



Release Tracking Number

3 - ~~43574~~  
13302

**TIER I MINOR PERMIT MODIFICATION TRANSMITTAL FORM**  
Pursuant to 310 CMR 40.0725 (Subpart

Permit Number 133939

Minor Permit Modification Requests are not subject to permit processing requirements under 310 CMR 40.0720 - 40.0724 or 310 CMR 4.00

**A. DISPOSAL SITE LOCATION:**

Site Name: Former Raytheon Facility

Street: 430 Boston Post Road

Location Aid: Route 20

City/Town: Wayland

ZIP Code: 01778-0000

Related Release Tracking Numbers That This Minor Permit Modification Request Addresses:

**B. THIS FORM IS BEING USED TO:** (check all appropriate categories below)

- Submit an Alternative or Corrected Minor Permit Modification Request (also must check use(s) below). Date of Prior Submittal: \_\_\_\_\_
- Modify a Permittee Name, Address or Contact Person (complete Sections A, B, C, I, J, K and L).
- Change a Primary Representative (complete Sections A, B, D, I, J, K and L).
- Change an LSP-of-Record (complete Sections A, B, E, J, K and L).
- Correct Typographical Errors (complete Sections A, B, F, I, J, K and L).
- Correct Omissions (complete Sections A, B, G, I, J, K and L).
- Submit Other Minor Permit Modifications, including linking an additional Release Tracking Number(s) to a Permit (complete Sections A, B, H, I, J, K and L).

**C. MODIFICATION TO PERMITTEE NAME, ADDRESS OR CONTACT PERSON:** (complete entire section)

Permittee Organization: Raytheon Company

Permittee Contact: Winona M. Wall Title: Env. Health & Safety Expert

Street: 528 Boston Post Road MS 1880

City/Town: Sudbury State: MA ZIP Code: 01776-0000

Telephone: 978-440-1689 Ext.: FAX: (optional)

**For disposal sites with more than one Permittee, each Permittee making a modification to name, address or contact person must separately submit any proposed changes.**

**D. CHANGE IN PRIMARY REPRESENTATIVE:** (complete entire section)

A Primary Representative is required only for Sites having more than one Permittee.

Check here if the Primary Representative is also a Permittee.

Primary Representative Name: Title:

Primary Representative Organization:

Street:

City/Town: State: ZIP Code:

Telephone: Ext.: FAX:

Certification of Primary Representative:

I attest under the pains and penalties of perjury that I am fully authorized to act on behalf of all permittees holding this Tier I Permit for the purposes stated in 310 CMR 40.0703(7)(a):

- to receive oral and written correspondence from DEP with respect to the application;
- to receive oral and written correspondence from DEP with respect to performance of response actions upon issuance of a Tier I permit; and
- to receive any statement of fee required by 310 CMR 4.03(3) upon issuance of a Tier I permit.

I understand that any material received by the Primary Representative from DEP shall be deemed received by the Permittee(s), and I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate or incomplete information.

Signature: Date:

**The person signing this certification MUST be the Primary Representative named above.**



Massachusetts Department of Environmental Protection  
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**E. CHANGE IN LSP-OF-RECORD:** (the new LSP-of-Record must sign and stamp this section)

LSP Name: \_\_\_\_\_ LSP #: \_\_\_\_\_ Stamp: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_  
FAX: (optional) \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**F. CORRECTION OF TYPOGRAPHICAL ERRORS:** (describe typographical errors below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. CORRECTION OF OMISSIONS:**

Describe any omissions to be corrected by this Minor Permit Modification request. These omissions must not affect the nature or complexity of the permitted response action. Provide relevant information, including copies of applicable documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. OTHER MINOR PERMIT MODIFICATIONS:**

Name, address and contact person for a new Owner who is NOT a Permittee:

Name of Organization: \_\_\_\_\_  
Name of Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ FAX: (optional) \_\_\_\_\_

Name, address and contact person for a new Operator who is NOT a Permittee:

Name of Organization: \_\_\_\_\_  
Name of Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ FAX: (optional) \_\_\_\_\_

SECTION H IS CONTINUED ON THE NEXT PAGE.



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H. OTHER MINOR PERMIT MODIFICATIONS: (continued)

Check here if linking an additional Release Tracking Number(s) to a Tier I Permit, where there has been NO change in conditions that requires the filing of a Major Permit Modification application (BWSC 10). List Release Tracking Number(s) below.

Describe any other Minor Permit Modifications proposed. Provide relevant information, including copies of applicable documentation.

I. LSP OPINION:

An LSP Opinion is required only if this submittal is materially inconsistent with, or would otherwise serve to compromise or diminish the content or meaning of, an LSP Opinion previously submitted to DEP.

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 submittal has been 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.

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.

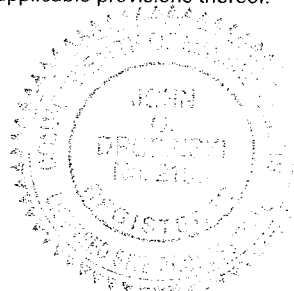
LSP Name: John C. Drobinski LSP #: 2196 Stamp:

Telephone: 617-267-8377 Ext.: 7850

FAX: (optional) 617-267-6447

Signature: [Handwritten Signature]

Date: 1/10/03



J. PERMITTEE SUBMITTING MINOR PERMIT MODIFICATION

Name of Organization: Raytheon Company

Name of Contact: Winona M. Wall Title: Env. Health & Safety Expert

Street: 528 Boston Post Road MS 1880

City/Town: Sudbury State: MA ZIP Code: 01776-0000

Telephone: 978-440-1689 Ext.: FAX: (optional) 978-440-2176

K. RELATIONSHIP TO SITE OF PERMITTEE SUBMITTING MINOR PERMIT MODIFICATION REQUEST: (check one)

[X] RP or PRP Specify: [ ] Owner [ ] Operator [ ] Generator [ ] Transporter Other RP or PRP: Former Operator

[ ] 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 Minor Permit Modification Request Specify Relationship:



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Permit Number 133939

**IF THIS MINOR PERMIT MODIFICATION AFFECTS A MULTI-PARTY PERMIT, ALL PERMITTEES MUST SIGN THE CERTIFICATION SHOWN IN SECTION L. ADDITIONAL PERMITTEES MAY MAKE A COPY OF THIS PAGE, SIGN THE CERTIFICATION AND PROVIDE A MAILING ADDRESS IN THE SPACES PROVIDED IN SECTION L.**

**L. CERTIFICATION OF PERMITTEE SUBMITTING MINOR PERMIT MODIFICATION:**

I, Winona M. Wall, 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: Winona M. Wall Title: Env. Health & Safety Expert  
(signature)

For: Raytheon Company Date: 1/9/03  
(print name of person or entity recorded in Section J)

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

Street: \_\_\_\_\_  
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.  
UNLESS YOU ARE CONTACTED BY DEP, THIS MINOR PERMIT MODIFICATION REQUEST  
IS PRESUMPTIVELY APPROVED 60 DAYS AFTER RECEIPT BY DEP, PURSUANT TO 310 CMR 40.0724(4).**