APPENDIX B

Photograph Log





Photo 1 – Beginning of off-site transportation of impacted soil (August 1, 2011).



Photo 3 – Stormwater Pollution Prevention Plan (SWPPP) permit posted at NBHS (August 9, 2011).



Photo 2 - Southern Island excavation with E-BAM dust monitor in foreground (August 9, 2011).



Photo 4 – SWPPP permit posted at the Transfer Station stockpile area (August 9, 2011).





Photo 5 – Stockpile area on August 9, 2011 (prior to initiation of island excavations) with E-BAM dust monitor in foreground. Drums in center of photograph not associated with RAM activities.



Photo 6 – Center portion of Southern Island excavation. (August 11, 2011).



Photo 7 – Clean Harbors (CHES) repairing silt fence at Transfer Station stockpile area per SWPPP (August 11, 2011).





Photo 8 – Tree removal from Southern Island (August 12, 2011).



Photo 9 – Southern Island excavation (August 12, 2011).



Photo 10 – Management and protection of stockpiles at Transfer Station following heavy rain (August 15, 2011).





Photo 11 – Treatment of Stockpile C using Enviroblend 90/10 stabilization material (August 16, 2011).



Photo 13 – Excavation around tree in Hathaway Boulevard Strip (August 17, 2011).



Photo 12 – Southern end of Hathaway Strip excavation (August 17, 2011).



Photo 14 – Excavation around trees in Hathaway Boulevard Strip (August 17, 2011).





Photo 15 – Gravel vehicle tread cleaning pad entering Triangle Island excavation area (August 17, 2011).



Photo 17 – Spreading calcium silicate on access road to Transfer Station stockpile area to minimize dust from vehicles (August 17, 2011).



Photo 16 – Excavation activities in Triangle Island (August 17, 2011).



Photo 18 – Triangle Island area around tree TI-3 backfilled and graded in preparation for paving (August 18, 2011).





Photo 19 – Backfilled Hathaway Boulevard Strip excavation (August 19, 2011).



Photo 21 – Tree radius marked prior to excavation of Divide Strip (August 19, 2011).



Photo 20 – Backfilled Hathaway Boulevard Strip excavation (August 19, 2011).



Photo 22 – Test pit excavation within Flagpole Island to locate existing utilities (August 19, 2011).





Photo 23 – Surveying of existing utilities within Flagpole Island test pit (August 19, 2011).



Photo 25 – Divide Strip excavation (August 20, 2011).



Photo 24 – Completed Triangle Island excavation in preparation for paving (August 19, 2011).



Photo 26 – Triangle Island pavement (August 22, 2011).





Photo 27 – Excavation around tree TI-1 in Triangle Island (August 22, 2011).



Photo 29- Excavation around tree root ball in Hathaway Strip (August 23, 2011).



Photo 28 – Air knifing with dust suppression water mist around tree roots and root ball (August 22, 2011).



Photo 30– Completed excavations around trees in Hathaway Strip (August 23, 2011).





Photo 31- Transfer Station stockpile area on August 23, 2011.



Photo 32 – Tree root excavation in Divide Strip (August 24, 2011).



Photo 33 – Tree root excavation around at tree TI-3 in Triangle Island (August 25, 2011).





Photo 34 – Temporary fencing reduced to Triangle Island to allow access to northern portion of NBHS campus (August 25, 2011).



Photo 35 – Triangle Island trees loamed and seeded (August 26, 2011).



Photo 36 – Completed Hathaway Strip excavation in preparation for loam and reseeding (August 26, 2011).





Photo 37 – Divide Strip excavation loamed and seeded (September 6, 2011).



Photo 39 – Excavation in Flagpole Island area with polyethylene sheeting to minimize potential fugitive dust (September 10, 2011).



Photo 38 – Excavation of Sign Island area (September 10, 2011).



Photo 40 – Backfilled Sign Island excavation (September 11, 2011).





Photo 41 – Backfilled southeastern portion of Flagpole Island (September 11, 2011).



Photo 43 – Backfilling of catch basin trench across driveway from Sign Island to Flagpole Island (September 15, 2011).



Photo 42 – Installing manhole in Sign Island (September 12, 2011).



Photo 44 – Transfer Station stockpile area (September 16, 2011).





Photo 45 – Offsite transportation of stockpile soil material (September 19, 2011).



Photo 47- Transfer Station stockpile area (September 21, 2011).



Photo 46 - Sign Island backfilled and staked for final grading (September 21, 2011).



Photo 48– Backfilling of northern portion of Flagpole (September 24, 2011).





Photo 49 – Hay wattles placed along Sign Island where curbing has been removed as erosion control measure (September 24, 2011).



Photo 51- Excavation in northeastern corner of Flagpole Island (September 26, 2011).



Photo 50 – Street sweeper maintaining access road to Transfer Station stockpile area (September 24, 2011).



Photo 52– Preservation of existing monitoring well in Flagpole Island (September 27, 2011).





Photo 53 – Soil sampling at tree TI-3 in Triangle Island associated with IRA activities (September 28, 2011).



Photo 54 – Soil boring locations associated with supplemental investigation of tree TI-3 area (September 28, 2011).



Photo 55- Transfer Station stockpile area on September 29, 2011.





Photo 56 – Installation of Cultec Chambers within Flagpole Island (October 12, 2011).



Photo 58 - Installation of Cultec Chambers within Flagpole Island (October 12, 2011).



Photo 57 – Concrete installation within Sign Island (October 12, 2011).



Photo 59– Transfer Station stockpile area (October 13, 2011).





Photo 60 – Pavement within Flagpole Island area (November 3, 2011).



Photo 62 – Transfer Station stockpile area (November 9, 2011).



Photo 61 – Stockpiling of soil material at Transfer Station (November 7, 2011).



Photo 63 – Loading of soil material at Transfer Station stockpile area for transportation offsite (November 16, 2011).





Photo 64 – Soil removal and dust monitoring at HB-22 spot excavation (December 17, 2011).



Photo 66 – Loading of stockpiled material for offsite disposal (January 3, 2012).



Photo 65 – Loading of cubic yard boxes with HB-22 excavation soil material (December 17, 2011).

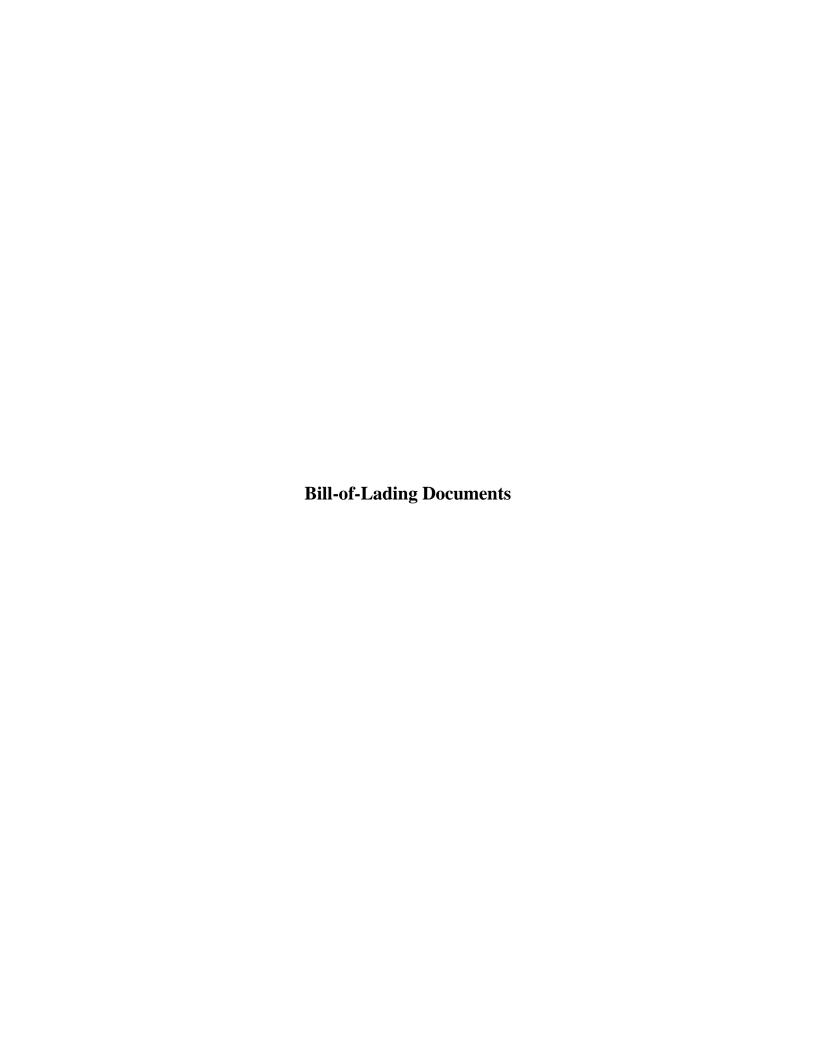


Photo 67 – Loading of stockpiled material for offsite disposal (January 5, 2012).

APPENDIX C

Bill-of-Lading, Attestation of Completion and Manifest Documentation

RAM Status Report L2012-019 New Bedford High School RTN 4 – 15685





BWSC112

Release Tracking Number

- 15685

BILL OF LADING (pursuant to 310 CMR 40.0030)

1. Release Name/Location Aid: PARKER STREET WASTE SITE 2. Street Address: 230 HATHAWAY BLVD 3. City/Town: NEW BEDFORD 4. Zip Code: 027400000 5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site: a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II 6. If applicable provide the Permit Number:
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000 5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site: a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site: a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II
6. If applicable provide the Permit Number:
B. THIS FORM IS BEING USED TO: (check one: B1-B4):
 Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility. Response Actions associated with this BOL (check all that apply):
a. Immediate Response Action (IRA) e. Comprehensive Response Actions
b. Release Abatement Measure (RAM)
c. Downgradient Property Status (DPS) (must be retained pursuant to 310 CMR 40.0034 6); can't be submitted via eDEP)
d. Utility Release Abatement Measure (URAM) g. Other
3. Submit an Altestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required): 4. Certity that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required) 5. Date Bill of Lading submitted to the Department: (mm/dd/yyyy) b. eDEP Transaction ID:
6. Period of Generation Associated with this Bill of Lading 4/16/2011 to 4/22/2011 (mm/dd/yyyy) (mm/dd/yyyy) (All sections of this transmittal form must be filled out unless otherwise noted)
The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department
C. DESCRIPTION OF WASTE AND WASTE SOURCE: 1. Contaminated Media /Dabris (check all that apply):
a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris f. Demolition/Construction Waste g. Inorganic Absorbent Materiels h. Other: HISTORIC FILL
2. Uncontainerized Waste (check all that apply):
a. Inorganic Absorbent Materials b. Other:



BWSC112

Release Tracking Number

BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DE	SCRIPTION OF WASTE AND WASTE SOURCE (cont.):
3.	Containerized Waste (check all that apply):
	a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments
	e. Other:
4.	Estimated Quantity: 2453 Tons ✓ Cu. Yds. Gallons
5.	Contaminant Source (check one):
	a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment d. Other: HISTORIC FILL ACTIVITIES
6.	Type of Contaminant (check all that apply):
	a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
	g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:
7. (Constituents of Concern (check all that apply):
	✓ h. PCBs _ i. VOCs ✓ j. SVOCs _ k. Other:
8.	f applicable, check the box for the Reportable Concentration Category of the site:
	✓ a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2
9. F	Remediation Waste Characterization Documentation (check at least one):
	a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
	d. Field Screening Data e. Characterization Documentation previously submitted to the Department
	i. Date submitted: 4/6/2011 ii. Type of Documentation: RAM PLAN (mm/dd/yyyy)
. TRA	NSPORTER OR COMMON CARRIER INFORMATION:
1.	Transporter/Common Carrier Name: CITY OF NEW BEDFORD - DEPARTMENT OF PUBLIC INFRASTRUCTURE
2. (Contact First Name: EUZEBIO 3. Last Name: ARRUDA
4. 5	Street: 1105 SHAWMUT AVENUE 5. Title: SUPERINTENDENT OF HIGHWAYS
6. 0	City/Town: NEW BEDFORD 7. State: MA 8. Zip Code: 027460000
9. T	elephone: 508-991-6395 10. Ext: 11. Fax: 5089916152

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Revised: 03/10/2010

Massachusetts Department of Environmental Protection Bureau of Waste Site Cleanup

BWSC112

BILL OF LADING (pursuent to 310 CMR 40.0030)

Release Tracking Number

. RECEIVING FACILITY/TEMPORARY STORA	GE LOCATION:		
1. Operator/Facility Name SHAWMUT AVE	NUE TRANSFER STAT	ION	- shall tilligt repp-reporter - Tu skal i måre skallerpeppe
2. Contact First Name: LAWRENCE	3.	Last Name: WARDEN	
4. Street: 1103 SHAWMUT AVENUE		5. Title: COMMIS	SSIONER, DEPT OF PUB. FAC
6. City/Town: NEW BEDFORD	, 7. State: MA	. 8. Zip Code: . 02 7	7460000
9. Telephone; 5089916156	10. Ext:	11. Fax: 508961	13133
12. Type of Facility: (Check one)			
a. Temporary Storage i. Period of Tem	porary Storage: 4/16/201 (mm/d	1 _{to} 7/21/20 1 (d/yyyy) (mr	11 m/dd/yyyy)
ii. Reason for Temporary Storage: Se	OIL SEGREGATION AN	ID DISPOSAL CHAF	RACTERIZATION
b. Asphalt Batch/Hot Mix c.	Landfill/Disposal d.		e. Landfill/Daily Cover
f. Asphalt Batch/Cold Mix g.	Thermal Processing	h. Incinerator i.	. Other:
13. Division of Hazardous Waste/Class A Perr	mit Number:		
14. Division of Solid Waste Permit Number:			
15. EPA Identification Number:			
F. LSP SIGNATURE AND STAMP:			
I attest under the pains and penalties of perjury to any and all documents accompanying this submits standard of care in 309 CMR 4.02(1), (ii) the approvisions of 309 CMR 4.03(3), to the best of my characterize the Remediation Waste which is (ar submittal comply with applicable provisions of 31 the characteristics described in this submittal.	ittal. In my professional opi plicable provisions of 309 C y knowledge, information ar re) the subject of this subm 10 CMR 40.0000, and such	inion and judgment base MR 4.02(2) and (3), and and belief, the assessment ittal for acceptance at the facility is permitted to a	ed upon application of (i) the did also
i am aware that significant penalties may result, which I know to be false, ineccurate or materially	including, but not limited to / incomplete.	, possible fines and imp	orisonment, if I submit information
1. LSP #: 1488			
2. First Name: DAVID M	3. Last N	lame: SULLIVAN	
4. Telephone. 9786563565	5. Ext.		Electronic
6. FAX:			Clastropia (
7. Signature: DAVID M SULLIVAN			11 1 1 1 1 1 1
8. Date: 4/15/2011		9. LSP Stamp:	Scal SS
(mm/dd/yyyy)		,	Seal Red Site Profession

BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

G. PERSON SUBMITTING BILL OF LADING:	
Check all that apply: a. change in contact name b. Change of address c. change in person undertaking respo.	nse actions
2. Name of Organization:	·
3. Contact First Name: SCOTT 4. Last Name: ALFONSE	
5. Street: 133 WILLIAM STREET 6. Title: DIRECTOR, ENVIRONMEN	TAL STEW
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Code: 027400000	-
10. Telephone: 5089791487	
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING: Check here to change in	relationship
. I. RP or PRP: ✓ a. Owner . b. Operator . c. Generator . d. Transporter	
e. Other RP or PRP Specify:	
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2):	
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))	
4. Any Other person Undertaking Response Actions: Specify Relationship.	
I. REQUIRED ATTACHMENTS AND SUBMITTALS:	
 Check here if the Response Action(s) on which this opinion is based, if any, are (were) subject to any order(s) parmit(s) and/or approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying applicable provisions thereof.), g the
 Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send of BWSC.eDEP@state.ma.us 	orrections to
 Check here to certity that the LSP Opinion containing the material facts, data, and other information is attached 	d
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :	
examined and am familiar with the information contained in this submittal, including any and all documents accompany transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the persentity on whose behalf this submittal is made em/is aware thet there are significant penalties, including, but not limited possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.	ring this n, the , and (iil) on or
2. By: Scott Affonse 3. Title: DIRECTOR, ENVIRONMENT	TAL STEWA
4. For SCOTT ALFONSE 5 Date: 4/15/2011	
4. For SCOTT ALPONSE 5 Date: 5 Date: (mm/dd/yyyy)	
<i>(</i>	- 1

N. Comments

Massachusetts Department of Environmental Protection Bureau of Waste Site Cleanup

BWSC112

Release Tracking Number

4 - 15685

BILL OF LADING (pursuant to 310 CMR 40.0030)

		4 - 15085
CERTIFICATION OF PERSON SUBMIT	TING BILL OF LADING (cont.):	
_ 6. Check here if the address of the p	person providing certification is diff	ferent from address recorded in Section H.
Street:	Материтерију ју ј. 1888 г. — Албан Берруу у 1887 г. III ферруу груг за МАЛИТА фотруу у 1888 г. Майлен (1888 г.)	
City/Town:	9, State;	10. Zip Code:
. Telephone:	12. Ext;	13. Fax:
BILLABLE YEAR FOR THIS D SECTIONS OF THIS FORM O	ISPOSAL SITE. YOU MUST LEG IN DEP MAY RETURN THE DOC	ANCE FEE OF UP TO \$10,000 PER GIBLY COMPLETE ALL RELEVANT UMENT AS INCOMPLETE. IF YOU OR MISSING A REQUIRED DEADLINE.
e Stamp (MassDEP USE ONLY):		
Received by DEP of 4/16/2011 7:32:10 AM		
4		



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number
4 - 15685

A LOCATION OF CITE OF DIOPOCAL CITE WHERE DEMEDIATION WASTE WAS CENEDATED.
A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:
Release Name/Location Aid: PARKER STREET WASTE SITE
3. Stroot Address: 230 HATHAWAY BLVD
2. Street Address: 230 HATHAWAT BLVD
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II
6. If applicable provide the Permit Number:
B. THIS FORM IS BEING USED TO: (check one: B1-B4):
1. Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility.
Response Actions associated with this BOL (check all that apply):
a. Immediate Response Action (IRA) e. Comprehensive Response Actions
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA):
(must be retained pursuant to 310 CMR c. Downgradient Property Status (DPS) 40.0034(6); can't be submitted via eDEP)
d. Utility Release Abatement Measure (URAM)
2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required):
3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required):
4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required)
5. Date Bill of Lading submitted to the Department: b. eDEP Transaction ID:
6. Period of Generation Associated with this Bill of Lading 8/9/2011 to 10/1/2011 (mm/dd/yyyy)
(All sections of this transmittal form must be filled out unless otherwise noted)
The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.
C. DESCRIPTION OF WASTE AND WASTE SOURCE:
1. Contaminated Media /Debris (check all that apply):
✓ a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris
f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other: HISTORIC FILL
2. Uncontainerized Waste (check all that apply):
a. Inorganic Absorbent Materials b. Other:



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

C.	DE	SCRIPTION OF WASTE AND WASTE SOURCE (cont.):
	3.	Containerized Waste (check all that apply):
		a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments
		e. Other:
	4.	Estimated Quantity: Tons Cu. Yds. Gallons
	5.	Contaminant Source (check one):
		a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment
		d. Other: HISTORIC FILLING ACTIVITIES
	6.	Type of Contaminant (check all that apply):
		a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
		g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:
	7.	Constituents of Concern (check all that apply):
		a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH
		h. PCBs i. VOCs k. Other:
	8.	If applicable, check the box for the Reportable Concentration Category of the site:
		a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2
	9. F	Remediation Waste Characterization Documentation (check at least one):
		a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
		d. Field Screening Data e. Characterization Documentation previously submitted to the Department
		i. Date submitted: 4/6/2011 ii. Type of Documentation: RAM PLAN
		(mm/dd/yyyy)
). [•]	TRA	ANSPORTER OR COMMON CARRIER INFORMATION:
	1.	Transporter/Common Carrier Name: CITY OF NEW BEDFORD - DEPT. OF PUBLIC INFRASTRUCTURE
	2.	Contact First Name: EUZEBIO 3. Last Name: ARRUDA
	4.	Street: 1105 SHAWMUT AVENUE 5. Title: SUPERINTENDENT OF HIGHWAYS
	6.	City/Town: NEW BEDFORD 7. State: MA 8. Zip Code: 027460000
	9. T	Telephone: 508-991-6395 10. Ext: 11. Fax: 508-991-6152



Massachusetts Department of Environmental Protection

Bureau of Waste Site Cleanup

BILL OF LADING (pursuant to 310 CMR 40.0030)

BWSC112

Release Tracking Number

.	-	15685
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E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION: 1. Operator/Facility Name SHAWMUT AVENUE TRANSFER STATION 3. Last Name: WARDEN 2. Contact First Name: LAWRENCE 4. Street: 1103 SHAWMUT AVENUE 5. Title: COMMISSIONEER, DEPT. OF PUB. F 8. Zip Code: **027460000** 7. State: MA 6. City/Town: **NEW BEDFORD** 9. Telephone: |508-991-6156 508-961-3133 10. Ext: 12. Type of Facility: (Check one) a. Temporary Storage i. Period of Temporary Storage: 8/9/2011 to 12/6/2011 (mm/dd/yyyy) (mm/dd/yyyy) ii. Reason for Temporary Storage: SOIL SEGREGATION IN SUPPORT OF CHARACTERIZATION AND AS NEEDED TREATMENT PENDING OFFSITE DISPOSAL b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill e. Landfill/Daily Cover f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator 13. Division of Hazardous Waste/Class A Permit Number: 14. Division of Solid Waste Permit Number: 15. EPA Identification Number: F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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.	γ	
1. LSP #: 1488		
2. First Name: DAVID M	3. Last Name: SULLIVAN	
4. Telephone: 9786563565 5. Ext.		
6. FAX:		
7. Signature: David M Sullivan		
8. Date: 8/8/2011 (mm/dd/yyyy)	9. LSP Stamp:	

Revised: 03/10/2010 Page 3 of 5



BWSC112

Release Tracking Number

BILL OF LADING (pursuant to 310 CMR 40.0030)	
S. PERSON SUBMITTING BILL OF LADING:	
1. Check all that apply: a. change in contact name b. Change of address c. change in person undertaking response actions	s
2. Name of Organization:	_
3. Contact First Name: SCOTT 4. Last Name: ALFONSE	_
5. Street: 133 WILLIAM STREET 6. Title: DIRECTOR, ENVIRONMENTAL STE	W
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Code: 027400000	_
10. Telephone: 5089791487 11. Ext: 12. Fax:	_
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING: Check here to change relationship	<u> </u>
1. RP or PRP: a. Owner b. Operator c. Generator d. Transporter e. Other RP or PRP Specify:	_
e. Other RP or PRP Specify: 2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2):	
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))	
4. Any Other person Undertaking Response Actions: Specify Relationship:	_
. REQUIRED ATTACHMENTS AND SUBMITTALS :	
1. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.	
2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections BWSC.eDEP@state.ma.us	to
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.	
CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :	
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: Scott Alfonse 3. Title: DIRECTOR, ENVIRONMENTAL STE	W
For SCOTT ALFONSE 5. Date: 8/8/2011	

Revised: 03/10/2010 Page 4 of 5

(mm/dd/yyyy)

(Name of person or entity recorded in Section H)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number
4 - 15685

Revised: 03/10/2010 Page 5 of 5



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number
4 - 15685

A LOCATION OF CITE OF DIOPOCAL CITE WHERE DEMEDIATION WASTE WAS CENEDATED.
A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:
Release Name/Location Aid: PARKER STREET WASTE SITE
3. Stroot Address: 230 HATHAWAY BLVD
2. Street Address: 250 HATHAWAT BLVD
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II
6. If applicable provide the Permit Number:
B. THIS FORM IS BEING USED TO: (check one: B1-B4):
1. Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility.
Response Actions associated with this BOL (check all that apply):
a. Immediate Response Action (IRA) e. Comprehensive Response Actions
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA):
(must be retained pursuant to 310 CMR c. Downgradient Property Status (DPS) 40.0034(6); can't be submitted via eDEP)
d. Utility Release Abatement Measure (URAM)
2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required):
3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required):
4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required)
5. Date Bill of Lading submitted to the Department: b. eDEP Transaction ID:
6. Period of Generation Associated with this Bill of Lading 8/9/2011 to 10/1/2011 (mm/dd/yyyy)
(All sections of this transmittal form must be filled out unless otherwise noted)
The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.
C. DESCRIPTION OF WASTE AND WASTE SOURCE:
1. Contaminated Media /Debris (check all that apply):
✓ a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris
f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other: HISTORIC FILL
2. Uncontainerized Waste (check all that apply):
a. Inorganic Absorbent Materials b. Other:



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BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):
3. Containerized Waste (check all that apply):
a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments
e. Other:
4. Estimated Quantity: Tons Cu. Yds. Gallons
5. Contaminant Source (check one):
a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment
d. Other: HISTORIC FILLING ACTIVITIES
6. Type of Contaminant (check all that apply):
a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:
7. Constituents of Concern (check all that apply):
✓ a. As ✓ b. Cd
h. PCBs i. VOCs k. Other:
8. If applicable, check the box for the Reportable Concentration Category of the site:
✓ a. RCS-1
9. Remediation Waste Characterization Documentation (check at least one):
a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
d. Field Screening Data e. Characterization Documentation previously submitted to the Department
i. Date submitted: 4/6/2011 ii. Type of Documentation: RAM PLAN
(mm/dd/yyyy) D. TRANSPORTER OR COMMON CARRIER INFORMATION:
2. Contact First Name: PAUL 3. Last Name: PUKK
4. Street: 42 LONGWATER DRIVE 5. Title: PROJECT MANAGER
6. City/Town: NORWELL 7. State: MA 8. Zip Code: 020610000
9. Telephone: 781-792-5816 10. Ext: 11. Fax: 781-792-5945



BILL OF LADING (pursuant to 310 CMR 40.0030)

BWSC112

Release Tracking Number - 15685

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:
Operator/Facility Name WASTE MANAGEMENT - TAUNTON LANDFILL
2. Contact First Name: JOYCE 3. Last Name: GAUTHIER
4. Street: 330 EAST BRITANNIA STREET 5. Title: TECHNICAL SERVICES REP.
6. City/Town: TAUNTON 7. State: MA 8. Zip Code: 027800000
9. Telephone: 603-330-2114 10. Ext: 11. Fax: 603-330-2198
12. Type of Facility: (Check one)
a. Temporary Storage i. Period of Temporary Storage: to
ii. Reason for Temporary Storage:
b. Asphalt Batch/Hot Mix
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other:
13. Division of Hazardous Waste/Class A Permit Number:
14. Division of Solid Waste Permit Number:
15. EPA Identification Number:
F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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. 1. LSP #: 1488
2. First Name: DAVID M 3. Last Name: SULLIVAN
4. Telephone: 9786563565 5. Ext. 6. FAX:
7. Signature: David M Sullivan
8. Date: 8/8/2011 9. LSP Stamp:



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BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

G. PERSON SUBMITTING BILL OF LADING:
1. Check all that apply: a. change in contact name b. Change of address c. change in person undertaking response actions
2. Name of Organization:
3 Contact First Name: SCOTT 4 Last Name: ALFONSE
3. Contact First Name: SCOTT 4. Last Name: ALFONSE
5. Street: 133 WILLIAM STREET 6. Title: DIRECTOR, ENVIRONMENTAL STE
e. disst
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Code: 027400000
10. Telephone: 5089791487 11. Ext: 12. Fax:
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING: Check here to change relationship
1. RP or PRP: v a. Owner b. Operator c. Generator d. Transporter
e. Other RP or PRP Specify:
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2):
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))
4. Any Other person Undertaking Response Actions: Specify Relationship:
1. This entire percent endertaking receptable rections. Expectly relationship.
I. REQUIRED ATTACHMENTS AND SUBMITTALS :
1. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections BWSC.eDEP@state.ma.us
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :
1. I, Scott Alfonse 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.
2. By: Scott Alfonse 3. Title: DIRECTOR, ENVIRONMENTAL STEV
4. For SCOTT ALFONSE 5. Date: 8/8/2011
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



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BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.) :
6. Check here if the address of the person providing certification is different from address recorded in Section H.
7. Street:
8. City/Town: 9. State: 10. Zip Code:
11. Telephone: 12. Ext: 13. Fax:
YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY 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.
Date Stamp (MassDEP USE ONLY):
8/8/2011 2:41:31 PM

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BILL OF LADING (pursuant to 310 CMR 40.0030)

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:
1. Release Name/Location Aid: PARKER STREET WASTE SITE
2. Street Address: 230 HATHAWAY BLVD
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II
6. If applicable provide the Permit Number:
B. THIS FORM IS BEING USED TO: (check one: B1-B4):
Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility. Response Actions associated with this BOL (check all that apply): a. Immediate Response Action (IRA) e. Comprehensive Response Actions
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA):
(must be retained pursuant to 310 CMR
c. Downgradient Property Status (DPS) 40.0034(6); can't be submitted via eDEP) d. Utility Release Abatement Measure (URAM) g. Other
d. Utility Release Abatement Measure (URAM) g. Other
 2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required): 3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required): 4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required) 5. Date Bill of Lading submitted to the Department:
6. Period of Generation Associated with this Bill of Lading 8/9/2011 to 10/1/2011 (mm/dd/yyyy) (mm/dd/yyyy)
(All sections of this transmittal form must be filled out unless otherwise noted) The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.
C. DESCRIPTION OF WASTE AND WASTE SOURCE:
Contaminated Media /Debris (check all that apply):
a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris
f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other: HISTORIC FILL
2. Uncontainerized Waste (check all that apply):
a. Inorganic Absorbent Materials b. Other:



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BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):
3. Containerized Waste (check all that apply):
a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments
e. Other:
4. Estimated Quantity: Tons Cu. Yds. Gallons
5. Contaminant Source (check one):
a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment
d. Other: HISTORIC FILLING ACTIVITIES
6. Type of Contaminant (check all that apply):
a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:
7. Constituents of Concern (check all that apply):
a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH
h. PCBs i. VOCs k. Other:
8. If applicable, check the box for the Reportable Concentration Category of the site:
✓ a. RCS-1
9. Remediation Waste Characterization Documentation (check at least one):
a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
d. Field Screening Data e. Characterization Documentation previously submitted to the Department
i. Date submitted: 4/6/2011 ii. Type of Documentation: RAM PLAN
(mm/dd/yyyy)
D. TRANSPORTER OR COMMON CARRIER INFORMATION:
1. Transporter/Common Carrier Name: CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
2. Contact First Name: PAUL 3. Last Name: PUKK
4. Street: 42 LONGWATER DRIVE 5. Title: PROJECT MANAGER
6. City/Town: NORWELL 7. State: MA 8. Zip Code: 020610000
9. Telephone: 781-792-5816 10. Ext: 11. Fax: 781-792-5945



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Release Tracking Number

BILL OF LADING (pursuant to 310 CMR 40.0030)	4 - 15685
E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:	
Operator/Facility Name WASTE MANAGEMENT - TURNKEY LANDFILL	
2. Contact First Name: JOYCE 3. Last Name: GAUTHIER	
4. Street: 90 ROCHESTER NECK ROAD 5. Title: TECHNICAL S	ERVICES REP.
6. City/Town: ROCHESTER 7. State: NH 8. Zip Code: 0383900	00
9. Telephone: 603-330-2114 10. Ext: 11. Fax: 603-330-2196	В
12. Type of Facility: (Check one)	
a. Temporary Storage i. Period of Temporary Storage: to to (mm/dd/yyyy) (mm/dd/yy	ууу)
ii. Reason for Temporary Storage:	
□ b. Asphalt Batch/Hot Mix □ c. Landfill/Disposal □ d. Landfill/Structural Fill ✔	e. Landfill/Daily Cover
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other	:
13. Division of Hazardous Waste/Class A Permit Number:	
14. Division of Solid Waste Permit Number:	
15. EPA Identification Number:	
F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familiar with this any and all documents accompanying this submittal. In my professional opinion and judgment based upor standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and 309 C provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept the characteristics described in this submittal. I am aware that significant penalties may result, including, but not limited to, possible fines and imprisonment which I know to be false, inaccurate or materially incomplete.	n application of (i) the CMR 4.03(2), and (iii) the on(s) undertaken to ty identified in this Remediation Waste having
1. LSP #: 1488	
2. First Name: DAVID M 3. Last Name: SULLIVAN	
4. Telephone: 9786563565 5. Ext.	
6. FAX:	
7. Signature: David M Sullivan	
8. Date: 8/8/2011 9. LSP Stamp: (mm/dd/yyyy)	

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Release Tracking Number

BILL OF LADING (pursuant to 310 CMR 40.0030)	
S. PERSON SUBMITTING BILL OF LADING:	
1. Check all that apply: a. change in contact name b. Change of address c. change in person undertaking response actions	s
2. Name of Organization:	_
3. Contact First Name: SCOTT 4. Last Name: ALFONSE	_
5. Street: 133 WILLIAM STREET 6. Title: DIRECTOR, ENVIRONMENTAL STE	W
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Code: 027400000	_
10. Telephone: 5089791487 11. Ext: 12. Fax:	_
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING: Check here to change relationship	<u> </u>
1. RP or PRP: a. Owner b. Operator c. Generator d. Transporter e. Other RP or PRP Specify:	_
e. Other RP or PRP Specify: 2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2):	
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))	
4. Any Other person Undertaking Response Actions: Specify Relationship:	_
. REQUIRED ATTACHMENTS AND SUBMITTALS :	
1. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.	
2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections BWSC.eDEP@state.ma.us	to
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.	
CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :	
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: Scott Alfonse 3. Title: DIRECTOR, ENVIRONMENTAL STE	W
For SCOTT ALFONSE 5. Date: 8/8/2011	

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(mm/dd/yyyy)

(Name of person or entity recorded in Section H)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number
4 - 15685

J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.):
6. Check here if the address of the person providing certification is different from address recorded in Section H.
7. Street:
8. City/Town: 9. State: 10. Zip Code:
11. Telephone: 12. Ext: 13. Fax:
YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY 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.
Date Stamp (MassDEP USE ONLY):
8/8/2011 2:41:07 PM

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BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:
1. Release Name/Location Aid: PARKER STREET WASTE SITE
2. Stroot Address: 230 HATHAWAY BLVD
2. Street Address: 230 HATHAWAT BLVD
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II
6. If applicable provide the Permit Number:
B. THIS FORM IS BEING USED TO: (check one: B1-B4):
Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility. Response Actions associated with this BOL (check all that apply): a. Immediate Response Action (IRA) e. Comprehensive Response Actions
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA): (must be retained pursuant to 310 CMR
c. Downgradient Property Status (DPS) 40.0034(6); can't be submitted via eDEP)
d. Utility Release Abatement Measure (URAM)
 2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required): 3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required): 4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required) 5. Date Bill of Lading submitted to the Department:
6. Period of Generation Associated with this Bill of Lading 8/15/2011 to 8/25/2011 (mm/dd/yyyy) (mm/dd/yyyy)
(All sections of this transmittal form must be filled out unless otherwise noted) The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.
C. DESCRIPTION OF WASTE AND WASTE SOURCE:
1. Contaminated Media /Debris (check all that apply):
a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris
f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other: HISTORIC FILL
2. Uncontainerized Waste (check all that apply):
a. Inorganic Absorbent Materials b. Other:



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BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):
3. Containerized Waste (check all that apply):
a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments
e. Other:
4. Estimated Quantity: Tons Cu. Yds. Gallons
5. Contaminant Source (check one):
a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment
d. Other: HISTORIC FILLING ACTIVITIES
6. Type of Contaminant (check all that apply):
a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:
7. Constituents of Concern (check all that apply):
a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH
h. PCBs i. VOCs i. SVOCs k. Other:
8. If applicable, check the box for the Reportable Concentration Category of the site:
✓ a. RCS-1
9. Remediation Waste Characterization Documentation (check at least one):
a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
d. Field Screening Data e. Characterization Documentation previously submitted to the Department
i. Date submitted: 4/6/2011 ii. Type of Documentation: RAM PLAN
(mm/dd/yyyy)
D. TRANSPORTER OR COMMON CARRIER INFORMATION:
Transporter/Common Carrier Name: CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
2. Contact First Name: PAUL 3. Last Name: PUKK
: 4. Street: 42 LONGWATER DRIVE 5. Title: PROJECT MANAGER
6. City/Town: NORWELL 7. State: MA 8. Zip Code: 020610000
9. Telephone: 781-792-5816 10. Ext: 11. Fax: 781-792-5945



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Release Tracking Number

BILL OF LADING (pursuant to 310 CMR 40.0030)

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:
Operator/Facility Name WASTE MANAGEMENT - TAUNTON LANDFILL
2. Contact First Name: JOYCE 3. Last Name: GAUTHIER
4. Street: 330 EAST BRITANNIA STREET 5. Title: TECHNICAL SERVICES REP.
6. City/Town: TAUNTON 7. State: MA 8. Zip Code: 027800000
9. Telephone: 603-330-2114 10. Ext: 11. Fax: 603-330-2198
12. Type of Facility: (Check one)
a. Temporary Storage i. Period of Temporary Storage: to to (mm/dd/yyyy)
ii. Reason for Temporary Storage:
b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill e. Landfill/Daily Cover
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other:
13. Division of Hazardous Waste/Class A Permit Number:
14. Division of Solid Waste Permit Number:
15. EPA Identification Number:
F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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.
1. LSP #: 1488
2. First Name: DAVID M 3. Last Name: SULLIVAN
4. Telephone: 9786563565 5. Ext.
6. FAX:
7. Signature: David M Sullivan
8. Date: 9/15/2011 9. LSP Stamp:

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BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

- 15685

G. PERSON SUBMITTING BILL OF LADING:
1. Check all that apply: a. change in contact name b. Change of address c. change in person undertaking response actions
2. Name of Organization:
3. Contact First Name: SCOTT 4. Last Name: ALFONSE
3. Contact First Name: SCOTT 4. Last Name: ALFONSE
5. Street: 133 WILLIAM STREET 6. Title: DIRECTOR, ENVIRONMENTAL STEW
NEW DEDECTOR
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Code: 027400000
10. Telephone: 5089791487 11. Ext: 12. Fax:
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING:
Check here to change relationship
1. RP or PRP: a. Owner b. Operator c. Generator d. Transporter
e. Other RP or PRP Specify:
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2):
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))
4. Any Other person Undertaking Response Actions: Specify Relationship:
I. REQUIRED ATTACHMENTS AND SUBMITTALS :
1. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP@state.ma.us
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :
1. I, Scott Alfonse , attest under the pains and penalties or 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.
2. By: Scott Alfonse 3. Title: DIRECTOR, ENVIRONMENTAL STEW
4. For SCOTT ALFONSE (Name of passen or entity recorded in Section II) (Name of passen or entity recorded in Section II)
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.):
6. Check here if the address of the person providing certification is different from address recorded in Section H.
7. Street:
8. City/Town: 9. State: 10. Zip Code:
11. Telephone: 12. Ext. 13. Fax:
YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY 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.
Date Stamp (MassDEP USE ONLY):
9/15/2011 4:06:09 PM

Revised: 03/10/2010 Page 5 of 5



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:
Release Name/Location Aid: PARKER STREET WASTE SITE
220 HATHAWAY DI VD
2. Street Address: 230 HATHAWAY BLVD
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000
_
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II
6. If applicable provide the Permit Number:
B. THIS FORM IS BEING USED TO: (check one: B1-B4):
1. Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility.
Response Actions associated with this BOL (check all that apply):
a. Immediate Response Action (IRA) e. Comprehensive Response Actions
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA):
(must be retained pursuant to 310 CMR c. Downgradient Property Status (DPS) (must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP)
d. Utility Release Abatement Measure (URAM)
d. dainty included reduction (environ) g. dailor
 2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required): 3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required):
4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required)
5. Date Bill of Lading submitted to the Department: b. eDEP Transaction ID:
6. Period of Generation Associated with this Bill of Lading 8/19/2011 to 8/24/2011 (mm/dd/yyyy) (mm/dd/yyyy)
(All sections of this transmittal form must be filled out unless otherwise noted) The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.
C. DESCRIPTION OF WASTE AND WASTE SOURCE:
1. Contaminated Media /Debris (check all that apply):
a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris
f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other: HISTORIC FILL
2. Uncontainerized Waste (check all that apply):
a. Inorganic Absorbent Materials b. Other:



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):
3. Containerized Waste (check all that apply):
a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments
e. Other:
4. Estimated Quantity: Tons Cu. Yds. Gallons
5. Contaminant Source (check one):
a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment
d. Other: HISTORIC FILLING ACTIVITIES
6. Type of Contaminant (check all that apply):
a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:
7. Constituents of Concern (check all that apply):
a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH
h. PCBs i. VOCs i. SVOCs k. Other:
8. If applicable, check the box for the Reportable Concentration Category of the site:
✓ a. RCS-1
9. Remediation Waste Characterization Documentation (check at least one):
a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
d. Field Screening Data e. Characterization Documentation previously submitted to the Department
i. Date submitted: 4/6/2011 ii. Type of Documentation: RAM PLAN (mm/dd/yyyy)
D. TRANSPORTER OR COMMON CARRIER INFORMATION:
1. Transporter/Common Carrier Name: CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
2. Contact First Name: PAUL 3. Last Name: PUKK
: 4. Street: 42 LONGWATER DRIVE 5. Title: PROJECT MANAGER
6. City/Town: NORWELL 7. State: MA 8. Zip Code: 020610000
9. Telephone: 781-792-5816 10. Ext: 11. Fax: 781-792-5945



BILL OF LADING (pursuant to 310 CMR 40.0030)

BWSC112

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:
Operator/Facility Name WASTE MANAGEMENT - TURNKEY LANDFILL
2. Contact First Name: JOYCE 3. Last Name: GAUTHIER
4. Street: 90 ROCHESTER NECK ROAD 5. Title: TECHNICAL SERVICES REP.
6. City/Town: ROCHESTER 7. State: NH 8. Zip Code: 038390000
9. Telephone: 603-330-2114 10. Ext: 11. Fax: 603-330-2198
12. Type of Facility: (Check one)
a. Temporary Storage i. Period of Temporary Storage: to (mm/dd/yyyy) (mm/dd/yyyy)
ii. Reason for Temporary Storage:
b. Asphalt Batch/Hot Mix
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other:
13. Division of Hazardous Waste/Class A Permit Number:
14. Division of Solid Waste Permit Number:
15. EPA Identification Number:
F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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. 1. LSP #: 1488 2. First Name: DAVID M 3. Last Name: SULLIVAN 4. Telephone:
6. FAX:
7. Signature: David M Sullivan
8. Date: 9/15/2011 9. LSP Stamp: (mm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

- 15685

G. PERSON SUBMITTING BILL OF LADING:
1. Check all that apply: a. change in contact name b. Change of address c. change in person undertaking response actions
2. Name of Organization:
3. Contact First Name: SCOTT 4. Last Name: ALFONSE
3. Contact First Name: SCOTT 4. Last Name: ALFONSE
5. Street: 133 WILLIAM STREET 6. Title: DIRECTOR, ENVIRONMENTAL STEW
NEW DEDECTOR
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Code: 027400000
10. Telephone: 5089791487 11. Ext: 12. Fax:
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING:
Check here to change relationship
1. RP or PRP: a. Owner b. Operator c. Generator d. Transporter
e. Other RP or PRP Specify:
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2):
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))
4. Any Other person Undertaking Response Actions: Specify Relationship:
I. REQUIRED ATTACHMENTS AND SUBMITTALS :
1. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP@state.ma.us
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :
1. I, Scott Alfonse , attest under the pains and penalties or 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.
2. By: Scott Alfonse 3. Title: DIRECTOR, ENVIRONMENTAL STEW
4. For SCOTT ALFONSE (Name of passen or entity recorded in Section II) (Name of passen or entity recorded in Section II)
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

BILL OF LADING (pursuant to 310 CMR 40.0030) 4 - 15685
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.):
6. Check here if the address of the person providing certification is different from address recorded in Section H.
7. Street:
8. City/Town: 9. State: 10. Zip Code:
11. Telephone: 12. Ext: 13. Fax:
YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY 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.
Date Stamp (MassDEP USE ONLY):
9/15/2011 4:06:43 PM

Page 5 of 5 Revised: 03/10/2010



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:
Release Name/Location Aid: PARKER STREET WASTE SITE
3. Stroot Address: 230 HATHAWAY BLVD
2. Street Address: 250 HATHAWAT BLVD
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II
6. If applicable provide the Permit Number:
B. THIS FORM IS BEING USED TO: (check one: B1-B4):
 Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility. Response Actions associated with this BOL (check all that apply):
a. Immediate Response Action (IRA) e. Comprehensive Response Actions
✓ b. Release Abatement Measure (RAM)✓ f Limited Removal Action (LRA):✓ (must be retained pursuant to 310 CMR)
c. Downgradient Property Status (DPS) 40.0034(6); can't be submitted via eDEP)
d. Utility Release Abatement Measure (URAM) g. Other
2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required):
3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required):
4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required)
5. Date Bill of Lading submitted to the Department: b. eDEP Transaction ID:
(mm/dd/yyyy)
6. Period of Generation Associated with this Bill of Lading 8/9/2011 to 8/12/2011
(mm/dd/yyyy) (mm/dd/yyyy)
(All sections of this transmittal form must be filled out unless otherwise noted)
The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.
C. DESCRIPTION OF WASTE AND WASTE SOURCE:
Contaminated Media /Debris (check all that apply):
a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris
f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other: HISTORIC FILL
2. Uncontainerized Waste (check all that apply):
a. Inorganic Absorbent Materials b. Other:



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):
3. Containerized Waste (check all that apply):
a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments
e. Other:
4. Estimated Quantity: Tons Cu. Yds. Gallons
5. Contaminant Source (check one): a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment
d. Other: HISTORIC FILLING ACTIVITIES
6. Type of Contaminant (check all that apply):
a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:
7. Constituents of Concern (check all that apply):
✓ a. As ✓ b. Cd ✓ c. Cr ✓ d. Pb ✓ e. Hg
h. PCBs i. VOCs k. Other:
8. If applicable, check the box for the Reportable Concentration Category of the site: a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2
9. Remediation Waste Characterization Documentation (check at least one):
a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
d. Field Screening Data e. Characterization Documentation previously submitted to the Department
i. Date submitted: 4/6/2011 ii. Type of Documentation: RAM PLAN
(mm/dd/yyyy) D. TRANSPORTER OR COMMON CARRIER INFORMATION:
Transporter/Common Carrier Name: CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
2. Contact First Name: PAUL 3. Last Name: PUKK
: 4. Street: 42 LONGWATER DRIVE 5. Title: PROJECT MANAGER
6. City/Town: NORWELL 7. State: MA 8. Zip Code: 020610000
9. Telephone: 781-792-5816 10. Ext: 11. Fax: 781-792-5945
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Release Tracking Number

- 15685

BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:
Operator/Facility Name WASTE MANAGEMENT - TAUNTON LANDFILL
2. Contact First Name: JOYCE 3. Last Name: GAUTHIER
4. Street: 330 EAST BRITANNIA STREET 5. Title: TECHNICAL SERVICES REP.
6. City/Town: TAUNTON 7. State: MA 8. Zip Code: 027800000
9. Telephone: 603-330-2114 10. Ext: 11. Fax: 603-330-2198
12. Type of Facility: (Check one)
a. Temporary Storage i. Period of Temporary Storage: to to
ii. Reason for Temporary Storage:
b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill e. Landfill/Daily Cover
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other:
13. Division of Hazardous Waste/Class A Permit Number:
14. Division of Solid Waste Permit Number:
15. EPA Identification Number:
F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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. 1. LSP #: 1488 2. First Name: DAVID M 3. Last Name: SULLIVAN 4. Telephone:
6. FAX:

Revised: 03/10/2010 Page 3 of 5



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

	-	15685
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G. PERSON SUBMITTING BILL OF LADING:
1. Check all that apply: a. change in contact name b. Change of address c. change in person undertaking response actions
2. Name of Organization:
3 Contact First Name: SCOTT 4 Last Name: ALFONSE
3. Contact First Name: SCOTT 4. Last Name: ALFONSE
5. Street: 133 WILLIAM STREET 6. Title: DIRECTOR, ENVIRONMENTAL STEW
J. Street.
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Code: 027400000
10. Telephone: 5089791487 11. Ext: 12. Fax:
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING: Check here to change relationship
1. RP or PRP: a. Owner b. Operator c. Generator d. Transporter
e. Other RP or PRP Specify:
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2):
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))
4. Any Other person Undertaking Response Actions: Specify Relationship:
I. REQUIRED ATTACHMENTS AND SUBMITTALS :
1. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP@state.ma.us
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :
1. I, Scott Alfonse , attest under the pains and penalties or 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.
2. By: Scott Alfonse 3. Title:
2. by 3. Tiue
4. For SCOTT ALFONSE 5. Date: 8/30/2011
(Name of person or entity recorded in Section H) (Name of person or entity recorded in Section H) (mm/dd/yyyy)
(IIIII/GG/yyyy)

Revised: 03/10/2010 Page 4 of 5

BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

- 15685

J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.):
6. Check here if the address of the person providing certification is different from address recorded in Section H.
7. Street:
8. City/Town: 9. State: 10. Zip Code:
11. Telephone: 12. Ext: 13. Fax:
YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY 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.
Date Stamp (MassDEP USE ONLY):
8/30/2011 8:54:07 AM

Revised: 03/10/2010 Page 5 of 5



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:
Release Name/Location Aid: PARKER STREET WASTE SITE
2. Street Address: 230 HATHAWAY BLVD
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000
_
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II
6. If applicable provide the Permit Number:
B. THIS FORM IS BEING USED TO: (check one: B1-B4):
Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility. Response Actions associated with this BOL (check all that apply): a. Immediate Response Action (IRA) e. Comprehensive Response Actions
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA): (must be retained pursuant to 310 CMR
c. Downgradient Property Status (DPS) 40.0034(6); can't be submitted via eDEP)
d. Utility Release Abatement Measure (URAM) g. Other
 2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required): 3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required): 4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required) 5. Date Bill of Lading submitted to the Department:
6. Period of Generation Associated with this Bill of Lading 8/12/2011 to 8/19/2011 (mm/dd/yyyy) (mm/dd/yyyy)
(All sections of this transmittal form must be filled out unless otherwise noted) The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.
C. DESCRIPTION OF WASTE AND WASTE SOURCE:
1. Contaminated Media /Debris (check all that apply):
a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris
f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other: HISTORIC FILL
2. Uncontainerized Waste (check all that apply):
a. Inorganic Absorbent Materials b. Other:



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):	
3. Containerized Waste (check all that apply):	
a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments	
e. Other:	
4. Estimated Quantity: Tons Cu. Yds. Gallons	
5. Contaminant Source (check one): a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment	
d. Other: HISTORIC FILLING ACTIVITIES	
6. Type of Contaminant (check all that apply):	
a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel	
g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:	
7. Constituents of Concern (check all that apply):	
✓ a. As ✓ b. Cd ✓ c. Cr ✓ d. Pb ✓ e. Hg	
h. PCBs i. VOCs j. SVOCs k. Other:	
8. If applicable, check the box for the Reportable Concentration Category of the site: a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2	
9. Remediation Waste Characterization Documentation (check at least one):	
a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data	
d. Field Screening Data e. Characterization Documentation previously submitted to the Department	
i. Date submitted: 4/6/2011 ii. Type of Documentation: RAM PLAN	
(mm/dd/yyyy) D. TRANSPORTER OR COMMON CARRIER INFORMATION:	
Transporter/Common Carrier Name: CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.	
DUKK	
2. Contact First Name: PAUL 3. Last Name: PUKK	
4. Street: 42 LONGWATER DRIVE 5. Title: PROJECT MANAGER	
6. City/Town: NORWELL 7. State: MA 8. Zip Code: 020610000	
9. Telephone: 781-792-5816 10. Ext: 11. Fax: 781-792-5945	



BILL OF LADING (pursuant to 310 CMR 40.0030)

BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)
E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:
Operator/Facility Name WASTE MANAGEMENT - TAUNTON LANDFILL
2. Contact First Name: JOYCE 3. Last Name: GAUTHIER
4. Street: 330 EAST BRITANNIA STREET 5. Title: TECHNICAL SERVICES REP.
6. City/Town: TAUNTON 7. State: MA 8. Zip Code: 027800000
9. Telephone: 603-330-2114 10. Ext: 11. Fax: 603-330-2198
12. Type of Facility: (Check one)
a. Temporary Storage i. Period of Temporary Storage: to to
ii. Reason for Temporary Storage:
b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill 🗸 e. Landfill/Daily Cover
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other:
13. Division of Hazardous Waste/Class A Permit Number:
14. Division of Solid Waste Permit Number:
15. EPA Identification Number:
F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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.
1. LSP #: 1488
2. First Name: DAVID M 3. Last Name:
4. Telephone: 9786563565 5. Ext.
6. FAX:
7. Signature: DAVID M SULLIVAN
8. Date: 8/31/2011 9. LSP Stamp:
(mm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

- 15685

G. PERSON SUBMITTING BILL OF LADING:
1. Check all that apply: a. change in contact name b. Change of address c. change in person undertaking response actions
2. Name of Organization:
3. Contact First Name: SCOTT 4. Last Name: ALFONSE
3. Contact First Name: SCOTT 4. Last Name: ALFONSE
5. Street: 133 WILLIAM STREET 6. Title: DIRECTOR, ENVIRONMENTAL STEW
NEW DEDECTOR
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Code: 027400000
10. Telephone: 5089791487 11. Ext: 12. Fax:
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING:
Check here to change relationship
1. RP or PRP: a. Owner b. Operator c. Generator d. Transporter
e. Other RP or PRP Specify:
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2):
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))
4. Any Other person Undertaking Response Actions: Specify Relationship:
I. REQUIRED ATTACHMENTS AND SUBMITTALS :
1. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP@state.ma.us
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :
1. I, Scott Alfonse , attest under the pains and penalties or 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.
2. By: Scott Alfonse 3. Title: DIRECTOR, ENVIRONMENTAL STEW
4. For SCOTT ALFONSE (Name of paragraphy a patity reported in Section II) (Name of paragraphy a patity reported in Section II)
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

BILL OF LADING (pursuant to 310 CMR 40.0030) 4 - 15685
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.):
6. Check here if the address of the person providing certification is different from address recorded in Section H.
7. Street:
8. City/Town: 9. State: 10. Zip Code:
11. Telephone: 12. Ext: 13. Fax:
YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY 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.
Date Stamp (MassDEP USE ONLY):
8/31/2011 5:11:59 PM

Revised: 03/10/2010 Page 5 of 5



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:
Release Name/Location Aid: PARKER STREET WASTE SITE
220 HATHAWAY DI VD
2. Street Address: 230 HATHAWAY BLVD
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000
_
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II
6. If applicable provide the Permit Number:
B. THIS FORM IS BEING USED TO: (check one: B1-B4):
1. Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility.
Response Actions associated with this BOL (check all that apply):
a. Immediate Response Action (IRA) e. Comprehensive Response Actions
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA):
(must be retained pursuant to 310 CMR c. Downgradient Property Status (DPS) (must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP)
d. Utility Release Abatement Measure (URAM)
2. Submit an Attactation of Completion of Chimment to Temperary Stayana (Sections C. F. and Lore not required).
2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required):
3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required):
4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required)
5. Date Bill of Lading submitted to the Department: b. eDEP Transaction ID:
6. Period of Generation Associated with this Bill of Lading 8/12/2011 to 8/19/2011
(mm/dd/yyyy) (mm/dd/yyyy)
(All sections of this transmittal form must be filled out unless otherwise noted)
The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.
C. DESCRIPTION OF WASTE AND WASTE SOURCE:
1. Contaminated Media /Debris (check all that apply):
a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris
f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other: HISTORIC FILL
2. Uncontainerized Waste (check all that apply):
a. Inorganic Absorbent Materials b. Other:



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):	
3. Containerized Waste (check all that apply):	
a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments	
e. Other:	
4. Estimated Quantity: Tons Cu. Yds. Gallons	
5. Contaminant Source (check one):	
a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment	
d. Other: HISTORIC FILLING ACTIVITIES	
6. Type of Contaminant (check all that apply):	
a. Gasoline 🔲 b. Diesel Fuel 🔲 c. #2 Fuel Oil 🔲 d. #4 Fuel Oil 🔲 e. #6 Fuel Oil 📗 f. Jet Fuel	
g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:]
7. Constituents of Concern (check all that apply):	
a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH	
h. PCBs i. VOCs k. Other:	
8. If applicable, check the box for the Reportable Concentration Category of the site: a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2	
9. Remediation Waste Characterization Documentation (check at least one): a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data	
d. Field Screening Data e. Characterization Documentation previously submitted to the Department	
	٦
i. Date submitted: 4/6/2011 ii. Type of Documentation: RAM PLAN (mm/dd/yyyy)	
D. TRANSPORTER OR COMMON CARRIER INFORMATION:	
Transporter/Common Carrier Name: CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.	
2. Contact First Name: PAUL 3. Last Name: PUKK	
: 4. Street: 42 LONGWATER DRIVE 5. Title: PROJECT MANAGER	
6. City/Town: NORWELL 7. State: MA 8. Zip Code: 020610000	
9. Telephone: 781-792-5816 10. Ext: 11. Fax: 781-792-5945	_
0. Totophono	_



BWSC112

Release Tracking Number

BILL OF LADING (pursuant to 310 CMR 40.0030)	4 - 15685
E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:	
Operator/Facility Name WASTE MANAGEMENT - TURNKEY LANDFILL	
2. Contact First Name: JOYCE 3. Last Name: GAUT	HIER
4. Street: 90 ROCHESTER NECK ROAD 5. Title: TECH	INICAL SERVICES REP.
6. City/Town: ROCHESTER 7. State: NH 8. Zip Code:	038390000
9. Telephone: 603-330-2114 10. Ext: 11. Fax: 603	-330-2198
12. Type of Facility: (Check one)	
a. Temporary Storage i. Period of Temporary Storage: (mm/dd/yyyy) to	(mm/dd/yyyy)
ii. Reason for Temporary Storage:	
b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural	Fill e. Landfill/Daily Cover
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator	i. Other:
13. Division of Hazardous Waste/Class A Permit Number:	
14. Division of Solid Waste Permit Number:	
15. EPA Identification Number:	
F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familia any and all documents accompanying this submittal. In my professional opinion and judgment is standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assess characterize the Remediation Waste which is (are) the subject of this submittal for acceptance submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted the characteristics described in this submittal. I am aware that significant penalties may result, including, but not limited to, possible fines and	passed upon application of (i) the and 309 CMR 4.03(2), and (iii) the sment action(s) undertaken to at the facility identified in this to accept Remediation Waste having
which I know to be false, inaccurate or materially incomplete.	imprisorment, ii i submit information
1. LSP #: 1488	
2. First Name: DAVID M 3. Last Name:	
4. Telephone: 9786563565 5. Ext.	
6. FAX:	
7. Signature: DAVID M SULLIVAN	
8. Date: 8/31/2011 9. LSP Stamp (mm/dd/yyyy)	:
(IIIII/ GG/ y y y y <i>j</i>	

Revised: 03/10/2010 Page 3 of 5



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

	4	- 15685	
G. PERSON SUBMITTING BILL OF LADING:			
1. Check all that apply: a. change in contact name b. Change of address	c. change ii undertak	n person ing response actior	ns
2. Name of Organization:			
3. Contact First Name: SCOTT 4. Last Name: ALFON	ISE		
5. Street: 133 WILLIAM STREET 6. Title: DIRECT	ΓOR, ENVIR	RONMENTAL ST	EW
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Cod	de: 027400	0000	
10. Telephone: 5089791487 11. Ext: 12. Fax:			
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING:	Check here to	o change relationsh	nin
1. RP or PRP: a. Owner b. Operator c. Generator d. Transport		o change relationsh	"P
e. Other RP or PRP Specify:			
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E	Ξ, s.2):		
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))			
4. Any Other person Undertaking Response Actions: Specify Relationship:			
I. REQUIRED ATTACHMENTS AND SUBMITTALS :			
 Check here if the Response Action(s) on which this opinion is based, if any, are (were) permit(s) and/or approvals issued by DEP or EPA. If the box is checked, you must attach applicable provisions thereof. 			
2. Check here if any non-updatable information provided on this form is incorrect, e. g. pro BWSC.eDEP@state.ma.us	operty addres	ss. Send corrections	s to
3. Check here to certify that the LSP Opinion containing the material facts, data, and other	er information	is attached.	
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :			
1. I, Scott Alfonse examined and am familiar with the information contained in this submittal, including any and all transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for of material information contained in this submittal is, to the best of my knowledge and belief, true, that I am fully authorized to make this attestation on behalf of the entity legally responsible for the entity on whose behalf this submittal is made am/is aware that there are significant penalties, in possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.	documents a obtaining the i accurate and his submittal. ncluding, but r	accompanying this information, the I complete, and (iii) I/the person or	
2. By: Scott Alfonse 3. Title:			
4. For SCOTT ALFONSE (Name of person or entity recorded in Section H) 5. Date: 8/31/2011			
(Name of person of entity recorded in Section 11)	(mm/dd/yy	yy)	

Revised: 03/10/2010 Page 4 of 5



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number
4 - 15685

J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.):
6. Check here if the address of the person providing certification is different from address recorded in Section H.
7. Street:
8. City/Town: 9. State: 10. Zip Code:
11. Telephone: 12. Ext: 13. Fax:
YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY 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.
Date Stamp (MassDEP USE ONLY):
8/31/2011 5:12:38 PM

Revised: 03/10/2010 Page 5 of 5



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:
Release Name/Location Aid: PARKER STREET WASTE SITE
220 HATHAWAY DI VD
2. Street Address: 230 HATHAWAY BLVD
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000
_
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II
6. If applicable provide the Permit Number:
B. THIS FORM IS BEING USED TO: (check one: B1-B4):
1. Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility.
Response Actions associated with this BOL (check all that apply):
a. Immediate Response Action (IRA) e. Comprehensive Response Actions
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA):
(must be retained pursuant to 310 CMR c. Downgradient Property Status (DPS) (must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP)
d. Utility Release Abatement Measure (URAM)
2. Submit an Attactation of Completion of Chimment to Temperary Stayana (Sections C. F. and Lore not required).
2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required):
3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required):
4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required)
5. Date Bill of Lading submitted to the Department: b. eDEP Transaction ID:
6. Period of Generation Associated with this Bill of Lading 8/12/2011 to 8/19/2011
(mm/dd/yyyy) (mm/dd/yyyy)
(All sections of this transmittal form must be filled out unless otherwise noted)
The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.
C. DESCRIPTION OF WASTE AND WASTE SOURCE:
1. Contaminated Media /Debris (check all that apply):
a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris
f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other: HISTORIC FILL
2. Uncontainerized Waste (check all that apply):
a. Inorganic Absorbent Materials b. Other:



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):
3. Containerized Waste (check all that apply):
a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments
e. Other:
4. Estimated Quantity: Tons Cu. Yds. Gallons
5. Contaminant Source (check one):
a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment
d. Other: HISTORIC FILLING ACTIVITES
6. Type of Contaminant (check all that apply):
a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:
7. Constituents of Concern (check all that apply):
a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH
h. PCBs i. VOCs i. SVOCs k. Other:
8. If applicable, check the box for the Reportable Concentration Category of the site:
a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2
9. Remediation Waste Characterization Documentation (check at least one):
a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
d. Field Screening Data e. Characterization Documentation previously submitted to the Department
i. Date submitted: 4/6/2011 ii. Type of Documentation: RAM PLAN
(mm/dd/yyyy)
D. TRANSPORTER OR COMMON CARRIER INFORMATION:
1. Transporter/Common Carrier Name: CLEAN HARBORS ENVIRONMENTAL SERVICES, INC
2. Contact First Name: PAUL 3. Last Name: PUKK
: 4. Street: 42 LONGWATER DRIVE 5. Title: PROJECT MANAGER
6. City/Town: NORWELL 7. State: MA 8. Zip Code: 020610000
9. Telephone: 781-792-5816 10. Ext: 11. Fax: 781-792-5945

Revised: 03/10/2010 Page 2 of 5



BILL OF LADING (pursuant to 310 CMR 40.0030)

BWSC112

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:
Operator/Facility Name WASTE MANAGEMENT - NEW HAMPSHIRE
2. Contact First Name: ELLEN 3. Last Name: BELLIO
4. Street: 90 ROCHESTER NECK ROAD 5. Title: WASTE APPROVALS MANAGER
6. City/Town: ROCHESTER 7. State: NH 8. Zip Code: 038390000
9. Telephone: 603-360-2114 10. Ext: 11. Fax: 603-330-2198
12. Type of Facility: (Check one)
a. Temporary Storage i. Period of Temporary Storage: to (mm/dd/yyyy) (mm/dd/yyyy)
ii. Reason for Temporary Storage:
b. Asphalt Batch/Hot Mix
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other:
13. Division of Hazardous Waste/Class A Permit Number:
14. Division of Solid Waste Permit Number: DES-SW-SP-95-001
15. EPA Identification Number:
F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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. 1. LSP #: 1488 2. First Name: DAVID M 3. Last Name: SULLIVAN
4. Telephone: 9786563565 5. Ext. 6. FAX:
7. Signature: David M Sullivan
8. Date: 11/22/2011 9. LSP Stamp: (mm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

- 15685

G. PERSON SUBMITTING BILL OF LADING:
Check all that apply: a. change in contact name b. Change of address undertaking response actions
2. Name of Organization: CITY OF NEW BEDFORD
3. Contact First Name: SCOTT 4. Last Name: ALFONSE
122 WILLIAM ST
5. Street: 133 WILLIAM ST 6. Title: ENVIRONMENTAL STEWARDSHIP
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Code: 027400000
10. Telephone: 5089791487
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING: Check here to change relationship
1. RP or PRP: a. Owner b. Operator c. Generator d. Transporter
e. Other RP or PRP Specify: NON-SPECIFIED PRP
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2):
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))
A Any Other person Hadestelling Deep area Astioner. Chesify Balationship.
4. Any Other person Undertaking Response Actions: Specify Relationship:
I. REQUIRED ATTACHMENTS AND SUBMITTALS :
1. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP@state.ma.us
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :
1. I, Cheryl Henlin , attest under the pains and penalties or 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.
2 By: Cheryl Henlin 3 Title:
2. By: Cneryl Henlin 3. Title:
4 For CITY OF NEW BEDFORD 5 Date: 11/22/2011
4. FOI
(Name of person of entity recorded in Section H) (mm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

	4 - 15685	
J. CERTIFICATION OF PERSON SUBMITTING BILL OF	F LADING (cont.) :	
6. Check here if the address of the person provide	ng certification is different from address recorded in Section H.	
7. Street:		
9. City/Towns	9. State: 10. Zip Code:	
	·	
11. Telephone:	12. Ext: 13. Fax:	
YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY 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.		
Date Stamp (MassDEP USE ONLY):		
11/22/2011 5:02:58 PM		

Revised: 03/10/2010 Page 5 of 5



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

A LOCATION OF SITE OF BIODOCAL SITE WILEDE DEMEDIATION WASTE WAS SENEDATED		
A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:		
Release Name/Location Aid: PARKER STREET WASTE SITE		
2. Street Address: 230 HATHAWAY BLVD		
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000		
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:		
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II		
6. If applicable provide the Permit Number:		
B. THIS FORM IS BEING USED TO: (check one: B1-B4):		
Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility. Response Actions associated with this BOL (check all that apply): a. Immediate Response Action (IRA) e. Comprehensive Response Actions		
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA):		
(must be retained pursuant to 310 CMR c. Downgradient Property Status (DPS) 40.0034(6); can't be submitted via eDEP)		
d. Utility Release Abatement Measure (URAM)		
 2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required): 3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required): 4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required) 5. Date Bill of Lading submitted to the Department:		
6. Period of Generation Associated with this Bill of Lading 4/16/2011 to 7/5/2011 (mm/dd/yyyy)		
(All sections of this transmittal form must be filled out unless otherwise noted) The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.		
C. DESCRIPTION OF WASTE AND WASTE SOURCE:		
1. Contaminated Media /Debris (check all that apply):		
a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris		
f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other: URBAN FILL		
2. Uncontainerized Waste (check all that apply):		
a. Inorganic Absorbent Materials b. Other:		



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):
3. Containerized Waste (check all that apply):
a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments
e. Other:
4. Estimated Quantity: Tons Cu. Yds. Gallons
5. Contaminant Source (check one): a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment d. Other: HISTORIC URBAN FILL
6. Type of Contaminant (check all that apply):
a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:
7. Constituents of Concern (check all that apply):
✓ a. As ✓ b. Cd ✓ c. Cr ✓ d. Pb ✓ e. Hg ☐ f. EPH/TPH ☐ g. VPH
h. PCBs i. VOCs k. Other:
8. If applicable, check the box for the Reportable Concentration Category of the site: a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2
9. Remediation Waste Characterization Documentation (check at least one):
a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
d. Field Screening Data e. Characterization Documentation previously submitted to the Department
i. Date submitted: 4/6/2011 ii. Type of Documentation: RAM PLAN (mm/dd/yyyy)
D. TRANSPORTER OR COMMON CARRIER INFORMATION:
Transporter/Common Carrier Name: GOULET TRUCKING INCORPORATED
2. Contact First Name: JEFF 3. Last Name: GOULET
: 4. Street: PO BOX 259, 20 INDUSTRIAL DRIVE WEST 5. Title:
6. City/Town: SOUTH DEERFIELD 7. State: MA 8. Zip Code: 013730000
9. Telephone: 888-559-2444 10. Ext: 11. Fax:



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 -	15685
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E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:			
Operator/Facility Name ONTARIO COUNTY LANDFILL			
2. Contact First Name: SCOTT 3. Last Name: SAMPSON			
4. Street: 1879 ROUTE 5 & 20 5. Title:			
6. City/Town: STANLEY 7. State: NY 8. Zip Code: 145610000			
9. Telephone: 585-526-4420 10. Ext: 11. Fax: 585-526-5459			
12. Type of Facility: (Check one)			
a. Temporary Storage i. Period of Temporary Storage: to to (mm/dd/yyyy)			
ii. Reason for Temporary Storage:			
b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill e. Landfill/Daily Cover			
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other:			
13. Division of Hazardous Waste/Class A Permit Number:			
14. Division of Solid Waste Permit Number:			
15. EPA Identification Number:			
F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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. 1. LSP #: 1488 2. First Name: DAVID M 3. Last Name: SULLIVAN 4. Telephone: 9786563565 5. Ext.			
6. FAX:			
7. Signature: DAVID M SULLIVAN			
8. Date: 12/30/2011 9. LSP Stamp:			

Revised: 03/10/2010 Page 3 of 5



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

- 15685

G. PERSON SUBMITTING BILL OF LADING:
1. Check all that apply: a. change in contact name b. Change of address c. change in person undertaking response actions
2. Name of Organization: CITY OF NEW BEDFORD
3. Contact First Name: CHERYL 4. Last Name: HENLIN
5. Street: 133 WILLIAM ST 6. Title: ENVIRONMENTAL STEWARDSHIP
0. Title.
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Code: 027400000
10. Telephone: 5089614576 11. Ext: 12. Fax:
10. Telephone. 12. Tax.
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING: Check here to change relationship
1. RP or PRP: a. Owner b. Operator c. Generator d. Transporter
e. Other RP or PRP Specify: NON-SPECIFIED PRP
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2):
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))
4. Any Other person Undertaking Response Actions: Specify Relationship:
I. REQUIRED ATTACHMENTS AND SUBMITTALS :
1. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP@state.ma.us
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :
1. I, Cheryl Henlin , attest under the pains and penalties or 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.
2. By: Cheryl Henlin 3. Title: ENVIRONMENTAL STEWARDSHIP
4. For CITY OF NEW BEDFORD 5. Date: 12/30/2011
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

4	-	15685
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J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.):
6. Check here if the address of the person providing certification is different from address recorded in Section H.
7. Street:
8. City/Town: 9. State: 10. Zip Code:
11. Telephone: 12. Ext: 13. Fax:
YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY 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.
Date Stamp (MassDEP USE ONLY):
12/30/2011 11:54:38 AM

Revised: 03/10/2010 Page 5 of 5



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

		Tracking	Numbe
Λ	_	15685	<u> </u>

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:		
1. Release Name/Location Aid: PARKER STREET WASTE SITE		
2. Street Address: 230 HATHAWAY BLVD		
3. City/Town: NEW BEDFORD 4. Zip Code: 02740-0000		
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:		
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II		
6. If applicable provide the Permit Number:		
B. THIS FORM IS BEING USED TO: (check one: B1-B4):		
Submit a Bill of La ding (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility. Response Actions associated with this BOL (check all that apply): a. Immediate Response Action (IRA) e. Comprehensive Response Actions		
b. Release Abatement Measure (RAM) f., Limited Removal Action (LRA): (must be retained pursuant to 310 CMR		
c. Downgradient Property Status (DPS) 40.0034(6); can't be submitted via eDEP)		
d. Utility Release Abatement Measure (URAM) g. Other		
 2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required): 3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required): 4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required) 5. Date Bill of Lading submitted to the Department: b. eDEP Transaction ID: 		
(mm/dd/yyyy) 6. Period of Generation Associated with this Bill of Lading 7/22/2011 to 8/31/2011 (mm/dd/yyyy) (mm/dd/yyyy) (All sections of this transmittal form must be filled out unless otherwise noted)		
The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.		
C. DESCRIPTION OF WASTE AND WASTE SOURCE: 1. Contaminated Media /Debris (check all that apply):		
a. Inorganic Absorbent Materials b. Other:		



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Relea	se	Tracking	Numbe
4	-	15685	

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):			
3. Containerized Waste (check all that apply):			
a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments			
e. Other:			
4. Estimated Quantity: Tons Cu. Yds. Gallons			
5. Contaminant Source (check one):			
a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment			
d. Other: HISTORIC FILL ACTIVITIES			
6. Type of Contaminant (check all that apply):			
🔲 a. Gasoline 🔲 b. Diesel Fuel 🔲 c. #2 Fuel Oil 🔲 d. #4 Fuel Oil 🔲 e. #6 Fuel Oil 🔲 f. Jet Fuel			
g. Waste Oil h. Kerosene i. Chlorinated Solvents ✓ j. Urban Fill k. Other:			
7. Constituents of Concern (check all that apply):			
✓ a. As ✓ b. Cd ✓ c. Cr ✓ d. Pb ☐ e. Hg ☐ f. EPH/TPH ☐ g. VPH			
h. PCBs i. VOCs j. SVOCs k. Other.			
8. If applicable, check the box for the Reportable Concentration Category of the site:			
a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2			
9. Remediation Waste Characterization Documentation (check at least one):			
✓ a. Site History Information			
d. Field Screening Data ✓ e. Characterization Documentation previously submitted to the Department			
i. Date submitted: 4/6/2011 ii. Type of Documentation: RAM PLAN (mm/dd/yyyy)			
D. TRANSPORTER OR COMMON CARRIER INFORMATION:			
1. Transporter/Common Carrier Name: CITY OF NEW BEDFORD - DEPARTMENT OF PUBLIC INFRASTRUCTURE			
2. Contact First Name: EUZEBIO 3. Last Name: ARRUDA			
: 4. Street: 1105 SHAWMUT AVENUE 5. Title: SUPERINTENDENT OF HIGHWAYS			
6. City/Town: NEW BEDFORD 7. State: MA 8. Zip Code: 02746-0000			
9. Telephone: (508) 991-6395 10. Ext: 11. Fax: (508) 991-6152			



7/26/2011

(mm/dd/yyyy)

8. Date:

Massachusetts Department of Environmental Protection

Bureau of Waste Site Cleanup

BWSC112

Release Tracking Number BILL OF LADING (pursuant to 310 CMR 40.0030) 15685 E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION: 1. Operator/Facility Name GREATER NB REGION REFUSE MANAGEMENT DISTRICT (CRAPO HILL) 3. Last Name: VAN LAARHOVEN 2. Contact First Name: HANK 4. Street; 300 SAMUEL BARNET BLVD 5. Title: DIRECTOR 8. Zip Code: 02745-0000 7. State: MA 6. City/Town: NEW BEDFORD 9. Telephone: (508) 763-5924 10. Ext: 12. Type of Facility: (Check one) a. Temporary Storage i. Period of Temporary Storage: (mm/dd/yyyy) (mm/dd/yyyy) ii. Reason for Temporary Storage: e. Landfill/Daily Cover b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other: 93537 13. Division of Hazardous Waste/Class A Permit Number: 14. Division of Solid Waste Permit Number: 15. EPA Identification Number: F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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. 1. LSP #: 1488 3. Last Name: SULLIVAN 2. First Name: DAVID M COUNTRY OF MASSACIA (978) 656-3565 4. Telephone: 5. Ext. 6. FAX: **Electronic** DAVID M SULLIVAN 7. Signature: Seal Red Site Profe

Revised: 03/10/2010 Page 3 of 5

9. LSP Stamp:



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

G. PERSON SUBMITTING BILL OF LADING:			
1. Check all that apply: a. change in contact name b. Change of address c. change in person undertaking response actions			
2. Name of Organization:			
3. Contact First Name: SCOTT 4. Last Name: ALFONSE			
5. Street: 133 WILLIAM STREET 6. Title: DIRECTOR, ENVIRONMENTAL STEW			
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Code: 02740-0000			
10. Telephone: (508) 979-1487 11. Ext: 12. Fax:			
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING: Check here to change relationship			
1. RP or PRP: a. Owner b. Operator c. Generator d. Transporter			
e. Other RP or PRP Specify:			
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2):			
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))			
4. Any Other person Undertaking Response Actions: Specify Relationship			
I. REQUIRED ATTACHMENTS AND SUBMITTALS :			
 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof. 			
2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP@state.ma.us			
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.			
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :			
1. I, SCOTT ALFONSE, attest under the pains and penalties or 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.			
2. By: SCOTT ALFONSE 3. Title: DIRECTOR, ENVIRONMENTAL STEW			
4. For SCOTT ALFONSE 5. Date: 7/26/2011			
(Name of person or entity recorded in Section H) (mm/dd/yyyy)			



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release	Tracking	Number

4 - 15685
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.):
6. Check here if the address of the person providing certification is different from address recorded in Section H.
7. Street:
8. City/Town: 9. State: 10. Zip Code:
11. Telephone:12. Ext: 13. Fax:
YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY 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.
Date Stamp (MassDEP USE ONLY):
Received by DEP on 7/27/2011 9:05:18 AM



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:
1. Release Name/Location Aid: PARKER STREET WASTE SITE
2. Stroot Address: 230 HATHAWAY BLVD
2. Street Address.
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II
6. If applicable provide the Permit Number:
B. THIS FORM IS BEING USED TO: (check one: B1-B4):
Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility. Response Actions associated with this BOL (check all that apply): a. Immediate Response Action (IRA) e. Comprehensive Response Actions
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA): (must be retained pursuant to 310 CMR)
c. Downgradient Property Status (DPS) 40.0034(6); can't be submitted via eDEP)
d. Utility Release Abatement Measure (URAM) g. Other
 2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required): 3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required): 4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required) 5. Date Bill of Lading submitted to the Department: b. eDEP Transaction ID:
6. Period of Generation Associated with this Bill of Lading 8/22/2011 to 9/21/2011 (mm/dd/yyyy)
(All sections of this transmittal form must be filled out unless otherwise noted) The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.
C. DESCRIPTION OF WASTE AND WASTE SOURCE: 1. Contaminated Media /Debris (check all that apply):



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):
3. Containerized Waste (check all that apply):
a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments
e. Other:
4. Estimated Quantity: 800
5. Contaminant Source (check one):
a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment
d. Other: HISTORIC FILLING ACTIVITIES
6. Type of Contaminant (check all that apply):
a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:
7. Constituents of Concern (check all that apply):
✓ a. As ✓ b. Cd ✓ c. Cr ✓ d. Pb ✓ e. Hg
h. PCBs i. VOCs k. Other:
8. If applicable, check the box for the Reportable Concentration Category of the site:
a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2
9. Remediation Waste Characterization Documentation (check at least one):
a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
d. Field Screening Data e. Characterization Documentation previously submitted to the Department
i. Date submitted: 4/6/2011 ii. Type of Documentation: RAM PLAN
(mm/dd/yyyy)
D. TRANSPORTER OR COMMON CARRIER INFORMATION:
Transporter/Common Carrier Name: CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
2. Contact First Name: PAUL 3. Last Name: PUKK
4. Street: 42 LONGWATER DRIVE 5. Title: PROJECT MANAGER
6. City/Town: NORWELL 7. State: MA 8. Zip Code: 020610000
9. Telephone: 781-792-5816 10. Ext: 11. Fax: 781-792-5945



BILL OF LADING (pursuant to 310 CMR 40.0030)

BWSC112

Release Tracking Number - 15685

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:
Operator/Facility Name WASTE MANAGEMENT - TURNKEY LANDFILL
2. Contact First Name: JOYCE 3. Last Name: GAUTHIER
4. Street: 90 ROCHESTER NECK ROAD 5. Title: TECHNICAL SERVICES REP
6. City/Town: ROCHESTER 7. State: NH 8. Zip Code: 038390000
9. Telephone: 603-330-2114 10. Ext: 11. Fax: 603-330-2198
12. Type of Facility: (Check one)
a. Temporary Storage i. Period of Temporary Storage: to to
ii. Reason for Temporary Storage:
b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill e. Landfill/Daily Cover
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other:
13. Division of Hazardous Waste/Class A Permit Number:
14. Division of Solid Waste Permit Number:
15. EPA Identification Number:
F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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. 1. LSP #: 1488
2. First Name: DAVID M 3. Last Name: SULLIVAN
4. Telephone: 9786563565 5. Ext. 7. Signature: DAVID M SULLIVAN
8. Date: 10/25/2011 9. LSP Stamp: (mm/dd/yyyy)

Revised: 03/10/2010 Page 3 of 5



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

- 15685

G. PERSON SUBMITTING BILL OF LADING:
1. Check all that apply: a. change in contact name b. Change of address c. change in person undertaking response actions
2. Name of Organization:
ALFONET
3. Contact First Name: SCOTT 4. Last Name: ALFONSE
5. Street: 133 WILLIAM STREET 6. Title: DIRECTOR, ENVIRONMENTAL STEW
NEW DEDECTO
7. City/Town: NEW BEDFORD 8. State: 9. Zip Code: 027400000
10. Telephone: 5089791487 11. Ext: 12. Fax:
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING:
Check here to change relationship
1. RP or PRP: 🗸 a. Owner 🗌 b. Operator 🗌 c. Generator 🛄 d. Transporter
e. Other RP or PRP Specify:
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2):
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))
4. Any Other person Undertaking Response Actions: Specify Relationship:
I. REQUIRED ATTACHMENTS AND SUBMITTALS :
1. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP@state.ma.us
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :
1. I, Scott Alfonse , attest under the pains and penalties or 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.
2. By: Scott Alfonse 3. Title: DIRECTOR, ENVIRONMENTAL STEW
2. 5y
4. For SCOTT ALFONSE 5. Date: 10/25/2011
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number
4 - 15685

J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.):
6. Check here if the address of the person providing certification is different from address recorded in Section H.
7. Street:
8. City/Town: 9. State: 10. Zip Code:
11. Telephone:12. Ext:13. Fax:
YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY 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.
Date Stamp (MassDEP USE ONLY):
10/25/2011 11:40:44 AM

Revised: 03/10/2010 Page 5 of 5



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:
1. Release Name/Location Aid: PARKER STREET WASTE SITE
2. Stroot Address: 230 HATHAWAY BLVD
2. Street Address.
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:
a. Tier1A b. Tier1B b. Tier1C d. TierII
6. If applicable provide the Permit Number:
B. THIS FORM IS BEING USED TO: (check one: B1-B4):
Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility. Response Actions associated with this BOL (check all that apply): a. Immediate Response Action (IRA) e. Comprehensive Response Actions
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA): (must be retained pursuant to 310 CMR)
c. Downgradient Property Status (DPS) 40.0034(6); can't be submitted via eDEP)
d. Utility Release Abatement Measure (URAM) g. Other
 2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required): 3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required): 4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required) 5. Date Bill of Lading submitted to the Department: b. eDEP Transaction ID:
6. Period of Generation Associated with this Bill of Lading 8/22/2011 to 9/21/2011 (mm/dd/yyyy)
(All sections of this transmittal form must be filled out unless otherwise noted) The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.
C. DESCRIPTION OF WASTE AND WASTE SOURCE: 1. Contaminated Media /Debris (check all that apply):



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):
3. Containerized Waste (check all that apply):
a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments
e. Other:
4. Estimated Quantity: Tons Cu. Yds. Gallons
5. Contaminant Source (check one):
a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment
d. Other: HISTORIC FILLING ACTIVITIES
6. Type of Contaminant (check all that apply):
a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:
7. Constituents of Concern (check all that apply):
✓ a. As ✓ b. Cd ✓ c. Cr ✓ d. Pb ✓ e. Hg ☐ f. EPH/TPH ☐ g. VPH
h. PCBs i. VOCs i. SVOCs k. Other:
8. If applicable, check the box for the Reportable Concentration Category of the site:
a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2
9. Remediation Waste Characterization Documentation (check at least one):
a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
d. Field Screening Data e. Characterization Documentation previously submitted to the Department
i. Date submitted: 4/6/2011 ii. Type of Documentation: RAM PLAN
(mm/dd/yyyy)
D. TRANSPORTER OR COMMON CARRIER INFORMATION:
Transporter/Common Carrier Name: CLEAN HARBORS ENVIRONMENTAL SERVICES, INC. ———————————————————————————————————
2. Contact First Name: PAUL 3. Last Name: PUKK
4. Street: 42 LONGWATER DRIVE 5. Title: PROJECT MANAGER
6. City/Town: NORWELL 7. State: MA 8. Zip Code: 020610000
9. Telephone: 781-792-5816 10. Ext: 11. Fax: 781-792-5945



Release Tracking Number

- 15685

BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:
Operator/Facility Name WASTE MANAGEMENT - TAUNTON LANDFILL
2. Contact First Name: JOYCE 3. Last Name: GAUTHIER
4. Street: 330 EAST BRITANNIA STREET 5. Title: TECHNICAL SERVICES REP.
6. City/Town: TAUNTON 7. State: MA 8. Zip Code: 027800000
9. Telephone: 603-330-2114 10. Ext: 11. Fax: 603-330-2198
12. Type of Facility: (Check one)
a. Temporary Storage i. Period of Temporary Storage: to (mm/dd/yyyy) (mm/dd/yyyy)
ii. Reason for Temporary Storage:
b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill e. Landfill/Daily Cover
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other:
13. Division of Hazardous Waste/Class A Permit Number:
14. Division of Solid Waste Permit Number:
15. EPA Identification Number:
F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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. 1. LSP #: 1488 2. First Name: DAVID M 3. Last Name: SULLIVAN 4. Telephone:
6. FAX:
7. Signature: DAVID M SULLIVAN
8. Date: 10/27/2011 9. LSP Stamp: (mm/dd/yyyy)

Revised: 03/10/2010 Page 3 of 5



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

- 15685

G. PERSON SUBMITTING BILL OF LADING:
1. Check all that apply: a. change in contact name b. Change of address c. change in person undertaking response actions
2. Name of Organization:
ALFONOE
3. Contact First Name: SCOTT 4. Last Name: ALFONSE
5. Street: 133 WILLIAM STREET 6. Title: DIRECTOR, ENVIRONMENTAL STEW
7. City/Town: NEW BEDFORD 8. State: 9. Zip Code: 027400000
10. Telephone: 5089791487 11. Ext: 12. Fax:
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING: Check here to change relationship
1. RP or PRP: a. Owner b. Operator c. Generator d. Transporter
e. Other RP or PRP Specify:
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2):
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))
4. Any Other person Undertaking Response Actions: Specify Relationship:
I. REQUIRED ATTACHMENTS AND SUBMITTALS :
1. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP@state.ma.us
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :
1. I, Scott Alfonse , attest under the pains and penalties or 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.
2. By: Scott Alfonse 3. Title: DIRECTOR, ENVIRONMENTAL STEW
2. by 3. Title
4. For SCOTT ALFONSE 5. Date: 10/27/2011
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.):
6. Check here if the address of the person providing certification is different from address recorded in Section H.
7. Street:
8. City/Town: 9. State: 10. Zip Code:
11. Telephone: 12. Ext: 13. Fax:
YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY 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.
Date Stamp (MassDEP USE ONLY):
10/28/2011 11:42:49 AM

Revised: 03/10/2010 Page 5 of 5



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:
1. Release Name/Location Aid: PARKER STREET WASTE SITE
2. Stroot Address: 230 HATHAWAY BLVD
2. Street Address.
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:
a. Tier1A b. Tier1B b. Tier1C d. TierII
6. If applicable provide the Permit Number:
B. THIS FORM IS BEING USED TO: (check one: B1-B4):
Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility. Response Actions associated with this BOL (check all that apply): a. Immediate Response Action (IRA) e. Comprehensive Response Actions
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA): (must be retained pursuant to 310 CMR)
c. Downgradient Property Status (DPS) 40.0034(6); can't be submitted via eDEP)
d. Utility Release Abatement Measure (URAM) g. Other
 2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required): 3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required): 4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required) 5. Date Bill of Lading submitted to the Department: b. eDEP Transaction ID:
6. Period of Generation Associated with this Bill of Lading 8/22/2011 to 9/21/2011 (mm/dd/yyyy)
(All sections of this transmittal form must be filled out unless otherwise noted) The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.
C. DESCRIPTION OF WASTE AND WASTE SOURCE: 1. Contaminated Media /Debris (check all that apply):



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):
3. Containerized Waste (check all that apply):
a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments
e. Other:
4. Estimated Quantity: Tons Cu. Yds. Gallons
5. Contaminant Source (check one):
a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment
d. Other: HISTORIC FILLING ACTIVITIES
6. Type of Contaminant (check all that apply):
a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:
7. Constituents of Concern (check all that apply):
🗸 a. As 🗸 b. Cd 🗸 c. Cr 🗘 d. Pb 🗘 e. Hg 🗌 f. EPH/TPH 📗 g. VPH
h. PCBs i. VOCs k. Other:
8. If applicable, check the box for the Reportable Concentration Category of the site:
a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2
9. Remediation Waste Characterization Documentation (check at least one):
a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
d. Field Screening Data e. Characterization Documentation previously submitted to the Department
i. Date submitted: 4/6/2011 ii. Type of Documentation: RAM PLAN
(mm/dd/yyyy) D. TRANSPORTER OR COMMON CARRIER INFORMATION:
Transporter/Common Carrier Name: CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
2. Contact hist value.
4. Street: 42 LONGWATER DRIVE 5. Title: PROJECT MANAGER
6. City/Town: NORWELL 7. State: MA 8. Zip Code: 020610000
9. Telephone: 781-792-5816 10. Ext: 11. Fax: 781-792-5945



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

- 15685

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:	
Operator/Facility Name WASTE MANAGEMENT - TURNKEY LAN	DFILL
2. Contact First Name: JOYCE 3. Las	st Name: GAUTHIER
4. Street: 90 ROCHESTER NECK ROAD	5. Title: TECHNICAL SERVICES REP.
6. City/Town: ROCHESTER 7. State: NH	8. Zip Code: 038390000
9. Telephone: 603-330-2114 10. Ext:	11. Fax: 603-330-2198
12. Type of Facility: (Check one)	
a. Temporary Storage i. Period of Temporary Storage:(mm/dd/y	yyy) to (mm/dd/yyyy)
ii. Reason for Temporary Storage:	
b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. La	andfill/Structural Fill e. Landfill/Daily Cover
f. Asphalt Batch/Cold Mix g. Thermal Processing h.	Incinerator i. Other:
13. Division of Hazardous Waste/Class A Permit Number:	
14. Division of Solid Waste Permit Number:	
15. EPA Identification Number:	
F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examine any and all documents accompanying this submittal. In my professional opinion standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR provisions of 309 CMR 4.03(3), to the best of my knowledge, information and be characterize the Remediation Waste which is (are) the subject of this submittal submittal comply with applicable provisions of 310 CMR 40.0000, and such fact the characteristics described in this submittal. I am aware that significant penalties may result, including, but not limited to, powhich I know to be false, inaccurate or materially incomplete. 1. LSP #: 1488	n and judgment based upon application of (i) the 4.02(2) and (3), and 309 CMR 4.03(2), and (iii) the belief, the assessment action(s) undertaken to for acceptance at the facility identified in this sility is permitted to accept Remediation Waste having
2. First Name: DAVID M 3. Last Nam	e: SULLIVAN
4. Telephone: 9786563565 5. Ext. 7. Signature: DAVID M SULLIVAN	
8. Date: 10/27/2011 (mm/dd/yyyy)	9. LSP Stamp:



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

- 15685

G. PERSON SUBMITTING BILL OF LADING:
1. Check all that apply: a. change in contact name b. Change of address c. change in person undertaking response actions
2. Name of Organization:
3. Contact First Name: SCOTT 4. Last Name: ALFONSE
5. Street: 133 WILLIAM STREET 6. Title: DIRECTOR, ENVIRONMENTAL STEW
7 City/Town: NEW BEDFORD 8 State: MA 0 7in Code: 027400000
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Code: 027400000
10. Telephone: 5089791487 11. Ext: 12. Fax:
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING: Check here to change relationship
1. RP or PRP: a. Owner b. Operator c. Generator d. Transporter
e. Other RP or PRP Specify:
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2):
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))
4. Any Other person Undertaking Response Actions: Specify Relationship:
I. REQUIRED ATTACHMENTS AND SUBMITTALS :
1. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP@state.ma.us
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :
1. I, Scott Alfonse , attest under the pains and penalties or 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.
2. By: Scott Alfonse 3. Title:
20077 11 50105
4. For SCOTT ALFONSE (Name of person or entity recorded in Section H) 5. Date: 10/27/2011
(Name of person of entity recorded in Section H) (mm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

	4 -	15685
J. CERTIFICATION OF PERSON SUBMITTING BILL OF	LADING (cont.) :	
6. Check here if the address of the person providing	g certification is different from address recorded in Se	ection H.
7. Street:		
	40.77.0.1	
,). State: 10. Zip Code:	
11. Telephone:1	2. Ext: 13. Fax:	
BILLABLE YEAR FOR THIS DISPOSAL SITE SECTIONS OF THIS FORM OR DEP MAY R	PLIANCE ASSURANCE FEE OF UP TO \$10,000 PE E. YOU MUST LEGIBLY COMPLETE ALL RELEVA ETURN THE DOCUMENT AS INCOMPLETE. IF YO E PENALIZED FOR MISSING A REQUIRED DEAD	NT DU
Date Stamp (MassDEP USE ONLY):		
10/28/2011 11:41:59 AM		

Revised: 03/10/2010 Page 5 of 5





BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:
1. Release Name/Location Aid: PARKER STREET WASTE SITE
2. Street Address: 230 HATHAWAY BLVD
3. City/Town: NEW BEDFORD 4. Zip Code: 02740-0000
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II
6. If applicable provide the Permit Number:
B. THIS FORM IS BEING USED TO: (check one: B1-B4):
1. Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility. Response Actions associated with this BOL (check all that apply):
a. Immediate Response Action (IRA) e. Comprehensive Response Actions
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA):
c. Downgradient Property Status (DPS) (must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP)
d. Utility Release Abatement Measure (URAM)
2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required):
3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required):
4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required)
5. Date Bill of Lading submitted to the Department: 4/16/2011 7:32:10 b. eDEP Transaction ID: 378369 (mm/dd/yyyy)
6. Period of Generation Associated with this Bill of Lading 4/16/2011 to 4/22/2011 (mm/dd/yyyy)
(All sections of this transmittal form must be filled out unless otherwise noted) The Bill of Leding is not considered complete until the Attestation of Completion of Shipment is received by the Department.
C. DESCRIPTION OF WASTE AND WASTE SOURCE:
Contaminated Media /Debris (check all that apply):
a. Soli b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris
f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other:
2. Uncontainerized Waste (check all that apply):
e. Inorganic Absorbent Materials b. Other:



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

4	-	15685
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C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):
3. Containerized Waste (check all that apply):
a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments
e. Other:
4. Estimated Quantity: Tons Cu. YdsGallons
5. Contaminant Source (check one):
a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment
d. Other:
6. Type of Contaminant (check all that apply):
a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other.
7. Constituents of Concern (check all that apply):
a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH
h. PCBs i. VOCs j. SVOCs k. Other:
8. If applicable, check the box for the Reportable Concentration Category of the site:
a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2
9. Remediation Waste Characterization Documentation (check at least one):
a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
d. Field Screening Data e. Characterization Documentation previously submitted to the Department
i. Date submitted: ii. Type of Documentation:
(mm/dd/yyyy)
D. TRANSPORTER OR COMMON CARRIER INFORMATION:
1. Transporter/Common Carrier Name: CITY OF NEW BEDFORD - DEPARTMENT OF PUBLIC INFRASTRUCTURE
2. Contect First Name: EUZEBIO 3. Last Name: ARRUDA
4. Street: 1105 SHAWMUT AVENUE 5. Title: SUPERINTENDENT OF HIGHWAYS
6. City/Town: NEW BEDFORD 7. State: MA 8. Zip Code: 02746-0000
9. Telephone: (508) 991-6395 10. Ext: 11. Fax: (508) 991-6152



BWSC112

Bil	_L	OF	LADING	(pursuant to	310	CMR	40.0030
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4 - 13685
E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:
Operator/Facility Name SHAWMUT AVENUE TRANSFER STATION
2. Contact First Name: LAWRENCE 3. Last Name: WARDEN
4. Street: 1103 SHAWMUT AVENUE 5. Title: COMMISSIONER, DEPT OF PUB. FAC
6. City/Town: NEW BEDFORD 7. State: MA 8. Zip Code: 02746-0000
9. Telephone: (508) 991-6156 10. Ext: 11. Fax: (508) 961-3133
12. Type of Facility: (Check one)
a. Temporary Storage i. Period of Temporary Storage: 4/16/2011 to 8/31/2011 (mm/dd/yyyy)
ii. Reason for Temporary Storage: TEMPORARY STORAGE PENDING CHARACTERIZATION AND AS NEEDED STABILIZATION TREATMENT PER APPROVED RAM.
b. Asphalt Batch/Hot Mix 📝 c. Landfil/Disposal 📗 d. Landfil/Structural Fill 📝 e. Landfil/Deily Cover
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other:
13. Division of Hazardous Waste/Class A Permit Number:
14. Division of Solid Waste Permit Number:
15. EPA Identification Number:
F. LSP SIGNATURE AND STAMP:
I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described in this submittal.
I am aware that significant panalties 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.
1. LSP #:
2. First Name: 3. Last Name:
4. Telephone: 5. Ext.
6. FAX:
7. Signature:
8. Date: 9. LSP Stamp: (mm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

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4	-	15685	

G. PERSON SUBMITTING BILL OF LADING: 1. Check all that apply: a. change in contact name b. Change of address c. change in person undertaking response actions 2. Name of Organization: 3. Contact First Name: SCOTT 4. Last Name: ALFONSE 5. Street: 133 WILLIAM STREET 6. Title: DIRECTOR, ENVIRONMENTAL STEW
2. Name of Organization: 3. Contact First Name: SCOTT 4. Last Name: ALFONSE
3. Contact First Name: SCOTT 4. Last Name: ALFONSE
r e emantos micerais successivas de la constitución
5. Street.
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Code: 02740-0000
10. Telephone: (508) 979-1487 11. Ext 12. Fax:
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING: Check here to change relationship
1. RP or PRP: a. Owner b. Operator c. Generator d. Transporter
e. Other RP or PRP Specify: 2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2):
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))
4. Any Other person Undertaking Response Actions: Specify Relationship
I. REQUIRED ATTACHMENTS AND SUBMITTALS :
1. Check here if the Response Action(s) on which this opinion is besed, if any, are (were) subject to any order(s), permit(s) and/or approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP@state.ma.us
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :
1.1, attest under the pains and penalties or 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.
2. By:
4. For:

BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030) 4 - 15685			
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.):			
6. Check here if the address of the person providing certification is different from address recorded in Section H.			
7. Street:			
8. Clty/Town: 9. State: 10. Zip Code:			
11. Telephone: 12. Ext 13. Fax:			
YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY 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.			
Date Stamp (MassDEP USE ONLY):			
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No.

Massachusetts Department of Environmental Protection Bureau of Waste Site Cleanup

BWSC112A

BILL OF LADING (pursuant to 310 CMR 40.0030)

SUMMARY OF SHIPMENT SHEET 1 OF 1

Releas	e 1	Fracking	Number
4	-	15685	

A. SUMMARY OF SHIPMENT (To be filled out by the receiving facility upon receipt of Remediation Waste): 1. Date of Shipment: 2. Date of Receipt: 3. Number of Loads Shipped: 4. Daily Volume Shipped: (mm/dd/yyyy) yds³ √tons gals (mm/dd/yyyy) 4/16/2011 4/16/2011 33 428.54 270.65 4/17/2011 4/17/2011 18 4/18/2011 4/18/2011 25 496.91 284.08 4/19/2011 4/19/2011 15 261.12 4/20/2011 4/20/2011 16 5/14/2011 5/14/2011 17 261.22 5/21/2011 5/21/2011 10 164.15 6/20/2011 6/20/2011 1 9.88 6/27/2011 6/27/2011 7 140.04 7/5/2011 6 103.79 7/5/2011 7/6/2011 7/6/2011 7 145.03 7/7/2011 7/7/2011 1 9.45 7/8/2011 7/8/2011 3 47.70 7/11/2011 7/11/2011 6 95.75 7/12/2011 7/12/2011 5 104.60 7/13/2011 7/13/2011 176.41 8 5. Totals Recorded on this Summary of Shipment Sheet: 17 3001 B. Check here if additional BWSC112A BOL Summary Sheets are needed.

BWSC112B

Release Tracking Number

BILL OF LADING (pursuant to 310 CMR 40.0030)

SUMMARY SHEET SIGNATURE PAGE
A. ACKNOWLEDGEMENT OF RECEIPT OF REMEDIATION WASTE AT RECEIVING FACILITY OR TEMPORARY STORAGE:
attest under the pains and penalties or 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.
2. By: 3. Title: NEWBORD DP! PROFET CO.
4. For: SHAWMUT AVENUE TRANSFER STATION / DPF 5. Date: 07/21/11
6. Date of Final Shipment associated with this Bill of Lading: 7/13/2011 (mm/dd/yyyy)
B. ACKNOWLEDGEMENT OF SHIPMENT AND RECEIPT OF REMEDIATION WASTE BY PERSON CONDUCTING RESPONSE ACTIONS ASSOCIATED WITH THIS BILL OF LADING:
attest under the pains and penalties or 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. 2. By: 3. Title: DIRECTOR, ENVIRONMENTAL STEWS (Name of person or entity recorded in Section G (Name of person providing certification is different from address recorded in BWSC112 Section H.
7. Street:
8. City/Town: 9. State 10. Zip Code:
11. Telephone: 12. Ext 13. Fax:
14. Check here if attaching optional supporting documentation such as copies of Load Information Summary Sheets

BWSC112

Release Tracking Number BILL OF LADING (pursuant to 310 CMR 40.0030)

15685

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:
Release Name/Location Aid: PARKER STREET WASTE SITE
2 Street Address 230 HATHAWAY BLVD
2. Street Address.t.
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier !!
If applicable provide the Permit Number:
B. THIS FORM IS BEING USED TO: (check one: B1-B4):
1. Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility. Response Actions associated with this BOL (check all that apply):
a. Immediate Response Action (IRA) e. Comprehensive Response Actions
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA):
(must be retained pursuant to 310 CMR c. Downgradient Property Status (DPS) (must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP)
d. Utility Release Abatement Measure (URAM) g. Other
2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required): 3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required): 4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required) 5. Date Bill of Lading submitted to the Department: 8/8/2011 2:40:38 b. eDEP Transaction ID: 407909
6. Period of Generation Associated with this Bill of Lading 8/9/2011 to 10/1/2011 (mm/dd/yyyy)
(All sections of this transmittal form must be filled out unless otherwise noted) The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.
C. DESCRIPTION OF WASTE AND WASTE SOURCE: 1. Contaminated Media /Debris (check all that apply): a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other
2. Uncontainerized Waste (check all that apply): a. Inorganic Absorbent Materials b. Other:



BWSC112

Release Tracking Number BILL OF LADING (pursuant to 310 CMR 40.0030)

15685

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):			
3. Containerized Waste (check all that apply):			
a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments			
e. Other:			
4. Estimated Quantity: Tons Cu. Yds. Gallons			
5. Contaminant Source (check one): a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment d. Other:			
6. Type of Contaminant (check all that apply): a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other.			
7. Constituents of Concern (check all that apply): a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH h. PCBs i. VOCs j. SVOCs k. Other:			
8. If applicable, check the box for the Reportable Concentration Category of the site: a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2 9. Remediation Waste Characterization Documentation (check at least one): a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data d. Field Screening Data e. Characterization Documentation previously submitted to the Department			
i. Date submitted: ii. Type of Documentation:			
(mm/dd/yyyy)			
D. TRANSPORTER OR COMMON CARRIER INFORMATION:			
1. Transporter/Common Carrier Name: CITY OF NEW BEDFORD - DEPARTMENT OF PUBLIC INFRASTRUCTURE			
2. Contact First Name: EUZEBIO 3. Last Name: ARRUDA			
4. Street: 1105 SHAWMUT AVENUE 5. Title: SUPERINTENDENT OF HIGHWAYS			
6. City/Town: NEW BEDFORD 7. State: MA 8. Zip Code: 027460000			
9. Telephone: 508-991-6395 10. Ext: 11. Fax: 508-991-6152			



BWSC112 Release Tracking Number

BILL OF LADING (pursuant to 310 CMR 40.0030) 4 - 15685
E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:
Operator/Facility Name SHAWMUT AVENUE TRANSFER STATION
2. Contact First Name: LAWRENCE 3. Last Name: WARDEN
4. Street: 1103 SHAMUT AVENUE 5. Title: COMMISSIONER, DEPT OF PUBLIC F
6. City/Town: NEW BEDFORD 7. State: MA 8. Zip Code: 027460000
9. Telephone: 508-991-6156 10. Ext: 11. Fax: 508-961-3133
12. Type of Facility: (Check one)
a. Temporary Storage i. Period of Temporary Storage: 4/16/2011 to 12/1/2011 (mm/dd/yyyy)
il. Reason for Temporary Storage: SOIL CHARACTERIZATION AND AS-NEEDED STABILIZATION TREATMENT PER APPROVED RAM PLAN
b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill e. Landfill/Daily Cover
f. Asphalt Batch/Cold Mix . g. Thermal Processing . h. Incinerator . i. Other:
13. Division of Hazardous Waste/Class A Permit Number:
14. Division of Solid Waste Permit Number:
15. EPA Identification Number:
F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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.
.1. LSP #:
2. First Name: 3. Last Name:
4. Telephone: 5. Ext.
6. FAC:
7. Signature:
8. Date: 9. LSP Stamp:
(mm/dd/yyyy)

BILL OF LADING (pursuant to 310 CMR 40.0030)

BWSC112

G. PERSON SUBMITTING BILL OF LADING:
Check all that apply: a. change in contact name
2. Name of Organization: City of New Bed ford
3. Contact First Name: SCOTT 4. Last Name: ALFONSE
3. Contact First Name: SCOTT 4. Last Name: ALFONSE
5. Street: 133 William Street 6. Title: Director, Environmental Steward.
7. City/Town: New Bedford 8. State: MA 9. Zip Code: 02740-000
10. Telephone: 508-979-1487 11. Ext 12. Fax:
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING: Check here to change relationship
1. RP or PRP: 🕡 a. Owner 🔲 b. Operator 🔲 c. Generator 🔲 d. Transporter
e. Other RP or PRP Specify:
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2):
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))
4. Any Other person Undertaking Response Actions: Specify Relationship
I. REQUIRED ATTACHMENTS AND SUBMITTALS :
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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP□ state.ma.us
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :
1. I,
2. By:
4. For 5. Date:
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

	4 - 15685
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.):	
6. Check here if the address of the person providing certification is different from address recor	ded in Section H.
7. Street:	
8. City/Town: 9. State: 10. Zip Code:	
11. Telephone: 12. Ext 13. Fax:	
YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$1 BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY COMPLETE ALL I SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLET SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRE	RELEVANT IE. IF YOU
Date Stamp (MassDEP USE ONLY):	
	·
	·



Massachusetts Department of Environmental Protection

Bureau of Waste Site Cleanup

BWSC112A

BILL OF LADING (pursuant to 310 CMR 40.0030)

OF 3 SUMMARY OF SHIPMENT SHEET 1

Date of Shipment: (mm/dd/yyyy)	Date of Receipt: (mm/dd/yyyy)	3. Number of Loads Shipped:	4. Daily Volume Shipped: yds³ √tons ga
8/9/2011	8/9/2011	6	112,11
8/11/2011	8/11/2011	6	100.19
8/12/2011	. 8/12/2011	9	134.52
8/15/2011	8/15/2011	43	807.71
8/16/2011	8/16/2011	50	999.41
8/17/2011	8/17/2011	50	1000.87
8/18/2011	8/18/2011	19	355.96
8/19/2011	8/19/2011	22	411.66
8/20/2011	8/20/2011	21	411.39
8/22/2011	8/22/2011	12	243.72
8/23/2011	8/23/2011	16	318.54
8/24/2011	8/24/2011	9	149.34
8/25/2011	8/25/2011	8	145.97
9/10/2011 .	9/10/2011	19	307.49
9/11/2011	9/11/2011	22	404.41
9/12/2011	9/12/2011	7	91.44
5. Totals Recorded on this S	ummary of Shipment Sheet:	319	5994.73



BWSC112A

BILL OF LADING (pursuant to 310 CMR 40.0030)

SUMMARY OF SHIPMENT SHEET 2 OF 3

Release	e 7	rackii	ng	Num	ıbe
4	_	1668	5	William Per	100 Sept. 100 Se

A. SUMMARY OF SHIPMENT (To be filled out by the receiving facility upon receipt of Remediation Waste): 1. Date of Shipment: 2. Date of Receipt: 4. Daily Volume Shipped: 3. Number of Loads Shipped: (mm/dd/yyyy) (mm/dd/yyyy) __ yds³ ✓ tons __ gals 9/13/2011 9/13/2011 3 44.37 2 21,16 9/14/2011 9/14/2011 9/15/2011 2 25.44 9/15/2011 120.97 9/20/2011 9/20/2011 8 213,40 9/21/2011 9/21/2011 11 9/22/2011 9/22/2011 9 164.29 9/24/2011 9/24/2011 27 481.09 9 146.22 9/26/2011 9/26/2011 9/27/2011 9/27/2011 6 91.01 5 98:16 9/28/2011 9/28/2011 9 150.05 9/29/2011 9/29/2011 10/3/2011 10/3/2011 6 88.63 10/4/2011 10/4/2011 67.15 4 10/5/2011 10/5/2011 1 9.45 10/6/2011 28.4 10/6/2011 2 10/8/2011 10/8/2011 260.55 15 5. Totals Recorded on this Summary of Shipment Sheet 119 2010.34000000000001

BWSC112A

BILL OF LADING (pursuant to 310 CMR 40.0030)

UMMARY OF S	HIPMENT S	HEET 3	OF	3

Release	e Tracking	Numbe
4 🐪	- 15685	

SUMMARY	OF SHIPMENT SHEET		
A. SUMMARY OF SHIPMENT (To be filled out by the receiving facility upon receipt of Remediation Waste):			
Date of Shipment: (mm/dd/yyyy)	Date of Receipt: (mm/dd/yyyy)	3. Number of Loads Shipped:	4. Daily Volume Shipped: yds³ √ tons ☐ gals
10/10/2011	10/10/2011	17	253.33
10/11/2011	10/11/2011	6	114.52
10/12/2011	10/12/2011	. 3	54.61
10/13/2011	10/13/2011	4	62.73
10/15/2011	10/15/2011	9	163.10
			-
5. Totals Recorded on this Sun	nmary of Shipment Sheet:	39	648.2900000000001
B. Check here if additional BWSC112A BOL Summary Sheets are needed.			

Massachusetts Department of Environmental Protection

Bureau of Waste Site Cleanup

BWSC112B

Release Tracking Number BILL OF LADING (pursuant to 310 CMR 40,0030) 15685 **SUMMARY SHEET SIGNATURE PAGE** A. ACKNOWLEDGEMENT OF RECEIPT OF REMEDIATION WASTE AT RECEIVING FACILITY OR TEMPORARY STORAGE: FARLAND attest under the pains and penalties or 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. 2. By: 4. For: SHAWMUT AVENUE TRANSFER STATION/DPF 2011 5. Date: (mm/dd/yyyy) 6. Date of Final Shipment associated with this Bill of Lading: |10/15/2011 (mm/dd/yyyy) B. ACKNOWLEDGEMENT OF SHIPMENT AND RECEIPT OF REMEDIATION WASTE BY PERSON CONDUCTING RESPONSE ACTIONS ASSOCIATED WITH THIS BILL OF LADING: 11 SCOTT ALFONSE attest under the pains and penalties or 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. DIRECTOR, ENVIRONMENTAL STEW 3. Title: 4. For CITY OF NEW BEDFORD Date: (Name of person or entity recorded in Section G 6. Check here if the address of the person providing certification is different from address recorded in BWSC112 Section H. 7. Street: 10. Zip Code: 8. City/Town: 9. State 11. Telephone: 14. Check here if attaching optional supporting documentation such as copies of Load Information Summary Sheets



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

4	-	15685	
]		

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:
Release Name/Location Aid: PARKER STREET WASTE SITE
2. Street Address: 230 HATHAWAY BLVD
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II
6. If applicable provide the Permit Number:
B. THIS FORM IS BEING USED TO: (check one: B1-B4):
 Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility. Response Actions associated with this BOL (check all that apply): a. Immediate Response Action (IRA) e. Comprehensive Response Actions
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA):
c. Downgradient Property Status (DPS) (must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP)
d. Utility Release Abatement Measure (URAM) g. Other
 2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required): ✓ 3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required): ✓ 4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required) 5. Date Bill of Lading submitted to the Department: 8/8/2011 2:41:31 (mm/dd/yyyy)
6. Period of Generation Associated with this Bill of Lading 8/9/2011 to 10/1/2011 (mm/dd/yyyy)
(All sections of this transmittal form must be filled out unless otherwise noted) The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.
C. DESCRIPTION OF WASTE AND WASTE SOURCE:
1. Contaminated Media /Debris (check all that apply):
a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris
f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other:
2. Uncontainerized Waste (check all that apply):
a. Inorganic Absorbent Materials b. Other:



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):
3. Containerized Waste (check all that apply):
a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments
e. Other:
4. Estimated Quantity: Tons Cu. Yds. Gallons
5. Contaminant Source (check one): a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment d. Other:
6. Type of Contaminant (check all that apply):
a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:
7. Constituents of Concern (check all that apply):
a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH
h. PCBs i. VOCs j. SVOCs k. Other:
8. If applicable, check the box for the Reportable Concentration Category of the site: a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2
9. Remediation Waste Characterization Documentation (check at least one):
a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
d. Field Screening Data e. Characterization Documentation previously submitted to the Department
i. Date submitted: ii. Type of Documentation: (mm/dd/yyyy)
D. TRANSPORTER OR COMMON CARRIER INFORMATION:
1. Transporter/Common Carrier Name: CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
2. Contact First Name: PAUL 3. Last Name: PUKK
: 4. Street: 42 LONGWATER DRIVE 5. Title: PROJECT MANAGER
6. City/Town: NORWELL 7. State: MA 8. Zip Code: 020610000
9. Telephone: 781-792-5816 10. Ext: 11. Fax: 781-792-5945



BILL OF LADING (pursuant to 310 CMR 40.0030)

BWSC112

Release Tracking Number - 15685

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:
Operator/Facility Name WASTE MANAGEMENT - TAUNTON LANDFILL
2. Contact First Name: GAUTHIER 3. Last Name:
4. Street: 330 EAST BRITANNIA STREET 5. Title: TECHNICAL SERVICES REP.
6. City/Town: TAUNTON 7. State: MA 8. Zip Code: 027800000
9. Telephone: 603-330-2114 10. Ext: 11. Fax: 603-330-2198
12. Type of Facility: (Check one)
a. Temporary Storage i. Period of Temporary Storage: to to (mm/dd/yyyy)
ii. Reason for Temporary Storage:
b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill e. Landfill/Daily Cover
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other:
13. Division of Hazardous Waste/Class A Permit Number:
14. Division of Solid Waste Permit Number:
15. EPA Identification Number:
F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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. 1. LSP #: 2. First Name: 3. Last Name: 4. Telephone: 5. Ext.
6. FAX:

Revised: 03/10/2010 Page 3 of 5



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

- 15685

G. PERSON SUBMITTING BILL OF LADING:
1. Check all that apply: a. change in contact name b. Change of address c. change in person undertaking response actions
2. Name of Organization:
3. Contact First Name: SCOTT 4. Last Name: ALFONSE
5 Street 133 WILLIAM STREET 6 Title DIRECTOR, ENVIRONMENTAL STEW
5. Street: 6. Title: DIRECTOR, ENVIRONMENTAL STEW
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Code: 027400000
10. Telephone: 5089791487 11. Ext: 12. Fax: 5089613045
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING: Check here to change relationship
1. RP or PRP: a. Owner b. Operator c. Generator d. Transporter
e. Other RP or PRP Specify:
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2):
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))
4. Any Other person Undertaking Response Actions: Specify Relationship:
I. REQUIRED ATTACHMENTS AND SUBMITTALS :
1. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP@state.ma.us
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :
attest under the pains and penalties or 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.
2. By:
4. For (Name of person or entity recorded in Section H) 5. Date: (mm/dd/\(\text{Mm}\)/dd/\
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number
4 - 15685

J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.):
6. Check here if the address of the person providing certification is different from address recorded in Section H.
7. Street:
8. City/Town: 9. State: 10. Zip Code:
11. Telephone:12. Ext: 13. Fax:
72. 2.x
YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY 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.
Date Stamp (MassDEP USE ONLY):
12/12/2011 9:28:00 AM

Revised: 03/10/2010 Page 5 of 5



BWSC112A

BILL OF LADING (pursuant to 310 CMR 40.0030)

	1	1	
JMMARY OF SHIPMENT SHEET	' !	∣OF∣'	

Release Tracking Number

4	-	15685
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SUMMARY OF SHIPMENT SHEET L. OF L.				
A. SUMMARY OF SHIPMENT (To be filled out by the receiving facility upon receipt of Remediation Waste):				
Date of Shipment: (mm/dd/yyyy)	Date of Receipt: (mm/dd/yyyy)	3. Number of Loads Shipped:	4. Daily Volume Shipped: ☐ yds³ ✓ tons ☐ gals	
8/22/2011	8/22/2011	24	745.46	
8/31/2011	8/31/2011	2	44.70	
5. Totals Recorded on this Summa	ary of Shipment Sheet:	26	790.1600000000001	
B. Check here if additional BV	VSC112A BOL Summary Sheet	s are needed.		

Revised: 03/10/2010 Page 1 of 1



Massachusetts Department of Environmental Protection

Bureau of Waste Site Cleanup

BWSC112B

Release Tracking Number

4 - 15685

BILL OF LADING (pursuant to 310 CMR 40.0030) SUMMARY SHEET SIGNATURE PAGE

A. ACKIN	OWLEDGEWENT OF RECEIPT OF REWEDIA	TION WASTE AT	KECEIVING	FACILITY OR TEINIFORART STORAGE.
1. I. Aar	on Smith	. attest under the	pains and r	penalties or perjury (i) that I have personally
examir transm materia	ned and am familiar with the information containe ittal form, (ii) that, based on my inquiry of those al information contained in this submittal is, to th m fully authorized to make this attestation on be	ed in this submittal, individuals immedia e best of my knowle	including a ately respored edge and b	ny and all documents accompanying this nsible for obtaining the information, the elief, true, accurate and complete, and (iii)
entity c	on whose behalf this submittal is made am/is aw e fines and imprisonment, for willfully submitting	are that there are s	significant p	enalties, including, but not limited to,
2. By:	Aaron Smith		3. Title:	TECHNICAL SERVICES REP.
4. For: V	VASTE MANAGEMENT - TAUNTON LAN	DFILL	5. Date:	12/9/2011
6. Date	of Final Shipment associated with this Bill of Lad	_	m/dd/yyyy)	(mm/dd/yyyy)
	NOWLEDGEMENT OF SHIPMENT AND RECE S ASSOCIATED WITH THIS BILL OF LADING:		TION WAS	TE BY PERSON CONDUCTING RESPONSE
examine transmit material that I ar entity or	ryl Henlin ed and am familiar with the information containe that form, (ii) that, based on my inquiry of those in the information contained in this submittal is, to the infully authorized to make this attestation on below whose behalf this submittal is made am/is aways fines and imprisonment, for willfully submitting	d in this submittal, ndividuals immedia best of my knowle half of the entity legare that there are si	including ar itely responedge and be gally respon gnificant pe	sible for obtaining the information, the slief, true, accurate and complete, and (iii) sible for this submittal. I/the person or nalties, including, but not limited to,
2. By:	Cheryl Henlin		3. Title:	
4. For: C	ITY OF NEW BEDFORD		5. Date:	12/12/2011
	(Name of person or entity recorded in S	Section G		(mm/dd/yyyy)
6. Ch	neck here if the address of the person providing	certification is diffe	rent from ad	ddress recorded in BWSC112 Section H.
7. Stree	t:			
8. City/T	own:	_ 9. State:		10. Zip Code:
11. Telep	phone:	_ 12. Ext:	13. F	ax:
14. C	Check here if attaching optional supporting docu	mentation such as	copies of Lo	oad Information Summary Sheets

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BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

4	-	15685

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:			
Release Name/Location Aid: PARKER STREET WASTE SITE			
2. Street Address: 230 HATHAWAY BLVD			
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000			
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:			
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II			
6. If applicable provide the Permit Number:			
B. THIS FORM IS BEING USED TO: (check one: B1-B4):			
Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility. Response Actions associated with this BOL (check all that apply):			
a. Immediate Response Action (IRA) e. Comprehensive Response Actions			
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA):			
c. Downgradient Property Status (DPS) (must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP)			
d. Utility Release Abatement Measure (URAM) g. Other			
 2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required): ✓ 3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required): ✓ 4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required) 5. Date Bill of Lading submitted to the Department: 8/8/2011 2:41:08 (mm/dd/yyyy) 			
6. Period of Generation Associated with this Bill of Lading 8/9/2011 to 10/1/2011 (mm/dd/yyyy)			
(All sections of this transmittal form must be filled out unless otherwise noted) The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.			
C. DESCRIPTION OF WASTE AND WASTE SOURCE:			
1. Contaminated Media /Debris (check all that apply):			
a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris			
f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other:			
2. Uncontainerized Waste (check all that apply):			
a. Inorganic Absorbent Materials b. Other:			



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESCR	IPTION OF WASTE AND WASTE SOURCE (cont.):
3. Cont	ainerized Waste (check all that apply):
	a. Tank Bottoms/Sludges
	e. Other:
4. Estim	nated Quantity: Tons Cu. YdsGallons
5. Cont	aminant Source (check one): a. Transportation Accident
6. Type	of Contaminant (check all that apply):
	a. Gasoline
	g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:
7. Cons	stituents of Concern (check all that apply):
	a. As
	h. PCBs i. VOCs i. svoCs k. Other:
8. If app	a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2
9. Reme	ediation Waste Characterization Documentation (check at least one):
	a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
	d. Field Screening Data e. Characterization Documentation previously submitted to the Department
	i. Date submitted: ii. Type of Documentation: (mm/dd/yyyy)
D. TRANSP	PORTER OR COMMON CARRIER INFORMATION:
1. Trans	sporter/Common Carrier Name: CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
2. Conta	act First Name: PAUL 3. Last Name: PUKK
: 4. Stree	t: 42 LONGWATER DRIVE 5. Title: PROJECT MANAGER
6. City/	Town: NORWELL 7. State: MA 8. Zip Code: 020610000
9. Telepl	



BILL OF LADING (pursuant to 310 CMR 40.0030)

BWSC112

Release Tracking Number

4	-	15685
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E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:
Operator/Facility Name WASTE MANAGEMENT OF NEW HAMPSHIRE
2. Contact First Name: ELLEN 3. Last Name: BELLIO
4. Street: 90 ROCHESTER NECK ROAD 5. Title: WASTE APPROVALS MANAGER
6. City/Town: ROCHESTER 7. State: NH 8. Zip Code: 038390000
9. Telephone: 603-330-2114 10. Ext: 11. Fax: 603-330-2198
12. Type of Facility: (Check one)
a. Temporary Storage i. Period of Temporary Storage: to to (mm/dd/yyyy)
ii. Reason for Temporary Storage:
b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill 🗸 e. Landfill/Daily Cover
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other:
13. Division of Hazardous Waste/Class A Permit Number:
14. Division of Solid Waste Permit Number: DES-SW-SP-95-001
15. EPA Identification Number:
F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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.
1. LSP #:
2. First Name: 3. Last Name:
4. Telephone: 5. Ext.
6. FAX:
7. Signature:
8. Date: 9. LSP Stamp:
(mm/au/yyyy)

Revised: 03/10/2010 Page 3 of 5



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

- 15685

G. PERSON SUBMITTING BILL OF LADING:
1. Check all that apply: a. change in contact name b. Change of address c. change in person undertaking response actions
2. Name of Organization:
3. Contact First Name: SCOTT 4. Last Name: ALFONSE
5. Street:6. Title:
7. City/Town: 8. State: 9. Zip Code:
10. Telephone: 11. Ext: 12. Fax:
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING: Check here to change relationship
1. RP or PRP: a. Owner b. Operator c. Generator d. Transporter
e. Other RP or PRP Specify:
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2):
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))
4. Any Other person Undertaking Response Actions: Specify Relationship:
I. REQUIRED ATTACHMENTS AND SUBMITTALS:
1. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP@state.ma.us
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :
1. I,
2. By: 3. Title:
2. by 3. Title
4. For 5. Date:
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

BILL OF LADING (pursuant to 310 CMR 40.0030) 4 - 15685
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.):
6. Check here if the address of the person providing certification is different from address recorded in Section H.
7. Street:
8. City/Town: 9. State: 10. Zip Code:
11. Telephone: 12. Ext: 13. Fax:
YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY 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.
Date Stamp (MassDEP USE ONLY):
11/18/2011 9:47:02 AM

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BWSC112A

BILL OF LADING (pursuant to 310 CMR 40.0030)

SUMMARY OF SHIPMENT SHEET	1	ΩE	1
SUMMART OF SHIPMENT SHEET		UF	l

4	15685	
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A. SUMMARY OF SHIPMENT (To be filled out by the receiving facility upon receipt of Remediation Waste):								
Date of Shipment: (mm/dd/yyyy)	2. Date of Receipt: (mm/dd/yyyy)	3. Number of Loads Shipped:	4. Daily Volume Shipped: ☐ yds³ ✓ tons ☐ gals					
8/9/2011	8/9/2011	7	228.77					
8/10/2011	8/10/2011	8	261.37					
8/10/2011	8/11/2011	8	262.91					
8/11/2011	8/11/2011	1	32.62					
8/11/2011	8/11/2011	7	227.56					
5. Totals Recorded on this Summary of Shipment Sheet:		31	1013.23					
B. Check here if additional B	WSC112A BOL Summary Sheet	ts are needed.						



BWSC112B

Release Tracking Number

15685

BILL OF LADING (pursuant to 310 CMR 40.0030) SUMMARY SHEET SIGNATURE PAGE

A.	ACKNOWLEDGEMENT OF RECEIPT OF REMEDIAT	TION WASTE AT I	RECEIVING	G FACILITY OR TEMPORARY STORAGE:
1.	John E. Nadeau	. attest under the	pains and	penalties or perjury (i) that I have personally
	examined and am familiar with the information containe	ed in this submittal,	including a	any and all documents accompanying this
	transmittal form, (ii) that, based on my inquiry of those i			
	material information contained in this submittal is, to the that I am fully authorized to make this attestation on be			
	entity on whose behalf this submittal is made am/is awa			
	possible fines and imprisonment, for willfully submitting			
			1	
2.	By: John E. Nadeau		3. Title:	DISTRICT MANAGER
			1	44400044
4.	For: WASTE MANAGEMENT OF NEW HAMPS	HIRE	5. Date:	
6	Date of Final Shipment associated with this Bill of Lad	ling: 8/11/2011		(mm/dd/yyyy)
0.	Date of Final Shipment associated with this bill of Lad		ım/dd/yyyy)	
			,, , , , , , , , , , , , , , , ,	,
	ACKNOWLEDGEMENT OF SHIPMENT AND RECEI	PT OF REMEDIA	TION WAS	TE BY PERSON CONDUCTING RESPONSE
AC	TIONS ASSOCIATED WITH THIS BILL OF LADING:			
	[a ii			
				penalties or perjury (i) that I have personally
	examined and am familiar with the information contained			
	ransmittal form, (ii) that, based on my inquiry of those in naterial information contained in this submittal is, to the			
	hat I am fully authorized to make this attestation on beh			
	entity on whose behalf this submittal is made am/is awa			
ŗ	ossib <u>le fines and imprisonment, for willfully submitting t</u>	false, inaccurate, c	or incomple	te information
2.	By: Cheryl Henlin		3. Title:	
	OUTY OF NEW DEDEADD			44400044
4.	For: CITY OF NEW BEDFORD		5. Date:	
	(Name of person or entity recorded in S	ection G		(mm/dd/yyyy)
Г	0.06			dance are and a dia RWOOAAO Ocation II
	6. Check here if the address of the person providing of	certification is diffe	rent from a	daress recorded in BWSC112 Section H.
7	Ctroots			
′	Street:			
۰	City/Town:	0 State:		10. Zip Code:
Ο.	City/Town.	_ 9. State		To. Zip Code.
1	I. Telephone:	_ 12. Ext:	13. F	-ax:
	·			
	14. Check here if attaching optional supporting docur	mentation such as	copies of L	oad Information Summary Sheets
			•	,

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BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:					
1. Release Name/Location Aid: PARKER STREET WASTE SITE					
2. Street Address: 230 HATHAWAY BLVD					
2. Street Address: 250 HATHAWAT BLVD					
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000					
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:					
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II					
6. If applicable provide the Permit Number:					
B. THIS FORM IS BEING USED TO: (check one: B1-B4):					
Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility. Response Actions associated with this BOL (check all that apply):					
a. Immediate Response Action (IRA) e. Comprehensive Response Actions					
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA): (must be retained pursuant to 310 CMR					
c. Downgradient Property Status (DPS) 40.0034(6); can't be submitted via eDEP)					
d. Utility Release Abatement Measure (URAM) g. Other					
 Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required): 3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required): 4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required) 5. Date Bill of Lading submitted to the Department: 9/15/2011 4:06:43 (mm/dd/yyyy) 					
6. Period of Generation Associated with this Bill of Lading 8/19/2011 to 8/24/2011 (mm/dd/yyyy)					
(All sections of this transmittal form must be filled out unless otherwise noted) The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.					
C. DESCRIPTION OF WASTE AND WASTE SOURCE: 1. Contaminated Media /Debris (check all that apply): a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other: a. Inorganic Absorbent Materials b. Other:					
a. morganic Absorbent Materials b. Other					



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESCR	IPTION OF WASTE AND WASTE SOURCE (cont.):						
3. Cont	ainerized Waste (check all that apply):						
	a. Tank Bottoms/Sludges						
	e. Other:						
4. Estim	nated Quantity: Tons Cu. YdsGallons						
5. Cont	aminant Source (check one): a. Transportation Accident						
6. Type	of Contaminant (check all that apply):						
	a. Gasoline						
	g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:						
7. Cons	stituents of Concern (check all that apply):						
	a. As						
	h. PCBs i. VOCs i. svoCs k. Other:						
8. If app	8. If applicable, check the box for the Reportable Concentration Category of the site: a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2						
9. Reme	ediation Waste Characterization Documentation (check at least one):						
	a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data						
	d. Field Screening Data						
	i. Date submitted: ii. Type of Documentation: (mm/dd/yyyy)						
D. TRANSP	PORTER OR COMMON CARRIER INFORMATION:						
1. Trans	sporter/Common Carrier Name: CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.						
2. Conta	act First Name: PAUL 3. Last Name: PUKK						
: 4. Stree	t: 42 LONGWATER DRIVE 5. Title: PROJECT MANAGER						
6. City/	Town: NORWELL 7. State: MA 8. Zip Code: 020610000						
9. Telepl							



BILL OF LADING (pursuant to 310 CMR 40.0030)

BWSC112

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:					
Operator/Facility Name WASTE MANAGEMENT OF NEW HAMPSHIRE					
2. Contact First Name: ELLEN 3. Last Name: BELLIO					
4. Street: 90 ROCHESTER NECK ROAD 5. Title: WASTE APPROVAL MANAGER					
6. City/Town: ROCHESTER 7. State: NH 8. Zip Code: 038390000					
9. Telephone: 603-330-2114 10. Ext: 11. Fax: 603-330-2198					
12. Type of Facility: (Check one)					
a. Temporary Storage i. Period of Temporary Storage: to to					
ii. Reason for Temporary Storage:					
b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill e. Landfill/Daily Cover					
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other:					
13. Division of Hazardous Waste/Class A Permit Number:					
14. Division of Solid Waste Permit Number: DES-SW-SP-95-001					
15. EPA Identification Number:					
F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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. 1. LSP #: 2. First Name: 3. Last Name:					
4. Telephone:					



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

BILL OF LADING (pursuant to 310 CMR 40.0030)	4 - 15685
G. PERSON SUBMITTING BILL OF LADING:	_
	change in person undertaking response actions
2. Name of Organization: CITY OF NEW BEDFORD	
3. Contact First Name: SCOTT 4. Last Name: ALPHONSI	E
5. Street: 6. Title: DIRECTOR	, ENVIRONMENTAL STEW
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Code:	027400000
10. Telephone: 5089791527 11. Ext: 12. Fax:	
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING:	ck here to change relationship
1. RP or PRP: a. Owner b. Operator c. Generator d. Transporter	
e. Other RP or PRP Specify:	
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2	2):
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))	
4. Any Other person Undertaking Response Actions: Specify Relationship:	
I. REQUIRED ATTACHMENTS AND SUBMITTALS :	
1. Check here if the Response Action(s) on which this opinion is based, if any, are (were) subjectively and/or approvals issued by DEP or EPA. If the box is checked, you must attach a stapplicable provisions thereof.	
2. Check here if any non-updatable information provided on this form is incorrect, e. g. propert BWSC.eDEP@state.ma.us	ty address. Send corrections to
3. Check here to certify that the LSP Opinion containing the material facts, data, and other info	ormation is attached.
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :	
attest under the pains and penalties or per examined and am familiar with the information contained in this submittal, including any and all docu transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtain material information contained in this submittal is, to the best of my knowledge and belief, true, accurated I am fully authorized to make this attestation on behalf of the entity legally responsible for this submitty on whose behalf this submittal is made am/is aware that there are significant penalties, including possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.	uments accompanying this ning the information, the urate and complete, and (iii) ubmittal. I/the person or ing, but not limited to,
2. By: 3. Title:	
4. For (Name of person or entity recorded in Section H) 5. Date: (m	nm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

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J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.):				
6. Check here if the address of the person providing certification is different from address recorded in Section H.				
7. Street:				
8. City/Town: 9. State: 10. Zip Code:				
11. Telephone:12. Ext: 13. Fax:				
11. Telephone12. Ext15. Fax				
YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY 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.				
Date Stamp (MassDEP USE ONLY):				
11/18/2011 9:48:31 AM				

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BWSC112A

BILL OF LADING (pursuant to 310 CMR 40.0030)

SUMMARY OF SHIPMENT SHEET 1

05 1

Release Tracking Number

4	-	15685
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A. SUMMARY OF SHIPMENT (To be filled out by the receiving facility upon receipt of Remediation Waste): 1. Date of Shipment: 2. Date of Receipt: 3. Number of Loads Shipped: 4. Daily Volume Shipped: yds³ **✓** tons □ (mm/dd/yyyy) (mm/dd/yyyy) gals 9/16/2011 9/16/2011 157.62 5 4 124.23 9/19/2011 9/19/2011 9/19/2011 9/20/2011 5 163.84 152.81 5 9/21/2011 9/21/2011 9/21/2011 9/22/2011 1 31.7 9/22/2011 9/22/2011 3 97.73 5. Totals Recorded on this Summary of Shipment Sheet: 23 727.9300000000001 B. Check here if additional BWSC112A BOL Summary Sheets are needed.

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BWSC112B

Release Tracking Number

15685

BILL OF LADING (pursuant to 310 CMR 40.0030) SUMMARY SHEET SIGNATURE PAGE

A. ACKNOWLEDGEMENT OF RECEIPT OF REMEDIA	ATION WASTE AT	RECEIVING	FACILITY OR TEMPORARY STORAGE:
John E. Nadeau	attest under the	nains and r	penalties or perjury (i) that I have personally
examined and am familiar with the information contain transmittal form, (ii) that, based on my inquiry of those material information contained in this submittal is, to the that I am fully authorized to make this attestation on be entity on whose behalf this submittal is made am/is averaged possible fines and imprisonment, for willfully submitting	ned in this submittal, e individuals immedi ne best of my knowl ehalf of the entity le ware that there are s	, including a ately responed edge and be gally respone significant p	any and all documents accompanying this nsible for obtaining the information, the elief, true, accurate and complete, and (iii) nsible for this submittal. I/the person or enalties, including, but not limited to,
2. By: John E. Nadeau		3. Title:	DISTRICT MANAGER
4. For: WASTE MANAGEMENT OF NEW HAMPS	SHIRE	5. Date:	11/16/2011
6. Date of Final Shipment associated with this Bill of La		nm/dd/yyyy)	(mm/dd/yyyy)
B. ACKNOWLEDGEMENT OF SHIPMENT AND RECE ACTIONS ASSOCIATED WITH THIS BILL OF LADING		TION WAS	TE BY PERSON CONDUCTING RESPONSE
examined and am familiar with the information contained transmittal form, (ii) that, based on my inquiry of those material information contained in this submittal is, to the that I am fully authorized to make this attestation on be entity on whose behalf this submittal is made am/is aw possible fines and imprisonment, for willfully submitting the Rivier Cheryl Henlin	ed in this submittal, individuals immedia e best of my knowle thalf of the entity legare that there are si	including ar ately respon edge and be gally respon gnificant pe or incomplet	sible for obtaining the information, the blief, true, accurate and complete, and (iii) sible for this submittal. I/the person or enalties, including, but not limited to,
CITY OF NEW PEDFORD		. 3. Title:	44/40/2044
4. For: CITY OF NEW BEDFORD (Name of person or entity recorded in	Section G	5. Date:	11/18/2011 (mm/dd/yyyy)
6. Check here if the address of the person providing 7. Street:	certification is diffe	rent from a	, , , , , , , , , , , , , , , , , , ,
8. City/Town:	9. State:		10. Zip Code:
11. Telephone:	12. Ext:	13. F	ax:
14. Check here if attaching optional supporting docu	umentation such as	copies of L	oad Information Summary Sheets

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BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)	4	- 15685	
A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:			
1. Release Name/Location Aid: PARKER STREET WASTE SITE			
2. Street Address: 230 HATHAWAY BLVD	_		
3. City/Town: NEW BEDFORD 4. Zip Code: 02740	000	0	
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:			
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II			
If applicable provide the Permit Number:			
B. THIS FORM IS BEING USED TO: (check one: B1-B4):			
Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Response Actions associated with this BOL (check all that apply): a. Immediate Response Action (IRA) b. Release Abatement Measure (RAM) c. Downgradient Property Status (DPS) 1. Limited Removal Action (LRA): (must be retained pursuant to 31 40.0034(6); can't be submitted v	ns IO CN	MR	
d. Utility Release Abatement Measure (URAM) g. Other			
 Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and III) Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and III) Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Section required) Date Bill of Lading submitted to the Department: 9/15/2011 4:06:09 (mm/dd/yyyy) 	d J ar s C,	re not required): D, E, and F are	not
6. Period of Generation Associated with this Bill of Lading 8/15/2011 to 8/25/2011 (mm/dd/yyyy)	1		
(All sections of this transmittal form must be filled out unless otherwise noted) The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is receive	d by	the Department	
f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other: 2. Uncontainerized Waste (check all that apply):	egeta	ation or Organic	Debris
a. Inorganic Absorbent Materials b. Other:			



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESC	RIPTION OF WASTE AND WASTE SOURCE (cont.):
3. Cor	ntainerized Waste (check all that apply):
	a. Tank Bottoms/Sludges 🔲 b. Containers 🔲 c. Drums 🔲 d. Engineered Impoundments
	e. Other:
4. Esti	mated Quantity: Tons Cu. YdsGallons
5. Con	taminant Source (check one): a. Transportation Accident
6. Typ	e of Contaminant (check all that apply):
	a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
	g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:
7. Con	stituents of Concern (check all that apply):
	a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH
	h. PCBs i. VOCs i. svoCs k. Other:
8. If ap	oplicable, check the box for the Reportable Concentration Category of the site: a. RCS-1
9. Rem	ediation Waste Characterization Documentation (check at least one):
	a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
	d. Field Screening Data e. Characterization Documentation previously submitted to the Department
	i. Date submitted: ii. Type of Documentation: (mm/dd/yyyy)
D. TRANS	PORTER OR COMMON CARRIER INFORMATION:
1. Trar	nsporter/Common Carrier Name: CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
2. Con	tact First Name: PAUL 3. Last Name: PUKK
: 4. Strę	et: 42 LONGWATER DRIVE 5. Title: PROJECT MANAGER
6. City	/Town: NORWELL 7. State: MA 8. Zip Code: 020610000
9. Teler	



BILL OF LADING (pursuant to 310 CMR 40.0030)

BWSC112

Release Tracking Number - 15685

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:
Operator/Facility Name WASTE MANAGEMENT - TAUNTON LANDFILL
2. Contact First Name: GAUTHIER 3. Last Name:
4. Street: 330 EAST BRITANNIA STREET 5. Title: TECHNICAL SERVICES REP.
6. City/Town: TAUNTON 7. State: MA 8. Zip Code: 027800000
9. Telephone: 603-330-2114 10. Ext: 11. Fax: 603-330-2198
12. Type of Facility: (Check one)
a. Temporary Storage i. Period of Temporary Storage: to to (mm/dd/yyyy)
ii. Reason for Temporary Storage:
b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill e. Landfill/Daily Cover
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other:
13. Division of Hazardous Waste/Class A Permit Number:
14. Division of Solid Waste Permit Number:
15. EPA Identification Number:
F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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. 1. LSP #: 2. First Name: 3. Last Name: 4. Telephone: 5. Ext.
6. FAX:

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BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

BILL OF LADING (pursuant to 310 CMR 40.0030)	4 - 15685
G. PERSON SUBMITTING BILL OF LADING:	_
1. Check all that apply: a. change in contact name b. Change of address	c. change in person undertaking response actions
2. Name of Organization: CITY OF NEW BEDFORD	
3. Contact First Name: SCOTT 4. Last Name: ALPHON	ISE
5. Street: 6. Title: DIRECTO	DR, ENVIRONMENTAL STEW
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Code:	027400000
10. Telephone: 5089791527 11. Ext: 12. Fax:	
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING:	neck here to change relationship
1. RP or PRP: a. Owner b. Operator c. Generator d. Transporter	r
e. Other RP or PRP Specify:	
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E,	s.2):
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))	
4. Any Other person Undertaking Response Actions: Specify Relationship	
4. Ally Other person ordertaking response Actions. Opening Relationship.	
I. REQUIRED ATTACHMENTS AND SUBMITTALS :	
1. Check here if the Response Action(s) on which this opinion is based, if any, are (were) s permit(s) and/or approvals issued by DEP or EPA. If the box is checked, you must attach a applicable provisions thereof.	
 Check here if any non-updatable information provided on this form is incorrect, e. g. prop BWSC.eDEP@state.ma.us 	erty address. Send corrections to
3. Check here to certify that the LSP Opinion containing the material facts, data, and other i	information is attached.
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :	
attest under the pains and penalties or pexamined and am familiar with the information contained in this submittal, including any and all do transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtinaterial information contained in this submittal is, to the best of my knowledge and belief, true, and that I am fully authorized to make this attestation on behalf of the entity legally responsible for this entity on whose behalf this submittal is made am/is aware that there are significant penalties, including possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.	ocuments accompanying this taining the information, the ocurate and complete, and (iii) is submittal. I/the person or uding, but not limited to,
2. By: 3. Title:	
4. For 5. Date:	
(Name of person or entity recorded in Section H)	(mm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

BILL OF LADING (pursuant to 310 CMR 40.0030) 4 - 15685
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.):
6. Check here if the address of the person providing certification is different from address recorded in Section H.
7. Street:
8. City/Town: 9. State: 10. Zip Code:
11. Telephone:12. Ext:13. Fax:
YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY 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.
Date Stamp (MassDEP USE ONLY):
12/12/2011 9:29:39 AM

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BWSC112A

BILL OF LADING (pursuant to 310 CMR 40.0030)

	_ 1	1	
UMMARY OF SHIPMENT SHEET	T •	OF '	

4	-	15685
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A. SUMMARY OF SHIPMENT (To	A. SUMMARY OF SHIPMENT (To be filled out by the receiving facility upon receipt of Remediation Waste):						
Date of Shipment: (mm/dd/yyyy)	Date of Receipt: (mm/dd/yyyy)	3. Number of Loads Shipped:	4. Daily Volume Shipped: yds³ ✓ tons ☐ gals				
9/16/2011	9/16/2011	15	479.66				
9/21/2011	9/21/2011	20	629.09				
9/22/2011	9/22/2011	9	277.44				
10/6/2011	10/6/2011	8	254.74				
5. Totals Recorded on this Summa	ary of Shipment Sheet:	52	1640.93				
B. Check here if additional BV	VSC112A BOL Summary Shee	ets are needed.					



BWSC112B

Release Tracking Number

15685

BILL OF LADING (pursuant to 310 CMR 40.0030) SUMMARY SHEET SIGNATURE PAGE

A. ACKNOWLEDGEMENT OF RECEIPT OF REMEDIA	ATION WASTE AT	RECEIVING	FACILITY OR TEMPORARY STORAGE:
Aaron Smith	attest under th	e pains and p	penalties or perjury (i) that I have personally
examined and am familiar with the information contains transmittal form, (ii) that, based on my inquiry of those material information contained in this submittal is, to that I am fully authorized to make this attestation on the entity on whose behalf this submittal is made am/is a	ned in this submittate individuals immed the best of my know behalf of the entity ware that there are	al, including a diately respor vledge and be egally respor significant pe	ny and all documents accompanying this asible for obtaining the information, the elief, true, accurate and complete, and (iii) asible for this submittal. I/the person or enalties, including, but not limited to,
possible fines and imprisonment, for willfully submitting	ig laise, maccurate	, or incomple	te information.
2. By: Aaron Smith		3. Title:	TECHNICAL SERVICES REP.
4. For: WASTE MANAGEMENT - TAUNTON LAI	NDFILL	5. Date:	12/9/2011
6. Date of Final Shipment associated with this Bill of La		mm/dd/yyyy)	(mm/dd/yyyy)
B. ACKNOWLEDGEMENT OF SHIPMENT AND REC ACTIONS ASSOCIATED WITH THIS BILL OF LADING		ATION WAST	TE BY PERSON CONDUCTING RESPONSE
	\neg		
examined and am familiar with the information contain transmittal form, (ii) that, based on my inquiry of those material information contained in this submittal is, to the that I am fully authorized to make this attestation on be entity on whose behalf this submittal is made am/is aw possible fines and imprisonment, for willfully submitting	ned in this submittal individuals immed the best of my know the entity lead ware that there are	, including an ately respons ledge and be gally respons significant pe	sible for obtaining the information, the lief, true, accurate and complete, and (iii) sible for this submittal. I/the person or nalties, including, but not limited to,
2. By: Cheryl Henlin		3. Title:	
			10/10/10/1
4. For: CITY OF NEW BEDFORD	0 11 0	5. Date:	12/12/2011
(Name of person or entity recorded in 6. Check here if the address of the person providing		erent from ac	(mm/dd/yyyy) Idress recorded in BWSC112 Section H.
7. Street:	_		
8. City/Town:	9. State:		10. Zip Code:
11. Telephone:	12. Ext:	13. Fa	ax:
14. Check here if attaching optional supporting doc	cumentation such a	s copies of Lo	pad Information Summary Sheets

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BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

	DIEL OF EADING (pursuant to 3 to CMR 40.0030)	4	-[15685	
Α.	. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:		_		
	Release Name/Location Aid: PARKER STREET WASTE SITE				
	2. Street Address: 230 HATHAWAY BLVD		_		
	3. City/Town: NEW BEDFORD 4. Zip Code: 0274	0000	0		
	5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:				
	a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II				
	6. If applicable provide the Permit Number:				
В.	. THIS FORM IS BEING USED TO: (check one: B1-B4):				
	1. Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Response Actions associated with this BOL (check all that apply): a. Immediate Response Action (IRA) b. Release Abatement Measure (RAM) c. Downgradient Property Status (DPS) d. Utility Release Abatement Measure (URAM) g. Other	ons 310 Cl	MR		
	2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and	d J ar	e n	ot required):	
	 Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F an 	d J aı	re n	ot required):	
	4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Section required)	ns C,	D, I	E, and F are r	ot
	5. Date Bill of Lading submitted to the Department: 8/30/2011 8:54:07 b. eDEP Transaction ID: 41	1286	0		
	6. Period of Generation Associated with this Bill of Lading 8/9/2011 to 8/12/2011 (mm/dd/yyyy)				
	(All sections of this transmittal form must be filled out unless otherwise noted) The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received.	ed by	¹ th∈	e Department.	
C.	. DESCRIPTION OF WASTE AND WASTE SOURCE:				
	 1. Contaminated Media /Debris (check all that apply): a. Soil b. Groundwater c. Surface Water d. Sediment e. V 	/eget	atio	n or Organic [Debris
	f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other:		_		
	2. Uncontainerized Waste (check all that apply):				
	a. Inorganic Absorbent Materials b. Other:	_	_		



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESC	RIPTION OF WASTE AND WASTE SOURCE (cont.):
3. Cor	ntainerized Waste (check all that apply):
	a. Tank Bottoms/Sludges 🔲 b. Containers 🔲 c. Drums 🔲 d. Engineered Impoundments
	e. Other:
4. Esti	mated Quantity: Tons Cu. YdsGallons
5. Con	taminant Source (check one): a. Transportation Accident
6. Typ	e of Contaminant (check all that apply):
	a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
	g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:
7. Con	stituents of Concern (check all that apply):
	a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH
	h. PCBs i. VOCs i. svoCs k. Other:
8. If ap	oplicable, check the box for the Reportable Concentration Category of the site: a. RCS-1
9. Rem	ediation Waste Characterization Documentation (check at least one):
	a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
	d. Field Screening Data e. Characterization Documentation previously submitted to the Department
	i. Date submitted: ii. Type of Documentation: (mm/dd/yyyy)
D. TRANS	PORTER OR COMMON CARRIER INFORMATION:
1. Trar	nsporter/Common Carrier Name: CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
2. Con	tact First Name: PAUL 3. Last Name: PUKK
: 4. Strę	et: 42 LONGWATER DRIVE 5. Title: PROJECT MANAGER
6. City	/Town: NORWELL 7. State: MA 8. Zip Code: 020610000
9. Teler	



BILL OF LADING (pursuant to 310 CMR 40.0030)

BWSC112

Release Tracking Number - 15685

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:
Operator/Facility Name WASTE MANAGEMENT - TAUNTON LANDFILL
2. Contact First Name: GAUTHIER 3. Last Name:
4. Street: 330 EAST BRITANNIA STREET 5. Title: TECHNICAL SERVICES REP.
6. City/Town: TAUNTON 7. State: MA 8. Zip Code: 027800000
9. Telephone: 603-330-2114 10. Ext: 11. Fax: 603-330-2198
12. Type of Facility: (Check one)
a. Temporary Storage i. Period of Temporary Storage: to to (mm/dd/yyyy)
ii. Reason for Temporary Storage:
b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill e. Landfill/Daily Cover
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other:
13. Division of Hazardous Waste/Class A Permit Number:
14. Division of Solid Waste Permit Number:
15. EPA Identification Number:
F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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. 1. LSP #: 2. First Name: 3. Last Name: 4. Telephone: 5. Ext.
6. FAX:

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BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

BILL OF LADING (pursuant to 310 CMR 40.0030)	4 - 15685
G. PERSON SUBMITTING BILL OF LADING:	_
	change in person undertaking response actions
2. Name of Organization: CITY OF NEW BEDFORD	
3. Contact First Name: SCOTT 4. Last Name: ALPHONSI	E
5. Street: 6. Title: DIRECTOR	, ENVIRONMENTAL STEW
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Code:	027400000
10. Telephone: 5089791527 11. Ext: 12. Fax:	
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING:	ck here to change relationship
1. RP or PRP: a. Owner b. Operator c. Generator d. Transporter	
e. Other RP or PRP Specify:	
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2	2):
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))	
4. Any Other person Undertaking Response Actions: Specify Relationship:	
I. REQUIRED ATTACHMENTS AND SUBMITTALS :	
1. Check here if the Response Action(s) on which this opinion is based, if any, are (were) subjectively and/or approvals issued by DEP or EPA. If the box is checked, you must attach a stapplicable provisions thereof.	
2. Check here if any non-updatable information provided on this form is incorrect, e. g. propert BWSC.eDEP@state.ma.us	ty address. Send corrections to
3. Check here to certify that the LSP Opinion containing the material facts, data, and other info	ormation is attached.
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :	
attest under the pains and penalties or per examined and am familiar with the information contained in this submittal, including any and all docu transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtain material information contained in this submittal is, to the best of my knowledge and belief, true, accurated I am fully authorized to make this attestation on behalf of the entity legally responsible for this submitty on whose behalf this submittal is made am/is aware that there are significant penalties, including possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.	uments accompanying this ning the information, the urate and complete, and (iii) ubmittal. I/the person or ing, but not limited to,
2. By: 3. Title:	
4. For (Name of person or entity recorded in Section H) 5. Date: (m	nm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

	4 - 15685
J. CERTIFICATION OF PERSON SUBMITTING BILL OF	F LADING (cont.) :
6. Check here if the address of the person providing	ng certification is different from address recorded in Section H.
7. Street:	
–	
8. City/Town:	9. State: 10. Zip Code:
11. Telephone:	12. Ext: 13. Fax:
BILLABLE YEAR FOR THIS DISPOSAL SIT SECTIONS OF THIS FORM OR DEP MAY I	IPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER E. YOU MUST LEGIBLY COMPLETE ALL RELEVANT RETURN THE DOCUMENT AS INCOMPLETE. IF YOU BE PENALIZED FOR MISSING A REQUIRED DEADLINE.
Date Stamp (MassDEP USE ONLY):	
12/12/2011 9:28:38 AM	

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BWSC112A

BILL OF LADING (pursuant to 310 CMR 40.0030)

UMMARY OF SHIPMENT SHEET	1	OF	1	
		U U		

Release Tracking Number

4	-	15685
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SUMMARY O	F SHIPMENT SHEET L'	OF L	1000	
A. SUMMARY OF SHIPMENT (To be filled out by the receiving facility upon receipt of Remediation Waste):				
Date of Shipment: (mm/dd/yyyy)	Date of Receipt: (mm/dd/yyyy)	3. Number of Loads Shipped:	4. Daily Volume Shipped: yds³ ✓ tons ☐ gals	
8/31/2011	8/31/2011	10	315.77	
5. Totals Recorded on this Summ	ary of Shipment Sheet:	10	315.77	
B. Check here if additional B	NSC112A BOL Summary Shee	ts are needed.		

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Massachusetts Department of Environmental Protection

Bureau of Waste Site Cleanup

BWSC112B

Release Tracking Number

4 - 15685

BILL OF LADING (pursuant to 310 CMR 40.0030) SUMMARY SHEET SIGNATURE PAGE

A. ACKIN	OWLEDGEWENT OF RECEIPT OF REWIEDIA	TION WASTE AT	KECEIVING	FACILITY OR TEINIFORART STORAGE.
1. I. Aar	on Smith	. attest under the	pains and r	penalties or perjury (i) that I have personally
examir transm materia	ned and am familiar with the information containe ittal form, (ii) that, based on my inquiry of those al information contained in this submittal is, to th m fully authorized to make this attestation on be	ed in this submittal, individuals immedia e best of my knowle	including a ately respored edge and b	ny and all documents accompanying this nsible for obtaining the information, the elief, true, accurate and complete, and (iii)
entity c	on whose behalf this submittal is made am/is aw e fines and imprisonment, for willfully submitting	are that there are s	significant p	enalties, including, but not limited to,
2. By:	Aaron Smith		3. Title:	TECHNICAL SERVICES REP.
4. For: V	VASTE MANAGEMENT - TAUNTON LAN	DFILL	5. Date:	12/9/2011
6. Date	of Final Shipment associated with this Bill of Lad	_	m/dd/yyyy)	(mm/dd/yyyy)
	NOWLEDGEMENT OF SHIPMENT AND RECE S ASSOCIATED WITH THIS BILL OF LADING:		TION WAS	TE BY PERSON CONDUCTING RESPONSE
examine transmit material that I ar entity or	ryl Henlin ed and am familiar with the information containe tal form, (ii) that, based on my inquiry of those is a information contained in this submittal is, to the fully authorized to make this attestation on below whose behalf this submittal is made am/is aways fines and imprisonment, for willfully submitting	d in this submittal, ndividuals immedia best of my knowle half of the entity legare that there are si	including ar itely responedge and be gally respon gnificant pe	sible for obtaining the information, the slief, true, accurate and complete, and (iii) sible for this submittal. I/the person or nalties, including, but not limited to,
2. By:	Cheryl Henlin		3. Title:	
4. For: C	ITY OF NEW BEDFORD		5. Date:	12/12/2011
	(Name of person or entity recorded in S	Section G		(mm/dd/yyyy)
6. Ch	neck here if the address of the person providing	certification is diffe	rent from ad	ddress recorded in BWSC112 Section H.
7. Stree	t:			
8. City/T	own:	_ 9. State:		10. Zip Code:
11. Telep	phone:	_ 12. Ext:	13. F	ax:
14. C	Check here if attaching optional supporting docu	mentation such as	copies of Lo	oad Information Summary Sheets

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BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:
1. Release Name/Location Aid: PARKER STREET WASTE SITE
3 Street Address: 230 HATHAWAY BLVD
2. Street Address: 250 HATHAWAT BLVD
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II
a. Hel IA b. Hel IB b. Hel IC d. Hel II
6. If applicable provide the Permit Number:
B. THIS FORM IS BEING USED TO: (check one: B1-B4):
Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility.
Response Actions associated with this BOL (check all that apply):
a. Immediate Response Action (IRA) e. Comprehensive Response Actions
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA):
(must be retained pursuant to 310 CMR c. Downgradient Property Status (DPS) (must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP)
d. Utility Release Abatement Measure (URAM)
2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required):
3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required):
5. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and 3 are not required).
4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required)
5. Date Bill of Lading submitted to the Department: 8/31/2011 5:11:59 b. eDEP Transaction ID: 413703
(mm/dd/yyyy)
6. Period of Generation Associated with this Bill of Lading 8/12/2011 to 8/19/2011 (mm/dd/yyyy)
(All sections of this transmittal form must be filled out unless otherwise noted) The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.
C. DESCRIPTION OF WASTE AND WASTE SOURCE:1. Contaminated Media /Debris (check all that apply):
f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other:
2. Uncontainerized Waste (check all that apply):
a. Inorganic Absorbent Materials b. Other:



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):
3. Containerized Waste (check all that apply):
a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments
e. Other:
4. Estimated Quantity: Tons Cu. Yds. Gallons
5. Contaminant Source (check one): a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment d. Other:
6. Type of Contaminant (check all that apply):
a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:
7. Constituents of Concern (check all that apply):
a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH
h. PCBs i. VOCs j. SVOCs k. Other:
8. If applicable, check the box for the Reportable Concentration Category of the site: a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2
9. Remediation Waste Characterization Documentation (check at least one):
a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
d. Field Screening Data e. Characterization Documentation previously submitted to the Department
i. Date submitted: ii. Type of Documentation: (mm/dd/yyyy)
D. TRANSPORTER OR COMMON CARRIER INFORMATION:
1. Transporter/Common Carrier Name: CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
2. Contact First Name: PAUL 3. Last Name: PUKK
: 4. Street: 42 LONGWATER DRIVE 5. Title: PROJECT MANAGER
6. City/Town: NORWELL 7. State: MA 8. Zip Code: 020610000
9. Telephone: 781-792-5816 10. Ext: 11. Fax: 781-792-5945



BILL OF LADING (pursuant to 310 CMR 40.0030)

BWSC112

Release Tracking Number - 15685

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:
Operator/Facility Name WASTE MANAGEMENT - TAUNTON LANDFILL
2. Contact First Name: GAUTHIER 3. Last Name:
4. Street: 330 EAST BRITANNIA STREET 5. Title: TECHNICAL SERVICES REP.
6. City/Town: TAUNTON 7. State: MA 8. Zip Code: 027800000
9. Telephone: 603-330-2114 10. Ext: 11. Fax: 603-330-2198
12. Type of Facility: (Check one)
a. Temporary Storage i. Period of Temporary Storage: to to (mm/dd/yyyy)
ii. Reason for Temporary Storage:
b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill e. Landfill/Daily Cover
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other:
13. Division of Hazardous Waste/Class A Permit Number:
14. Division of Solid Waste Permit Number:
15. EPA Identification Number:
F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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. 1. LSP #: 2. First Name: 3. Last Name: 4. Telephone: 5. Ext.
6. FAX:

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BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

BILL OF LADING (pursuant to 310 CMR 40.0030)	4 - 15685
G. PERSON SUBMITTING BILL OF LADING:	_
	change in person undertaking response actions
2. Name of Organization: CITY OF NEW BEDFORD	
3. Contact First Name: SCOTT 4. Last Name: ALPHONSI	E
5. Street: 6. Title: DIRECTOR	, ENVIRONMENTAL STEW
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Code:	027400000
10. Telephone: 5089791527 11. Ext: 12. Fax:	
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING:	ck here to change relationship
1. RP or PRP: a. Owner b. Operator c. Generator d. Transporter	
e. Other RP or PRP Specify:	
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2	2):
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))	
4. Any Other person Undertaking Response Actions: Specify Relationship:	
I. REQUIRED ATTACHMENTS AND SUBMITTALS :	
1. Check here if the Response Action(s) on which this opinion is based, if any, are (were) subjectively and/or approvals issued by DEP or EPA. If the box is checked, you must attach a stapplicable provisions thereof.	
2. Check here if any non-updatable information provided on this form is incorrect, e. g. propert BWSC.eDEP@state.ma.us	ty address. Send corrections to
3. Check here to certify that the LSP Opinion containing the material facts, data, and other info	ormation is attached.
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :	
attest under the pains and penalties or per examined and am familiar with the information contained in this submittal, including any and all docu transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtain material information contained in this submittal is, to the best of my knowledge and belief, true, accurated I am fully authorized to make this attestation on behalf of the entity legally responsible for this submitty on whose behalf this submittal is made am/is aware that there are significant penalties, including possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.	uments accompanying this ning the information, the urate and complete, and (iii) ubmittal. I/the person or ing, but not limited to,
2. By: 3. Title:	
4. For (Name of person or entity recorded in Section H) 5. Date: (m	nm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number
4 - 15685

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BWSC112A

BILL OF LADING (pursuant to 310 CMR 40.0030)

UMMARY OF SHIPMENT SHEET	1	0 E	1	
UMMARY OF SHIPMENT SHEET	·	OF	·	

Release Tracking Number

4	15685	
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A. SUMMARY OF SHIPMENT (To be filled out by the receiving facility upon receipt of Remediation Waste):			
Date of Shipment: (mm/dd/yyyy)	Date of Receipt: (mm/dd/yyyy)	3. Number of Loads Shipped:	4. Daily Volume Shipped: yds³ ✓ tons ☐ gals
9/1/2011	9/1/2011	4	129.76
9/6/2011	9/6/2011	10	313.52
9/7/2011	9/7/2011	8	257.53
5. Totals Recorded on this Summa	ary of Shipment Sheet:	22	700.81
B. Check here if additional BWSC112A BOL Summary Sheets are needed.			

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BWSC112B

Release Tracking Number

15685

BILL OF LADING (pursuant to 310 CMR 40.0030) SUMMARY SHEET SIGNATURE PAGE

A. ACKNOWLEDGEMENT OF RECEIPT OF REMEDIA	ATION WASTE AT	RECEIVING	FACILITY OR TEMPORARY STORAGE:	
Aaron Smith	attest under the	e pains and p	enalties or periury (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	g faise, inaccurate	, or incompie	te information.	
2. By: Aaron Smith		3. Title:	TECHNICAL SERVICES REP.	
4. For: WASTE MANAGEMENT - TAUNTON LAN	IDFILL	5. Date:	12/9/2011	
6. Date of Final Shipment associated with this Bill of La		nm/dd/yyyy)	(mm/dd/yyyy)	
B. ACKNOWLEDGEMENT OF SHIPMENT AND RECI ACTIONS ASSOCIATED WITH THIS BILL OF LADING		TION WAST	E BY PERSON CONDUCTING RESPONSE	
OL	٦			
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				
2. By: Cheryl Henlin		3. Title:		
CITY OF NEW BEDFORD		l [12/12/2011	
4. For: CITY OF NEW BEDFORD (Name of person or entity recorded in	Section G	5. Date:	12/12/2011 (mm/dd/yyyy)	
6. Check here if the address of the person providing certification is different from address recorded in BWSC112 Section H. 7. Street:				
8. City/Town:	9. State:		10. Zip Code:	
11. Telephone:	12. Ext:	13. Fa	эх:	
14. Check here if attaching optional supporting doct	umentation such as	copies of Lo	oad Information Summary Sheets	

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BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

4	-	15685
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A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:		
Release Name/Location Aid: PARKER STREET WASTE SITE		
2. Street Address: 230 HATHAWAY BLVD		
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000		
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:		
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II		
6. If applicable provide the Permit Number:		
B. THIS FORM IS BEING USED TO: (check one: B1-B4):		
Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility. Response Actions associated with this BOL (check all that apply):		
a. Immediate Response Action (IRA) e. Comprehensive Response Actions		
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA): (must be retained pursuant to 310 CMR		
c. Downgradient Property Status (DPS) (must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP)		
d. Utility Release Abatement Measure (URAM) g. Other		
 2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required): ✓ 3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required): ✓ 4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required) 5. Date Bill of Lading submitted to the Department: 8/31/2011 5:12:38 (mm/dd/yyyy) 		
6. Period of Generation Associated with this Bill of Lading 8/12/2011 to 8/19/2011 (mm/dd/yyyy)		
(All sections of this transmittal form must be filled out unless otherwise noted) The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.		
C. DESCRIPTION OF WASTE AND WASTE SOURCE: 1. Contaminated Media /Debris (check all that apply): a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris		
f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other:		
Uncontainerized Waste (check all that apply):		
a. Inorganic Absorbent Materials b. Other:		



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESCR	IPTION OF WASTE AND WASTE SOURCE (cont.):
3. Cont	ainerized Waste (check all that apply):
	a. Tank Bottoms/Sludges
	e. Other:
4. Estim	nated Quantity: Tons Cu. YdsGallons
5. Cont	aminant Source (check one): a. Transportation Accident
6. Type	of Contaminant (check all that apply):
	a. Gasoline
	g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:
7. Cons	stituents of Concern (check all that apply):
	a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH
	h. PCBs i. VOCs i. svoCs k. Other:
8. If app	a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2
9. Reme	ediation Waste Characterization Documentation (check at least one):
	a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
	d. Field Screening Data
	i. Date submitted: ii. Type of Documentation: (mm/dd/yyyy)
D. TRANSP	PORTER OR COMMON CARRIER INFORMATION:
1. Trans	sporter/Common Carrier Name: CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
2. Conta	act First Name: PAUL 3. Last Name: PUKK
: 4. Stree	t: 42 LONGWATER DRIVE 5. Title: PROJECT MANAGER
6. City/	Town: NORWELL 7. State: MA 8. Zip Code: 020610000
9. Telepl	



BILL OF LADING (pursuant to 310 CMR 40.0030)

BWSC112

Release Tracking Number

4	-	15685
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E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:				
Operator/Facility Name WASTE MANAGEMENT OF NEW HAMPSHIRE				
2. Contact First Name: ELLEN 3. Last Name: BELLIO				
4. Street: 90 ROCHESTER NECK ROAD 5. Title: WASTE APPROVALS MANAGER				
6. City/Town: ROCHESTER 7. State: NH 8. Zip Code: 038390000				
9. Telephone: 603-330-2114 10. Ext: 11. Fax: 603-330-2198				
12. Type of Facility: (Check one)				
a. Temporary Storage i. Period of Temporary Storage: to to (mm/dd/yyyy)				
ii. Reason for Temporary Storage:				
b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill 🗸 e. Landfill/Daily Cover				
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other:				
13. Division of Hazardous Waste/Class A Permit Number:				
14. Division of Solid Waste Permit Number: DES-SW-SP-95-001				
15. EPA Identification Number:				
F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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.				
1. LSP #:				
2. First Name: 3. Last Name:				
4. Telephone: 5. Ext.				
6. FAX:				
7. Signature:				
8. Date: 9. LSP Stamp:				
(mm/au/yyyy)				

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BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

BILL OF LADING (pursuant to 310 CMR 40.0030)	4 - 15685
G. PERSON SUBMITTING BILL OF LADING:	_
	change in person undertaking response actions
2. Name of Organization: CITY OF NEW BEDFORD	
3. Contact First Name: SCOTT 4. Last Name: ALPHONSI	E
5. Street: 6. Title: DIRECTOR	, ENVIRONMENTAL STEW
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Code:	027400000
10. Telephone: 5089791527 11. Ext: 12. Fax:	
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING:	ck here to change relationship
1. RP or PRP: a. Owner b. Operator c. Generator d. Transporter	
e. Other RP or PRP Specify:	
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2	2):
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))	
4. Any Other person Undertaking Response Actions: Specify Relationship:	
I. REQUIRED ATTACHMENTS AND SUBMITTALS :	
1. Check here if the Response Action(s) on which this opinion is based, if any, are (were) subjectively and/or approvals issued by DEP or EPA. If the box is checked, you must attach a stapplicable provisions thereof.	
2. Check here if any non-updatable information provided on this form is incorrect, e. g. propert BWSC.eDEP@state.ma.us	ty address. Send corrections to
3. Check here to certify that the LSP Opinion containing the material facts, data, and other info	ormation is attached.
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :	
attest under the pains and penalties or per examined and am familiar with the information contained in this submittal, including any and all docu transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtain material information contained in this submittal is, to the best of my knowledge and belief, true, accurated I am fully authorized to make this attestation on behalf of the entity legally responsible for this submitty on whose behalf this submittal is made am/is aware that there are significant penalties, including possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.	uments accompanying this ning the information, the urate and complete, and (iii) ubmittal. I/the person or ing, but not limited to,
2. By: 3. Title:	
4. For (Name of person or entity recorded in Section H) 5. Date: (m	nm/dd/yyyy)

BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

	4 - 15685		
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.):			
6. Check here if the address of the person providing certification is different from address recorded in Section H.			
7. Street:			
8. City/Town: 9. State: 10. Zip Code:			
11. Telephone: 12. Ext: 13. Fax:			
YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY 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.			
Date Stamp (MassDEP USE ONLY):			
11/18/2011 9:47:47 AM			

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BWSC112A

BILL OF LADING (pursuant to 310 CMR 40.0030)

SUMMARY OF SHIPMENT SHEET 1

	1	
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Release Tracking Number

4	1568	5
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Date of Shipment: (mm/dd/yyyy)	Date of Receipt: (mm/dd/yyyy)	3. Number of Loads Shipped:	4. Daily Volume Shipped: ☐ yds³ tons ☐ ga
9/1/2011	9/1/2011	11	344.99
9/6/2011	9/6/2011	8	239.5
9/6/2011	9/7/2011	9	285.92
9/7/2011	9/7/2011	3	84.97
9/7/2011	9/8/2011	4	126.51
9/8/2011	9/8/2011	7	213.54
9/8/2011	9/9/2011	1	30.86
5. Totals Recorded on this S	ummary of Shipment Sheet:	43	1326.29
3. Check here if addition	nal BWSC112A BOL Summary Shee	ets are needed.	

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BWSC112B

Release Tracking Number

15685

BILL OF LADING (pursuant to 310 CMR 40.0030) SUMMARY SHEET SIGNATURE PAGE

attest under the	e pains and i	penalties or perjury (i) that I have personally
rmation contained in this submitta inquiry of those individuals immed ubmittal is, to the best of my know attestation on behalf of the entity lo made am/is aware that there are	I, including a liately respo rledge and b egally respo significant p	any and all documents accompanying this nsible for obtaining the information, the elief, true, accurate and complete, and (iii) nsible for this submittal. I/the person or enalties, including, but not limited to,
	3. Title:	DISTRICT MANAGER
NEW HAMPSHIRE	5. Date:	11/16/2011
th this Bill of Lading: 9/8/2011 (n	nm/dd/yyyy)	(mm/dd/yyyy)
NT AND RECEIPT OF REMEDIA L OF LADING:	TION WAS	TE BY PERSON CONDUCTING RESPONSE
mation contained in this submittal, nquiry of those individuals immedial bmittal is, to the best of my knowl ttestation on behalf of the entity le made am/is aware that there are s	including at ately responedge and be gally responed significant pe or incomple	sible for obtaining the information, the blief, true, accurate and complete, and (iii) sible for this submittal. I/the person or enalties, including, but not limited to,
ite and a dia Ocation O	5. Date:	11/18/2011
	erent from a	(mm/dd/yyyy) ddress recorded in BWSC112 Section H.
9. State:		10. Zip Code:
12 Evt	12 🗆	ax:
1Z. EXI	13. F	ax
i Va ii — II to III — II S	mation contained in this submittal nquiry of those individuals immedubmittal is, to the best of my know testation on behalf of the entity lemade am/is aware that there are llfully submitting false, inaccurate the mation contained in this submittal behalf of the entity lemade am/is aware that there are nation contained in this submittal behalf of the entity lemade am/is aware that there are stully submitting false, inaccurate, ty recorded in Section Gerson providing certification is difference of the submittal in the submittal is to the best of my knowlets and am/is aware that there are stully submitting false, inaccurate, the recorded in Section Gerson providing certification is difference in the submittal in t	mation contained in this submittal, including a nquiry of those individuals immediately responsibilities and in the part of the entity legally responsibilities and am/is aware that there are significant pullfully submitting false, inaccurate, or incompleted. 3. Title: NEW HAMPSHIRE 5. Date: h this Bill of Lading: 9/8/2011 (mm/dd/yyyy) NT AND RECEIPT OF REMEDIATION WAS LOF LADING: nation contained in this submittal, including an arguiry of those individuals immediately responsibilities and properties are significant properties. The properties are significant properties and properties are significant properties. The properties are significant properties are significant pro

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BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:			
Release Name/Location Aid: PARKER STREET WASTE SITE			
220 HATHAWAY DI VD			
2. Street Address: 230 HATHAWAY BLVD			
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000			
_			
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:			
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II			
6. If applicable provide the Permit Number:			
B. THIS FORM IS BEING USED TO: (check one: B1-B4):			
Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility.			
Response Actions associated with this BOL (check all that apply):			
a. Immediate Response Action (IRA) e. Comprehensive Response Actions			
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA):			
(must be retained pursuant to 310 CMR c. Downgradient Property Status (DPS) (must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP)			
d. Utility Release Abatement Measure (URAM)			
 2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required): 3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required): 			
4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required)			
5. Date Bill of Lading submitted to the Department: 11/22/2011 5:02:5 b. eDEP Transaction ID: 433802			
6. Period of Generation Associated with this Bill of Lading 8/12/2011 to 8/19/2011 (mm/dd/yyyy)			
(All sections of this transmittal form must be filled out unless otherwise noted) The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.			
C. DESCRIPTION OF WASTE AND WASTE SOURCE:			
1. Contaminated Media /Debris (check all that apply):			
a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris			
f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other:			
2. Uncontainerized Waste (check all that apply):			
a. Inorganic Absorbent Materials b. Other:			



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):
3. Containerized Waste (check all that apply):
a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments
e. Other:
4. Estimated Quantity: Tons Cu. Yds. Gallons
5. Contaminant Source (check one): a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment d. Other:
6. Type of Contaminant (check all that apply):
a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:
7. Constituents of Concern (check all that apply):
a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH
h. PCBs i. VOCs j. SVOCs k. Other:
8. If applicable, check the box for the Reportable Concentration Category of the site: a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2
9. Remediation Waste Characterization Documentation (check at least one):
a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
d. Field Screening Data e. Characterization Documentation previously submitted to the Department
i. Date submitted: ii. Type of Documentation: (mm/dd/yyyy)
D. TRANSPORTER OR COMMON CARRIER INFORMATION:
Transporter/Common Carrier Name: CLEAN HARBORS ENVIRONMENTAL SERVICES
2. Contact First Name: PAUL 3. Last Name: PUKK
: 4. Street: 42 LONGWATER DRIVE 5. Title: PROJECT MANAGER
6. City/Town: NORWELL 7. State: MA 8. Zip Code: 020610000
9. Telephone: 781-792-5816 10. Ext: 11. Fax: 781-792-5945



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

BILL OF LADING (pursuant to 310 CMR 40.0030)
E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:
Operator/Facility Name WASTE MANAGEMENT OF NEW HAMPSHIRE
2. Contact First Name: ELLEN 3. Last Name: BELLIO
4. Street: 90 ROCHESTER NECK ROAD 5. Title: WASTE APPROVALS MANAGER
6. City/Town: ROCHESTER 7. State: NH 8. Zip Code: 038390000
9. Telephone: 603-330-2144 10. Ext: 11. Fax: 603-330-2198
12. Type of Facility: (Check one)
a. Temporary Storage i. Period of Temporary Storage: (mm/dd/yyyy) to (mm/dd/yyyy)
ii. Reason for Temporary Storage:
b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill e. Landfill/Daily Cover
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other:
13. Division of Hazardous Waste/Class A Permit Number:
14. Division of Solid Waste Permit Number: DES-SW-SP-95-001
15. EPA Identification Number:
F. LSP SIGNATURE AND STAMP:
I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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.
1. LSP #:
2. First Name: 3. Last Name:
4. Telephone: 5. Ext.
6. FAX:
7. Signature:
8. Date: 9. LSP Stamp:

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(mm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

- 15685

G. PERSON SUBMITTING BILL OF LADING:
1. Check all that apply: a. change in contact name b. Change of address c. change in person undertaking response actions
2. Name of Organization: CITY OF NEW BEDFORD
3. Contact First Name: SCOTT 4. Last Name: ALFONSE
400 WILLIAM OT
5. Street: 133 WILLIAM ST 6. Title: DIRECTOR, ENVIRONMENTAL STEW
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Code: 027400000
10. Telephone: 5089791527 11. Ext: 12. Fax:
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING: Check here to change relationship
1. RP or PRP: a. Owner b. Operator c. Generator d. Transporter
e. Other RP or PRP Specify: NON-SPECIFIED PRP
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2):
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))
4. Any Other person Undertaking Response Actions: Specify Relationship:
I. REQUIRED ATTACHMENTS AND SUBMITTALS:
1. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP@state.ma.us
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :
1. I,, attest under the pains and penalties or 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.
2. By:
2. Dy
4. For 5. Date:
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.):
6. Check here if the address of the person providing certification is different from address recorded in Section H.
7. Street:
8. City/Town: 9. State: 10. Zip Code:
11. Telephone: 12. Ext: 13. Fax:
YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY 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.
Date Stamp (MassDEP USE ONLY):
1/12/2012 1:30:08 PM

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BWSC112A

BILL OF LADING (pursuant to 310 CMR 40.0030)

UMMARY OF SHIPMENT SHEET	1	OE 1	
UMMARY OF SHIPMENT SHEET	1 -	I OF I	

4	15685	
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	51111 III.2111 G11221		
A. SUMMARY OF SHIPMENT (To	be filled out by the receiving f	acility upon receipt of Remediati	on Waste):
Date of Shipment: (mm/dd/yyyy)	Date of Receipt: (mm/dd/yyyy)	3. Number of Loads Shipped:	4. Daily Volume Shipped: ☐ yds³ ✓ tons ☐ gals
11/29/2011	11/29/2011	3	95.82
11/29/2011	11/30/2011	3	95.27
5. Totals Recorded on this Summa	ary of Shipment Sheet:	6	191.0899999999999
B. Check here if additional BW	VSC112A BOL Summary Sheets	are needed.	



BWSC112B

Release Tracking Number

15685

BILL OF LADING (pursuant to 310 CMR 40.0030) SUMMARY SHEET SIGNATURE PAGE

1.1. John E Nadeau			
	. attest under the p	ains and	penalties or perjury (i) that I have personally
examined and am familiar with the information contained			
transmittal form, (ii) that, based on my inquiry of those i			
material information contained in this submittal is, to the			
that I am fully authorized to make this attestation on be entity on whose behalf this submittal is made am/is awa			
possible fines and imprisonment, for willfully submitting			
2. By: John E Nadeau		3. Title:	DISTRICT MANAGER
4. For: WASTE MANAGEMENT OF NEW HAMPSI	HIRE	5. Date:	1/10/2012
6. Date of Final Chinmant accepiated with this Bill of Las	ling: 11/30/2011		(mm/dd/yyyy)
Date of Final Shipment associated with this Bill of Lad	J	/dd/yyyy)	
	(11111)	/uu/yyyy)	
B. ACKNOWLEDGEMENT OF SHIPMENT AND RECEI	PT OF REMEDIATION	ON WAS	TE BY PERSON CONDUCTING RESPONSE
ACTIONS ASSOCIATED WITH THIS BILL OF LADING:			
_{1.I,} Cheryl Henlin	, attest under the pa	ins and p	enalties or perjury (i) that I have personally
examined and am familiar with the information contained			
transmittal form, (ii) that, based on my inquiry of those in			
material information contained in this submittal is, to the that I am fully authorized to make this attestation on beh			
entity on whose behalf this submittal is made am/is awa	re that there are sign	nificant ne	enalties including but not limited to
possible fines and imprisonment, for willfully submitting to			
2. By: Cheryl Henlin		3. Title:	DIRECTOR, ENVIRONMENTAL STEWA
4. For: CITY OF NEW BEDFORD		5. Date:	1/11/2012
(Name of person or entity recorded in S	ection G		(mm/dd/yyyy)
6. Check here if the address of the person providing of	certification is differe	nt from a	ddress recorded in BWSC112 Section H.
7. Street:			
7. Street: 8. City/Town:	_ 9. State:		10. Zip Code:
8. City/Town:			·
			·
8. City/Town:	_ 12. Ext:	13. F	ax:
8. City/Town:	_ 12. Ext:	13. F	ax:
8. City/Town:	_ 12. Ext:	13. F	ax:
8. City/Town:	_ 12. Ext:	13. F	ax:
8. City/Town:	_ 12. Ext:	13. F	ax:
8. City/Town: 11. Telephone:	_ 12. Ext:	13. F	ax:
8. City/Town:	_ 12. Ext:	13. F	ax:
8. City/Town:	_ 12. Ext:	13. F	ax:
8. City/Town: 11. Telephone:	_ 12. Ext:	13. F	ax:
8. City/Town:	_ 12. Ext:	13. F	ax:

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BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:
1. Release Name/Location Aid: PARKER STREET WASTE SITE
2. Street Address: 230 HATHAWAY BLVD
2. Street Address: 250 HATHAWAT BLVD
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II
6. If applicable provide the Permit Number:
B. THIS FORM IS BEING USED TO: (check one: B1-B4):
Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility. Response Actions associated with this BOL (check all that apply):
a. Immediate Response Action (IRA) e. Comprehensive Response Actions
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA): (must be retained pursuant to 310 CMR
c. Downgradient Property Status (DPS) (must be retained pursuant to 310 Clink 40.0034(6); can't be submitted via eDEP)
d. Utility Release Abatement Measure (URAM) g. Other
 Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required): Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required): Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required) Date Bill of Lading submitted to the Department: 8/24/2011 1:17:20 (mm/dd/yyyy) b. eDEP Transaction ID: 411919
6. Period of Generation Associated with this Bill of Lading 4/16/2011 to 7/5/2011 (mm/dd/yyyy)
(All sections of this transmittal form must be filled out unless otherwise noted) The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.
C. DESCRIPTION OF WASTE AND WASTE SOURCE: 1. Contaminated Media /Debris (check all that apply): a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other:
a. Inorganic Absorbent Materials b. Other:



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):	
3. Containerized Waste (check all that apply):	
a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments	
e. Other:	
4. Estimated Quantity: Tons Cu. Yds. Gallons	
5. Contaminant Source (check one): a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment d. Other:	
6. Type of Contaminant (check all that apply):	
a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Je	t Fuel
g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:	
7. Constituents of Concern (check all that apply):	
a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH	
h. PCBs i. VOCs i. SVOCs k. Other:	
8. If applicable, check the box for the Reportable Concentration Category of the site: a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2	
9. Remediation Waste Characterization Documentation (check at least one):	
a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data	l
d. Field Screening Data e. Characterization Documentation previously submitted to the Department	
i. Date submitted: ii. Type of Documentation: (mm/dd/yyyy)	
D. TRANSPORTER OR COMMON CARRIER INFORMATION:	
Transporter/Common Carrier Name:	
Contact First Name: 3. Last Name:	
: 4. Street: 5. Title:	
6. City/Town: 7. State: 8. Zip Code:	
9. Telephone: 10. Ext: 11. Fax:	



BILL OF LADING (pursuant to 310 CMR 40.0030)

BWSC112

Release Tracking Number

- 15685

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:
Operator/Facility Name
Contact First Name: 3. Last Name:
4. Street: 5. Title:
6. City/Town: 7. State: 8. Zip Code:
9. Telephone: 10. Ext: 11. Fax:
12. Type of Facility: (Check one)
a. Temporary Storage i. Period of Temporary Storage: (mm/dd/yyyy) to (mm/dd/yyyy)
ii. Reason for Temporary Storage:
b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill e. Landfill/Daily Cover
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other:
13. Division of Hazardous Waste/Class A Permit Number:
14. Division of Solid Waste Permit Number:
15. EPA Identification Number:
F. LSP SIGNATURE AND STAMP:
I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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.
1. LSP #:
2. First Name: 3. Last Name:
4. Telephone: 5. Ext.
6. FAX:
7. Signature:
8. Date: 9. LSP Stamp:

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BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

- 15685

G. PERSON SUBMITTING BILL OF LADING:
1. Check all that apply: a. change in contact name b. Change of address c. change in person undertaking response actions
2. Name of Organization: CITY OF NEW BEDFORD
3. Contact First Name: CHERYL 4. Last Name: HENLIN
5. Street: 133 WILLIAM ST 6. Title: ENVIRONMENTAL STEWARDSHIP
5. Street: 6. Title: ENVIRONMENTAL STEWARDSHIP
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Code: 027400000
10. Telephone: 5089614576 11. Ext: 12. Fax:
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING: Check here to change relationship
1. RP or PRP: a. Owner b. Operator c. Generator d. Transporter
e. Other RP or PRP Specify: NON-SPECIFIED PRP
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2):
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))
4. Any Other person Undertaking Response Actions: Specify Relationship:
I. REQUIRED ATTACHMENTS AND SUBMITTALS :
 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP@state.ma.us
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :
1. I, Cheryl Henlin , attest under the pains and penalties or 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.
2. By: Cheryl Henlin 3. Title: ENVIRONMENTAL STEWARDSHIP
,
4. For CITY OF NEW BEDFORD 5. Date: 1/3/2012
(Name of person or entity recorded in Section H) (mm/dd/yyyy)

No.

Massachusetts Department of Environmental Protection Bureau of Waste Site Cleanup

BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number
4 - 15685

J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.):
6. Check here if the address of the person providing certification is different from address recorded in Section H.
7. Street:
8. City/Town: 9. State: 10. Zip Code:
11. Telephone: 12. Ext: 13. Fax:
YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY 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.
Date Stamp (MassDEP USE ONLY):
1/4/2012 8:28:42 AM

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BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:
Release Name/Location Aid: PARKER STREET WASTE SITE
3 Stroot Address: 230 HATHAWAY BLVD
2. Street Address: 250 HATHAWAT BLVD
3 City/Town: NEW BEDFORD 4 Zin Code: 027400000
3. City/Town: New BedFORD 4. Zip Code: 02/400000
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II
6. If applicable provide the Permit Number:
6. Il applicable provide the Permit Number.
B. THIS FORM IS BEING USED TO: (check one: B1-B4):
Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility.
Response Actions associated with this BOL (check all that apply):
a. Immediate Response Action (IRA) e. Comprehensive Response Actions
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA):
(must be retained pursuant to 310 CMR c. Downgradient Property Status (DPS) 40.0034(6); can't be submitted via eDEP)
d. Utility Release Abatement Measure (URAM)
2. Submit on Attactation of Completion of Chimment to Temperary Starges (Sections C. F. and Larg not required).
2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required):
3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required):
4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required)
5. Date Bill of Lading submitted to the Department: 7/27/2011 9:05:18 b. eDEP Transaction ID: 403872
(mm/dd/yyyy)
6. Period of Generation Associated with this Bill of Lading 7/22/2011 to 8/31/2011
6. Period of Generation Associated with this Bill of Lading //22/2011 to 8/31/2011 (mm/dd/yyyy) (mm/dd/yyyy)
(All sections of this transmittal form must be filled out unless otherwise noted)
The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.
C. DESCRIPTION OF WASTE AND WASTE SOURCE:
1. Contaminated Media /Debris (check all that apply):
a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris
f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other:
2. Uncontainerized Waste (check all that apply):
D. a. Jaconsonia Abasabant Matariala. D. b. Othani
a. Inorganic Absorbent Materials b. Other:



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BILL OF LADING (pursuant to 310 CMR 40.0030)

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):
3. Containerized Waste (check all that apply):
a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments
e. Other:
4. Estimated Quantity: Tons Cu. Yds. Gallons
5. Contaminant Source (check one): a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment d. Other:
6. Type of Contaminant (check all that apply):
a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:
7. Constituents of Concern (check all that apply):
a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH
h. PCBs i. VOCs k. Other:
8. If applicable, check the box for the Reportable Concentration Category of the site: a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2
9. Remediation Waste Characterization Documentation (check at least one):
a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
d. Field Screening Data e. Characterization Documentation previously submitted to the Department
i. Date submitted: ii. Type of Documentation: (mm/dd/yyyy)
D. TRANSPORTER OR COMMON CARRIER INFORMATION:
1. Transporter/Common Carrier Name: CITY OF NEW BEDFORD - DEPARTMENT OF PUBLIC INFRASTRUCTURE
2. Contact First Name: EUZEBIO 3. Last Name: ARRUDA
: 4. Street: 1105 SHAWMUT AVENUE 5. Title: SUPERINTENDENT OF HIGHWAYS
6. City/Town: NEW BEDFORD 7. State: MA 8. Zip Code: 027460000
9. Telephone: 508-991-6395 10. Ext: 11. Fax: 508-991-6152



BILL OF LADING (pursuant to 310 CMR 40.0030)

BWSC112

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:
1. Operator/Facility Name GREATER NB REGION REFUSE MANAGEMENT DISTRICT (CRAPO HILL)
2. Contact First Name: HANK 3. Last Name: VAN LAARHOVEN
4. Street: 300 SAMUEL BARNET BLVD 5. Title: DIRECTOR
6. City/Town: NEW BEDFORD 7. State: MA 8. Zip Code: 027450000
9. Telephone: 508-763-5924 10. Ext: 11. Fax:
12. Type of Facility: (Check one)
a. Temporary Storage i. Period of Temporary Storage: to (mm/dd/yyyy) (mm/dd/yyyy)
ii. Reason for Temporary Storage:
b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill e. Landfill/Daily Cover
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other:
13. Division of Hazardous Waste/Class A Permit Number: 93537
14. Division of Solid Waste Permit Number:
15. EPA Identification Number:
F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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. 1. LSP #:
2. First Name: 3. Last Name:
4. Telephone: 5. Ext. 6. FAX:
7. Signature:
8. Date: 9. LSP Stamp:



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

- 15685

G. PERSON SUBMITTING BILL OF LADING:
1. Check all that apply: a. change in contact name b. Change of address c. change in person undertaking response actions
2. Name of Organization:
3. Contact First Name: SCOTT 4. Last Name: ALFONSE
5. Street: 133 WILLIAM STREET 6. Title: DIRECTOR, ENVIRONMENTAL STEW
7. City/Town: NEW BEDFORD 8. State: MA 9. Zip Code: 027400000
10. Telephone: 5089791487 11. Ext: 12. Fax:
H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING: Check here to change relationship
1. RP or PRP: 🗸 a. Owner 🗌 b. Operator 🗍 c. Generator 🔲 d. Transporter
e. Other RP or PRP Specify:
2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2):
3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))
4. Any Other person Undertaking Response Actions: Specify Relationship:
I. REQUIRED ATTACHMENTS AND SUBMITTALS :
1. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP@state.ma.us
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.
J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :
1. I,, attest under the pains and penalties or 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.
2. By: 3. Title:
4. For (Name of person or entity recorded in Section H) 5. Date: (mm/dd/\dougle)
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number
4 - 15685

J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.):
6. Check here if the address of the person providing certification is different from address recorded in Section H.
7. Street:
8. City/Town: 9. State: 10. Zip Code:
11. Telephone:12. Ext:13. Fax:
YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY 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.
Date Stamp (MassDEP USE ONLY):
9/22/2011 10:57:51 AM

Revised: 03/10/2010 Page 5 of 5



BWSC112A

BILL OF LADING (pursuant to 310 CMR 40.0030)

UMMARY OF SHIPMENT SHEET	1	OF 1	
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4	-	15685
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SUMMARY OF SHIPMENT SHEET L. OF L.			
A. SUMMARY OF SHIPMENT (To be filled out by the receiving facility upon receipt of Remediation Waste):			
Date of Shipment: (mm/dd/yyyy)	Date of Receipt: (mm/dd/yyyy)	3. Number of Loads Shipped:	4. Daily Volume Shipped: yds³ ✓ tons ☐ gals
8/1/2011	8/1/2011	19	543.42
5. Totals Recorded on this Summary of Shipment Sheet:		19	543.42
B. Check here if additional BWSC112A BOL Summary Sheets are needed.			



BWSC112B

Release Tracking Number

15685

BILL OF LADING (pursuant to 310 CMR 40.0030) SUMMARY SHEET SIGNATURE PAGE

Α.	ACKNOWLEDGEMENT OF RECEIPT OF REMEDIAT	TION WASTE AT R	ECEIVING	FACILITY OR TEMPORARY STORAGE:	
1.	HankVanLaarhoven	. attest under the r	pains and r	penalties or perjury (i) that I have personally	
	examined and am familiar with the information containe transmittal form, (ii) that, based on my inquiry of those i material information contained in this submittal is, to the that I am fully authorized to make this attestation on belentity on whose behalf this submittal is made am/is awa possible fines and imprisonment, for willfully submitting	ed in this submittal, individuals immedia best of my knowle half of the entity legare that there are si	including a itely resporedge and b gally respor gnificant p	ny and all documents accompanying this nsible for obtaining the information, the elief, true, accurate and complete, and (iii) nsible for this submittal. I/the person or enalties, including, but not limited to,	
2.	By: HankVanLaarhoven		3. Title:	DIRECTOR OF OPERATIONS	
4.	For: GREATER NB REG. REFUSE MGT. DISTR	CICT (CRAPO HI	5. Date:	9/22/2011	
6	Date of Final Shipment associated with this Bill of Lad	-	m/dd/yyyy)	(mm/dd/yyyy)	
	ACKNOWLEDGEMENT OF SHIPMENT AND RECEITIONS ASSOCIATED WITH THIS BILL OF LADING:	PT OF REMEDIAT	ION WAS	TE BY PERSON CONDUCTING RESPONSE	
	Scott Alfonse				
t r t	examined and am familiar with the information contained ransmittal form, (ii) that, based on my inquiry of those in naterial information contained in this submittal is, to the hat I am fully authorized to make this attestation on behantity on whose behalf this submittal is made am/is awardossible fines and imprisonment, for willfully submitting the	d in this submittal, in ndividuals immediat best of my knowled alf of the entity lega- re that there are sig	ncluding ar ely respon dge and be ally respon pnificant pe	sible for obtaining the information, the lief, true, accurate and complete, and (iii) sible for this submittal. I/the person or nalties, including, but not limited to, a information	
2.	By: Scott Alfonse		3. Title:	DIRECTOR, ENVIRONMENTAL STEWA	
4.	For: CITY OF NEW BEDFORD		5. Date:	8/24/2011	
	(Name of person or entity recorded in S	ection G		(mm/dd/yyyy)	
6. Check here if the address of the person providing certification is different from address recorded in BWSC112 Section H.					
	City/Town:	_ 9. State:		10. Zip Code:	
1	1. Telephone:	_ 12. Ext:	13. F	ax:	
	14. Check here if attaching optional supporting docur	mentation such as c	copies of L	oad Information Summary Sheets	

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BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number
4 - 15685

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:			
Release Name/Location Aid: PARKER STREET WASTE SITE			
3 Stroot Address: 230 HATHAWAY BLVD			
2. Street Address: 250 HATHAWAT BLVD			
3. City/Town: NEW BEDFORD 4. Zip Code: 027400000			
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:			
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II			
6. If applicable provide the Permit Number:			
B. THIS FORM IS BEING USED TO: (check one: B1-B4):			
1. Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility.			
Response Actions associated with this BOL (check all that apply):			
a. Immediate Response Action (IRA) e. Comprehensive Response Actions			
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA): (must be retained pursuant to 310 CMR			
c. Downgradient Property Status (DPS) (must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP)			
d. Utility Release Abatement Measure (URAM)			
2. Submit on Attactation of Completion of Chimment to Tomperany Stayage (Sections C. F. and Lara not required).			
2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required):			
3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required):			
4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not			
required)			
5. Date Bill of Lading submitted to the Department: 10/25/2011 11:40: b. eDEP Transaction ID: 425550			
(mm/dd/yyyy)			
6. Period of Generation Associated with this Bill of Lading 8/22/2011 to 9/21/2011			
6. Period of Generation Associated with this Bill of Lading 8/22/2011 to 9/21/2011 (mm/dd/yyyy) (mm/dd/yyyy)			
(All sections of this transmittal form must be filled out unless otherwise noted) The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.			
The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.			
C. DESCRIPTION OF WASTE AND WASTE SOURCE:			
Contaminated Media /Debris (check all that apply): The state of the state			
a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris			
f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other:			
2. Uncontainerized Waste (check all that apply):			
C. Ingregorio Abgarbant Matariala C. b. Othory			
a. Inorganic Absorbent Materials b. Other:			



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):
3. Containerized Waste (check all that apply):
a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments
e. Other:
4. Estimated Quantity: Tons Cu. Yds. Gallons
5. Contaminant Source (check one): a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment d. Other:
6. Type of Contaminant (check all that apply):
a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:
7. Constituents of Concern (check all that apply):
a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH
h. PCBs i. VOCs j. SVOCs k. Other:
8. If applicable, check the box for the Reportable Concentration Category of the site: a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2
9. Remediation Waste Characterization Documentation (check at least one):
a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
d. Field Screening Data e. Characterization Documentation previously submitted to the Department
i. Date submitted: ii. Type of Documentation: (mm/dd/yyyy)
D. TRANSPORTER OR COMMON CARRIER INFORMATION:
1. Transporter/Common Carrier Name: CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
2. Contact First Name: PAUL 3. Last Name: PUKK
: 4. Street: 42 LONGWATER DRIVE 5. Title: PROJECT MANAGER
6. City/Town: NORWELL 7. State: MA 8. Zip Code: 020610000
9. Telephone: 781-792-5816 10. Ext: 11. Fax: 781-792-5945



BILL OF LADING (pursuant to 310 CMR 40.0030)

BWSC112

Release Tracking Number

ı -	15685
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E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:			
Operator/Facility Name WASTE MANAGEMENT OF NEW HAMPSHIRE			
2. Contact First Name: ELLEN 3. Last Name: BELLIO			
4. Street: 90 ROCHESTER NECK ROAD 5. Title: WASTE APPROVALS MANAGER			
6. City/Town: ROCHESTER 7. State: NH 8. Zip Code: 038390000			
9. Telephone: 603-330-2114 10. Ext: 11. Fax: 603-330-2198			
12. Type of Facility: (Check one)			
a. Temporary Storage i. Period of Temporary Storage: to to			
ii. Reason for Temporary Storage:			
b. Asphalt Batch/Hot Mix			
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other:			
13. Division of Hazardous Waste/Class A Permit Number:			
14. Division of Solid Waste Permit Number: DES-SW-SP-95-001			
15. EPA Identification Number:			
F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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.			
1. LSP #:			
2. First Name: 3. Last Name:			
4. Telephone: 5. Ext. 6. FAX:			
7. Signature:			
8. Date: 9. LSP Stamp:			

Revised: 03/10/2010 Page 3 of 5



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

- 15685

G. P	RSON SUBMITTING BILL OF LADING:
1	Check all that apply: a. change in contact name b. Change of address c. change in person undertaking response actions
2	Name of Organization: CITY OF NEW BEDFORD
3.	Contact First Name: SCOTT 4. Last Name: ALFONSE
_	Street: 133 WILLIAM ST 6. Title: DIRECTOR, ENVIRONMENTAL STEV
5.	Street: 6. Title: DIRECTOR, ENVIRONMENTAL STEV
7.	City/Town: NEW BEDFORD 8. State: MA 9. Zip Code: 027400000
10	Telephone: 5089791527 11. Ext: 12. Fax:
H. F	ELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING:
_	Check here to change relationship
	. RP or PRP: a. Owner b. Operator c. Generator d. Transporter
	e. Other RP or PRP Specify: NON-SPECIFIED 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 Undertaking Response Actions: Specify Relationship:
I. R	QUIRED ATTACHMENTS AND SUBMITTALS :
	1. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
	2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP@state.ma.us
	3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.
J. CE	RTIFICATION OF PERSON SUBMITTING BILL OF LADING :
tra ma tha en	, attest under the pains and penalties or perjury (i) that I have personally mined and am familiar with the information contained in this submittal, including any and all documents accompanying this ismittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the erial information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or ty on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, sible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.
2. By	3. Title:
رد. ک	Jo. Hac.
4. Fo	5. Date:
10	(Name of person or entity recorded in Section H) (mm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

15685

J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.) :				
6. Check here if the address of the person providing certification is different from address recorded in Section H.				
7. Street:				
8. City/Town: 9. State: 10. Zip Code:				
11. Telephone: 12. Ext: 13. Fax:				

YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY 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.

Date Stamp (MassDEP USE ONLY):

1/12/2012 1:33:47 PM

Revised: 03/10/2010 Page 5 of 5



BWSC112A

BILL OF LADING (pursuant to 310 CMR 40.0030)

SUMMARY OF SHIPMENT SHEET 1	OF	1	
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Release Tracking Number

4	-	15685

A. SUMMARY OF SHIPMENT (To be filled out by the receiving facility upon receipt of Remediation Waste): 4. Daily Volume Shipped: 1. Date of Shipment: 2. Date of Receipt: 3. Number of Loads Shipped: yds³ **✓** tons gals (mm/dd/yyyy) (mm/dd/yyyy) 10/7/2011 10/7/2011 28.72 1 3 96.77 11/7/2011 11/7/2011 11/7/2011 11/8/2011 3 93.98 93.73 11/9/2011 11/9/2011 3 11/9/2011 11/10/2011 3 94.86 11/16/2011 11/16/2011 3 93.94 11/16/2011 11/17/2011 4 97.52 1 32.13 11/17/2011 11/17/2011 5. Totals Recorded on this Summary of Shipment Sheet: 21 631.65 **B.** Check here if additional BWSC112A BOL Summary Sheets are needed.

Revised: 03/10/2010 Page 1 of 1



BWSC112B

Release Tracking Number

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15685

BILL OF LADING (pursuant to 310 CMR 40.0030) SUMMARY SHEET SIGNATURE PAGE

	ENT OF RECEIPT OF REWEDIATION WASTE AT	KECEIVIN	FACILITY OR TEINIFORART STORAGE.
1. I. John E Nadeau	attest under th	e nains and	penalties or perjury (i) that I have personally
	miliar with the information contained in this submitta		
transmittal form. (ii) th	hat, based on my inquiry of those individuals immed	diately respon	nsible for obtaining the information, the
	contained in this submittal is, to the best of my know		
	zed to make this attestation on behalf of the entity I		
	alf this submittal is made am/is aware that there are		
	prisonment, for willfully submitting false, inaccurate		
		_	
2. By: John E Nade	eau eau	3. Title:	DISTRICT MANAGER
,		_	
4. For: WASTE MAN	AGEMENT OF NEW HAMPSHIRE	5. Date:	1/10/2012
			(mm/dd/yyyy)
6. Date of Final Shipm	ent associated with this Bill of Lading: 11/17/201	1	
	(1)	mm/dd/yyyy)	
	IENT OF SHIPMENT AND RECEIPT OF REMEDIA	ATION WAS	TE BY PERSON CONDUCTING RESPONSE
ACTIONS ASSOCIATE	D WITH THIS BILL OF LADING:		
_{1. l,} Cheryl Henlin	, attest under the	pains and p	enalties or perjury (i) that I have personally
examined and am fam	niliar with the information contained in this submittal		
	at, based on my inquiry of those individuals immedi		
	ontained in this submittal is, to the best of my know		
	ed to make this attestation on behalf of the entity le		
	f this submittal is made am/is aware that there are		
	prisonment, for willfully submitting false, inaccurate,		
2. By: Cheryl Henlin		3. Title:	DIRECTOR, ENVIRONMENTAL STEWA
z. by.		_	
4. For: CITY OF NEW	BEDFORD	5 Date:	1/11/2012
	e of person or entity recorded in Section G	J. Date.	(mm/dd/yyyy)
((IIIIII/ dd/ yyyy)
6 Check here if the	address of the person providing certification is diff	erent from a	ddress recorded in BWSC112 Section H
o. Officer field if the	, address of the person providing certification is diff	CICIL HOIH A	duress recorded in DWOOTT2 dection 11.
7 0: :			
7. Street:			
8. City/Town:	9. State:		10. Zip Code:
11. Telephone:	12. Ext:	13. F	ax:
14. Check here if a	ttaching optional supporting documentation such as	s copies of L	oad Information Summary Sheets
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BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number
4 - 15685

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:				
1. Release Name/Location Aid: PARKER STREET WASTE SITE				
2. Street Address: 230 HATHAWAY BLVD				
3 City/Town: NEW BEDFORD 4 Zip Code: 027400000				
3. City/Town: 4. Zip Code: 02740000				
5. Check her if a Tier Classification Submittal has been provided to DEP for this disposal site:				
a. Tier 1A b. Tier 1B b. Tier 1C d. Tier II				
6. If applicable provide the Permit Number:				
B. THIS FORM IS BEING USED TO: (check one: B1-B4):				
Submit a Bill of Lading (BOL) to transport Remediation Waste to Temporary Storage or a Receiving Facility. Response Actions associated with this BOL (check all that apply):				
a. Immediate Response Action (IRA) e. Comprehensive Response Actions				
b. Release Abatement Measure (RAM) f Limited Removal Action (LRA):				
(must be retained pursuant to 310 CMR c. Downgradient Property Status (DPS) (must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP)				
d. Utility Release Abatement Measure (URAM)				
 2. Submit an Attestation of Completion of Shipment to Temporary Storage (Sections C, F and J are not required): 3. Submit an Attestation of Completion of Shipment to a Receiving Facility (Sections C, F and J are not required): 				
4. Certify that Remediation Waste Was Not Shipped, and the Bill of Lading is Void. (Sections C, D, E, and F are not required)				
5. Date Bill of Lading submitted to the Department: 10/28/2011 11:41: (mm/dd/yyyy) b. eDEP Transaction ID: 428351				
6. Period of Generation Associated with this Bill of Lading 8/22/2011 to 9/21/2011 (mm/dd/yyyy) (mm/dd/yyyy)				
(All sections of this transmittal form must be filled out unless otherwise noted) The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.				
C. DESCRIPTION OF WASTE AND WASTE SOURCE:				
1. Contaminated Media /Debris (check all that apply):				
a. Soil b. Groundwater c. Surface Water d. Sediment e. Vegetation or Organic Debris				
f. Demolition/Construction Waste g. Inorganic Absorbent Materials h. Other:				
2. Uncontainerized Waste (check all that apply):				
a. Inorganic Absorbent Materials b. Other:				



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):
3. Containerized Waste (check all that apply):
a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments
e. Other:
4. Estimated Quantity: Tons Cu. Yds. Gallons
5. Contaminant Source (check one): a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment d. Other:
6. Type of Contaminant (check all that apply):
a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:
7. Constituents of Concern (check all that apply):
a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH
h. PCBs i. VOCs j. SVOCs k. Other:
8. If applicable, check the box for the Reportable Concentration Category of the site: a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2
9. Remediation Waste Characterization Documentation (check at least one):
a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
d. Field Screening Data e. Characterization Documentation previously submitted to the Department
i. Date submitted: ii. Type of Documentation: (mm/dd/yyyy)
D. TRANSPORTER OR COMMON CARRIER INFORMATION:
1. Transporter/Common Carrier Name: CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
2. Contact First Name: PAUL 3. Last Name: PUKK
: 4. Street: 42 LONGWATER DRIVE 5. Title: PROJECT MANAGER
6. City/Town: NORWELL 7. State: MA 8. Zip Code: 020610000
9. Telephone: 781-792-5816 10. Ext: 11. Fax: 781-792-5945



BILL OF LADING (pursuant to 310 CMR 40.0030)

BWSC112

Release Tracking Number

ı -	15685
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E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:
Operator/Facility Name WASTE MANAGEMENT OF NEW HAMPSHIRE
2. Contact First Name: ELLEN 3. Last Name: BELLIO
4. Street: 90 ROCHESTER NECK ROAD 5. Title: WASTE APPROVALS MANAGER
6. City/Town: ROCHESTER 7. State: NH 8. Zip Code: 038390000
9. Telephone: 603-330-2114 10. Ext: 11. Fax: 603-330-2198
12. Type of Facility: (Check one)
a. Temporary Storage i. Period of Temporary Storage: to to
ii. Reason for Temporary Storage:
b. Asphalt Batch/Hot Mix
f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other:
13. Division of Hazardous Waste/Class A Permit Number:
14. Division of Solid Waste Permit Number: DES-SW-SP-95-001
15. EPA Identification Number:
F. LSP SIGNATURE AND STAMP: I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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.
1. LSP #:
2. First Name: 3. Last Name:
4. Telephone: 5. Ext. 6. FAX:
7. Signature:
8. Date: 9. LSP Stamp:

Revised: 03/10/2010 Page 3 of 5



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

- 15685

G. P	RSON SUBMITTING BILL OF LADING:
1	Check all that apply: a. change in contact name b. Change of address c. change in person undertaking response actions
2	Name of Organization: CITY OF NEW BEDFORD
3.	Contact First Name: SCOTT 4. Last Name: ALFONSE
_	Street: 133 WILLIAM ST 6. Title: DIRECTOR, ENVIRONMENTAL STEV
5.	Street: 6. Title: DIRECTOR, ENVIRONMENTAL STEV
7.	City/Town: NEW BEDFORD 8. State: MA 9. Zip Code: 027400000
10	Telephone: 5089791527 11. Ext: 12. Fax:
H. F	ELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING:
_	Check here to change relationship
	. RP or PRP: a. Owner b. Operator c. Generator d. Transporter
	e. Other RP or PRP Specify: NON-SPECIFIED 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 Undertaking Response Actions: Specify Relationship:
I. R	QUIRED ATTACHMENTS AND SUBMITTALS :
	1. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
	2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP@state.ma.us
	3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.
J. CE	RTIFICATION OF PERSON SUBMITTING BILL OF LADING :
tra ma tha en	, attest under the pains and penalties or perjury (i) that I have personally mined and am familiar with the information contained in this submittal, including any and all documents accompanying this ismittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the erial information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or ty on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, sible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.
2. By	3. Title:
رد. ک	Jo. Hac.
4. Fo	5. Date:
10	(Name of person or entity recorded in Section H) (mm/dd/yyyy)



BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

4 - 15685

J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.):							
6. Check here if the address of the person providing certification is different from address recorded in Section H.							
7. Street:							
8. City/Town: 9. State: 10. Zip Code:							
11. Telephone:12. Ext: 13. Fax:							
11. Tolophone 12. LXt 16. T dxt							
YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY 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.							
Date Stamp (MassDEP USE ONLY):							
1/12/2012 1:31:50 PM							

Revised: 03/10/2010 Page 5 of 5



BWSC112A

BILL OF LADING (pursuant to 310 CMR 40.0030)

UMMARY OF SHIPMENT SHEET	1	OF 1	
UNINART OF SHIPMENT SHEET	I	IUFI	

Release Tracking Number

4	-	15685
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SUMMARY	SUMMARY OF SHIPMENT SHEET L. OF L.							
A. SUMMARY OF SHIPMENT (To be filled out by the receiving facility upon receipt of Remediation Waste):								
Date of Shipment: (mm/dd/yyyy)	2. Date of Receipt: (mm/dd/yyyy)	3. Number of Loads Shipped:	4. Daily Volume Shipped: yds³ ✓ tons ☐ gals					
11/17/2011	11/17/2011	4	95.57					
11/17/2011	11/18/2011	2	62.77					
5. Totals Recorded on this Summary of Shipment Sheet: 6 158.34								
B. Check here if additional BWSC112A BOL Summary Sheets are needed.								



BWSC112B

Release Tracking Number

15685

BILL OF LADING (pursuant to 310 CMR 40.0030) SUMMARY SHEET SIGNATURE PAGE

A. ACKNOWLEDGEMENT OF RECEIPT OF REMEDIA	ATION WASTE AT	RECEIVING	FACILITY OR TEMPORARY STORAGE:
John E Nadeau	attest under the	e pains and r	penalties or perjury (i) that I have personally
examined and am familiar with the information contain transmittal form, (ii) that, based on my inquiry of those material information contained in this submittal is, to the that I am fully authorized to make this attestation on be entity on whose behalf this submittal is made am/is av	ned in this submitta e individuals immed he best of my know ehalf of the entity le	I, including a liately respoi rledge and b egally respoi	ny and all documents accompanying this nsible for obtaining the information, the elief, true, accurate and complete, and (iii) nsible for this submittal. I/the person or
possible fines and imprisonment, for willfully submittin			
2. By: John E Nadeau		3. Title:	DISTRICT MANAGER
4. For: WASTE MANAGEMENT OF NEW HAMPS	SHIRE	5. Date:	1/10/2012
6. Date of Final Shipment associated with this Bill of La		1 nm/dd/yyyy)	(mm/dd/yyyy)
B. ACKNOWLEDGEMENT OF SHIPMENT AND RECE ACTIONS ASSOCIATED WITH THIS BILL OF LADING		TION WAS	TE BY PERSON CONDUCTING RESPONSE
Cheryl Henlin	attact under the	naina and n	enalties or perjury (i) that I have personally
examined and am familiar with the information contained transmittal form, (ii) that, based on my inquiry of those material information contained in this submittal is, to the that I am fully authorized to make this attestation on be entity on whose behalf this submittal is made am/is aw possible fines and imprisonment, for willfully submitting	ed in this submittal, individuals immedine best of my knowle half of the entity leware that there are s	including ar ately respon edge and be gally respon significant pe	ny and all documents accompanying this sible for obtaining the information, the lief, true, accurate and complete, and (iii) sible for this submittal. I/the person or nalties, including, but not limited to,
2. By: Cheryl Henlin		3. Title:	DIRECTOR, ENVIRONMENTAL STEWA
4. For: CITY OF NEW BEDFORD		5 Date	1/11/2012
(Name of person or entity recorded in	Section G	0. 20.0.	(mm/dd/yyyy)
6. Check here if the address of the person providing	certification is diffe	erent from a	ddress recorded in BWSC112 Section H.
7. Street:			
8. City/Town:	9. State:		10. Zip Code:
11. Telephone:	12. Ext:	13. F	ax:
14. Check here if attaching optional supporting docu	umentation such as	copies of L	oad Information Summary Sheets

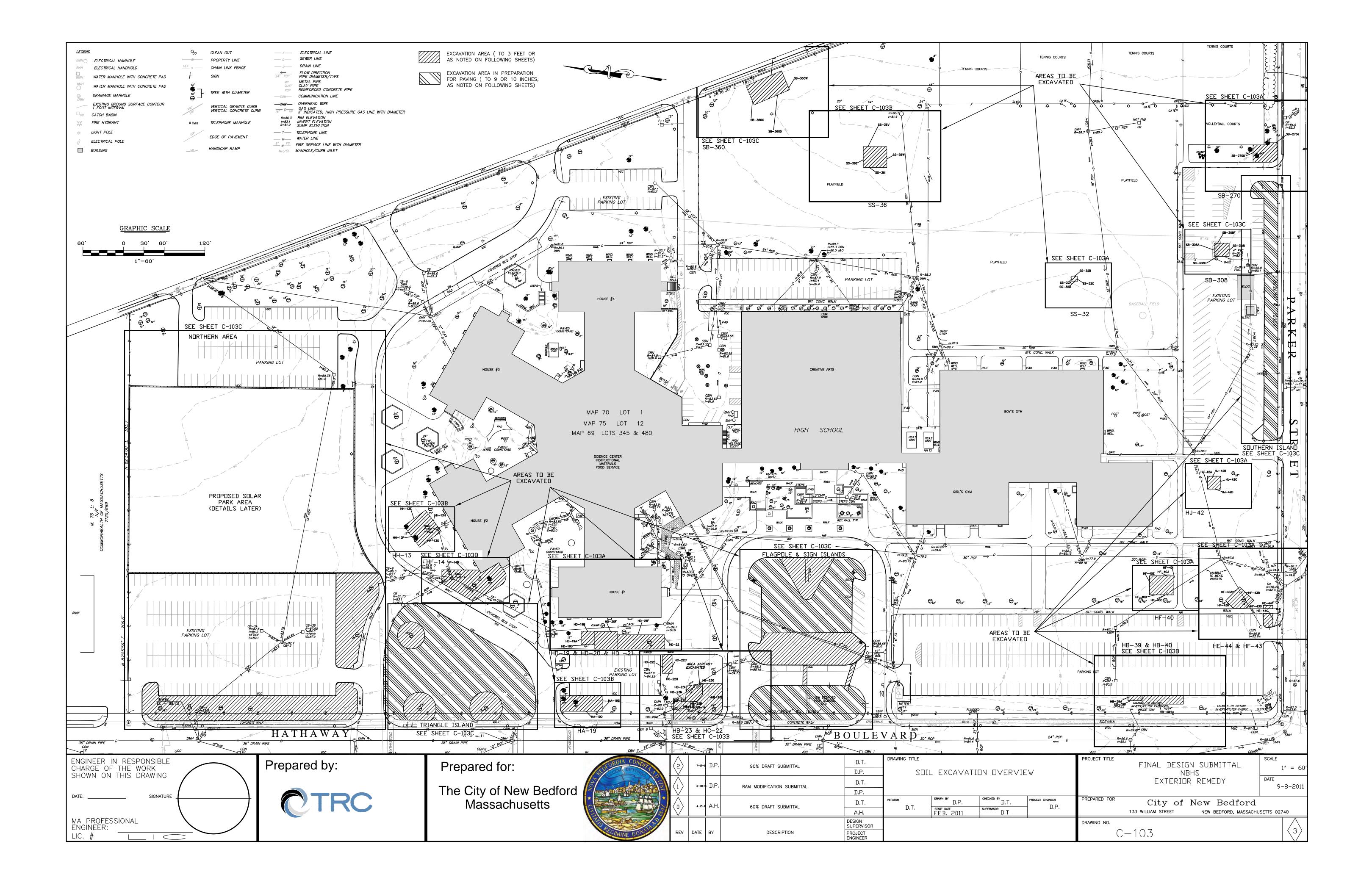
Revised: 03/10/2010 Page 1 of 1



		N-HAZARDOUS ASTE MANIFEST	1. Generator ID Number MP 5 0 8 9 9 7	4511	2. Page 1 of	3. Emergency Rosponse 800 966 9		4. Waste Tra	VHV	VM055	874	
	5. Generator's Name and Mailing Address Generator's Site Address (if different than mailing address)											
	City Of New Bedford 133 Williams Street Room 304 New Bedford, MA 02740 Generator's Phone: City of New Bedford - 230 Hathaway 230 Hathaway Boulevard New Bedford, MA 02740 New Bedford, MA 02740											
\prod	6. Transporter 1 Company Name U.S. EPA ID Number									000	0	
	Triumvirate Environmental, Inc. M A D 9 8 5 2 8 6 9 8 8 7. Transporter 2 Company Name U.S. EPA ID Number											
$\ $	7. Transporter 2 Company Name											
	T 2	ignated Facility Name riumvirate Env 63 Howard Str owell, MA 01	vironmental (Merrimac eet	ck), Inc.				U.S. EPA ID I			7.0	
Ш	Facility	r's Phone:	(978) 453-7772							7 0 7 5	7 3	4
\parallel	нм	9. Waste Shipping Na	me and Description			10. Conta	ainers Type	11. Total Quantity	12. Unit Wt./Vol.			
GENERATOR —		Non-regulated	l material (Soil)			004	C F	vZα	P			
GENE		2. NchR	egulats Ma	trial Eso	13	od	DM	00520	7			
		3.										·
		4.										
	13. S	pecial Handling Instruc	tions and Additional Information							l		
	a 14 C	1	DR'S CERTIFICATION: I hereby o	(i × 85)			ecribed above	e by the proper sh	inning nam	e and are classifie	od nackan	ned.
Н	m	arked and labeled/placa	arded, and are in all respects in pr	oper condition for transport ac	cording to applic	cable international and nat	tional govern	mental regulations.		Month		
¥			<u>yl Henlin</u>			Chengl He				12	Day	Year
IN L		ternational Shipments porter Signature (for ex	Import to U.S.	L	Export from U		ntry/exit: ving U.S.:					
_	_		ment of Receipt of Materials									
E	Trans	oorter 1 Printed/Typed	Name		Sig	nature	1	1		Month	Day	Year
SP (Tropo	porter 2 Printed/Typed	Nome PRUE	<u>. </u>	Sic	gnature		<u> </u>		12 Month	Day	Year
TRANSPORTER	Hario	John Z Filline W Fypeo	Hame	*		gradu		()
Ā		screpancy										
	17a. C	iscrepancy Indication S	Space Quantity	Туре		Residue Manifest Reference	Number:	Partial Rej	ection	□F	ull Rejecti	ion
È	17b. A	Itemate Facility (or Ge	nerator)					U.S. EPA ID	Number			
S								1				
74	Facilit	y's Phone: lignature of Alternate F	acility (or Generator)							Month	Day	Year
IATE	176.8	nyriature ur Aitemate F	aumy (or deficialor)		1						Ju _y	Joan
- DESIGNATED FACILITY								-				
	18. D	esignated Facility Own	er or Operator: Certification of rece	ipt of materials covered by the	manifest excep	ot as noted in Item 17a						
¥	Printe	d/Typed Name	Boleski	,	Sig	gradie Ba	les	ki		Month A		Year

APPENDIX D

Soil Excavation Overview



APPENDIX E

Soil Boring and Soil Sampling Logs



CLIENT/PROJECT NUMBER City of New Bedford -115058	SCREEN TYPE/SLOT NA				
BORING/WELL NUMBER HB-22A	FILTER PACK TYPE NA				
TRC GEOLOGIST A. Drouin	SEAL TYPE NA				
DRILLING CONTRACTOR/FOREMANNew England Geotech/Dan Regan	DEPTH TO WATER (Approximate Feet) NA				
DATE DRILLED 10/20/2011	TOTAL DEPTH (Feet) 4				
LOCATION NBHS - 2.5' North of HB-22	GROUND ELEVATION (Feet) 88.50				
SAMPLING METHOD 48" Macrocore	REFERENCE ELEVATION (Feet) NA				
NOTES Sampled for chlorinated dioxin / dibenzofuran congeners					
SGL) NOW NATA NOM NATA NATA NATA NATA NATA NATA NATA NAT	MEIT DIAGRAM				

NOTE	NOTES Sampled for chlorinated dioxin / dibenzofuran congeners									
DEPTH (ft. BGL)	BLOW	PEN/REC (INCHES)	Sample Type/#	GRAPHIC LOG	LITHOLOGIC DESCRIPTION	Field Testing (ppm)	SAMPLE ID/ TIME		WELL D	IAGRAM
		48/13			0-4" Dark-brown SILT, some fine sand, moist.	0.1				
- 1 -				<u>~</u> 4	4-13" Brown to brownish-yellow SILTY fine-medium SAND, trace sub-rounded gravel, moist.					
- 2 -							HB-22A (1-3) 1520			No Monitoring Well Installed
- 3 -										
- 4 -					End of Boring @ 4 feet					
					(Note: Took second spoon for volume. Got 48/18 for recovery.)					



BORIN TRC (DRILL DATE LOCA SAMP DRILL	NG/WEI GEOLO ING CO DRILL TION PLING M	LL NUM GIST _ ONTRA ED _ 1 NBH: METHOL	A. C CTOF 0/20/ S - 2. Di	Prouin R/FOR 2011 5' Eas 48" Marcet Po	City of New Bedford -115058 HB-22B EMANNew England Geotech/Dan Regan It of HB-22 acrocore ush 5400 Truck Rig It dioxin / dibenzofuran congeners	SEAL TYPE DEPTH TO WATER (A TOTAL DEPTH (Feet) GROUND ELEVATION	NA NA pproxim 4 (Feet)	ate Feet) <u>N</u> . 88.30	Ą	
DEPTH (ft. BGL)	BLOW	PEN/REC (INCHES)	Sample Type/#	GRAPHIC LOG	LITHOLOGIC DESCRIP	TION	Field Testing (ppm)	SAMPLE ID/ TIME	WELL C	DIAGRAM
- 1 - - 2 - - 3 - - 4 -		48/32	S-1		0-4" Dark-brown SILT, trace sand, mois 4-32" Dark-brown to black FILL (glass, colors at 4-feet including yellow, white,	ash), layered	0.1	HB-22B (1-3) 1540 DUP-1		No Monitoring Wel



CLIENT/F	PROJEC	r numi	BER_(City of New Bedford -115058	SCREEN TYPE/SLOT	_NA_			
BORING/	WELL N	JMBEF	<u> </u>	HB-22C	FILTER PACK TYPE	_NA			
TRC GEO					SEAL TYPE	_NA			
DRILLING	G CONTE	RACTO	R/FOR	EMANNew England Geotech/Dan Regan	DEPTH TO WATER (A	pproxim	ate Feet) N	A	
DATE DE					TOTAL DEPTH (Feet)	_ 4			
LOCATIO	ON NE	3HS - 2	.5' Sou	uth of HB-22	GROUND ELEVATION	l (Feet)	88.32		
SAMPLIN						ION (Fee			
DRILLING	G METHO	D D	irect P	ush 5400 Truck Rig					
				d dioxin / dibenzofuran congeners					
		#	1						
(ft. BGL)	COUNTS PEN/REC	Sample Type/#	GRAPHIC LOG	LITHOLOGIC DESCRIP	TION	Field Testing (ppm)	SAMPLE ID/ TIME	WELL [DIAGRAM
	18/	_	1/2. N. 1/2	0-10" Dark-brown SILT, trace sand.		1.6			
- 1	48/3	36 S-1		End of Boring @ 4 feet (Note: First spoon looks just like Silica advancing second hole.)		1.6	HB-22C (1-3) 1620		No Monitoring Wel Installed



BORIN TRC O DRILL DATE LOCA SAMP DRILL	NG/WEI SEOLO ING CO DRILLI TION PLING M	L NUNGIST _ ONTRAGED _ 1 NBHS METHOLETHOD	1BER A. D 0/20/ S - 2. D Di chlo	Prouin R/FORI 2011 5' Wes 48" Ma	City of New Bedford -115058 HB-22D EMANNew England Geotech/Dan Regan st of HB-22 acrocore ush 5400 Truck Rig d dioxin / dibenzofuran congeners	 NA NA pproxima 4 I (Feet)	ate Feet) <u>N</u> . 88.53	A	
DEPTH (ft. BGL)	BLOW	PEN/REC (INCHES)	Sample Type/#	GRAPHIC LOG	LITHOLOGIC DESCRIP	Field Testing (ppm)	SAMPLE ID/ TIME	WELL D	DIAGRAM
- 1		48/14	S-1		0-3" Dark-brown SILT, trace sand, mois 3-10" Black FILL (coal, ash). 10-14" Tan to brown medium-coarse S/sub-rounded gravel, moist. End of Boring @ 4 feet	 0.02	HB-22D (1-3) 1605		No Monitoring Well Installed



CLIENT/PROJECT NUMBER City of New Bedford -115058	SCREEN TYPE/SLOT NA					
BORING/WELL NUMBER HB-22E	FILTER PACK TYPE NA					
TRC GEOLOGIST A. Drouin	SEAL TYPE NA					
DRILLING CONTRACTOR/FOREMANNew England Geotech/Dan Regan	DEPTH TO WATER (Approximate Feet) NA					
DATE DRILLED 10/20/2011	TOTAL DEPTH (Feet) 4					
LOCATION NBHS - 5' North of HB-22	GROUND ELEVATION (Feet) 88.54					
SAMPLING METHOD 48" Macrocore	REFERENCE ELEVATION (Feet) NA					
DRILLING METHOD Direct Push 5400 Truck Rig NOTES Sampled for chlorinated dioxin / dibenzofuran congeners						
SGL) NOW NATH NATH ONE ONE NATH ONE ONE NATH ONE NATH	TON A The Diagram Mel Diagram					

NOTES Sampled for chlorinated dioxin / dibenzofuran congeners									
DEPTH (ff. BGL)	BLOW	PEN/REC (INCHES)	Sample Type/#	GRAPHIC LOG	LITHOLOGIC DESCRIPTION	Field Testing (ppm)	SAMPLE ID/ TIME	WELL D	IAGRAM
- 1 3 4 -		48/25			0-13" Dark-brown SILT, some fine sand, moist. 13-25" Tan to brown fine-coarse SAND, trace sub-rounded to sub-angular gravel, moist. End of Boring @ 4 feet	0.0	HB-22E (1-3) 1530 (Hold)		No Monitoring Well Installed



CLIEN	IT/PRO	JECT N	IUME	BER_C	City of New Bedford -115058	SCREEN TYPE/SLOT	_NA_			
BORIN	NG/WEI	LL NUN	1BER		HB-22F	FILTER PACK TYPE	_NA			
TRC C	SEOLO	GIST _	A. D	rouin		SEAL TYPE	_NA			
DRILL	ING CO	ONTRA	CTOF	R/FORI	EMANNew England Geotech/Dan Regan	DEPTH TO WATER (A	pproxim	ate Feet) N	A	
DATE	DRILL	ED _1	0/20/	2011		TOTAL DEPTH (Feet)	_ 4			
LOCA	TION	NBH:	S - 5'	East o	of HB-22	GROUND ELEVATION	l (Feet)	88.23		
SAMP	LING N	IETHO	D	48" Ma	acrocore	REFERENCE ELEVAT	TION (Fee	t) <u>NA</u>		
DRILL	ING ME	ETHOD	Di	rect Pu	ush 5400 Truck Rig					
					dioxin / dibenzofuran congeners					
			#							
DEPTH (ft. BGL)	BLOW	PEN/REC (INCHES)	Sample Type/#	GRAPHIC LOG	LITHOLOGIC DESCRIP	TION	Field Testing (ppm)	SAMPLE ID/ TIME	WELL [DIAGRAM
		48/24	S-1	71 1N 71	0-8" Dark-brown SILT, trace sand and	oots, moist.	0.4			
- 1 - - 2 - - 3 - - 4 -		48/24	S-1		0-8" Dark-brown SILT, trace sand and a sand and a sand a s	ers of color at	0.4	HB-22F (1-3) 1550 (Hold)		No Monitoring Wel Installed



BORII TRC (DRILL DATE LOCA SAMF	NG/WEI GEOLO ING CO DRILL TION PLING M	LL NUM GIST _ ONTRAGED1 NBHS METHOL	A. C CTOF 0/20/ S - 5' D	Prouin R/FORI (2011 South 48" Marect Pu	City of New Bedford -115058 HB-22G EMANNew England Geotech/Dan Regan of HB-22 acrocore ush 5400 Truck Rig I dioxin / dibenzofuran congeners		NA NA pproxima 4 (Feet)	ate Feet) <u>N/</u> 88.33	A	
DEPTH (ft. BGL)	BLOW	PEN/REC (INCHES)	Sample Type/#	GRAPHIC LOG	LITHOLOGIC DESCRIP	TION	Field Testing (ppm)	SAMPLE ID/ TIME	WELL D	DIAGRAM
- 1		48/30	S-1		0-10" Dark-brown SILT, little sand and 10-30" FILL (glass, ash, coal, trace slag of color at 24-inches, wet at 3.5-feet. End of Boring @ 4 feet		0.0	HB-22G (1-3) 1625 (Hold)		No Monitoring Wel Installed



CLIEN	IT/PRO	JECT N	IUME	_	City of New Bedford -115058	SCREEN TYPE/SLOT	_NA_			
		LL NUN			1B-22H	FILTER PACK TYPE	_NA			
		GIST _				SEAL TYPE	_NA_			
					EMANNew England Geotech/Dan Regan	DEPTH TO WATER (A		ate Feet) N	Α	
		ED1				TOTAL DEPTH (Feet)				
					of HB-22 acrocore					
					acrocore ush 5400 Truck Rig	REFERENCE ELEVAT	ION (Fee	et) <u>NA</u>		
					d dioxin / dibenzofuran congeners					
DEPTH (ft. BGL)	BLOW	PEN/REC (INCHES)	Sample Type/#	GRAPHIC LOG	LITHOLOGIC DESCRIP	TION	Field Testing (ppm)	SAMPLE ID/ TIME	WELL [DIAGRAM
- 1 - - 2 - - 3 - - 4 -		48/16	res s-1		0-8" Light-brown SILTY very fine SANE surface, very dry and dusty. 8-16" Black FILL (glass, coal, ash), lay 15-inches. End of Boring @ 4 feet		0.1	HB-22H (1-3) 1610 (Hold)		No Monitoring Wel



BORIN TRC G DRILLI DATE LOCAT SAMPI	A8" Macrocore Direct Push 5400 Truck Rig Sampled for chlorinated dioxin / dibenzofuran congeners AS A S A S A S A S A S A S A S A S A S			EMANNew England Geotech/Dan Regan of HB-22 acrocore ush 5400 Truck Rig		NA NA Approxima 4 N (Feet)	88.10 (t) NA			
DEPTH (ft. BGL)	BLOW	PEN/REC (INCHES)	Sample Type	GRAPHIC LOG	LITHOLOGIC DESCRIP	TION	Field Testing (ppm)	SAMPLE ID/ TIME	WELL D	IAGRAM
- 1		48/28	S-1				0.2	HB-22J (1-3) 1600 (Hold)		No Monitoring Well Installed



C T	R	C	wannalanct Mills 650 Suffolk Street Lowell, MA 01854 Phone: 978-970-5600	BORING/W	IELL	CONST	KUCTI	JN LOG
CLIENT/PROJEC	T NUME	BER (City of New Bedford -115058	SCREEN TYPE/SLOT	_NA			
BORING/WELL N	NUMBER		HB-22K	FILTER PACK TYPE	NA			
TRC GEOLOGIS				SEAL TYPE	_NA			
DRILLING CONT	RACTOR	R/FORI	EMANNew England Geotech/Dan Regan	DEPTH TO WATER (A	pproxima	ate Feet) N	A	
DATE DRILLED	10/20/	2011		TOTAL DEPTH (Feet)	_ 4			
LOCATION N	BHS - 10	D' Sout	h of HB-22	GROUND ELEVATION	l (Feet)	88.55		
SAMPLING METI	HOD _	48" Ma	acrocore	REFERENCE ELEVA	ΓΙΟΝ (Fee	t) <u>NA</u>		
			ush 5400 Truck Rig I dioxin / dibenzofuran congeners					
DEPTH (ft. BGL) BLOW COUNTS	(INCHES) Sample Type/#	GRAPHIC LOG	LITHOLOGIC DESCRIP	TION	Field Testing (ppm)	SAMPLE ID/ TIME	WELL [DIAGRAM
48/	/28 S-1		0-14" Dark-brown SILT, little sand, trace 14-28" FILL (ash, glass, coal), moist to End of Boring @ 4 feet		0.9	HB-22K (1-3) 1630 (Hold)		No Monitoring Well Installed



CLIENT/PROJECT NUMBER City of New Bedford -115058	SCREEN TYPE/SLOT NA					
BORING/WELL NUMBER HB-22L	FILTER PACK TYPE NA					
TRC GEOLOGIST A. Drouin	SEAL TYPE NA					
DRILLING CONTRACTOR/FOREMANNew England Geotech/Dan Regan	DEPTH TO WATER (Approximate Feet) NA					
DATE DRILLED 10/20/2011	TOTAL DEPTH (Feet) 4					
LOCATION NBHS - 10' West of HB-22	GROUND ELEVATION (Feet) 88.83					
SAMPLING METHOD 48" Macrocore	REFERENCE ELEVATION (Feet) NA					
DRILLING METHOD Direct Push 5400 Truck Rig NOTES Sampled for chlorinated dioxin / dibenzofuran congeners	· · · · · · · · · · · · · · · · · · ·					
<u> </u>						
	β ₀ /C					

NOTE	NOTES Sampled for chlorinated dioxin / dibenzofuran congeners									
DEPTH (ft. BGL)	BLOW	PEN/REC (INCHES)	Sample Type/#	GRAPHIC LOG	LITHOLOGIC DESCRIPTION	Field Testing (ppm)	SAMPLE ID/ TIME	WELL	DIAGRAM	
- 1 2		48/20			0-20" Tan to brown SILTY very fine-coarse SAND, dry to moist, increasing grain size with depth, trace gravel at bottom of sleeve. End of Boring @ 4 feet	0.3	HB-22L (1-3) 1615 (Hold)		No Monitoring Well Installed	

	Project:					te/Time);											
TRC	city d NB	1150	58-	-		7/	15/11	0940		Sheet/	of _							
Sample Log Sheet	Contractor Pers						TRC Personnel: J. Sanders											
	N.A	{																
Sample No.:58-368-					Sketch of Sample Location													
			 	\dashv			$\overline{}$	 	k ,	25	/-	/						
Depth/Interval Sampled: (0	-1') { (1-3)	5 (35/15/9)					1	1		0/	Z	1						
Sample Type: Grab Col (circle)	mposite Both		¥			2		4	77	*		×						
Media: Surface Soil (circle) Subsurface Soil Other	Sediment Surface Water Ground Water				CIIB Cus		58-3 15-5'	97.5	ري <u>.</u> ها	200	1							
Field Screening Information:	NA		Obse	ervati	ons:		7 Hydr	inf	Light	FZ								
Type of Meter: NA				-12	(Alas	1 -1-	<u></u>	TOPCO	,,	/= a	16 <	. <i>Ie</i> \						
Other Field Measurements::			11th M-Gravel, trace voots, dry, 16															
				- n/S 12-20" Mad-brown F-SAND, little Sift														
	for the t	· - 1	12	- 70	,"/	Yed-	brow	n F-3	SAN	D, 10	Hle 5	\mathcal{H}						
	were unsucceful (refused)				20-30" Dak-tan-brown F-SAND, little													
11.0' to wast tree)	M-C Sand & Sitt, trace - little															
13.5' to fire hydrant (conter)				F-C Grovel, dry n/o, n/s														
53.5' to oust tree trunk (conter)				(Refusal and n 2.51 bgs)														
SAMPLE COLLECTION EQUIP	MENT:		DECONTAMINATION PROECDURE:															
Hand Auger Core Sampler					DECON. FLUID USED DESCRIPTION Tap water A													
Spatula/Spoon	Shelby Tube Dredge Samp		wate onox	r	NA													
Bowl (stainless) Split-spoon (2" or 3")	Kemmerer Extended Arm		Wate		,,	\$												
Encore®	Bailer	Тар	0 ₃ (1 c Wate	r	⁷⁶⁾	2												
Tube Auger Direct	Backhoe Van Doren Bo	Meti Hexi	hanol ane	l	1													
Ponar Grab Bucket Auger			Acet	tone		1												
Peristaltic Pump			Air [∪ry /ater		1	Ž											
MacroCore(4 ft or 5 ft) Other			Air C Non			1	ব											
ANALYTICAL PARAMETERS	Filtered (circle)	Preservati Method	on T				ner	Time of		s	Sample ID							
PCBS (Sorphlet)	YES (NG)	Iæ		402			1 5 100 - 000											
D PAHS (8170C)	YES (10)	Ice		407			77.0	-1) = 0 -1) = 0 -2-5) = 10	950		T_	-2-3						
XXP-14 Metals/Ha	YES NO	Ile				(x:	717		950		V							
	YES NO			7 8														
	YES NO																	
	YES NO																	
								7//										

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	Project:	o.: Dat			me:									
TRC	City of NB	058	<u>}</u>	7/15/	11 1020	Sheet _/_ of _/_								
Sample Log Sheet	Contractor Pers				ersonnel:									
	NA				J. 5	Saudres								
Sample No.: <u>SB-369</u>			Sketch of Sample Location											
Sample No.:					//	Phylon	1-1-1							
Depth/Interval Sampled: (10-1') & (1-5')						1770	/ /							
Sample Type: Grab Composite Both (circle)					3 19	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	B N /							
10 Km 0 Mm 0 M	6-4:			7.,	J 🕎	47.51 Yu	7							
Media: Surface Soil (circle) Subsurface Soil Other	Sediment Surface Water					19 7								
Other	Ground Water	4	-		•	1 3								
				14	Hydra									
Field Screening Information:	H		Obse	ervations:	/ E A	Light	OSOU /France							
Type of Meter: NA			and sitt), time F-C gravel of roots,											
Other Field Measurements::				dry y	1/0	0/5								
NA-	7.00 / 1	10000	17-36" Dunk-tan-brown F-SAND,											
15.0' from NE +			- little sitt, trace-little M-C sund & F-M gravel, dry, 1/2,											
24.0' from past +			N/5											
19.0' from road co				·										
SAMPLE COLLECTION EQUIPM	ENT:	,	DECONTAMINATION PROECDURE:											
Hand Auger	Trowel		DECON, FLUID USED DESCRIPTION											
Core Sampler Spatula/Spoon	Shelby Tube Dredge Sampler			water nox	×		NA							
Bowl (stainless)	Kemmerer		Тар	Water										
Split-spoon (2" or 3") Encore®	Extended Arm Bailer	, H I) ₃ (1 or 10% Water	·) 🔀									
Tube Auger	Backhoe	📙 📗	Meti	nanol										
Direct Ponar Grab	Van Doren Bo	ittle 🔝	Hex:	ane tone	M									
Bucket Auger			Air I		X									
Peristaltic Pump MacroCore(4 ft or 5 ft)			DI W	/ater Dry	X									
Other			Non	*										
ANALYTICAL PARAMETERS	Filtered (circle)	Preservation Method	on	Volume/Co	ontainer	Collection	Sample ID							
ACBS (Southlet)	YES NO	Ice		402	(xz)	1040 = (0-11)	SB-369 (0-1)							
1 PAHS (8270C)	YES NO	1			-		/							
MR Metals/Hz	YES NO	V		V		V	1							
	YES NO													
	YES NO	<u> </u>												
	YES NO					11 11	Rev. 25 January 2002							

Signed: All Signed: 7/15/1/

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	Project: Project N					Da	Date/Time:								
TRC	CHYDNB 113			8-		7/	7/15/11				Sheet of				
Sample Log Sheet	Contractor Pers				1	TRC Personnel:									
3	NA					į	<u> </u>	Saunders							
Sample No.: <u>SB-370</u>			Sketch of Sample Location												
Sample No.: DD D40			L			/			,	Д		\angle	_	1	
Depth/Interval Sampled: (0-1) 4 (1-3')			ļ <u>.</u>			\angle	/	ar	KI	15	/				
							(<u> </u>		<u> 22</u>	1	
Sample Type: Grab Composite Both			Ш	<i>x</i>	\sim	2			\longrightarrow	₹.	90	1			
(circle)				V		$\mathbf{\hat{\zeta}}$		_{	o 42	25.9	.	1251	/		
Media: Surface Soil	Sediment Surface Water				بيا	٧,			-4	6	7	,		/	
(circle) Subsurface Soil				ydra	٠	515	₹ €		55- 3 47				/	<u></u>	
Other	Ground Water			1014	77 -4			—			Light	/		\vee	
			$\vdash A$		Ζ,	\angle				\angle		_	$-\!\!\!/$	ert	
														<u>[</u>	
Field Screening Information:	M		Observations:												
Type of Meter:			F- SNUT ITTHE - Some root												
Other Field Measurements::			Wood debris, trace F- siavel,												
NA			v. 51. most, n/o, n/s												
17.5' to light pal	e (certes)		12-20" Dark-brown organic SILT,												
18.4' to wet the	1 tree trunk	(conta)	11the F-Sand & Koots, sl. moist,												
26.5' to west the	e trusk (co	nter)	n/o , n/s , trace glacks												
8,0' to north co	ge of curs		79-36" Douk-br. & tan-br. SILT,												
			_ little clay & voots, sl. moist,												
				u	Q ,	9/5									
SAMPLE COLLECTION EQUIPM	TENT:		DECONTAMINATION PROECDURE:												
Hand Auger	Trowel	X	DECON. FLUID USED DESCRIPTION												
Core Sampler Spatula/Spoon	patula/Spoon Dredge Sampler will (stainless) Kemmerer					Tap water X									
Bowl (stainless)						Tap Water									
Split-spoon (2" or 3")	Extended Arm Bailer				HNO ₃ (1 or 10%)										
Tube Auger	Backhoe	Methano!													
Direct Ponar Grab	Van Doren So	ttle		cane etone			×								
Bucket Auger				Air Dry											
Peristaltic Pump MacroCore(4 ft or 5 ft)		1		Nater Dry			$\stackrel{>}{\supset}$								
Other		Nor	-												
	Filtered	Preservati	on On	Val	ımali	ontai			ime of		<u> </u>	e _{ar}	npie li		
ANALYTICAL PARAMETERS	(circle)	Method		7,7			. 		llection = ///		+		la	-	
LA PCBS (Soxulat)	YES (NO)	Ice		402		(X)			-3) = 1120		58-370/1-3			3)	
	YES NO										 /		/		
MP-14 Motals/Hz	YES NO	V		\perp		/	_	1				<u> </u>			
	YES NO						_				+-				
	YES NO			<u> </u>											
	YES NO								//			Barre 1	DS Janua	n, 0000	

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Signed: 4/19/10