Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC 128

Release Tracking Number
3 - 32792

TRANSMITTAL FORM FOR RECORDING THE RECEIPT AND/OR ISSUANCE OF BWSC DOCUMENTS

A. RELEASE OR THREAT OF RELEASE LOCATION:

1. Release Name/Location Aid: HAFFNER'S

2. Street Address: 284 WINTER STREET

3. City/Town: HAVERHILL 4. ZIP Code: 018300000

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

1. Record and Attach a Notice of Responsibility or related Document: (check one)

- ☑ a. **Notice of Responsibility (NOR)**
- ☐ b. **Field NOR**
- ☐ c. **Notice of Obligation/Notice of Requirements**
- ☐ d. **One-year Anniversary Letter**
- ☐ e. **Retraction of an NOR**

☐ 2. Record and Attach a **Denial of a Release Notification Retraction**

3. Record and Attach: ☐ a. **Request for Access Letter** ☐ b. **Signed Access Agreement**

4. Record and Attach a Lower-level Enforcement and/or Audit Related Document(s): (check all that apply)

- ☐ a. **Notice of Audit**
- ☐ b. **Request for Information Relating to an Audit**
- ☐ c. **Notice of Audit Findings - No Violations**
- ☐ d. **Notice of Audit Findings - Violations without Follow-up**
- ☐ e. **Notice of Audit Findings/Notice of Noncompliance**
- ☐ f. **Interim Deadline Letter Relating to an Audit**
- ☐ g. **Request for Information**
- ☐ h. **Notice of Noncompliance**
- ☐ i. **Notice of Need to Conduct Field Work**
- ☐ j. **Interim Deadline Letter**

5. Record and Attach an Executed Higher-level Enforcement Related Document: (check one)

- ☐ a. **Penalty Assessment Notice**
- ☐ b. **Unilateral Administrative Ordery**
- ☐ c. **Demand Notice**
- ☐ d. **Administrative Consent Order**
- ☐ e. **Administrative Consent Order with Penalty**
- ☐ f. **Amendment of a Higher-level Enforcement Document**
- ☐ g. **Notice of Response Action**
- ☐ h. **Notice of Intent to Mobilize**

6. Record and Attach MassDEP Initiated Response Action (RA) related Document and/or Activity: (check one)

- ☐ a. **Technical Screen Audit (L1)**
- ☐ b. **Written Plan Approval**
- ☐ c. **Audit Inspection (L2)**
- ☐ d. **Written Plan Denial**
- ☐ e. **Comprehensive Audit (L3)**
- ☐ f. **Audit Memorandum**
- ☐ g. Other RA related **Document and/or Activity** Specify:
- ☐ h. A **Submittal that has been Invalidated or Terminated by MassDEP** Specify:

7. Select Response Actions Associated with Activity checked in B6: (check all that apply)

- ☐ a. Release Notification
- ☐ b. Immediate Response Action (IRA)
- ☐ c. Release Abatement Measure (RAM)
- ☐ d. Downgradient Property Status (DPS)
- ☐ e. Utility-related Abatement Measure (URAM)
- ☐ f. Tier Classification /Phase I

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7. Select Response Actions Associated with Activity checked in B6 (cont.): (check all that apply)

☐ g. Comprehensive Response Actions ☐ i. Permanent or Temporary Solution

☐ h. Activity and Use Limitation (AUL) ☐ j. Other Response Actions Describe:

☐ 8. Record and Attach any other **MassDEP Document** Specify:

9. Record Date of Document(s) and/or Activity(ies) from B1 thru B8: 11/26/2019 (mm/dd/yyyy)

☑ Check here to confirm that these are final document(s) intended for public viewing (do not use for internal only documents).

10. Record and Attach a Special Project Activity or Submittal: (check all that apply)

☐ a. **Special Project Permit** ☐ b. **Special Project Extension**

☐ c. Other **Special Project Activity** Describe:

☐ 11. Attach any other **Submittal received by MassDEP** Specify:

12. Record Date of Activity(ies) and/or Submittal from B10 or B11: (mm/dd/yyyy)

13. Record Additional Information:

C. PRP OR OTHER PERSON ASSOCIATED WITH DOCUMENT:

1. Check all that apply: ☐ a. change in contact name ☐ b. change of address ☐ c. new person associated with release

2. Name of Organization: BOSTON GAS CO D/B/A NATIONAL GRID

3. Contact First Name: AMY A 4. Last Name: WILLOUGHBY

5. Street: 40 SYLVAN RD 6. Title: PROGRAM MANAGER

7. City/Town: WALTHAM 8. State: MA 9. ZIP Code: 024511120

10. Telephone: 781-907-3651 11. Ext: 12. EMail: amy.willoughby@nationalgrid.com

13. Relationship of Person to Release: ☑ PRP ☐ OTHER c. Type(e.g. Current Owner): Other PRPs

☐ 14. No Person associated with activity or document specified in Section B.

D. MassDEP STAFF AND FORM PREPARER:

1. MassDEP Staff: UNASSIGNED STAFF ☐ b. Check here, if Unassigned. (or staff name not applicable)

2. Preparer Signature: CC 3. Date : 11/26/2019 (mm/dd/yyyy)