RDMS Doc ID 107663

Massachusetts Department of Environmental Protection **BWSC-107A**
Bureau of Waste Site Cleanup

TIER CLASSIFICATION, TIER II EXTENSION & TIER II TRANSFER TRANSMITTAL FORM

Pursuant to 310 CMR 40.0510 and 40.0560 (Subpart E)

Release Tracking Number: 2 - 0000111

A. DISPOSAL SITE LOCATION:

Disposal Site Name: ATF Davidson

Street: 355 Main Street Location Aid: opposite Arcade Pond

City/Town: Northbridge ZIP Code: 01588

Related Release Tracking Numbers That This Submittal Will Address:

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

- [ ] Submit a new or revised **Tier Classification Submittal for a Tier I Site**, including a Numerical Ranking Scoresheet (complete Sections A, B, C, I, J, K and L).
- [X] Submit a new or revised **Tier Classification Submittal for a Tier II Site**, including a Numerical Ranking Scoresheet (complete Sections A, B, C, F, G, I, J, K and L).
- [ ] Submit a **Notice that an additional Release Tracking Number(s) is (are) being linked to this Tier Classified Site** and rescoring is not required at this time (complete Sections A, B, J, K and L). If this submittal is for a Tier I Site, you must also submit a Minor Permit Modification Transmittal Form (BWSC-109).

  List Additional Release Tracking Number(s):
- [X] Submit a **Phase I Completion Statement supporting a Tier Classification Submittal** (complete Sections A, B, I, J, K and L).
- [ ] Submit a **Tier II Extension Submittal** for Response Actions at a Tier II Site (complete Sections A, B, D, F, G, I, J, K and L).
- [ ] Submit a **Tier II Extension Submittal for Response Actions taken after expiration of a Waiver**, pursuant to 310 CMR 40.0630(4) (complete Sections A, B, D, F, J, K and L, and also complete Sections G and I *or* Section H).*
- [ ] Submit a **Tier II Transfer Submittal** for a change in person(s) undertaking Response Actions at a Tier II Site (complete Sections A, B, E, F, G, I, J, K, L, M, N and O).
- [ ] Submit a **Tier II Transfer Submittal for a change in person(s) undertaking Response Actions at a Waiver Site**, pursuant to 310 CMR 40.0630(6) (complete Sections A, B, E, F, J, K, L, M, N and O, and also complete Sections G and I *or* Section H).*

You must attach all supporting documentation required for each use of form indicated, including copies of any Legal Notices and Notices to Public Officials required by 310 CMR 40.1400.
***NOTE: The Waiver expires on the effective date of this submittal and all further Response Actions must be taken as a Tier II Site.**

C. TIER CLASSIFICATION SUBMITTAL:

Numerical Ranking Score for Disposal Site: (from Numerical Ranking Scoresheet) 216

Proposed Tier Classification of Disposal Site: (check one) [ ] Tier IA [ ] Tier IB [ ] Tier IC [X] Tier II

Check which, if any, of the Tier I inclusionary criteria are met by the Disposal Site, pursuant to 310 CMR 40.0520:

- [ ] Groundwater is located within an Interim Wellhead Protection Area or a Zone II, and there is evidence of groundwater contamination by an Oil or Hazardous Material at the time of Tier Classification at concentrations equal to or exceeding the applicable RCGW-1 Reportable Concentration set forth in 310 CMR 40.0360.
- [ ] An Imminent Hazard is present at the time of Tier Classification.

- [ ] Check here if this Tier Classification revises a previous submittal for this Disposal Site. You must include a revised Numerical Ranking Scoresheet with this submittal. If a Tier I Permit has been issued, you may also need to submit a Major Permit Modification Application (BWSC 10).

If incorporating additional Release(s) into the Disposal Site, list Release Tracking Number(s):

D. TIER II EXTENSION SUBMITTAL REQUIREMENTS:

State the expiration date of the Tier II Classification or Waiver for the Disposal Site, whichever is applicable:

Attach a statement summarizing why a Permanent or Temporary Solution has not been achieved at the Disposal Site. A Tier II Extension is effective for a period of one year beyond the current expiration date of the Tier II Classification or Waiver.

E. TIER II TRANSFER SUBMITTAL REQUIREMENTS:

State the proposed effective date of the change in person(s) undertaking Response Actions at the Disposal Site:

Attach a statement summarizing the reasons for the proposed change in person(s) undertaking the Response Actions. All Response Actions must be completed by the deadline applicable to the person who first filed either a Tier Classification Submittal for the Disposal Site or received a Waiver of Approvals.

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F. DISPOSAL SITE COMPLIANCE HISTORY SUMMARY:

> If providing either a **Tier Classification Submittal for a Tier II Site** or a **Tier II Extension Submittal for a Waiver Site**, the person named in **Section J** must provide a Compliance History.
> If providing a **Tier II Extension Submittal for a Tier II Site**, the person named in **Section J** must **update** their Compliance History since the effective date of the Tier II Classification.
> If providing a **Tier II Transfer Submittal for a Tier II or Waiver Site**, the person named in **Section M** must provide a Compliance History.

Compliance History for (provide only one name per History): former ATF Davidson

☐ Check here if there has been no change to the Compliance History of the person named above (Extension Submittal for a Tier II Site ONLY).

List all permits or licenses that have been issued by the Department that are relevant to this Disposal Site: None

PROGRAM:	PERMIT NUMBER:	PERMIT CATEGORY:	FACILITY ID:
Air Quality			
Hazardous Waste (M.G.L. c. 21C)			
Solid Waste			
Industrial Wastewater Management			
Water Supply			
Water Pollution Control/Surface Water			
Water Pollution Control/Groundwater			
Water Pollution Control/Sewer Connection			
Wetland & Waterways			

List all other Federal, state or local permits, licenses, certifications, registrations, variances, or approvals that are relevant to this Disposal Site:

ISSUING AUTHORITY OR PROGRAM, OR DOCUMENTATION TYPE:	IDENTIFICATION NUMBER:	DATE ISSUED:

If needed, attach to this Transmittal Form a statement further describing the Compliance History of this Disposal Site. This statement must describe the compliance history of the person named above with the following:

(1) DEP regulations; and
(2) other laws for the protection of health, safety, public welfare and the environment administered or enforced by any other government agency.

Such a statement should identify information such as:

(1) actions relevant to the Disposal Site taken by the Department to enforce its requirements including, but not limited to, a Notice of Noncompliance (NON), Notice of Intent to Assess Civil Administrative Penalty (PAN), Notice of Intent to Take Response Action (NORA), and an administrative enforcement order;
(2) administrative consent orders;
(3) judicial consent judgements;
(4) similar administrative actions taken by other Federal, state or local agencies;
(5) civil or criminal actions relevant to the Disposal Site brought on behalf of the DEP or other Federal, state, or local agencies; and
(6) any additional relevant information.

For each action identified, provide the following information:

(1) name of the issuing authority, type of action, identification number and date issued;
(2) description of noncompliance cited;
(3) current status of the matter; and
(4) final disposition, if any.

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Massachusetts Department of Environmental Protection **BWSC-107A**
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Pursuant to 310 CMR 40.0510 and 40.0560 (Subpart E)

Release Tracking Number
2 - 0000111

G. CERTIFICATION OF ABILITY AND WILLINGNESS:

> If providing either a **Tier II Classification Submittal** or a **Tier II Extension Submittal**, the person who signs this certification **MUST** be the person named in **Section J**, or that person's agent.
> If providing a **Tier II Transfer Submittal**, the person who signs this certification **MUST** be the person named in **Section M**, or that person's agent.

I attest under the pains and penalties of perjury that (i) I/the person(s) or entity(ies) on whose behalf this submittal is made has/have personally examined and am/is familiar with the requirements of M.G.L. c. 21E and 310 CMR 40.0000; (ii) based upon my inquiry of the/those Licensed Site Professional(s) employed or engaged to render Professional Services for the disposal site which is the subject of this Transmittal Form and of the person(s) or entity(ies) on whose behalf this submittal is made, and my/that person's(s') or entity's(ies') understanding as to the estimated costs of necessary response actions, that/those person(s) or entity(ies) has/have the technical, financial and legal ability to proceed with response actions for such site in accordance with M.G.L. c. 21E, 310 CMR 40.0000 and other applicable requirements; and (iii) that I am fully authorized to make this attestation on behalf of the person(s) or entity(ies) legally responsible for this submittal. I/the person(s) or entity(ies) on whose behalf this submittal is made is aware of the requirements in 310 CMR 40.0172 for notifying the Department in the event that I/the person(s) or entity(ies) on whose behalf this submittal is made learn(s) that it/they is/are unable to proceed with the necessary response actions.

By: _____ Title: Property Mgr.
(signature)

For: Arcade Realty Trust Date: 4-4-97
(print name of person or entity recorded in Section J or M, as appropriate)

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DEP CENTRAL-REGION

If you are submitting either a Tier II Extension Submittal for a Waiver Site or a Tier II Transfer Submittal for a Waiver Site, you may choose to sign the alternative Ability and Willingness Certification found in Section H in place of providing the certification in Section G and the LSP Opinion in Section I.

H. ALTERNATIVE CERTIFICATION OF ABILITY AND WILLINGNESS:

> If providing a **Tier II Extension Submittal for a Waiver Site**, the person who signs this certification **MUST** be the person named in **Section J**, or that person's agent
> If providing a **Tier II Transfer Submittal for a Waiver Site**, the person who signs this certification **MUST** be the person named in **Section M**, or that person's agent.

I attest under the pains and penalties of perjury that (i) I/the person(s) or entity(ies) on whose behalf this submittal is made has/have personally examined and am/is familiar with the requirements of M.G.L. c. 21E and 310 CMR 40.0000; (ii) based upon my inquiry of the Consultant-of-Record for the disposal site which is the subject of this Transmittal Form and of the person(s) or entity(ies) on whose behalf this submittal is made, and my/that person's(s') or entity's(ies') understanding as to the estimated costs of necessary response actions, that/those person(s) or entity(ies) has/have the technical, financial and legal ability to proceed with response actions for such site in accordance with M.G.L. c. 21E, 310 CMR 40.0000 and other applicable requirements; and (iii) that I am fully authorized to make this attestation on behalf of the person(s) or entity(ies) legally responsible for this submittal. I/the person(s) or entity(ies) on whose behalf this submittal is made is aware of the requirements in 310 CMR 40.0172 for notifying the Department in the event that I/the person(s) or entity(ies) on whose behalf this submittal is made learn(s) that it/they is/are unable to proceed with the necessary response actions.

By: _____ Title: _____
(signature)

For: _____ Date: _____
(print name of person or entity recorded in Section J or M, as appropriate)

I. LSP OPINION:

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 (iii) the provisions of 309 CMR 4.03(5), to the best of my knowledge, information and belief,

> *if Section B of this form indicates that a **Tier I or Tier II Classification Submittal** which relies upon a previously submitted Phase I Completion Statement is being submitted*, this Tier Classification Submittal has been developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000;

> *if Section B of this form indicates that a **Phase I Completion Statement or a Tier I or Tier II Classification Submittal** which does not rely upon a previously submitted Phase I Completion Statement 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;

SECTION I IS CONTINUED ON THE NEXT PAGE

Massachusetts Department of Environmental Protection **BWSC-107A**
Bureau of Waste Site Cleanup

TIER CLASSIFICATION, TIER II EXTENSION & TIER II TRANSFER TRANSMITTAL FORM

Pursuant to 310 CMR 40.0510 and 40.0560 (Subpart E)

Release Tracking Number: 2 - 0000111

I. LSP OPINION: (continued)

> *if Section B of this form indicates that a **Tier II Extension Submittal** or a **Tier II Transfer Submittal** 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.

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.

☐ 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.

LSP Name: Neal M. Drawas LSP #: 9844 Stamp: COMMONWEALTH OF MASSACHUSETTS NEAL M. DRAWAS No. 9844 REGISTERED LICENSED SITE PROFESSIONAL

Telephone: 508-443-1833 Ext.:

FAX: (optional) 508-443-1929

Signature:

Date: April 4, 1997

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J. PERSON MAKING SUBMITTAL:

Name of Organization: Arcade Realty Trust

Name of Contact: Leonard Jolles Title: Property Mgr.

Street: 1 Main Street

City/Town: Whitinsville (Northbridge) State: MA ZIP Code: 01588

Telephone: 508-234-6301 Ext.: FAX: (optional)

K. RELATIONSHIP TO DISPOSAL SITE OF PERSON MAKING SUBMITTAL: (check one)

☒ RP or PRP Specify: ⊗ Owner ◯ Operator ◯ Generator ◯ Transporter Other RP or PRP:

☐ Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)

☐ Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))

☐ Any Other Person Making Submittal Specify Relationship:

L. CERTIFICATION OF PERSON MAKING SUBMITTAL:

I, Leonard Jolles, 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.

By: Title: Property Mgr.
(signature)

For: Arcade Realty Trust Date: 4-4-97
(print name of person or entity recorded in Section J)

Enter address of the person providing certification(s), including Ability and Willingness Certification where applicable, if different from address recorded in Section J:

Street: same

City/Town: State: ZIP Code:

Telephone: Ext.: FAX: (optional)

YOU MUST COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE, AND YOU MAY INCUR ADDITIONAL COMPLIANCE FEES.

MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION

Bureau of Waste Site Cleanup

NUMERICAL RANKING SYSTEM SCORESHEET
(310 CMR 40.1511)

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CLASSIFICATION SUBMITTAL	
Initial Submittal	Re-Classification
☐	☒

DISPOSAL SITE SCORE					
II	III	IV	V	VI	TOTAL
20	91	40	65	0	216

Disposal Site Tier Classification	I			(II)
Permit Category (Tier I Only)	A	B	C	

****

I. DISPOSAL SITE INFORMATION

DEP Release Tracking Number(s)	2-0000111
DEP Disposal Site Number(s)	2-0111

UTM Coordinates	N:	4,665,418
	E:	278,463

Disposal Site Name	ATF Davidson
Disposal Site Address	355 Main Street
	City: Northbridge Zip: 01588

Is the Disposal Site classified Tier I because it is located within the boundaries of a Zone II or Interim Wellhead Protection Area and groundwater concentrations equal or exceed RCGW-1 at the time of Tier Classification pursuant to 310 CMR 40.0520(2)(a)1.?	Yes ☐	No ☒ see Section VI
Is the Disposal Site classified Tier I because an Imminent Hazard is present at the time of Tier Classification pursuant to 310 CMR 40.0520(2)(a)2.?	Yes ☐	No ☒

I attest under the pains and penalties of perjury that I have personally completed this Numerical Ranking System Scoresheet, and have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this submittal, and in my professional opinion and judgment based upon: (i) the standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and (iii) the provisions of 309 CMR 4.03(5), to the best of my knowledge, information and belief, this Scoresheet was developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000. 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.

Licensed Site Professional Signature	9844 LSP Registration Number	April 4, 1997 Date
Neal M. Drawas LSP Name (Printed)	Kroll Env. Enter., Inc. Company Name	508-443-1833 Telephone Number

Arcade Realty Trust

Responsible Party, Potentially Responsible Party, or Other Person who will provide certification in accordance with 310 CMR 40.0009.

40.1511 (Continued)

II. EXPOSURE PATHWAYS

II. EXPOSURE PATHWAYS *Score according to 40.1512 - Exposure Pathway Designation Criteria*				
MEDIA	*DESIGNATION*			
	NONE *or* NOT APPLICABLE	EVIDENCE OF CONTAMINATION	POTENTIAL EXPOSURE PATHWAY	LIKELY OR CONFIRMED EXPOSURE PATHWAY
A. SOIL (Includes Sediment)	0	15	100	150
B. GROUNDWATER	0	20	100	150
C. SURFACE WATER (Includes Wetlands)	0	20	100	150
D. AIR	0	15	100	200

Note: Score only the highest value for each media, i.e., score None or Not Applicable *or* Evidence of Contamination *or* Potential Exposure Pathway *or* Likely or Confirmed Exposure Pathway.

II. (A - D)	*Summary Rationale for Section II A - D Values and Phase I Report References*

Groundwater is designated as "Evidence of Contamination" based on the presence of Vinyl Chloride in two monitoring wells and one Geoprobe location at concentrations exceeding the RC. (Phase I Report, Section V, Table 5.1).

Soil is designated as "None" based on maximum OHM concentrations being less than applicable RCs. Surface water and air are designated as "None" because the OHM compound has not been identified in, and is not anticipated to be identified in, these media.

II.E. OHM SOURCES			
Number of OHM Sources	1 0	2 25	≥ 3 50

SECTION II SCORE (A. + B. + C. + D. + E.)					
A.	B.	C.	D.	E.	TOTAL: (15 - 700)
0	20	0	0	0	20

Check here if Section VI has been used to amend the score for this Section of the NRS.	☐

40.1511 (Continued)

III. DISPOSAL SITE CHARACTERISTICS

III.A.	OHM TOXICITY SCORE *Highest OHM Toxicity Score From Table III.A. or Worksheet III.A.1. on Following Pages.*	
OHM Scored: Barium Concentration and Media: 4,630 ug/l in Groundwater		Toxicity Score (1 - 80) 25

III.B.	MULTIPLE OHMs	
More Than One OHM With an OHM Toxicity Score of ≥ 30	No 0	Yes 30

III.C.	OHM MOBILITY and PERSISTENCE *Score according to 40.1514 - OHM Mobility and Persistence*
OHM Scored: cis 1,2-DCE	Score (0 - 50) 50

III.D. DISPOSAL SITE HYDROGEOLOGY

Score according to 40.1515 - Soil Permeability

DEPTH TO GROUNDWATER (in feet)	SOIL PERMEABILITY		
	Low	Medium	High
> 25	2	4	8
10.1 - 25	4	8	12
5.1 - 10	8	12	16
0 - 5	12	16	20

SECTION III SCORE (A + B + C + D)				
A.	B.	C.	D.	TOTAL: (3 - 180)
25	0	50	16	91

Check here if Section VI has been used to amend the score for this Section of the NRS.	☐

40.1511 (Continued)

Use Worksheet III.A.1. to determine the OHM Toxicity Score for OHM not listed in Table III.A. See 40.1513 for Human Health-Based Toxicity Values for each OHM.

Worksheet III.A.1	OHM TOXICITY SCORE						
HUMAN HEALTH-BASED TOXICITY VALUE	*CONCENTRATION* Use µg/g for Soil and µg/l for Surface Water and Groundwater						
	≤ 99	100 - 999	1,000 - 9,999	10,000 - 100,000	> 100,000 NAPL < 0.5"	NAPL 0.5" - 12"	NAPL > 12"
< 5	1	10	20	30	40	50	60
5 - 19	5	15	25	35	45	55	65
20 - 29	10	20	30	40	50	60	70
30 - 39	15	25	35	45	55	65	75
40 - 50	20	30	40	50	60	70	80

III.A.1.	*OHM and Concentrations Used in Section III.A.1.*			
OHM	Human Health-Based Toxicity Value	Concentration (Soil - µg/g)	Concentration (Water - µg/l)	OHM Toxicity Score
PCE	25		93.3	10
TCE	30		31.4	15
cis 1,2-DCE	18		82.6	5
VCL	38		74.	15
Acetone	8		103.	15
1,2,3-TCB	25 D		7.	10
Barium	8		4,630.	25

D = Default Value of 25 (40.1513(3))

40.1511 (Continued)

IV. HUMAN POPULATION AND LAND USES

IV.A.	HUMAN POPULATION			
Residential Population Within ½ Mile	None 0	1 - 99 5	100 - 999 10	≥ 1,000 15
Institutions Within 500 feet	None 0		One or More 10	
On-Site Workers	None 0	1 - 99 5	100 - 999 10	≥ 1,000 15

IV.B.	AQUIFERS	
Sole Source Aquifer Name: _____	No 0	Yes 25
Potentially Productive Aquifer	No 0	Medium or High 15

IV.C.	WATER USE				
Proximity of Disposal Site to Public Drinking Water Supply Source	Not Applicable (NA) 0 see Section VI			Zone A 20	Zone II, IWPA, or SW Intake ≤ 400' 50
Persons Served by Public Drinking Water Supply	NA 0	25 - 999 5	1,000 - 4,999 10	5,000 - 49,999 20	≥ 50,000 25
Private Water Supplies Within 500 Feet	None 0		Commercial Industrial 10	Agriculture Residential (Not Ingested) 15	Drinking Food Processing 25
Alternative Public Water Supply Available (Viable Public Water Supply in Disposal Site Community *and* Public Water Connection ≤ 500 Feet from Site)	Yes 0		No 25		

SECTION IV SCORE (A + B + C)			
A. 20	B. 0	C. 20	TOTAL: (0 - 205) 40

Check here if Section VI has been used to amend the score for this Section of the NRS.	☐

40.1511 (Continued)

V. ECOLOGICAL POPULATION

V.A. ENVIRONMENTAL RESOURCE AREAS			
RESOURCE	*LOCATION*		
Area of Critical Environmental Concern	> 500' from Site 0	≤ 500' from Site 20	On-Site 30
Species of Special Concern, Threatened or Endangered Species Habitat	> 500' from Site 0	On-Site or ≤ 500' from Habitat 30	
Wetlands, Certified Vernal Pool, or Outstanding Resource Water	> 100' from Site 0	≤ 100' from Site 20	On-Site 30
Fish Habitat	> 500' from Site 0	≤ 500' from Site 20	On-Site 30
Protected Open Space (Local/State/Federal/Trustee)	> 500' from Site 0	≤ 500' from Site 20	On-Site 30

SCORE SECTION V.B. *ONLY* IF SECTION V.A. SCORE IS ≥ 30.

V.B. ENVIRONMENTAL TOXICITY SCORE *Highest Environmental Toxicity Score From Table V.B. or Worksheet V.B.1. on Following Pages.*	
OHM Scored: Acetone / Barium Concentration and Media: 103 ug/l in GW / 4,630 ug/l in GW	Toxicity Score (1 - 35) 15

SECTION V. SCORE (A. + B.)		
A. 50	B. 15	TOTAL: (0 - 185) 65

Check here if Section VI has been used to amend the score for this Section of the NRS.	☐

40.1511 (Continued)

Use Worksheet V.B.1. to determine Environmental Toxicity Scores for OHM not listed in Table V.B. See 40.1516 for Environmental Toxicity Values for each OHM.

Worksheet V.B.1	ENVIRONMENTAL TOXICITY SCORE				
ENVIRONMENTAL TOXICITY VALUE	*CONCENTRATION* Use µg/g for Soil and µg/l for Surface Water or Groundwater				
	< 1	1 - 99	100 - 999	1,000 - 9,900	≥ 10,000
10	0	1	5	10	15
20	1	5	10	15	20
30	5	10	15	20	25
40	10	15	20	25	30
50	15	20	25	30	35

V.B.1.	*OHM and Concentrations Used in Section V.B.1.*			
OHM	Environmental Toxicity Value	Concentration (Soil - µg/g)	Concentration (Water - µg/l)	Environmental Toxicity Score
PCE	10		93.3	1
TCE	10		31.4	1
cis 1,2-DCE	10		82.6	1
VCL	--		74.	10
Acetone	30 D		103.	15
1,2,3-TCB	30 D		7.	10
Barium	20 D		4,630.	15

D = Default Value (40.1516(2))

40.1511 (Continued) **VI. MITIGATING DISPOSAL SITE-SPECIFIC CONDITIONS**

VI.	MITIGATING DISPOSAL SITE-SPECIFIC CONDITIONS

Disposal site-specific conditions that warrant amending the site score. Changes directly related to NRS Sections or Subsection scores may not reduce the score more than the relevant subsection value assigned for the disposal site in that subsection. Section VI must reference specific pages of the Phase I. Section VI may not exceed ± 50 Points and may be scored only in 5-point increments. Attach additional pages as necessary.

The DEP GIS Map for this Site incorrectly identifies a portion of the Site as being within the downgradient portion of an Interim Wellhead Protection Area. Based on an interview with the Operations Manager of Whitinsville Water Company and on plans by their consultant (Whitman & Howard), a Defined Zone II boundary has been established for the Whitin Pond Wellfield and the gravel-packed well on the south end of Whitins Pond. The Zone II Delineation Plans are included in the Phase I Report.

The entire Site is outside of and downgradient of the Zone II Boundry. This Site has been scored on that basis.

Disposal Site Score Amendment (Not to Exceed ± 50 Points)	Score -0-

Massachusetts Department of Environmental Protection **BWSC-110**
Bureau of Waste Site Cleanup

LICENSED SITE PROFESSIONAL (LSP) EVALUATION OPINION TRANSMITTAL FORM

Pursuant to 310 CMR 40.0600 (Subpart F)

APR - 1 1997

Release Tracking Number 2 - 0000111

A. SITE OR LOCATION TO BE INVESTIGATED (LTBI) INFORMATION:

Provide the following information as it appears on the Transition List of Confirmed Disposal Sites and Locations To Be Investigated.

Site or LTBI Name: ATF Davidson

Street: 355 Main Street Location Aid: opposite Arcade Pond

City/Town: Northbridge ZIP Code: 01588

Site Status: (check one) ☐ Location To Be Investigated ☐ Unclassified Disposal Site ☒ Non-Priority Disposal Site without a Waiver

Date First Listed in Above Category: 10/15/87

Related Release Tracking Numbers that this LSP Evaluation Opinion Addresses: _____

B. LSP EVALUATION OF SITE OR LOCATION TO BE INVESTIGATED: (check one of the following)

☐ Check here if this location is **NOT** a Site where a Release of Oil(s) or Hazardous Material(s) occurred that is subject to the notification requirements of 310 CMR 40.0300, and no further response actions are required.

☐ Check here if a Release of Oil(s) and Hazardous Material(s) subject to the notification requirements of 310 CMR 40.0300 occurred or may have occurred at this location, but Response Actions completed prior to the date of this LSP Evaluation Opinion meet the requirements of a Class A or Class B Response Action Outcome.

If this LSP Evaluation Opinion is checked, you must meet all appropriate Response Action Outcome requirements described at 310 CMR 40.1000. You must include with this submittal documentation equivalent to a Response Action Outcome, including all supporting materials.

Indicate the class of the equivalent Response Action Outcome:

○ Class A-1 ○ Class A-2 ○ Class A-3 ○ Class B-1 ○ Class B-2

You may choose to submit a completed Response Action Outcome Statement (BWSC-104) and supporting documentation in lieu of an LSP Evaluation Opinion, provided that you make the submittal prior to the LSP Evaluation Opinion deadline.

☒ Check here if a Release subject to the notification requirements of 310 CMR 40.0300 occurred or may have occurred at this location, and further Response Actions are necessary, pursuant to 310 CMR 40.0000.

If this option is checked you must make one of the following submittals by the applicable LSP Evaluation Opinion deadline: (i) provide a Tier Classification Submittal Transmittal Form (BWSC-107) and, if necessary, a Tier I Permit Application; (ii) provide a Response Action Outcome Statement (BWSC-104); (iii) or provide a Downgradient Property Status Submittal (BWSC-104).

(Refer to BWSC-107A & BWSC-108 documents submitted for this Site)

☐ Check here if this location is a Site that is Adequately Regulated, pursuant to 310 CMR 40.0110. Specify which other regulatory authority applies:

○ Response Actions at this Site, which are being conducted as a HSWA Corrective Action, are Adequately Regulated, pursuant to 310 CMR 40.0112.

○ Response Actions at this Site, which is a 21C facility under the RCRA Authorized State Hazardous Waste Program, are Adequately Regulated under M.G.L. c. 21C and 310 CMR 30.000, pursuant to 310 CMR 40.0113.

○ Response Actions at this Site, which is a Solid Waste Management facility, are Adequately Regulated under M.G.L. c. 21H, M.G.L. c. 111, § 150A and/or 310 CMR 19.000, pursuant to 310 CMR 40.0114.

You must attach all supporting documentation for the LSP Evaluation Opinion indicated, including copies of any Legal Notices and Notices to Public Officials required by 310 CMR 40.1400.

D. LSP OPINION:

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 (iii) the provisions of 309 CMR 4.03(5), to the best of my knowledge, information and belief, this LSP Evaluation Opinion was developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and the response action(s) upon which this opinion is based, if any, were reasonable and appropriate 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.

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.

SECTION D IS CONTINUED ON THE NEXT PAGE.

Massachusetts Department of Environmental Protection **BWSC-110**
Bureau of Waste Site Cleanup

SR 4/17/97

LICENSED SITE PROFESSIONAL (LSP) EVALUATION OPINION TRANSMITTAL FORM

Pursuant to 310 CMR 40.0600 (Subpart F)

Release Tracking Number: 2 - 0000111

D. LSP OPINION: (continued)

☐ Check here if the Response Action(s) on which this opinion is based, if any, is (are) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If this box is checked, you MUST attach a statement identifying the applicable provisions thereof.

LSP Name: Neal M. Drawas LSP #: 9844 Stamp:

Telephone: 508-443-1833 Ext.:

FAX: (optional) 508-443-1929

Signature:

Date: April 4, 1997

E. PERSON SUBMITTING LSP EVALUATION OPINION:

Name of Organization: Arcade Realty Trust

Name of Contact: Leonard Jolles Title: Property Mgr.

Street: 1 Main Street

City/Town: Whitinsville (Northbridge) State: MA ZIP Code: 01588

Telephone: 508-234-6301 Ext.: FAX: (optional)

F. RELATIONSHIP TO SITE OR LOCATION TO BE INVESTIGATED OF PERSON SUBMITTING LSP EVALUATION OPINION: (check one)

☒ RP or PRP Specify: ⊗ Owner ◯ Operator ◯ Generator ◯ Transporter Other RP or PRP:

☐ Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)

☐ Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))

☐ Any Other Person Submitting LSP Evaluation Opinion Specify Relationship:

G. CERTIFICATION OF PERSON SUBMITTING LSP EVALUATION OPINION:

I, Leonard Jolles, 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.

By: (signature) Title: Property Mgr.

For: Arcade Realty Trust Date: 4-4-97
(print name of person or entity recorded in Section E)

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

Street: same

City/Town: State: ZIP Code:

Telephone: Ext.: FAX: (optional)

YOU MUST COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE, AND YOU MAY INCUR ADDITONAL COMPLIANCE FEES.

KROLL ENVIRONMENTAL ENTERPRISES, INC.
A Subsidiary of Kroll Associates
181 Harbor Drive, Stamford, CT 06902

TELEPHONE: (203) 363-1530 [Legal Notice] FAX: (203) 363-1540

NOTICE OF AN ENVIRONMENTAL RESPONSE ACTION

ATF Davidson (Former)
355 Main Street
Northbridge (Whitinsville), MA 01588
RTN 2-0000111

Pursuant to the Massachusetts Contingency Plan [310 CMR 40.1403(3)] adopted by the Department of Environmental Protection, notice is hereby given that the item(s) checked below applies to this site:

( ) Implementation of Phase IV Remedial Actions
( ) Use of Respirators & Protective Clothing
( ) Sampling of Private Drinking Water Wells/ Indoor Air/ or Surficial Soils at Residential Property
( ) Immediate Response Action (IRA) involving Imminent Hazard
( ) IRA Completion Statement Availability for Above IRAs
( ) Release Abatement Measure (RAM) Implementation
(X) Phase I Initial Site Investigation Report Availability
( ) Subsequent Phase Report Availability
( ) Response Action Outcome (RAO) Statement Availability
( ) Downgradient Property Status (DPS) Submittal Availability.

PROJECT SUMMARY (Purpose, Nature, Expected Duration, etc.)

Historic site assessment studies suggest that limited disposal of hazardous constituents occurred on the property during prior ownership. Studies conducted in 1985-1987 indicated the presence of barium and chlorinated hydrocarbons in groundwater at levels exceeding the Reportable Concentrations. Recent groundwater sampling and analysis have shown that natural attenuation and degradation have reduced all toxic metal and VOC constituents to below MCP action levels except vinyl chloride. Continued monitoring will be required to assess the need for further remedial actions to ensure a level of No Significant Risk to health, safety, public welfare and the environment.

Any person interested in obtaining additional information or purchasing a copy of the document(s) (where applicable) may contact Kroll Environmental Enterprises, Inc. (508-443-1833) or the Central Regional Office of the Mass. Dept. of Environmental Protection (508-792-7650).

cc:
Chief Municipal Officer
Board of Health

HONG KONG • LONDON • LOS ANGELES • MIAMI • NEW YORK • PARIS • PARSIPPANY • SAN FRANCISCO • TOKYO • WASHINGTON

KROLL ENVIRONMENTAL ENTERPRISES, INC.

A Subsidiary of Kroll Associates

181 Harbor Drive, Stamford, CT 06902

TELEPHONE: (203) 363-1530 FAX: (203) 363-1540

Facsimile Cover Sheet

Date: 3/18/97

To: CLASSIFIED AD. DEPT.
MILFORD DAILY NEWS

FAX #: 508-478-8769

From: NEAL DRAWAS

Remarks: PLEASE RUN THE FOLLOWING LEGAL NOTICE ONE TIME ONLY AT YOUR EARLIEST CONVENIENCE.

BILL TO: NEAL DRAWAS
KROLL ENVIRONMENTAL ENTERPRISES, INC.
15 COLONIAL ROAD
SUDBURY, MA 01776
(508) 443-1833

2 **Pages Including This Cover**

NOTICE OF AN INITIAL SITE INVESTIGATION AND TIER II CLASSIFICATION

ATF DAVIDSON (FORMER)
355 MAIN STREET
NORTHBRIDGE (WHITINSVILLE), MA 01588
RTN 2-0000111

Pursuant to the Massachusetts Contingency Plan (310 CMR 40.0480), an Initial Site Investigation has been performed at the above referenced location.

A release of oil and/or hazardous materials has occurred at this location which is a disposal site (defined by M.G.L. c. 21E, Section 2). This site has been reclassified as Tier II, pursuant to 310 CMR 40.0500. Response actions at this site will be conducted by Arcade Realty Trust who has employed Neal M. Drawas, LSP, Kroll Environmental Enterprises, Inc. to manage response actions in accordance with the Massachusetts Contingency Plan (310 CMR 40.0000).

M.G.L. c. 21E and the Massachusetts Contingency Plan provide additional opportunities for public notice of and involvement in decisions regarding response actions at disposal sites: 1) The Chief Municipal Official and Board of Health of the community in which the site is located will be notified of major milestones and events, pursuant to 310 CMR 40.1403; and 2) Upon receipt of a petition from ten or more residents of the municipality in which the disposal site is located, or of a municipality potentially affected by a disposal site, a plan for involving the public in decisions regarding response actions at the site will be prepared and implemented, pursuant to 310 CMR 40.1405.

To obtain more information on this disposal site and the opportunities for public involvement during its remediation, please contact Neal M. Drawas, LSP, Kroll Environmental Enterprises, Inc., 15 Colonial Road, Sudbury, MA 01776 at 508-443-1833.