 15685

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**1/12/2012 1:30:08 PM**



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

**BWSC112A**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

SUMMARY OF SHIPMENT SHEET  OF

-

**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 <sup>3</sup> <input checked="" type="checkbox"/> tons <input type="checkbox"/> gals
11/29/2011	11/29/2011	3	95.82
11/29/2011	11/30/2011	3	95.27
5. Totals Recorded on this Summary of Shipment Sheet:		6	191.08999999999997

**B.**  Check here if additional BWSC112A BOL Summary Sheets are needed.



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

**BWSC112B**

Release Tracking Number

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

**4 - 15685**

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

1. I, **John E Nadeau**, 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: **John E Nadeau** 3. Title: **DISTRICT MANAGER**  
 4. For: **WASTE MANAGEMENT OF NEW HAMPSHIRE** 5. Date: **1/10/2012**  
 (mm/dd/yyyy)  
 6. Date of Final Shipment associated with this Bill of Lading: **11/30/2011**  
 (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, **Cheryl Henlin**, 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: **Cheryl Henlin** 3. Title: **DIRECTOR, ENVIRONMENTAL STEWA**  
 4. For: **CITY OF NEW BEDFORD** 5. Date: **1/11/2012**  
 (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 H.

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

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

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

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



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

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

- 1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
- 2. Street Address: **230 HATHAWAY BLVD**
- 3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
- 5. Check here if a Tier Classification Submittal has been provided to DEP for this disposal site:
  - a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
- 6. If applicable provide the Permit Number: \_\_\_\_\_

**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: **8/24/2011 1:17:20** b. eDEP Transaction ID: **411919**  
(mm/dd/yyyy)
- 6. Period of Generation Associated with this Bill of Lading **4/16/2011** to **7/5/2011**  
(mm/dd/yyyy) (mm/dd/yyyy)

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

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)

4 - 15685

**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:
- 2. Contact First Name:  3. Last Name:
- 4. Street:  5. Title:
- 6. City/Town:  7. State:  8. Zip Code:
- 9. Telephone:  10. Ext:  11. Fax:



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: \_\_\_\_\_

2. Contact First Name: \_\_\_\_\_ 3. Last Name: \_\_\_\_\_

4. Street: \_\_\_\_\_ 5. Title: \_\_\_\_\_

6. City/Town: \_\_\_\_\_ 7. State: \_\_\_\_\_ 8. Zip Code: \_\_\_\_\_

9. Telephone: \_\_\_\_\_ 10. Ext: \_\_\_\_\_ 11. Fax: \_\_\_\_\_

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: \_\_\_\_\_

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 #: \_\_\_\_\_

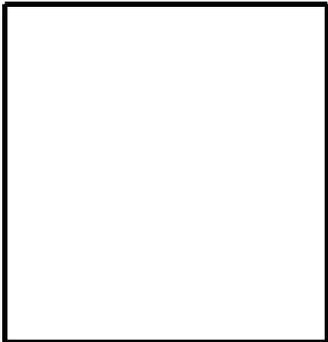
2. First Name: \_\_\_\_\_ 3. Last Name: \_\_\_\_\_

4. Telephone: \_\_\_\_\_ 5. Ext. \_\_\_\_\_

6. FAX: \_\_\_\_\_

7. Signature: \_\_\_\_\_

8. Date: \_\_\_\_\_  
(mm/dd/yyyy)

9. LSP Stamp: 



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**G. PERSON SUBMITTING BILL OF LADING:**

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: **CITY OF NEW BEDFORD**
3. Contact First Name: **CHERYL** 4. Last Name: **HENLIN**
5. Street: **133 WILLIAM ST** 6. Title: **ENVIRONMENTAL STEWARDSHIP**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **027400000**
10. Telephone: **5089614576** 11. Ext:  12. Fax:

**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 ATTACHMENTS 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. property address. 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, **Cheryl Henlin**, 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: **Cheryl Henlin** 3. Title: **ENVIRONMENTAL STEWARDSHIP**

4. For: **CITY OF NEW BEDFORD** 5. Date: **1/3/2012**  
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**1/4/2012 8:28:42 AM**



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

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

1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
2. Street Address: **230 HATHAWAY BLVD**
3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:  
 a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
6. If applicable provide the Permit Number: \_\_\_\_\_

**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: **7/27/2011 9:05:18** b. eDEP Transaction ID: **403872**  
 (mm/dd/yyyy)
6. Period of Generation Associated with this Bill of Lading **7/22/2011** to **8/31/2011**  
 (mm/dd/yyyy) (mm/dd/yyyy)

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

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)

**4 - 15685**

**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: **CITY OF NEW BEDFORD - DEPARTMENT OF PUBLIC INFRASTRUCTURE**

2. Contact First Name: **EUZEBIO**    3. Last Name: **ARRUDA**

4. Street: **1105 SHAWMUT AVENUE**    5. Title: **SUPERINTENDENT OF HIGHWAYS**

6. City/Town: **NEW BEDFORD**    7. State: **MA**    8. Zip Code: **027460000**

9. Telephone: **508-991-6395**    10. Ext:     11. Fax: **508-991-6152**



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **GREATER NB REGION REFUSE MANAGEMENT DISTRICT (CRAPO HILL)**

2. Contact First Name: **HANK** 3. Last Name: **VAN LAARHOVEN**

4. Street: **300 SAMUEL BARNET BLVD** 5. Title: **DIRECTOR**

6. City/Town: **NEW BEDFORD** 7. State: **MA** 8. Zip Code: **027450000**

9. Telephone: **508-763-5924** 10. Ext:  11. Fax:

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: **93537**

14. Division of Solid Waste Permit Number:

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. FAX:

7. Signature:

8. Date:   
 (mm/dd/yyyy)

9. LSP Stamp:



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

**G. PERSON SUBMITTING BILL OF LADING:**

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: \_\_\_\_\_
3. Contact First Name: **SCOTT** 4. Last Name: **ALFONSE**
5. Street: **133 WILLIAM STREET** 6. Title: **DIRECTOR, ENVIRONMENTAL STEW**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **027400000**
10. Telephone: **5089791487** 11. Ext: \_\_\_\_\_ 12. Fax: \_\_\_\_\_

**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: \_\_\_\_\_
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 ATTACHMENTS 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. property address. 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: \_\_\_\_\_

4. For \_\_\_\_\_ 5. Date: \_\_\_\_\_  
 (Name of person or entity recorded in Section H) (mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**9/22/2011 10:57:51 AM**



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

**BWSC112A**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**SUMMARY OF SHIPMENT SHEET**  **OF**

-

**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 <sup>3</sup> <input checked="" type="checkbox"/> tons <input type="checkbox"/> gals
<b>8/1/2011</b>	<b>8/1/2011</b>	<b>19</b>	<b>543.42</b>
5. Totals Recorded on this Summary of Shipment Sheet:		<b>19</b>	<b>543.42</b>

**B.**  Check here if additional BWSC112A BOL Summary Sheets are needed.



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

**BWSC112B**

Release Tracking Number

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

**4 - 15685**

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

1. I, **HankVanLaarhoven**, 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: **HankVanLaarhoven** 3. Title: **DIRECTOR OF OPERATIONS**  
 4. For: **GREATER NB REG. REFUSE MGT. DISTRICT (CRAPO HI** 5. Date: **9/22/2011**  
 (mm/dd/yyyy)  
 6. Date of Final Shipment associated with this Bill of Lading: **8/1/2011**  
 (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, **Scott Alfonse**, 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: **Scott Alfonse** 3. Title: **DIRECTOR, ENVIRONMENTAL STEWA**  
 4. For: **CITY OF NEW BEDFORD** 5. Date: **8/24/2011**  
 (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 H.

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

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

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

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



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

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

1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
2. Street Address: **230 HATHAWAY BLVD**
3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:  
 a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
6. If applicable provide the Permit Number: \_\_\_\_\_

**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: **10/25/2011 11:40:** b. eDEP Transaction ID: **425550**  
 (mm/dd/yyyy)
6. Period of Generation Associated with this Bill of Lading **8/22/2011** to **9/21/2011**  
 (mm/dd/yyyy) (mm/dd/yyyy)

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

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)

**4 - 15685**

**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: **CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.**  
2. Contact First Name: **PAUL**    3. Last Name: **PUKK**  
:  
4. Street: **42 LONGWATER DRIVE**    5. Title: **PROJECT MANAGER**  
6. City/Town: **NORWELL**    7. State: **MA**    8. Zip Code: **020610000**  
9. Telephone: **781-792-5816**    10. Ext:     11. Fax: **781-792-5945**



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **WASTE MANAGEMENT OF NEW HAMPSHIRE**

2. Contact First Name: **ELLEN** 3. Last Name: **BELLIO**

4. Street: **90 ROCHESTER NECK ROAD** 5. Title: **WASTE APPROVALS MANAGER**

6. City/Town: **ROCHESTER** 7. State: **NH** 8. Zip Code: **038390000**

9. Telephone: **603-330-2114** 10. Ext:  11. Fax: **603-330-2198**

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: **DES-SW-SP-95-001**

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. FAX:

7. Signature:

8. Date:   
(mm/dd/yyyy)

9. LSP Stamp:



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**G. PERSON SUBMITTING BILL OF LADING:**

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: **CITY OF NEW BEDFORD**
3. Contact First Name: **SCOTT** 4. Last Name: **ALFONSE**
5. Street: **133 WILLIAM ST** 6. Title: **DIRECTOR, ENVIRONMENTAL STEW**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **027400000**
10. Telephone: **5089791527** 11. Ext:  12. Fax:

**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 ATTACHMENTS 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. property address. 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:

4. For  5. Date:   
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**1/12/2012 1:33:47 PM**



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

**BWSC112A**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

SUMMARY OF SHIPMENT SHEET  OF

-

**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 <sup>3</sup> <input checked="" type="checkbox"/> tons <input type="checkbox"/> gals
10/7/2011	10/7/2011	1	28.72
11/7/2011	11/7/2011	3	96.77
11/7/2011	11/8/2011	3	93.98
11/9/2011	11/9/2011	3	93.73
11/9/2011	11/10/2011	3	94.86
11/16/2011	11/16/2011	3	93.94
11/16/2011	11/17/2011	4	97.52
11/17/2011	11/17/2011	1	32.13
5. Totals Recorded on this Summary of Shipment Sheet:		21	631.65

**B.**  Check here if additional BWSC112A BOL Summary Sheets are needed.



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

**BWSC112B**

Release Tracking Number

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

**4** - **15685**

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

1. I, **John E Nadeau**, 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: **John E Nadeau** 3. Title: **DISTRICT MANAGER**  
4. For: **WASTE MANAGEMENT OF NEW HAMPSHIRE** 5. Date: **1/10/2012**  
(mm/dd/yyyy)  
6. Date of Final Shipment associated with this Bill of Lading: **11/17/2011**  
(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, **Cheryl Henlin**, 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: **Cheryl Henlin** 3. Title: **DIRECTOR, ENVIRONMENTAL STEWA**  
4. For: **CITY OF NEW BEDFORD** 5. Date: **1/11/2012**  
(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 H.

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

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

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

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



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

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

1. Release Name/Location Aid: **PARKER STREET WASTE SITE**
2. Street Address: **230 HATHAWAY BLVD**
3. City/Town: **NEW BEDFORD** 4. Zip Code: **027400000**
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:  
 a. Tier 1A  b. Tier 1B  c. Tier 1C  d. Tier II
6. If applicable provide the Permit Number: \_\_\_\_\_

**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: **10/28/2011 11:41:** b. eDEP Transaction ID: **428351**  
 (mm/dd/yyyy)
6. Period of Generation Associated with this Bill of Lading **8/22/2011** to **9/21/2011**  
 (mm/dd/yyyy) (mm/dd/yyyy)

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

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)

**4 - 15685**

**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: **CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.**  
2. Contact First Name: **PAUL**    3. Last Name: **PUKK**  
:  
4. Street: **42 LONGWATER DRIVE**    5. Title: **PROJECT MANAGER**  
6. City/Town: **NORWELL**    7. State: **MA**    8. Zip Code: **020610000**  
9. Telephone: **781-792-5816**    10. Ext:     11. Fax: **781-792-5945**



**BILL OF LADING** (pursuant to 310 CMR 40.0030)

4 - 15685

**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **WASTE MANAGEMENT OF NEW HAMPSHIRE**

2. Contact First Name: **ELLEN** 3. Last Name: **BELLIO**

4. Street: **90 ROCHESTER NECK ROAD** 5. Title: **WASTE APPROVALS MANAGER**

6. City/Town: **ROCHESTER** 7. State: **NH** 8. Zip Code: **038390000**

9. Telephone: **603-330-2114** 10. Ext:  11. Fax: **603-330-2198**

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: **DES-SW-SP-95-001**

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. FAX:

7. Signature:

8. Date:   
(mm/dd/yyyy)

9. LSP Stamp:



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

**G. PERSON SUBMITTING BILL OF LADING:**

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: **CITY OF NEW BEDFORD**
3. Contact First Name: **SCOTT** 4. Last Name: **ALFONSE**
5. Street: **133 WILLIAM ST** 6. Title: **DIRECTOR, ENVIRONMENTAL STEW**
7. City/Town: **NEW BEDFORD** 8. State: **MA** 9. Zip Code: **027400000**
10. Telephone: **5089791527** 11. Ext:  12. Fax:

**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 ATTACHMENTS 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. property address. 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:

4. For  5. Date:   
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



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

**BWSC112**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

**4** - **15685**

**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 H.

7. Street:

8. City/Town:

9. State:

10. Zip Code:

11. Telephone:

12. Ext:

13. Fax:

**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):

**1/12/2012 1:31:50 PM**



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

**BWSC112A**

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

SUMMARY OF SHIPMENT SHEET

1  OF 1

4 - 15685

**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 <sup>3</sup> <input checked="" type="checkbox"/> tons <input type="checkbox"/> gals
11/17/2011	11/17/2011	4	95.57
11/17/2011	11/18/2011	2	62.77
5. Totals Recorded on this Summary of Shipment Sheet:		6	158.34

**B.**  Check here if additional BWSC112A BOL Summary Sheets are needed.



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

**BWSC112B**

Release Tracking Number

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

**4 - 15685**

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

1. I, **John E Nadeau**, 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: **John E Nadeau** 3. Title: **DISTRICT MANAGER**  
 4. For: **WASTE MANAGEMENT OF NEW HAMPSHIRE** 5. Date: **1/10/2012**  
 (mm/dd/yyyy)  
 6. Date of Final Shipment associated with this Bill of Lading: **11/18/2011**  
 (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, **Cheryl Henlin**, 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: **Cheryl Henlin** 3. Title: **DIRECTOR, ENVIRONMENTAL STEWA**  
 4. For: **CITY OF NEW BEDFORD** 5. Date: **1/11/2012**  
 (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 H.

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

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

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

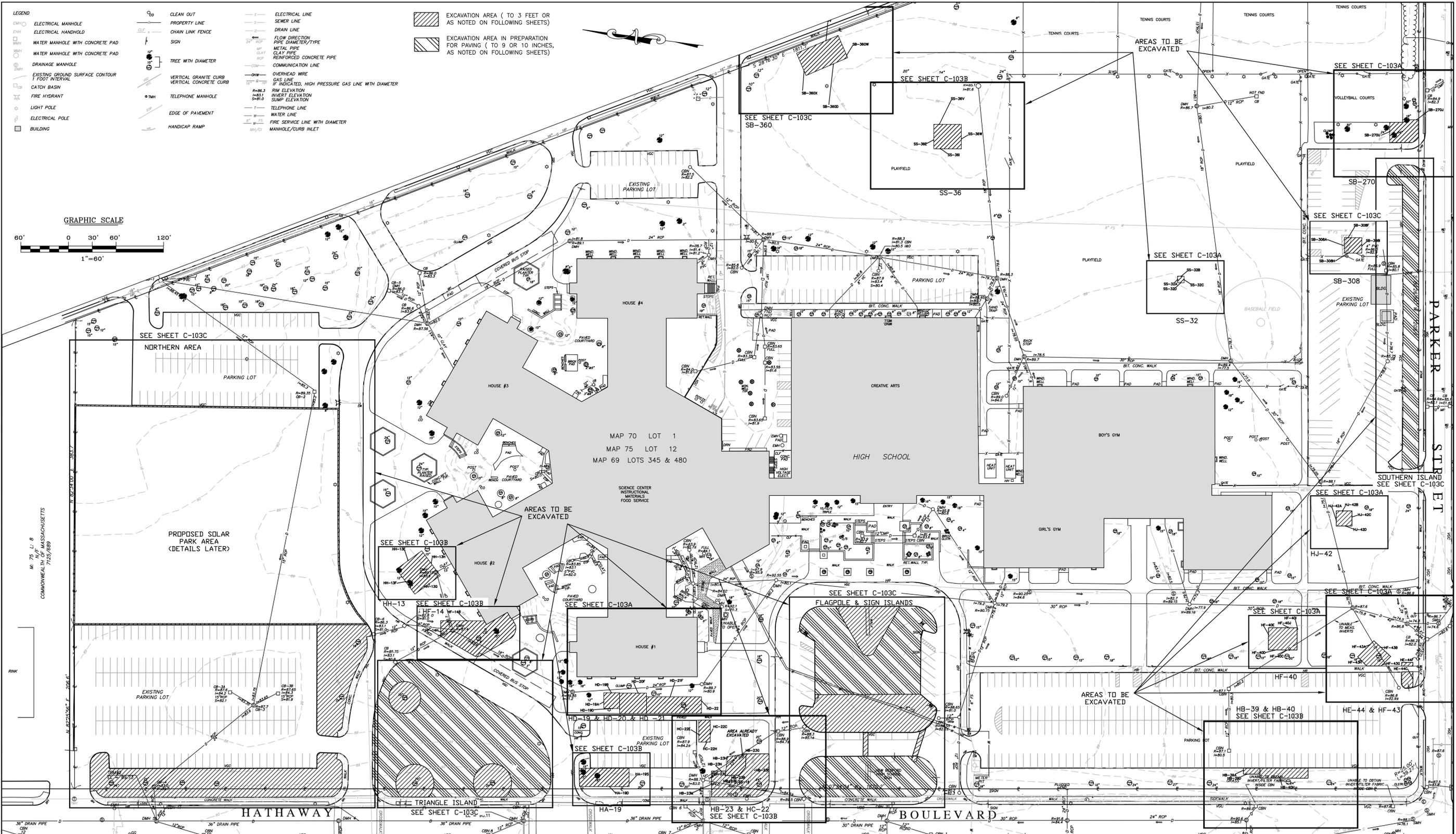
14. Check here if attaching optional supporting documentation such as copies of Load Information Summary Sheets

## **Manifest Documents**



## **APPENDIX D**

### **Soil Excavation Overview**



ENGINEER IN RESPONSIBLE CHARGE OF THE WORK SHOWN ON THIS DRAWING

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

MA PROFESSIONAL ENGINEER: \_\_\_\_\_ LIC. # \_\_\_\_\_

Prepared by:



Prepared for:

The City of New Bedford  
Massachusetts



2	7-19-11	D.P.	90% DRAFT SUBMITTAL	D.T.
1	6-30-11	D.P.	RAM MODIFICATION SUBMITTAL	D.P.
0	4-15-11	A.H.	60% DRAFT SUBMITTAL	A.H.
REV	DATE	BY	DESCRIPTION	DESIGN SUPERVISOR / PROJECT ENGINEER

DRAWING TITLE			
SOIL EXCAVATION OVERVIEW			
INITIATOR	DRAWN BY	CHECKED BY	PROJECT ENGINEER
D.T.	D.P.	D.T.	D.P.
START DATE		SUPERVISOR	
FEB. 2011		D.T.	

PROJECT TITLE		SCALE
FINAL DESIGN SUBMITTAL NBHS EXTERIOR REMEDY		1" = 60'
DATE		9-8-2011
PREPARED FOR		
City of New Bedford 133 WILLIAM STREET NEW BEDFORD, MASSACHUSETTS 02740		
DRAWING NO.		3
C-103		

## **APPENDIX E**

### **Soil Boring and Soil Sampling Logs**



Wannalancit Mills  
 650 Suffolk Street  
 Lowell, MA 01854  
 Phone: 978-970-5600

# BORING/WELL CONSTRUCTION LOG

**CLIENT/PROJECT NUMBER** City of New Bedford -115058      **SCREEN TYPE/SLOT** NA  
**BORING/WELL NUMBER** HB-22A      **FILTER PACK TYPE** NA  
**TRC GEOLOGIST** A. Drouin      **SEAL TYPE** NA  
**DRILLING CONTRACTOR/FOREMAN** New England Geotech/Dan Regan      **DEPTH TO WATER (Approximate Feet)** NA  
**DATE DRILLED** 10/20/2011      **TOTAL DEPTH (Feet)** 4  
**LOCATION** NBHS - 2.5' North of HB-22      **GROUND ELEVATION (Feet)** 88.50  
**SAMPLING METHOD** 48" Macrocore      **REFERENCE ELEVATION (Feet)** NA  
**DRILLING METHOD** Direct Push 5400 Truck Rig  
**NOTES** Sampled for chlorinated dioxin / dibenzofuran congeners

DEPTH (ft. BGL)	BLOW COUNTS	PEN/REC (INCHES)	Sample Type/#	GRAPHIC LOG	LITHOLOGIC DESCRIPTION	Field Testing (ppm)	SAMPLE ID/TIME	WELL DIAGRAM	
1		48/13	S-1		0-4" Dark-brown SILT, some fine sand, moist.	0.1			
2					4-13" Brown to brownish-yellow SILTY fine-medium SAND, trace sub-rounded gravel, moist.		HB-22A (1-3) 1520		No Monitoring Well Installed
4					End of Boring @ 4 feet  (Note: Took second spoon for volume. Got 48/18 for recovery.)				



Wannalancit Mills  
 650 Suffolk Street  
 Lowell, MA 01854  
 Phone: 978-970-5600

# BORING/WELL CONSTRUCTION LOG

CLIENT/PROJECT NUMBER City of New Bedford -115058 SCREEN TYPE/SLOT NA  
 BORING/WELL NUMBER HB-22B FILTER PACK TYPE NA  
 TRC GEOLOGIST A. Drouin SEAL TYPE NA  
 DRILLING CONTRACTOR/FOREMAN New England Geotech/Dan Regan DEPTH TO WATER (Approximate Feet) NA  
 DATE DRILLED 10/20/2011 TOTAL DEPTH (Feet) 4  
 LOCATION NBHS - 2.5' East of HB-22 GROUND ELEVATION (Feet) 88.30  
 SAMPLING METHOD 48" Macrocore REFERENCE ELEVATION (Feet) NA  
 DRILLING METHOD Direct Push 5400 Truck Rig  
 NOTES Sampled for chlorinated dioxin / dibenzofuran congeners

DEPTH (ft. BGL)	BLOW COUNTS	PEN/REC (INCHES)	Sample Type/#	GRAPHIC LOG	LITHOLOGIC DESCRIPTION	Field Testing (ppm)	SAMPLE ID/TIME	WELL DIAGRAM	
		48/32	S-1		0-4" Dark-brown SILT, trace sand, moist.	0.1			
1					4-32" Dark-brown to black FILL (glass, ash), layered colors at 4-feet including yellow, white, gray and orange.				
2							HB-22B (1-3) 1540 DUP-1		No Monitoring Well Installed
3									
4					End of Boring @ 4 feet				



Wannalancit Mills  
 650 Suffolk Street  
 Lowell, MA 01854  
 Phone: 978-970-5600

# BORING/WELL CONSTRUCTION LOG

**CLIENT/PROJECT NUMBER** City of New Bedford -115058      **SCREEN TYPE/SLOT** NA  
**BORING/WELL NUMBER** HB-22C      **FILTER PACK TYPE** NA  
**TRC GEOLOGIST** A. Drouin      **SEAL TYPE** NA  
**DRILLING CONTRACTOR/FOREMAN** New England Geotech/Dan Regan      **DEPTH TO WATER (Approximate Feet)** NA  
**DATE DRILLED** 10/20/2011      **TOTAL DEPTH (Feet)** 4  
**LOCATION** NBHS - 2.5' South of HB-22      **GROUND ELEVATION (Feet)** 88.32  
**SAMPLING METHOD** 48" Macrocore      **REFERENCE ELEVATION (Feet)** NA  
**DRILLING METHOD** Direct Push 5400 Truck Rig  
**NOTES** Sampled for chlorinated dioxin / dibenzofuran congeners

DEPTH (ft. BGL)	BLOW COUNTS	PEN/REC (INCHES)	Sample Type/#	GRAPHIC LOG	LITHOLOGIC DESCRIPTION	Field Testing (ppm)	SAMPLE ID/TIME	WELL DIAGRAM	
1		48/36	S-1		0-10" Dark-brown SILT, trace sand.	1.6			
2					10-36" FILL (ash, coal, glass in silty matrix), moist to wet towards 4-feet.		HB-22C (1-3) 1620		No Monitoring Well Installed
4					End of Boring @ 4 feet  (Note: First spoon looks just like Silica sand backfill, advancing second hole.)				



Wannalancit Mills  
 650 Suffolk Street  
 Lowell, MA 01854  
 Phone: 978-970-5600

# BORING/WELL CONSTRUCTION LOG

**CLIENT/PROJECT NUMBER** City of New Bedford -115058      **SCREEN TYPE/SLOT** NA  
**BORING/WELL NUMBER** HB-22D      **FILTER PACK TYPE** NA  
**TRC GEOLOGIST** A. Drouin      **SEAL TYPE** NA  
**DRILLING CONTRACTOR/FOREMAN** New England Geotech/Dan Regan      **DEPTH TO WATER (Approximate Feet)** NA  
**DATE DRILLED** 10/20/2011      **TOTAL DEPTH (Feet)** 4  
**LOCATION** NBHS - 2.5' West of HB-22      **GROUND ELEVATION (Feet)** 88.53  
**SAMPLING METHOD** 48" Macrocore      **REFERENCE ELEVATION (Feet)** NA  
**DRILLING METHOD** Direct Push 5400 Truck Rig  
**NOTES** Sampled for chlorinated dioxin / dibenzofuran congeners

DEPTH (ft. BGL)	BLOW COUNTS	PEN/REC (INCHES)	Sample Type/#	GRAPHIC LOG	LITHOLOGIC DESCRIPTION	Field Testing (ppm)	SAMPLE ID/TIME	WELL DIAGRAM	
1		48/14	S-1		0-3" Dark-brown SILT, trace sand, moist.	0.02			
2					3-10" Black FILL (coal, ash).		HB-22D (1-3) 1605		No Monitoring Well Installed
3					10-14" Tan to brown medium-coarse SAND, trace sub-rounded gravel, moist.				
4					End of Boring @ 4 feet				



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 Lowell, MA 01854  
 Phone: 978-970-5600

# BORING/WELL CONSTRUCTION LOG

**CLIENT/PROJECT NUMBER** City of New Bedford -115058      **SCREEN TYPE/SLOT** NA  
**BORING/WELL NUMBER** HB-22E      **FILTER PACK TYPE** NA  
**TRC GEOLOGIST** A. Drouin      **SEAL TYPE** NA  
**DRILLING CONTRACTOR/FOREMAN** New England Geotech/Dan Regan      **DEPTH TO WATER (Approximate Feet)** NA  
**DATE DRILLED** 10/20/2011      **TOTAL DEPTH (Feet)** 4  
**LOCATION** NBHS - 5' North of HB-22      **GROUND ELEVATION (Feet)** 88.54  
**SAMPLING METHOD** 48" Macrocore      **REFERENCE ELEVATION (Feet)** NA  
**DRILLING METHOD** Direct Push 5400 Truck Rig  
**NOTES** Sampled for chlorinated dioxin / dibenzofuran congeners

DEPTH (ft. BGL)	BLOW COUNTS	PEN/REC (INCHES)	Sample Type/#	GRAPHIC LOG	LITHOLOGIC DESCRIPTION	Field Testing (ppm)	SAMPLE ID/TIME	WELL DIAGRAM	
1		48/25	S-1		0-13" Dark-brown SILT, some fine sand, moist.	0.0			
2					13-25" Tan to brown fine-coarse SAND, trace sub-rounded to sub-angular gravel, moist.		HB-22E (1-3) 1530 (Hold)		No Monitoring Well Installed
3									
4					End of Boring @ 4 feet				



Wannalancit Mills  
 650 Suffolk Street  
 Lowell, MA 01854  
 Phone: 978-970-5600

# BORING/WELL CONSTRUCTION LOG

**CLIENT/PROJECT NUMBER** City of New Bedford -115058      **SCREEN TYPE/SLOT** NA  
**BORING/WELL NUMBER** HB-22F      **FILTER PACK TYPE** NA  
**TRC GEOLOGIST** A. Drouin      **SEAL TYPE** NA  
**DRILLING CONTRACTOR/FOREMAN** New England Geotech/Dan Regan      **DEPTH TO WATER (Approximate Feet)** NA  
**DATE DRILLED** 10/20/2011      **TOTAL DEPTH (Feet)** 4  
**LOCATION** NBHS - 5' East of HB-22      **GROUND ELEVATION (Feet)** 88.23  
**SAMPLING METHOD** 48" Macrocore      **REFERENCE ELEVATION (Feet)** NA  
**DRILLING METHOD** Direct Push 5400 Truck Rig  
**NOTES** Sampled for chlorinated dioxin / dibenzofuran congeners

DEPTH (ft. BGL)	BLOW COUNTS	PEN/REC (INCHES)	Sample Type/#	GRAPHIC LOG	LITHOLOGIC DESCRIPTION	Field Testing (ppm)	SAMPLE ID/TIME	WELL DIAGRAM	
1		48/24	S-1		0-8" Dark-brown SILT, trace sand and roots, moist.	0.4			
2					8-24" Black FILL (glass, ash, coal), layers of color at 22-inches including yellow, white and gray, moist.		HB-22F (1-3) 1550 (Hold)		No Monitoring Well Installed
3									
4					End of Boring @ 4 feet				



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# BORING/WELL CONSTRUCTION LOG

**CLIENT/PROJECT NUMBER** City of New Bedford -115058      **SCREEN TYPE/SLOT** NA  
**BORING/WELL NUMBER** HB-22G      **FILTER PACK TYPE** NA  
**TRC GEOLOGIST** A. Drouin      **SEAL TYPE** NA  
**DRILLING CONTRACTOR/FOREMAN** New England Geotech/Dan Regan      **DEPTH TO WATER (Approximate Feet)** NA  
**DATE DRILLED** 10/20/2011      **TOTAL DEPTH (Feet)** 4  
**LOCATION** NBHS - 5' South of HB-22      **GROUND ELEVATION (Feet)** 88.33  
**SAMPLING METHOD** 48" Macrocore      **REFERENCE ELEVATION (Feet)** NA  
**DRILLING METHOD** Direct Push 5400 Truck Rig  
**NOTES** Sampled for chlorinated dioxin / dibenzofuran congeners

DEPTH (ft. BGL)	BLOW COUNTS	PEN/REC (INCHES)	Sample Type/#	GRAPHIC LOG	LITHOLOGIC DESCRIPTION	Field Testing (ppm)	SAMPLE ID/TIME	WELL DIAGRAM	
1		48/30	S-1		0-10" Dark-brown SILT, little sand and roots (moist).	0.0			
2					10-30" FILL (glass, ash, coal, trace slag and wood), layers of color at 24-inches, wet at 3.5-feet.		HB-22G (1-3) 1625 (Hold)		No Monitoring Well Installed
3									
4					End of Boring @ 4 feet				



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# BORING/WELL CONSTRUCTION LOG

**CLIENT/PROJECT NUMBER** City of New Bedford -115058      **SCREEN TYPE/SLOT** NA  
**BORING/WELL NUMBER** HB-22H      **FILTER PACK TYPE** NA  
**TRC GEOLOGIST** A. Drouin      **SEAL TYPE** NA  
**DRILLING CONTRACTOR/FOREMAN** New England Geotech/Dan Regan      **DEPTH TO WATER (Approximate Feet)** NA  
**DATE DRILLED** 10/20/2011      **TOTAL DEPTH (Feet)** 4  
**LOCATION** NBHS - 5' West of HB-22      **GROUND ELEVATION (Feet)** 88.71  
**SAMPLING METHOD** 48" Macrocore      **REFERENCE ELEVATION (Feet)** NA  
**DRILLING METHOD** Direct Push 5400 Truck Rig  
**NOTES** Sampled for chlorinated dioxin / dibenzofuran congeners

DEPTH (ft. BGL)	BLOW COUNTS	PEN/REC (INCHES)	Sample Type/#	GRAPHIC LOG	LITHOLOGIC DESCRIPTION	Field Testing (ppm)	SAMPLE ID/TIME	WELL DIAGRAM	
1		48/16	S-1		0-8" Light-brown SILTY very fine SAND, trace topsoil at surface, very dry and dusty.	0.1			
2					8-16" Black FILL (glass, coal, ash), layers of color at 15-inches.		HB-22H (1-3) 1610 (Hold)		No Monitoring Well Installed
3									
4					End of Boring @ 4 feet				



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# BORING/WELL CONSTRUCTION LOG

CLIENT/PROJECT NUMBER City of New Bedford -115058 SCREEN TYPE/SLOT NA  
 BORING/WELL NUMBER HB-22J FILTER PACK TYPE NA  
 TRC GEOLOGIST A. Drouin SEAL TYPE NA  
 DRILLING CONTRACTOR/FOREMAN New England Geotech/Dan Regan DEPTH TO WATER (Approximate Feet) NA  
 DATE DRILLED 10/20/2011 TOTAL DEPTH (Feet) 4  
 LOCATION NBHS - 10' East of HB-22 GROUND ELEVATION (Feet) 88.10  
 SAMPLING METHOD 48" Macrocore REFERENCE ELEVATION (Feet) NA  
 DRILLING METHOD Direct Push 5400 Truck Rig  
 NOTES Sampled for chlorinated dioxin / dibenzofuran congeners

DEPTH (ft. BGL)	BLOW COUNTS	PEN/REC (INCHES)	Sample Type/#	GRAPHIC LOG	LITHOLOGIC DESCRIPTION	Field Testing (ppm)	SAMPLE ID/TIME	WELL DIAGRAM	
1		48/28	S-1		0-8" Dark-brown SILT, some sand and roots, moist.	0.2			
2					8-28" FILL (coal, ash, shoe pieces), layers of color at 26-inches, moist to wet.		HB-22J (1-3) 1600 (Hold)		No Monitoring Well Installed
3									
4					End of Boring @ 4 feet				



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# BORING/WELL CONSTRUCTION LOG

**CLIENT/PROJECT NUMBER** City of New Bedford -115058      **SCREEN TYPE/SLOT** NA  
**BORING/WELL NUMBER** HB-22K      **FILTER PACK TYPE** NA  
**TRC GEOLOGIST** A. Drouin      **SEAL TYPE** NA  
**DRILLING CONTRACTOR/FOREMAN** New England Geotech/Dan Regan      **DEPTH TO WATER (Approximate Feet)** NA  
**DATE DRILLED** 10/20/2011      **TOTAL DEPTH (Feet)** 4  
**LOCATION** NBHS - 10' South of HB-22      **GROUND ELEVATION (Feet)** 88.55  
**SAMPLING METHOD** 48" Macrocore      **REFERENCE ELEVATION (Feet)** NA  
**DRILLING METHOD** Direct Push 5400 Truck Rig  
**NOTES** Sampled for chlorinated dioxin / dibenzofuran congeners

DEPTH (ft. BGL)	BLOW COUNTS	PEN/REC (INCHES)	Sample Type/#	GRAPHIC LOG	LITHOLOGIC DESCRIPTION	Field Testing (ppm)	SAMPLE ID/TIME	WELL DIAGRAM	
1		48/28	S-1		0-14" Dark-brown SILT, little sand, trace gravel, moist.	0.9			
2					14-28" FILL (ash, glass, coal), moist to wet at 3-feet.		HB-22K (1-3) 1630 (Hold)		No Monitoring Well Installed
3									
4					End of Boring @ 4 feet				



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# BORING/WELL CONSTRUCTION LOG

**CLIENT/PROJECT NUMBER** City of New Bedford -115058      **SCREEN TYPE/SLOT** NA  
**BORING/WELL NUMBER** HB-22L      **FILTER PACK TYPE** NA  
**TRC GEOLOGIST** A. Drouin      **SEAL TYPE** NA  
**DRILLING CONTRACTOR/FOREMAN** New England Geotech/Dan Regan      **DEPTH TO WATER (Approximate Feet)** NA  
**DATE DRILLED** 10/20/2011      **TOTAL DEPTH (Feet)** 4  
**LOCATION** NBHS - 10' West of HB-22      **GROUND ELEVATION (Feet)** 88.83  
**SAMPLING METHOD** 48" Macrocore      **REFERENCE ELEVATION (Feet)** NA  
**DRILLING METHOD** Direct Push 5400 Truck Rig  
**NOTES** Sampled for chlorinated dioxin / dibenzofuran congeners

DEPTH (ft. BGL)	BLOW COUNTS	PEN/REC (INCHES)	Sample Type/#	GRAPHIC LOG	LITHOLOGIC DESCRIPTION	Field Testing (ppm)	SAMPLE ID/ TIME	WELL DIAGRAM	
1		48/20	S-1		0-20" Tan to brown SILTY very fine-coarse SAND, dry to moist, increasing grain size with depth, trace gravel at bottom of sleeve.	0.3			
2							HB-22L (1-3) 1615 (Hold)		No Monitoring Well Installed
3									
4					End of Boring @ 4 feet				

# TRC

## Sample Log Sheet

Project: City of NB Project No.: 115058 Date/Time: 7/15/11 0940 Sheet 1 of 1

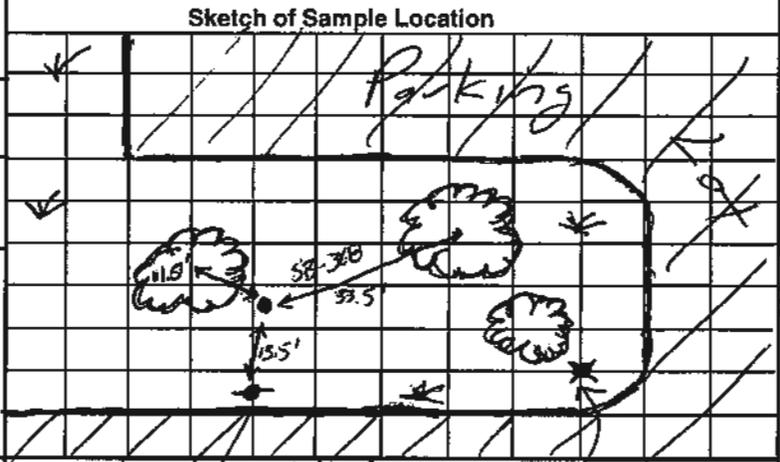
Contractor Personnel: NA TRC Personnel: J. Saunders

Sample No.: SB-368

Depth/Interval Sampled: (0-1') & (1-2.5') SS  
7/15/11

Sample Type:  Grab  Composite  Both

Media:  Surface Soil  Sediment  
 Subsurface Soil  Surface Water  
 Other  Ground Water



Field Screening Information: NA

Type of Meter: NA

Other Field Measurements::

NA

Note: Two attempts to get to 3 bgs were unsuccessful (refusal)

11.0' to west tree trunk (center)

13.5' to fire hydrant (center)

53.5' to east tree trunk (center)

Observations: Hydrant Light

0-12" Mod.-brown TOPSOIL (F-sand & silt)  
little M-gravel, trace roots, dry, n/s

12-20" Mod.-brown F-SAND, little silt  
and F-C Gravel, dry, n/s, n/s

20-30" Dark-tan-brown F-SAND, little  
M-C sand & silt, trace - little  
F-C Gravel, dry, n/s, n/s  
(Refusal and ~2.5' bgs)

### SAMPLE COLLECTION EQUIPMENT:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Hand Auger       | <input checked="" type="checkbox"/> Trowel |
| <input type="checkbox"/> Core Sampler                | <input type="checkbox"/> Shelby Tube       |
| <input type="checkbox"/> Spatula/Spoon               | <input type="checkbox"/> Dredge Sampler    |
| <input checked="" type="checkbox"/> Bowl (stainless) | <input type="checkbox"/> Kemmerer          |
| <input type="checkbox"/> Split-spoon (2" or 3")      | <input type="checkbox"/> Extended Arm      |
| <input type="checkbox"/> Encore®                     | <input type="checkbox"/> Bailer            |
| <input type="checkbox"/> Tube Auger                  | <input type="checkbox"/> Backhoe           |
| <input type="checkbox"/> Direct                      | <input type="checkbox"/> Van Doren Bottle  |
| <input type="checkbox"/> Ponar Grab                  |  |
| <input type="checkbox"/> Bucket Auger                |  |
| <input type="checkbox"/> Peristaltic Pump            |  |
| <input type="checkbox"/> MacroCore(4 ft or 5 ft)     |  |
| <input type="checkbox"/> Other                       |  |

### DECONTAMINATION PROECEDURE:

- | DECON. FLUID                | USED                                | DESCRIPTION |
|-----------------------------|-------------------------------------|-------------|
| Tap water                   | <input checked="" type="checkbox"/> | <u>NA</u>   |
| Alconox                     | <input checked="" type="checkbox"/> |             |
| Tap Water                   | <input checked="" type="checkbox"/> |             |
| HNO <sub>3</sub> (1 or 10%) | <input checked="" type="checkbox"/> |             |
| Tap Water                   | <input checked="" type="checkbox"/> |             |
| Methanol                    | <input checked="" type="checkbox"/> |             |
| Hexane                      | <input checked="" type="checkbox"/> |             |
| Acetone                     | <input checked="" type="checkbox"/> |             |
| Air Dry                     | <input checked="" type="checkbox"/> |             |
| DI Water                    | <input checked="" type="checkbox"/> |             |
| Air Dry                     | <input checked="" type="checkbox"/> |             |
| None                        | <input type="checkbox"/>            |             |

ANALYTICAL PARAMETERS	Filtered (circle)	Preservation Method	Volume/Container	Time of Collection	Sample ID
<input checked="" type="checkbox"/> PCBs (8062) <i>(Sorbicet)</i>	YES <input checked="" type="radio"/> NO	<u>Ice</u>	<u>4 oz (x2)</u>	<u>(0-1) = 0950</u> <u>(1-2.5) = 1000</u>	<u>SB-368 (0-1)</u> <u>(1-2.5)</u>
<input checked="" type="checkbox"/> PAHs (8270C)	YES <input checked="" type="radio"/> NO	<u>Ice</u>	<u>4 oz (x2)</u>	<u>(0-1) = 0950</u> <u>(1-2.5) = 1000</u>	↓
<input checked="" type="checkbox"/> MCP-14 Metals/Hg	YES <input checked="" type="radio"/> NO	<u>Ice</u>	<u>4 oz (x2)</u>	<u>(0-1) = 0950</u> <u>(1-2.5) = 1000</u>	
<input type="checkbox"/>	YES NO				
<input type="checkbox"/>	YES NO				
<input type="checkbox"/>	YES NO				

Signed: J. Saunders 7/15/11

# TRC

## Sample Log Sheet

Project: City of NB      Project No.: 115058      Date/Time: 7/15/11 1020      Sheet 1 of 1

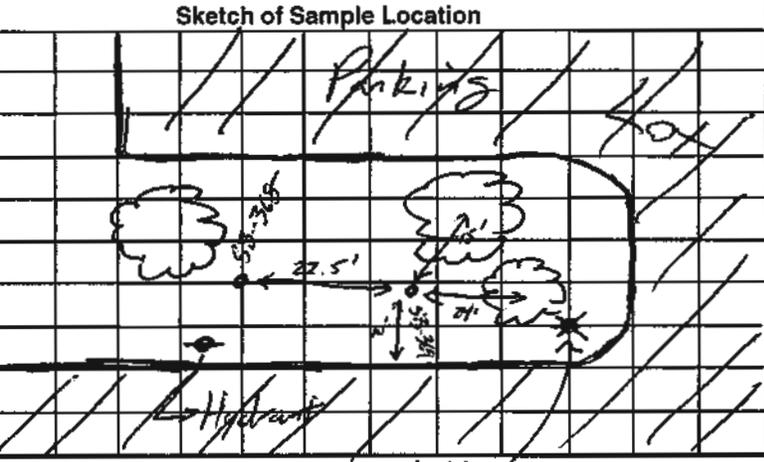
Contractor Personnel: NA      TRC Personnel: J. Saunders

Sample No.: SB-369

Depth/Interval Sampled: (0-1') & (1-3')

Sample Type: Grab    Composite    Both  
(circle)

Media: Surface Soil      Sediment  
(circle)    Subsurface Soil      Surface Water  
Other      Ground Water



Field Screening Information: NA  
Type of Meter: NA

Other Field Measurements:  
NA  
22.5' from SB-368 (west of SB-369)  
15.0' from NE tree trunk (center)  
24.0' from west tree trunk (center)  
10.0' from road curb (south)

Observations: Light  
0-12" Dark to Med brown TOPSOIL (F-sand and silt), trace F-C gravel & roots, dry, n/a, n/s  
12-36" Dark-tan-brown F-SAND, little silt, trace-little M-C sand & F-M gravel, dry, n/a, n/s

**SAMPLE COLLECTION EQUIPMENT:**

<input checked="" type="checkbox"/> Hand Auger	<input checked="" type="checkbox"/> Trowel
<input type="checkbox"/> Core Sampler	<input type="checkbox"/> Shelby Tube
<input type="checkbox"/> Spatula/Spoon	<input type="checkbox"/> Dredge Sampler
<input type="checkbox"/> Bowl (stainless)	<input type="checkbox"/> Kemmerer
<input type="checkbox"/> Split-spoon (2" or 3")	<input type="checkbox"/> Extended Arm
<input type="checkbox"/> Encore®	<input type="checkbox"/> Bailer
<input type="checkbox"/> Tube Auger	<input type="checkbox"/> Backhoe
<input type="checkbox"/> Direct	<input type="checkbox"/> Van Doren Bottle
<input type="checkbox"/> Ponar Grab	
<input type="checkbox"/> Bucket Auger	
<input type="checkbox"/> Peristaltic Pump	
<input type="checkbox"/> MacroCore(4 ft or 5 ft)	
<input type="checkbox"/> Other	

**DECONTAMINATION PROCEDURE:**

DECON. FLUID	USED	DESCRIPTION
Tap water	<input checked="" type="checkbox"/>	NA
Alconox	<input checked="" type="checkbox"/>	
Tap Water	<input checked="" type="checkbox"/>	
HNO <sub>3</sub> (1 or 10%)	<input checked="" type="checkbox"/>	
Tap Water	<input checked="" type="checkbox"/>	
Methanol	<input checked="" type="checkbox"/>	
Hexane	<input checked="" type="checkbox"/>	
Acetone	<input checked="" type="checkbox"/>	
Air Dry	<input checked="" type="checkbox"/>	
DI Water	<input checked="" type="checkbox"/>	
Air Dry	<input checked="" type="checkbox"/>	
None	<input type="checkbox"/>	

ANALYTICAL PARAMETERS	Filtered (circle)	Preservation Method	Volume/Container	Time of Collection	Sample ID
<input checked="" type="checkbox"/> PCBs (8052) (Scribble)	YES <u>NO</u>	Ice	4oz (x2)	1040 = (0-1') 1045 = (1-3')	SB-369 (0-1') (1-3')
<input checked="" type="checkbox"/> PAHs (8270C)	YES <u>NO</u>	↓	↓	↓	↓
<input checked="" type="checkbox"/> MCP Metals/Hg	YES <u>NO</u>	↓	↓	↓	↓
<input type="checkbox"/>	YES NO				
<input type="checkbox"/>	YES NO				
<input type="checkbox"/>	YES NO				

# TRC

## Sample Log Sheet

Project: City of NB Project No.: 115058 Date/Time: 7/15/11 1110 Sheet 1 of 1

Contractor Personnel: NA TRC Personnel: J Saunders

Sample No.: SB-370

Depth/Interval Sampled: (0-1') & (1-3')

Sample Type: Grab Composite Both

Media: Surface Soil Sediment  
Subsurface Soil Surface Water  
 Other \_\_\_\_\_ Ground Water

### Sketch of Sample Location



Field Screening Information: NA

Type of Meter: NA

Other Field Measurements::

NA  
 17.5' to light pole (center)  
 18.4' to west tree trunk (center)  
 26.5' to west tree trunk (center)  
 8.0' to north edge of curb

### Observations:

0-12" Dark-brown organic SILT & F-SAND, little - some root/wood debris, trace F-gravel, v. sl. moist, n/o, n/s  
 12-20" Dark-brown organic SILT, little F-sand & roots, sl. moist, n/o, n/s, trace glass  
 20-36" Dark-br. & tan-br. SILT, little clay & roots, sl. moist, n/o, n/s

### SAMPLE COLLECTION EQUIPMENT:

Hand Auger	<input checked="" type="checkbox"/>	Trowel	<input checked="" type="checkbox"/>
Core Sampler	<input type="checkbox"/>	Shelby Tube	<input type="checkbox"/>
Spatula/Spoon	<input type="checkbox"/>	Dredge Sampler	<input type="checkbox"/>
Bowl (stainless)	<input type="checkbox"/>	Kemmerer	<input type="checkbox"/>
Split-spoon (2" or 3")	<input type="checkbox"/>	Extended Arm	<input type="checkbox"/>
Encore®	<input type="checkbox"/>	Bailer	<input type="checkbox"/>
Tube Auger	<input type="checkbox"/>	Backhoe	<input type="checkbox"/>
Direct	<input type="checkbox"/>	Van Doren Bottle	<input type="checkbox"/>
Ponar Grab	<input type="checkbox"/>		
Bucket Auger	<input type="checkbox"/>		
Peristaltic Pump	<input type="checkbox"/>		
MacroCore(4 ft or 5 ft)	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

### DECONTAMINATION PROECEDURE:

DECON. FLUID	USED	DESCRIPTION
Tap water	<input checked="" type="checkbox"/>	NA
Alconox	<input checked="" type="checkbox"/>	
Tap Water	<input checked="" type="checkbox"/>	
HNO <sub>3</sub> (1 or 10%)	<input checked="" type="checkbox"/>	
Tap Water	<input checked="" type="checkbox"/>	
Methanol	<input checked="" type="checkbox"/>	
Hexane	<input checked="" type="checkbox"/>	
Acetone	<input checked="" type="checkbox"/>	
Air Dry	<input checked="" type="checkbox"/>	
DI Water	<input checked="" type="checkbox"/>	
Air Dry	<input checked="" type="checkbox"/>	
None	<input type="checkbox"/>	

ANALYTICAL PARAMETERS	Filtered (circle)	Preservation Method	Volume/Container	Time of Collection	Sample ID
<input checked="" type="checkbox"/> PCBs (8052) (soil)	YES <u>NO</u>	Ice	4 oz (x2)	(0-1) = 1110 (1-3) = 1120	SB-370 (0-1) (1-3)
<input checked="" type="checkbox"/> PAHs (8270C)	YES <u>NO</u>	↓	↓	↓	↓
<input checked="" type="checkbox"/> MCP-14 Metals/Hg	YES <u>NO</u>	↓	↓	↓	↓
<input type="checkbox"/>	YES NO				
<input type="checkbox"/>	YES NO				
<input type="checkbox"/>	YES NO				

Signed: *[Signature]* 7/15/11