



TIER CLASSIFICATION, TIER II EXTENSION &
TIER II TRANSFER TRANSMITTAL FORM

Pursuant to 310 CMR 40.0510 and 40.0560 (Subpart E)

Release Tracking Number

Release Tracking Number input fields

A. DISPOSAL SITE LOCATION:

Disposal Site Name, Street, Location Aid, City/Town, ZIP Code, Related Release Tracking Numbers That This Submittal Will Address

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

- Submit a new or revised Tier Classification Submittal for a Tier I Site...
Submit a new or revised Tier Classification Submittal for a Tier II Site...
Submit a Notice that an additional Release Tracking Number(s) is (are) being linked to this Tier Classified Site...
Submit a Phase I Completion Statement supporting a Tier Classification Submittal...
Submit a Tier II Extension Submittal for Response Actions at a Tier II Site...
Submit a Tier II Extension Submittal for Response Actions taken after expiration of a Waiver...
Submit a Tier II Transfer Submittal for a change in person(s) undertaking Response Actions at a Tier II Site...
Submit a Tier II Transfer Submittal for a change in person(s) undertaking Response Actions at a Waiver Site...

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.

*NOTE: The Waiver expires on the effective date of this submittal and all further Response Actions must be taken as a Tier II Site.

C. TIER CLASSIFICATION SUBMITTAL:

Numerical Ranking Score for Disposal Site, Proposed Tier Classification of Disposal Site, Check which, if any, of the Tier I inclusionary criteria are met by the Disposal Site

D. TIER II EXTENSION SUBMITTAL REQUIREMENTS:

State the expiration date of the Tier II Classification or Waiver for the Disposal Site, Attach a statement summarizing why a Permanent or Temporary Solution has not been achieved at the Disposal Site.

E. TIER II TRANSFER SUBMITTAL REQUIREMENTS:

State the proposed effective date of the change in person(s) undertaking Response Actions at the Disposal Site, Attach a statement summarizing the reasons for the proposed change in person(s) undertaking the Response Actions.



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F. DISPOSAL SITE COMPLIANCE HISTORY SUMMARY:

- > If providing either a **Tier Classification Submittal for a Tier II Site** or a **Tier II Extension Submittal for a Waiver Site**, the person named in **Section J** must provide a Compliance History.
- > If providing a **Tier II Extension Submittal for a Tier II Site**, the person named in **Section J** must **update** their Compliance History since the effective date of the Tier II Classification.
- > If providing a **Tier II Transfer Submittal for a Tier II or Waiver Site**, the person named in **Section M** must provide a Compliance History.

Compliance History for (provide only one name per History): _____

Check here if there has been no change to the Compliance History of the person named above (Extension Submittal for a Tier II Site ONLY).

List all permits or licenses that have been issued by the Department that are relevant to this Disposal Site:

PROGRAM:	PERMIT NUMBER:	PERMIT CATEGORY:	FACILITY ID:
Air Quality	_____	_____	_____
Hazardous Waste (M.G.L. c. 21C)	_____	_____	_____
Solid Waste	_____	_____	_____
Industrial Wastewater Management	_____	_____	_____
Water Supply	_____	_____	_____
Water Pollution Control/Surface Water	_____	_____	_____
Water Pollution Control/Groundwater	_____	_____	_____
Water Pollution Control/Sewer Connection	_____	_____	_____
Wetland & Waterways	_____	_____	_____

List all other Federal, state or local permits, licenses, certifications, registrations, variances, or approvals that are relevant to this Disposal Site:

ISSUING AUTHORITY OR PROGRAM, OR DOCUMENTATION TYPE:	IDENTIFICATION NUMBER:	DATE ISSUED:
_____	_____	_____
_____	_____	_____
_____	_____	_____

If needed, attach to this Transmittal Form a statement further describing the Compliance History of this Disposal Site. This statement must describe the compliance history of the person named above with the following:

- (1) DEP regulations; and
- (2) other laws for the protection of health, safety, public welfare and the environment administered or enforced by any other government agency.

Such a statement should identify information such as:

- (1) actions relevant to the Disposal Site taken by the Department to enforce its requirements including, but not limited to, a Notice of Noncompliance (NON), Notice of Intent to Assess Civil Administrative Penalty (PAN), Notice of Intent to Take Response Action (NORA), and an administrative enforcement order;
- (2) administrative consent orders;
- (3) judicial consent judgements;
- (4) similar administrative actions taken by other Federal, state or local agencies;
- (5) civil or criminal actions relevant to the Disposal Site brought on behalf of the DEP or other Federal, state, or local agencies; and
- (6) any additional relevant information.

For each action identified, provide the following information:

- (1) name of the issuing authority, type of action, identification number and date issued;
- (2) description of noncompliance cited;
- (3) current status of the matter; and
- (4) final disposition, if any.



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Form box for Release Tracking Number

G. CERTIFICATION OF ABILITY AND WILLINGNESS:

- > If providing either a Tier II Classification Submittal or a Tier II Extension Submittal, the person who signs this certification MUST be the person named in Section J, or that person's agent.
> If providing a Tier II Transfer Submittal, the person who signs this certification MUST be the person named in Section M, or that person's agent.

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 Transmittal Form 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.

By: (signature) Title:

For: (print name of person or entity recorded in Section J or M, as appropriate) Date:

If you are submitting either a Tier II Extension Submittal for a Waiver Site or a Tier II Transfer Submittal for a Waiver Site, you may choose to sign the alternative Ability and Willingness Certification found in Section H in place of providing the certification in Section G and the LSP Opinion in Section I.

H. ALTERNATIVE CERTIFICATION OF ABILITY AND WILLINGNESS:

- > If providing a Tier II Extension Submittal for a Waiver Site, the person who signs this certification MUST be the person named in Section J, or that person's agent
> If providing a Tier II Transfer Submittal for a Waiver Site, the person who signs this certification MUST be the person named in Section M, or that person's agent.

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 Consultant-of-Record for the disposal site which is the subject of this Transmittal Form 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.

By: (signature) Title:

For: (print name of person or entity recorded in Section J or M, as appropriate) Date:

I. 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 a Tier I or Tier II Classification Submittal which relies upon a previously submitted Phase I Completion Statement is being submitted, this Tier Classification Submittal has been developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000;

> if Section B of this form indicates that a Phase I Completion Statement or a Tier I or Tier II Classification Submittal which does not rely upon a previously submitted Phase I Completion Statement 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 I IS CONTINUED ON THE NEXT PAGE



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I. LSP OPINION: (continued)

> if Section B of this form indicates that a Tier II Extension Submittal or a Tier II Transfer Submittal 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.

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:

J. PERSON MAKING SUBMITTAL: (For Transfer Submittals describe person currently undertaking response actions, not transferee)

Name of Organization:

Name of Contact: Title:

Street:

City/Town: State: ZIP Code:

Telephone: Ext.: FAX: (optional)

K. RELATIONSHIP TO DISPOSAL SITE OF PERSON MAKING SUBMITTAL: (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 Making Submittal Specify Relationship:

L. CERTIFICATION OF PERSON MAKING 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 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: (signature) Title:

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

Enter address of the person providing certification(s), including Ability and Willingness Certification where applicable, if different from address recorded in Section J:

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, AND YOU MAY INCUR ADDITIONAL COMPLIANCE FEES.



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Only complete and submit this page if you are providing a Tier II Transfer Submittal for a Tier II Site or a Waiver Site.

M. PERSON WHO IS TRANSFEREE:

Name of Organization: _____
Name of Contact: _____ Title: _____
Street: _____
City/Town: _____ State: _____ ZIP Code: _____
Telephone: _____ Ext.: _____ FAX: (optional) _____

N. RELATIONSHIP TO DISPOSAL SITE OF PERSON WHO IS TRANSFEREE: (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 Who is Transferee Specify Relationship: _____

O. CERTIFICATION OF PERSON WHO IS TRANSFEREE:

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 M)

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

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, AND YOU MAY INCUR ADDITIONAL COMPLIANCE FEES.