



Massachusetts Department of Environmental Protection
 Bureau of Waste Site Cleanup

BWSC-111

**AUDIT FOLLOW-UP PLAN TRANSMITTAL FORM
 & POST- AUDIT COMPLETION STATEMENT**

Pursuant to 310 CMR 40.1160 - 40.1170 (Subpart K)

Release Tracking Number

-

A. SITE LOCATION:

Site Name: (optional) _____

Street: _____ Location Aid: _____

City/Town: _____ ZIP Code: _____

Tier Classification Status: (check one) Not Tier Classified Tier 2 Tier 1 Permit Transmittal Number: _____

Related Release Tracking Numbers that this Form Addresses: _____

B. THIS FORM IS BEING USED TO: (check one)

- Submit an **Audit Follow-Up Plan** (complete Sections A, B, C, D, E and F).
- Submit a **Modified or Revised Audit Follow-Up Plan** (complete Sections A, B, C, D, E and F).
- Submit a **Post-Audit Completion Statement** (complete Sections A, B, C, D, E, and F).

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

C. LSP OPINION CERTIFICATION:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with the information contained in 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 *Audit Follow-up Plan*, or a *Modified or Revised Audit Follow-up 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 *Post-Audit 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.

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: _____

Street _____

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

Telephone: _____ Ext.: _____

FAX: (optional) _____

Signature: _____ Date: _____



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D. PERSON RESPONDING TO AUDIT:

Name of Organization: _____

Name of Contact: _____ Title: _____

Street: _____

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

Telephone: _____ Ext.: _____ FAX: _____

Check here if there has been a change in the person undertaking Response Actions at the Site since the previous submittal to DEP.

E. RELATIONSHIP TO SITE OF PERSON RESPONDING TO AUDIT:

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 Responding to Audit Specify Relationship: _____

F. CERTIFICATION OF PERSON RESPONDING TO AUDIT:

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

Street: _____

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

Telephone: _____ Ext.: _____ FAX: _____

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.