



LICENSED SITE PROFESSIONAL (LSP)
EVALUATION OPINION TRANSMITTAL FORM

Pursuant to 310 CMR 40.0600 (Subpart F)

Release Tracking Number

[] - []

A. SITE OR LOCATION TO BE INVESTIGATED (LTBI) INFORMATION:

Provide the following information as it appears on the Transition List of Confirmed Disposal Sites and Locations To Be Investigated.

Site or LTBI Name: _____

Street: _____ Location Aid: _____

City/Town: _____ ZIP Code: _____

Site Status: (check one) Location To Be Investigated Unclassified Disposal Site Non-Priority Disposal Site without a Waiver

Date First Listed in Above Category: _____

Related Release Tracking Numbers that this LSP Evaluation Opinion Addresses: _____

B. LSP EVALUATION OF SITE OR LOCATION TO BE INVESTIGATED: (check one of the following)

- Check here if this location is **NOT** a Site where a Release of Oil(s) or Hazardous Material(s) occurred that is subject to the notification requirements of 310 CMR 40.0300, and no further response actions are required.
- Check here if a Release of Oil(s) and Hazardous Material(s) subject to the notification requirements of 310 CMR 40.0300 occurred or may have occurred at this location, but Response Actions completed prior to the date of this LSP Evaluation Opinion meet the requirements of a Class A or Class B Response Action Outcome.

If this LSP Evaluation Opinion is checked, you must meet all appropriate Response Action Outcome requirements described at 310 CMR 40.1000. You must include with this submittal documentation equivalent to a Response Action Outcome, including all supporting materials.

Indicate the class of the equivalent Response Action Outcome:

- Class A-1
 Class A-2
 Class A-3
 Class B-1
 Class B-2

You may choose to submit a completed Response Action Outcome Statement (BWSC-104) and supporting documentation in lieu of an LSP Evaluation Opinion, provided that you make the submittal prior to the LSP Evaluation Opinion deadline.

- Check here if a Release subject to the notification requirements of 310 CMR 40.0300 occurred or may have occurred at this location, and further Response Actions are necessary, pursuant to 310 CMR 40.0000.
- If this option is checked you must make one of the following submittals by the applicable LSP Evaluation Opinion deadline: (i) provide a Tier Classification Submittal Transmittal Form (BWSC-107) and, if necessary, a Tier I Permit Application; (ii) provide a Response Action Outcome Statement (BWSC-104); (iii) or provide a Downgradient Property Status Submittal (BWSC-104).

- Check here if this location is a Site that is Adequately Regulated, pursuant to 310 CMR 40.0110. Specify which other regulatory authority applies:
 - Response Actions at this Site, which are being conducted as a HSWA Corrective Action, are Adequately Regulated, pursuant to 310 CMR 40.0112.
 - Response Actions at this Site, which is a 21C facility under the RCRA Authorized State Hazardous Waste Program, are Adequately Regulated under M.G.L. c. 21C and 310 CMR 30.000, pursuant to 310 CMR 40.0113.
 - Response Actions at this Site, which is a Solid Waste Management facility, are Adequately Regulated under M.G.L. c. 21H, M.G.L. c. 111, § 150A and/or 310 CMR 19.000, pursuant to 310 CMR 40.0114.

You must attach all supporting documentation for the LSP Evaluation Opinion indicated, including copies of any Legal Notices and Notices to Public Officials required by 310 CMR 40.1400.

C. 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, this LSP Evaluation Opinion was developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and the response action(s) upon which this opinion is based, if any, were reasonable and appropriate 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.

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.

SECTION C IS CONTINUED ON THE NEXT PAGE.



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C. LSP OPINION: (continued)

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

LSP Name: _____ LSP #: _____ Stamp: _____

Telephone: _____ Ext.: _____

FAX: (optional) _____

Signature: _____

Date: _____

D. PERSON SUBMITTING LSP EVALUATION OPINION:

Name of Organization: _____

Name of Contact: _____ Title: _____

Street: _____

City/Town: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ FAX: (optional) _____

E. RELATIONSHIP TO SITE OR LOCATION TO BE INVESTIGATED OF PERSON SUBMITTING LSP EVALUATION OPINION: (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 Submitting LSP Evaluation Opinion Specify Relationship: _____

F. CERTIFICATION OF PERSON SUBMITTING LSP EVALUATION OPINION:

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 D)

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

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.