



ACTIVITY & USE LIMITATION (AUL) TRANSMITTAL FORM

Pursuant to 310 CMR 40.1056 and 40.1070 - 40.1084 (Subpart J)

Release Tracking Number

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A. LOCATION OF DISPOSAL SITE AND PROPERTY SUBJECT TO AUL:

Disposal Site Name: _____

Street: _____ Location _____

City/Town: _____ ZIP Code: _____

Address of property subject to AUL, if different than above. Street: _____

City/Town: _____ ZIP Code: _____

Check here if this Disposal Site is Tier Classified.

If the Disposal Site subject to the AUL is also subject to a Tier I Permit, provide the Permit Number: _____

Related Release Tracking Numbers affected by this AUL: _____

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

Submit a certified copy of a **Notice of Activity and Use Limitation**, pursuant to 310 CMR 40.1074 (complete all sections of this form).

Submit a certified copy of an **Amended Notice of Activity and Use Limitation**, pursuant to 310 CMR 40.1081(4) (complete all sections of this form).

Submit a certified copy of a **Termination of a Notice of Activity and Use Limitation**, pursuant to 310 CMR 40.1083(3) (complete all sections of this form).

Submit a certified copy of a **Grant of Environmental Restriction**, pursuant to 310 CMR 40.1071, (complete all sections of this form).

Submit a certified copy of an **Amendment of Environmental Restriction**, pursuant to 310 CMR 40.1081(3) (complete all sections of this form).

Submit a certified copy of a **Release of Environmental Restriction**, pursuant to 310 CMR 40.1083(2) (complete all sections of this form).

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. AUL INFORMATION:

Date AUL was recorded and/or registered with Registry of Deeds and/or Land Registration Office: _____

Name of Registry of Deeds and/or Land Registration Office where AUL was recorded and/or registered: _____

Book and Page Number and/or Document Number of recorded and/or registered AUL: _____

D. PERSON SUBMITTING AUL TRANSMITTAL FORM:

Name of Organization: _____

Name of Contact: _____ Title: _____

Street: _____

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

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

E. OWNER OF PROPERTY. IF NOT PERSON SUBMITTING AUL TRANSMITTAL FORM:

Provide a mailing address for the owner of the property if that person is not submitting the AUL Transmittal Form. Provide addresses for additional owners on an attachment.

Name of Organization: _____

Name of Contact: _____ Title: _____

Street: _____

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

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



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Release Tracking Number input boxes

F. RELATIONSHIP TO DISPOSAL SITE OF PERSON SUBMITTING AUL TRANSMITTAL FORM: (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 AUL Specify Relationship:

G. CERTIFICATION OF PERSON SUBMITTING AUL TRANSMITTAL FORM:

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

By: (signature) Title:

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

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

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.