



IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL FORM

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

Release Tracking Number

Release Tracking Number input fields

A. RELEASE OR THREAT OF RELEASE LOCATION:

Release Name: (optional)

Street: Location Aid:

City/Town: ZIP Code:

- Check here if a Tier Classification Submittal has been provided to DEP for this Release Tracking Number.
Check here if this location is Adequately Regulated, pursuant to 310 CMR 40.0110-0114.
Specify Program: CERCLA HSWA Corrective Action Solid Waste Management RCRA State Program (21C Facilities)

Related Release Tracking Numbers That This IRA Addresses:

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

- Submit an IRA Plan (complete Sections A, B, C, D, E, H, I, J and K).
Submit an Imminent Hazard Evaluation (complete Sections A, B, C, F, H, I, J and K).
Submit an IRA Status Report (complete Sections A, B, C, E, H, I, J and K).
Submit a Request to Terminate an Active Remedial System and/or Terminate a Continuing Response Action(s) Taken to Address an Imminent Hazard (complete Sections A, B, C, D, E, H, I, J and K).
Submit an IRA Completion Statement (complete Sections A, B, C, D, E, G, H, I, J and K).

You must attach all supporting documentation required for each use of form indicated, including copies of any Legal Notices and Notices to Public Officials required by 310 CMR 40.1400.

C. RELEASE OR THREAT OF RELEASE CONDITIONS THAT WARRANT IRA:

- Identify Media and Receptors Affected: (check all that apply) Air Groundwater Surface Water Sediments Soil
Wetland Storm Drain Paved Surface Private Well Public Water Supply Zone 2 Residence
School Unknown Other Specify:

- Identify Conditions That Require IRA, Pursuant to 310 CMR 40.0412: (check all that apply)
72 Hour Reporting Condition(s) Substantial Release Migration 2 Hour Reporting Condition(s) Other Condition(s)

Describe:

- Identify Oils and Hazardous Materials Released: (check all that apply) Oils Chlorinated Solvents Heavy Metals
Others Specify:

D. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply)

- Assessment and/or Monitoring Only
Excavation of Contaminated Soils
Re-use, Recycling or Treatment
On Site Off Site Est. Vol.: cubic yards
Describe:
Store On Site Off Site Est. Vol.: cubic yards
Landfill Cover Disposal Est. Vol.: cubic yards
Removal of Drums, Tanks or Containers
Describe:
Deployment of Absorbent or Containment Materials
Temporary Covers or Caps
Bioremediation
Soil Vapor Extraction
Structure Venting System
Product or NAPL Recovery
Groundwater Treatment Systems
Air Sparging
Temporary Water Supplies

SECTION D IS CONTINUED ON THE NEXT PAGE.



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D. DESCRIPTION OF RESPONSE ACTIONS (continued):

- Removal of Other Contaminated Media
Specify Type and Volume: _____
- Temporary Evacuation or Relocation of Residents
- Other Response Actions Describe: _____
- Fencing and Sign Posting
- Check here if this IRA involves the use of Innovative Technologies (DEP is interested in using this information to aid in creating an Innovative Technologies Clearinghouse).
Describe Technologies: _____

E. TRANSPORT OF REMEDIATION WASTE: (if Remediation Waste has been sent to an off-site facility, answer the following questions)

Name of Facility: _____

Town and State: _____

Quantity of Remediation Waste Transported to Date: _____

F. IMMINENT HAZARD EVALUATION SUMMARY: (check one of the following)

- Based upon an evaluation, an Imminent Hazard exists in connection with this Release or Threat of Release.
- Based upon an evaluation, an Imminent Hazard does not exist in connection with this Release or Threat of Release.
- Based upon an evaluation, it is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release, and further assessment activities will be undertaken.
- Based upon an evaluation, it is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release. However, response actions will address those conditions that could pose an Imminent Hazard.

G. IRA COMPLETION STATEMENT:

- Check here if future response actions addressing this Release or Threat of Release will be conducted as part of the Response Actions planned for a Site that has already been Tier Classified under a different Release Tracking Number, or a Site that is identified on the Transition List as described in 310 CMR 40.0600 (i. e., a Transition Site, which includes Sites with approved Waivers). These additional response actions must occur according to the deadlines applicable to the earlier Release Tracking Number (i. e., Site ID Number).
State Release Tracking Number (i. e., Site ID Number) of Tier Classified Site or Transition Site: _____

If any Remediation Waste will be stored, treated, managed, recycled or reused at the site following submission of the IRA Completion Statement, you must submit either a Release Abatement Measure (RAM) Plan or a Phase IV Remedy Implementation Plan, along with the appropriate transmittal form, as an attachment to the IRA Completion Statement.

H. LSP OPINION:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal form, including any and all documents accompanying this submittal. In my professional opinion and judgment based upon application of (i) the standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and (iii) the provisions of 309 CMR 4.03(5), to the best of my knowledge, information and belief,

> if Section B of this form indicates that an **Immediate Response Action Plan** is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that an **Imminent Hazard Evaluation** is being submitted, this Imminent Hazard Evaluation was developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and the assessment activity(ies) undertaken to support this Imminent Hazard Evaluation complies(y) with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000;

> if Section B of this form indicates that an **Immediate Response Status Report** is being submitted, the response action(s) that is (are) the subject of this submittal (i) is (are) being implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that an **Immediate Response Action Completion Statement** or a **Request to Terminate an Active Remedial System and/or Terminate a Continuing Response Action(s) Taken to Address an Imminent Hazard** is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal.

SECTION H IS CONTINUED ON THE NEXT PAGE.



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H. LSP Opinion (continued):

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.

Check here if the Response Action(s) on which this opinion is based, if any, are (were) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions thereof.

LSP Name: LSP #: Stamp:

Telephone: Ext.:

FAX: (optional)

Signature:

Date:

I. PERSON UNDERTAKING IRA:

Name of Organization:

Name of Contact: Title:

Street:

City/Town: State: ZIP Code:

Telephone: Ext.: FAX: (optional)

Check here if there has been a change in the person undertaking the IRA.

J. RELATIONSHIP TO RELEASE OR THREAT OF RELEASE OF PERSON UNDERTAKING IRA: (check one)

RP or PRP Specify: Owner Operator Generator Transporter Other RP or PRP:

Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)

Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))

Any Other Person Undertaking IRA Specify Relationship:

K. CERTIFICATION OF PERSON UNDERTAKING IRA:

I, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment for willfully submitting false, inaccurate, or incomplete information

By: Title: (signature)

For: Date: (print name of person or entity recorded in Section I)

Enter address of the person providing certification, if different from address recorded in Section I:

Street:

City/Town: State: ZIP Code:

Telephone: Ext.: FAX: (optional)

YOU MUST 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.