



Enter your transmittal number

060698

Transmittal Number

Your unique Transmittal Number can be accessed online: http://www.mass.gov/dep/counter/trasmfrm.shtml or call DEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection
Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application. Copy 2 must accompany your fee payment. Copy 3 should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to:

DEP
P.O. Box 4062
Boston, MA
02211

* Note: For BWSC Permits, enter the LSP.

A. Permit Information

1. Permit Code: 7 or 8 character code from permit instructions
Initial Application for Tier I Permit
2. Name of Permit Category
3. Type of Project or Activity

B. Applicant Information - Firm or Individual

City of Boston, Department of Neighborhood Development
1. Name of Firm - Or, if party needing this approval is an individual enter name below:
Shelton Scott
2. Last Name of Individual 3. First Name of Individual 4. MI
26 Court Street, 9th Floor
5. Street Address
Boston MA 02108 617-635-0103
6. City/Town 7. State 8. Zip Code 9. Telephone # 10. Ext. #
Scott Shelton
11. Contact Person 12. e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Lewis Chemical Corporation
1. Name of Facility, Site Or Individual
12-24 Fairmount Court
2. Street Address
Hyde Park MA 02136 na
3. City/Town 4. State 5. Zip Code 6. Telephone # 7. Ext. #
3-1616
8. DEP Facility Number (if Known) 9. Federal I.D. Number (if Known) 10. BWSC Tracking # (if Known)

D. Application Prepared by (if different from Section B)*

Environmental Strategies & Mgt., Inc.
1. Name of Firm Or Individual
184 West Main Street
2. Address
Norton MA 02766 508-285-9700
3. City/Town 4. State 5. Zip Code 6. Telephone # 7. Ext. #
Douglas Heely 9632
8. Contact Person 9. LSP Number (BWSC Permits only)

E. Permit - Project Coordination

1. Is this project subject to MEPA review? [] yes [x] no
If yes, enter the project's EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:
EOEA File Number

F. Amount Due

DEP Use Only

Permit No:

Rec'd Date:

Reviewer:

Special Provisions:

- 1. [] Fee Exempt (city, town or municipal housing authority)(state agency if fee is \$100 or less). There are no fee exemptions for BWSC permits, regardless of applicant status.
2. [] Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).
3. [] Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).
4. [] Homeowner (according to 310 CMR 4.02).

Check Number Dollar Amount Date



Massachusetts Department of Environmental Protection
 Bureau of Waste Site Cleanup
BWSC 01 – Tier IA
BWSC 02 – Tier IB
BWSC 03 – Tier IC
Initial Application for Tier I Permit

060698
 Transmittal Number

3-1616
 Release Tracking Number

A. Disposal Site Information

Important:
 When filling out forms on the computer, use only the tab key to move your cursor – do not use the return key.



- 1. Check here if there is more than one applicant. (A Primary Representative must be listed in Section B and each applicant must fill out Sections C, D and E.)
- 2. Which permit category are you applying for?
 - a. Tier IA (Permit Category: BWSC 01)
 - b. Tier IB (Permit Category: BWSC 02)
 - c. Tier IC (Permit Category: BWSC 03)
 - d. Check here if applicant is a Homeowner pursuant to 310 CMR 4.02. A Homeowner Certification (BWSC120) must be submitted in order to qualify for the homeowner application fee.

- 3. a. Former Lewis Chemical Corporation
 Disposal Site Name
- b. 12-24 Fairmont Court
 Street
- c. Hyde Park
 City/Town
- d. MA
 State
- e. 02136
 Zip Code

Note:

Tier IA =
 NRS ≥ 550;

Tier IB =
 450 ≤ NRS < 550;

Tier IC =
 350 ≤ NRS < 450

- 4. List other release tracking number(s) that is(are) the subject of this permit application.

Release Tracking Number (RTN)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

- 5. Basis for Tier Classification:

a. Numerical Ranking System (NRS) Score: 437

- b. Check here if basis includes Tier I inclusionary criteria. (Check all that apply.)
 - i. Evidence of groundwater contamination with oil and/or hazardous material at concentrations equal to or exceeding applicable RCGW-1 reportable concentrations and such groundwater is located within an Interim Wellhead Protection Area or Zone II.
 - ii. Disposal site at which an Imminent Hazard is present at the time of Tier Classification.



Massachusetts Department of Environmental Protection
 Bureau of Waste Site Cleanup
BWSC 01 – Tier IA
BWSC 02 – Tier IB
BWSC 03 – Tier IC
Initial Application for Tier I Permit

060698
 Transmittal Number

3-1616
 Release Tracking Number

B. Primary Representative Information

Note:

1. If there is **only one** applicant, you do not need to complete this section.

2. If there is **more than one** applicant, then the Primary Representative should complete this page.

3. The **Primary Representative** for multiple applicants will receive the annual compliance assurance fee statement for the disposal site.

1. Primary Representative:

- a. Is the Primary Representative also an applicant? i. Yes ii. No
- b. _____
Name of Organization
- c. _____ d. _____
Name Title
- e. _____
Street
- f. _____ g. _____ h. _____
City/Town State Zip Code
- i. _____
Telephone
- j. _____
E-mail (optional)
- k. _____ l. _____
Contact Name (if different) Contact Telephone

2. Primary Representative Certification:

I attest under the pains and penalties of perjury that I am fully authorized to act on behalf of all persons submitting this permit application for the following purposes: (i) to receive oral and written correspondence from DEP with respect to this application; (ii) to receive oral and written correspondence from DEP with respect to the performance of response actions conducted pursuant to the Tier I permit; and (iii) to receive any statement of fee required by 310 CMR 4.03(3) associated with the Tier I permit. I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate or incomplete information.

- a. _____
Name (Print)
- b. _____
Position or Title
- c. _____
Signature
- d. _____
Date



Massachusetts Department of Environmental Protection
 Bureau of Waste Site Cleanup
BWSC 01 – Tier IA
BWSC 02 – Tier IB
BWSC 03 – Tier IC
Initial Application for Tier I Permit

060698
 Transmittal Number
 3-1616
 Release Tracking Number

C. Applicant Information

Note:

1. All applicants must complete this section. Where there is more than one **Applicant**, make copies of this page, have each applicant provide this information, and then attach all copies to this Permit Application.

2. The applicant, or the Primary Representative for more than one applicant, will receive the annual compliance assurance fee statement for the disposal site.

1. Applicant:

- a. City of Boston, Department of Neighborhood Development
Name of Organization
- b. Scott Shelton
Applicant Name
- c. Senior Project Manager
Title
- d. 26 Court Street
Street
- e. Boston
City/Town
- f. MA
State
- g. 02108
Zip Code
- h. 617-635-0103
Telephone
- i. _____
E-mail (optional)
- j. _____
Contact Name (if different)
- k. _____
Contact Telephone

2. Type of Applicant (check **one**):

- a. Individual
- b. Sole proprietorship
- c. Partnership
- d. Corporation
- e. Realty trust
- f. State authority
- g. Municipality
- h. State agency
- i. Federal agency
- j. Other, please specify: _____

3. Relationship of applicant to disposal site (check all that apply):

- a. Current owner (as defined in Section 5(a)(1) of M.G.L. c 21E)
- b. Current operator (as defined in Section 5(a)(1) of M.G.L. c 21E)
- c. Past owner (as defined in Section 5(a)(2) of M.G.L. c 21E)
- d. Past operator (as defined in Section 5(a)(2) of M.G.L. c 21E)
- e. Generator (as defined in Section 5(a)(3) of M.G.L. c 21E)
- f. Transporter (as defined in Section 5(a)(4) of M.G.L. c 21E)
- g. Other legally responsible party (as defined in Section 5(a)(5) of M.G.L. c 21E)
- h. Other person (as defined in 310 CMR 40.0006(10))

4. Check here to certify that additional copies of Sections C, D and E are attached to this application.



Massachusetts Department of Environmental Protection
 Bureau of Waste Site Cleanup
BWSC 01 – Tier IA
BWSC 02 – Tier IB
BWSC 03 – Tier IC
Initial Application for Tier I Permit

060698
 Transmittal Number
 3-1616
 Release Tracking Number

D. Applicant's Compliance History

Note:
 Each applicant must complete this section. For disposal sites with more than one **Applicant**, make copies of this section, have each applicant complete this information, and then attach all copies to this Permit Application.

1. Check here to certify that a statement further describing the applicant's compliance history is attached.
- This statement must describe the applicant's history of compliance with DEP's requirements, including, but not limited to, M.G.L. c. 21E, 310 CMR 40.0000, and other laws for the protection of health, safety, public welfare and the environment administered or enforced by federal, state and local government agencies, that are material to the disposal site. Such a statement should identify information such as: action(s) material to the disposal site taken by DEP to enforce its requirements including, but not limited to Notice of Noncompliance (NON), Notice of Intent to Assess Civil Administrative Penalty (PAN), administrative enforcement order, Notice of Responsibility (NOR), Notice of Intent to Take Response Action (NORA); Administrative Consent Order; Judicial Consent Judgment; similar administrative actions taken by other states, federal, or local agencies; and/or civil or criminal actions material to the disposal site brought on behalf of DEP or other federal, state, or local agencies and any additional information relevant to the applicant's history of compliance. For each action identified, give the name of the issuing authority and identification number, if available, and a description of the noncompliance cited, the current status of the matter, and final disposition, if any.

2. List all other DEP permits or licenses held by the applicant that are material to this disposal site:

Program	Permit Code	Permit Category	Facility ID
a. Air Quality	none		
b. Hazardous Waste (M.G.L. c. 21C)	none		
c. Solid Waste	none		
d. Industrial Wastewater Management	none		
e. Water Supply	none		
f. Water Pollution Control: Surface Water	none		
g. Water Pollution Control: Groundwater	none		
h. Water Pollution Control: Sewer Connection	none		
i. Wetlands & Waterways	none		

3. List all other permits, licenses, certifications, registrations, variances, or other approvals issued by other federal, state, or local authorities and held by applicant that are material to this disposal site:

Issuing Authority	Identification Number	Date Issued
a. _____	none	
b. _____	none	
c. _____	none	



Massachusetts Department of Environmental Protection
 Bureau of Waste Site Cleanup
BWSC 01 – Tier IA
BWSC 02 – Tier IB
BWSC 03 – Tier IC
Initial Application for Tier I Permit

060698
 Transmittal Number
 3-1616
 Release Tracking Number

E. Applicant Certifications

Note:
 Each applicant must complete this section. For disposal sites with more than one **Applicant**, make copies of this page, have each applicant complete this information, and then attach all copies to this Permit Application.

1. Certification of Submittal

I attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this submittal, (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 person or 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. Statement of Ability and Willingness

I attest under the pains and penalties of perjury that (i) I/the person(s) or entity(ies) on whose behalf this submittal is made has/have personally examined and am/is familiar with the requirements of M.G.L. c. 21E and 310 CMR 40.0000; (ii) based upon my inquiry of the/those Licensed Site Professional(s) employed or engaged to render Professional Services for the disposal site which is the subject of this permit application and of the person(s) or entity(ies) on whose behalf this submittal is made, and my/that person's(s') or entity's(ies') understanding as to the estimated costs of necessary response actions, that/those person(s) or entity(ies) has/have the technical, financial and legal ability to proceed with response actions for such site in accordance with M.G.L. c. 21E, 310 CMR 40.0000 and other applicable requirements; and (iii) that I am fully authorized to make this attestation on behalf of the person(s) or entity(ies) legally responsible for this submittal. I/the person(s) or entity(ies) on whose behalf this submittal is made is aware of the requirements in 310 CMR 40.0172 for notifying the Department in the event that I/the person(s) or entity(ies) on whose behalf this submittal is made and/is(are) unable to proceed with the necessary response actions.

3. Certification of Remittance of Permit Application Fee

I attest under the pains and penalties of perjury that, on or before the date of submittal of this permit application to the Department, I remitted, or caused to be remitted, the applicable permit fee payable in accordance with 310 CMR 4.00.

4. Applicant Acceptance

- a. Scott Shelton
Name (Print)
- b. Senior Project Manager
Position or Title
- c. _____
Signature
- d. _____
Date



Massachusetts Department of Environmental Protection
 Bureau of Waste Site Cleanup
BWSC 01 – Tier IA
BWSC 02 – Tier IB
BWSC 03 – Tier IC
Initial Application for Tier I Permit

060698
 Transmittal Number
 3-1616
 Release Tracking Number

F. Required Technical Submittals with Permit Application

1. Check here to certify that a Tier I Classification Submittal is attached to this application.
2. Please indicate which of the following response actions are in progress or have been completed at this disposal site at the time of this permit application:

Response Actions	Completed	In Progress
------------------	-----------	-------------

Preliminary Response Actions:

- | | | |
|---------------------------------------------|-------------------------------------|--------------------------|
| a. Limited Removal Action (LRA) | <input type="checkbox"/> | |
| b. Immediate Response Action (IRA) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Release Abatement Measure (RAM) | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Utility Related Abatement Measure (URAM) | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Phase I Initial Site Investigation | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| f. _____
Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> |

Comprehensive Response Actions:

- | | | |
|----------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| g. Phase II Comprehensive Site Assessment | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h. Phase III Identification, Evaluation and Selection of Comprehensive Remedial Action Alternatives | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Phase IV Implementation of the Selected Remedial Action Alternative (Remedy Implementation Plan only) | <input type="checkbox"/> | <input type="checkbox"/> |

3. Please indicate which of the following Status Reports, Phase Reports, or Completion Statements have been prepared for response actions that are in progress or have been completed at the disposal site at the time of this permit application.

Document	Previously Submitted	Submitted with this Application	Projected Date for Completion
a. Bill(s) of Lading	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Immediate Response Action (IRA) Plan(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. IRA Status Report(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. IRA Completion Report(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Release Abatement Measure (RAM) Plan(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Note:
 For response actions in progress, attach a statement of description of the current status and projected schedule for completion of such response actions.



Massachusetts Department of Environmental Protection
 Bureau of Waste Site Cleanup
BWSC 01 – Tier IA
BWSC 02 – Tier IB
BWSC 03 – Tier IC
Initial Application for Tier I Permit

060698
 Transmittal Number

3-1616
 Release Tracking Number

F. Required Technical Submittals with Permit Application (cont.)

Document	Previously Submitted	Submitted with this Application	Projected Date for Completion
f. RAM Status Report(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. RAM Completion Report(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Utility-Related Abatement Measures (URAM)	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. URAM Status Report(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. URAM Completion Report(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
k. Phase I Report and Completion Statement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
l. Phase II Scope of Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
m. Phase II Report and Completion Statement	<input type="checkbox"/>	<input type="checkbox"/>	_____
n. Phase III Remedial Action Plan and Completion Statement	<input type="checkbox"/>	<input type="checkbox"/>	_____
o. Phase IV Remedy Implementation Plan (RIP)	<input type="checkbox"/>	<input type="checkbox"/>	_____
p. _____ Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____

4. Specify the pages of either the Phase I Report or Phase II Report (if completed) for purposes of supporting the following information:

	Phase I Report	Phase II Report	Page(s)
a. Disposal site location information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Addendum p. 1</u>
i. Institutions within 500 feet of the disposal site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Addendum p. 1</u>
ii. Listing of natural resource areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Addendum p. 1</u>
b. Disposal Site Locus Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Addendum p. 1</u>
c. Disposal site history	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Addendum p. 2</u>
i. Release history and abatement measures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Addendum p. 2</u>
ii. OHM use and storage history	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Addendum p. 2</u>
iii. Environmental permits and compliance history	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Addendum p. 3</u>



Massachusetts Department of Environmental Protection
 Bureau of Waste Site Cleanup
BWSC 01 – Tier IA
BWSC 02 – Tier IB
BWSC 03 – Tier IC
Initial Application for Tier I Permit

060698
 Transmittal Number

3-1616
 Release Tracking Number

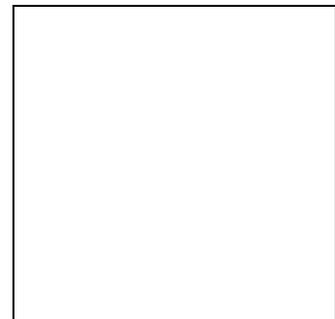
F. Required Technical Submittals with Permit Application (cont.)

	Phase I Report	Phase II Report	Page(s)
d. Disposal site hydrogeological characteristics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11, 12
i. Groundwater depth and flow direction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11, 12
ii. Soil and bedrock description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11, 12
iii. Disposal site topography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11, 12
e. Nature and extent of contamination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12-16
i. Thickness of non-aqueous phase liquid, if encountered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12-16
ii. Approximate horizontal and vertical extent of contamination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12-16
f. Migration pathways and exposure potential	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17-20
i. Contaminant migration potential	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17-20
ii. Potential human exposure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17-20
iii. Potential environmental receptors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17-20
g. Evaluation for Immediate Response Action(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20
h. _____ Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Conclusions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26

G. Licensed Site Professional Opinion

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal, 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, this application was developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000. 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.

- 9632
License Number
- Douglas Heely
LSP Name (Print)
- _____
Date
- 508-285-9700
Telephone
- _____
LSP Signature
- LSP Seal:



Section D – Applicant’s Compliance History

The applicant for this Tier I Permit Application is the City of Boston/Department of Neighborhood Development. The applicant acquired the property through tax foreclosure in 2000. The City has in no way caused or contributed to the release(s), and is acting in good faith to divest itself of the property in a responsible manner. The City has also taken steps to limit exposure to OHM through the maintenance of secured fencing around the perimeter of the property.

The City has applied for, and been awarded grant funds from the USEPA to perform additional site assessment activities under the MCP. These activities will include Phase II comprehensive site assessment, and other response actions if needed to prevent or abate an Imminent Hazard. A Phase II Scope of Work is been developed and will be submitted to DEP under separate cover.