



IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL FORM
Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

Release Tracking Number

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A. RELEASE OR THREAT OF RELEASE LOCATION:

- 1. Release Name/Location Aid: _____
- 2. Street Address: _____
- 3. City/Town: _____ 4. ZIP Code: _____
- 5. Check here if a Tier Classification Submittal has been provided to DEP for this Disposal Site.
 - a. Tier 1A b. Tier 1B c. Tier 1C d. Tier 2
- 6. Check here if this location is Adequately Regulated, pursuant to 310 CMR 40.0110-0114. Specify Program (check one):
 - a. CERCLA b. HSWA Corrective Action c. Solid Waste Management
 - d. RCRA State Program (21C Facilities)

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

- 1. List Submittal Date of Initial IRA Written Plan (if previously submitted): _____ (MM/DD/YYYY)
 - 2. Submit an **Initial IRA Plan**.
 - 3. Submit a **Modified IRA Plan** of a previously submitted written IRA Plan.
 - 4. Submit an **Imminent Hazard Evaluation** (check one)
 - a. An Imminent Hazard exists in connection with this Release or Threat of Release.
 - b. An Imminent Hazard does not exist in connection with this Release or Threat of Release.
 - c. It is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release, and further assessment activities will be undertaken.
 - d. It is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release. However, response actions will address those conditions that could pose an Imminent Hazard.
 - 5. Submit a request to **Terminate an Active Remedial System or Response Action(s) Taken to Address an Imminent Hazard**.
 - 6. Submit an **IRA Status Report**.
 - 7. Submit an **IRA Completion Statement**.
 - a. Check here if future response actions addressing this Release or Threat of Release notification condition will be conducted as part of the Response Actions planned or ongoing at a Site that has already been Tier Classified under a different Release Tracking Number (RTN). When linking RTNs, rescoring via the NRS is required if there is a reasonable likelihood that the addition of the new RTN(s) would change the classification of the site.
 -
 - b. State Release Tracking Number of Tier Classified Site (Primary RTN): -
- These additional response actions must occur according to the deadlines applicable to the Primary RTN. Use the Primary RTN when making all future submittals for the site unless specifically relating to this Immediate Response Action.
- 8. Submit a **Revised IRA Completion Statement**.

(All sections of this transmittal form must be filled out unless otherwise noted above)





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C. RELEASE OR THREAT OF RELEASE CONDITIONS THAT WARRANT IRA:

1. Identify Media Impacted and Receptors Affected: (check all that apply)

- a. Air b. Basement c. Critical Exposure Pathway d. Groundwater e. Residence
- f. Paved Surface g. Private Well h. Public Water Supply i. School j. Sediments
- k. Soil l. Storm Drain m. Surface Water n. Unknown o. Wetland p. Zone 2
- q. Others Specify: _____

2. Identify Oils and Hazardous Materials Released: (check all that apply)

- a. Oils b. Chlorinated Solvents c. Heavy Metals
- d. Others Specify: _____

D. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply. for volumes list cumulative amounts)

- 1. Assessment and/or Monitoring Only
- 2. Temporary Covers or Caps
- 3. Deployment of Absorbent or Containment Materials
- 4. Temporary Water Supplies
- 5. Structure Venting System
- 6. Temporary Evacuation or Relocation of Residents
- 7. Product or NAPL Recovery
- 8. Fencing and Sign Posting
- 9. Groundwater Treatment Systems
- 10. Soil Vapor Extraction
- 11. Bioremediation
- 12. Air Sparging
- 13. Excavation of Contaminated Soils

- a. Re-use, Recycling or Treatment i. On Site Estimated volume in cubic yards _____
- ii. Off Site Estimated volume in cubic yards _____

ia. Facility Name: _____ Town: _____ State: _____

iib. Facility Name: _____ Town: _____ State: _____

iii. Describe: _____

- b. Store i. On Site Estimated volume in cubic yards _____
- ii. Off Site Estimated volume in cubic yards _____

ia. Facility Name: _____ Town: _____ State: _____

iib. Facility Name: _____ Town: _____ State: _____





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D. DESCRIPTION OF RESPONSE ACTIONS (cont.): (check all that apply, for volumes list cumulative amounts)

c. Landfill

i. Cover Estimated volume in cubic yards _____

Facility Name: _____ Town : _____ State: _____

ii. Disposal Estimated volume in cubic yards _____

Facility Name: _____ Town : _____ State: _____

14. Removal of Drums, Tanks or Containers:

a. Describe Quantity and Amount: _____

b. Facility Name: _____ Town : _____ State: _____

c. Facility Name: _____ Town : _____ State: _____

15. Removal of Other Contaminated Media:

a. Specify Type and Volume: _____

b. Facility Name: _____ Town : _____ State: _____

c. Facility Name: _____ Town : _____ State: _____

16. Other Response Actions:

Describe: _____

17. Use of Innovative Technologies:

Describe: _____





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E. LSP SIGNATURE AND STAMP :

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal form, including any and all documents accompanying this submittal. In my professional opinion and judgment based upon application of (i) the standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief,

> if Section B of this form indicates that an **Immediate Response Action Plan** is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that an **Imminent Hazard Evaluation** is being submitted, this Imminent Hazard Evaluation was developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and the assessment activity(ies) undertaken to support this Imminent Hazard Evaluation complies(y) with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000;

> if Section B of this form indicates that an **Immediate Response Status Report** is being submitted, the response action(s) that is (are) the subject of this submittal (i) is (are) being implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that an **Immediate Response Action Completion Statement** or a request to **Terminate an Active Remedial System or Response Action(s) Taken to Address an Imminent Hazard** is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal.

I am aware that significant penalties may result, including, but not limited to, possible fines and imprisonment, if I submit information which I know to be false, inaccurate or materially incomplete.

1. First Name: _____ 2. Last Name: _____

3. Telephone: _____ 4. Ext.: _____ 5. FAX: _____

6. Signature: _____ 7. Date: _____

8. LSP #: _____

9. LSP Stamp:





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F. PERSON UNDERTAKING IRA:

1. Check all that apply: a. change in contact name. b. change of address c. change in the person undertaking response actions
2. Name of Organization: _____
3. Contact First Name: _____ 4. Last Name: _____
5. Street: _____ 6. Title: _____
7. City/Town: _____ 8. State: _____ 9. ZIP Code: _____
10. Telephone: _____ 11. Ext.: _____ 12. FAX: _____

G. RELATIONSHIP TO RELEASE OR THREAT OF RELEASE OF PERSON UNDERTAKING IRA:

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 IRA Specify Relationship: _____

H. REQUIRED ATTACHMENT AND SUBMITTALS:

1. Check here if any Remediation Waste, generated as a result of this IRA, will be stored, treated, managed, recycled or reused at the site following submission of the IRA Completion Statement. If this box is checked, you must submit one of the following plans, along with the appropriate transmittal form.
 A Release Abatement Measure (RAM) Plan (BWSC106) Phase IV Remedy Implementation Plan (BWSC108)
2. Check here if the Response Action(s) on which this opinion is based, if any, are (were) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions thereof. * 9/8/03 Request for IRA with Interim Deadline
3. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of the implementation of an Immediate Response Action taken to control, prevent, abate or eliminate an Imminent Hazard.
4. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of the submittal of a Completion Statement for an Immediate Response Action taken to control, prevent, abate or eliminate an Imminent Hazard.
5. Check here if any non-updatable information provided on this form is incorrect, e.g. Site Address/Location Aid. Send corrections to the DEP Regional Office.
6. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.





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I. CERTIFICATION OF PERSON UNDERTAKING IRA:

1. I, _____, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

2. By: _____ 3. Title: _____

Signature

4. For: _____

(Name of person or entity recorded in Section F)

(mm/dd/yyyy)

5. Check here if the address of the person providing certification is different from address recorded in Section F.

6. Street: _____

7. City/Town: _____ 8. State: _____ 9. ZIP Code: _____

10. Telephone: _____ 11. Ext.: _____ 12. FAX: _____

**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 (DEP USE ONLY:)

[Empty box for Date Stamp]

