



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC112

**BILL OF LADING** (pursuant to 310 CMR 40.0030)

Release Tracking Number

-

**A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:**

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 I     b. Tier II

**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):

- |  |   |
|--|---|
| <input type="checkbox"/> a. Immediate Response Action (IRA)          | <input type="checkbox"/> e. Comprehensive Response Actions  |
| <input type="checkbox"/> b. Release Abatement Measure (RAM)          | <input checked="" type="checkbox"/> f.. Limited Removal Action (LRA):<br>(must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP) |
| <input type="checkbox"/> c. Downgradient Property Status (DPS)       | <input type="checkbox"/> g. Other: <input type="text"/>   |
| <input type="checkbox"/> 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:   
(mm/dd/yyyy)

6. Period of Generation Associated with this Bill of Lading  to   
(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:



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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. 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:

2. Contact First Name:     3. Last Name:

4. Street:     5. Title:

6. City/Town:     7. State:     8. Zip Code:

9. Telephone:     10. Ext:     11. Email:



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**E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:**

1. Operator/Facility Name: **Ondrick Materials + Recycling, LLC**

2. Contact First Name: **Dave** 3. Last Name: **Costanzo**

4. Street: **22 Industry Drive** 5. Title: **Environmental Manager**

6. City/Town: **Chicopee** 7. State: **MA** 8. Zip Code: **01020-0000**

9. Telephone: **(413) 592-2566** 10. Ext:  11. Email:

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: **X258844**

14. Division of Solid Waste Permit Number:

15. EPA Identification Number: **MV4135922081**

**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 #: **7839**

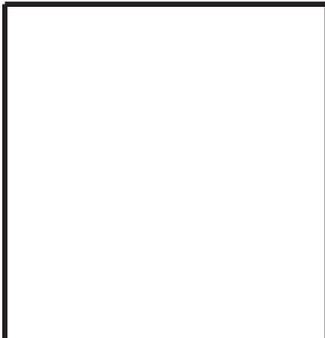
2. First Name: **Robert E** 3. Last Name: **Smith**

4. Telephone: **(413) 781-0040** 5. Ext.

6. Email:

7. Signature: \_\_\_\_\_

8. Date:   
 (mm/dd/yyyy)

9. LSP Stamp: 



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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: **Springfield Office of Housing**
3. Contact First Name: **Tina** 4. Last Name: **Quagliato**
5. Street: **36 Court Street** 6. Title: **Deputy Director of Neighborhood Stabilization**
7. City/Town: **Springfield** 8. State: **MA** 9. Zip Code: **01003-0000**
10. Telephone: **(413) 750-2114** 11. Ext:  12. Email:

**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  5. Date:   
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



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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. E:  13. Email:

**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):