



**RELEASE & UTILITY-RELATED ABATEMENT
MEASURE (RAM & URAM) TRANSMITTAL FORM**

Release Tracking Number

Pursuant to 310 CMR 40.0444 - 0446 and 310 CMR 40.0462 - 0465 (Subpart D)

3 - 13302

A. SITE LOCATION:

Site Name: Former Raytheon Facility

Street: 430 Boston Post Road

Location Aid: Route 20

City/Town: Wayland

ZIP Code: 01778-0000

Check here if a Tier Classification Submittal has been provided to DEP for this Release Tracking Number.

Related Release Tracking Numbers That This RAM or URAM Addresses: _____

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

Submit a **RAM Plan** (complete Sections A, B, C, D, E, F, J, K, L and M).

Check here if this RAM Plan is an update or modification of a previously approved written RAM Plan. Date Submitted: _____

Submit a **RAM Status Report** (complete Sections A, B, C, E, J, K, L and M).

Submit a **RAM Completion Statement** (complete Sections A, B, C, D, E, G, J, K, L and M).

Confirm or Provide **URAM Notification** (complete Sections A, B, H, K, L and M).

Submit a **URAM Status Report** (complete Sections A, B, C, E, J, K, L and M).

Submit a **URAM Completion Statement** (complete Sections A, B, C, D, E, I, J, K, L and M).

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.

C. SITE CONDITIONS:

Check here if the source of the Release or Threat of Release is known.

If yes, check all sources that apply: UST Pipe/Hose/Line AST Drums Transformer Boat

Tanker Truck Vehicle Other Specify: Former manhole

Identify Media and Receptors Affected: (check all that apply) Air Groundwater Surface Water Sediments Soil

Wetlands Storm Drain Paved Surface Private Well Public Water Supply Zone 2 Residence

School Unknown Other Specify: _____

Identify Release and/or Threat of Release Conditions at Site: (check all that apply)

2 and 72 Hour Reporting Condition(s) 120 Day Reporting Condition(s) Other Condition(s)

Describe Groundwater concentrations above applicable reportable concentrations

RAMs may be conducted concurrently with an IRA only with written DEP approval
URAMs may not be conducted if any 2 or 72 Hour conditions exist at the site.

Identify Oils and Hazardous Materials Released: (check all that apply) Oils Chlorinated Solvents Heavy Metals

Others Specify: _____

D. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply)

Assessment and/or Monitoring Only

Deployment of Absorbant or Containment Materials

Excavation of Contaminated Soils

Temporary Covers or Caps

Re-use, Recycling or Treatment

Bioremediation

On Site Off Site Est. Vol.: _____ cubic yards

Soil Vapor Extraction

Describe: _____

Structure Venting System

Store On Site Off Site Est. Vol.: _____ cubic yards

Product or NAPL Recovery

SECTION D IS CONTINUED ON THE NEXT PAGE.



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D. DESCRIPTION OF RESPONSE ACTIONS (continued):

- Landfill
- Cover
- Disposal
- Est. Vol.: _____ cubic yards
- Groundwater Treatment Systems
- Removal of Drums, Tanks or Containers
- Air Sparging
- Describe: _____
- Temporary Water Supplies
- Removal of Other Contaminated Media
- Temporary Evacuation or Relocation of Residents
- Specify Type and Volume: _____
- Fencing and Sign Posting
- Other Response Actions Describe: _____

See 310 CMR 40.0442 for limitations on the scope and type of RAMs.
See 310 CMR 40.0464 for performance standards for URAMs.

Check here if this RAM or URAM involves the use of Innovative Technologies. DEP is interested in using this information to aid in creating an Innovative Technologies Clearinghouse.

Describe Technologies: _____

E. TRANSPORT OF REMEDIATION WASTE: (if Remediation Waste has been sent to an off-site facility, answer the following)

Name of Facility: _____

Town and State: _____

Quantity of Remediation Waste Transported to Date: _____

F. RAM PLAN:

Check here if this RAM Plan received previous oral approval from DEP as a continuation of a Limited Removal Action (LRA).

Date of Oral Approval: _____

If a RAM Compliance Fee is required, check here to certify that the fee has been submitted. You **MUST** attach a photocopy of the payment. See 310 CMR 40.0444(2) to learn when a fee is not required.

Check here if the RAM Plan is proposed for a Transition Site. If this is the case, you may need to attach an LSP Evaluation Opinion prior to undertaking the RAM, if not previously provided. See 310 CMR 40.0600 for further information about Transition Sites.

G. RAM COMPLETION STATEMENT:

If a RAM Compliance Fee is required in connection with submission of the RAM Completion Statement, check here to certify that the fee has been submitted. You **MUST** attach a photocopy of the payment. You owe this fee when submitting a RAM Completion Statement if you received oral approval of a RAM that continued an LRA, and have NOT previously submitted a RAM Plan and accompanying fee.

If any Remediation Waste will be stored, treated, managed, recycled or reused at the site following submission of the RAM Completion Statement, you must submit a Phase IV Remedy Implementation Plan, along with the appropriate transmittal form, as an attachment to the RAM Completion Statement.

H. URAM NOTIFICATION:

- Identify Location Type: (check all that apply) Public Right of Way Utility Easement Private Property
- Identify Utility Type: (check all that apply) Sanitary/Combined Sewerage Water Drainage Natural Gas
- Telephone Steam Lines Telecommunications Electric Other Specify: _____

- Check here if you provided DEP with previous oral notification of this URAM. Date of Oral Notice: _____
- Check here if the property owner was NOT contacted prior to initiation of the URAM. If this is the case, you must attach an explanation of why the owner was not contacted, including the date and time when contact ultimately occurred.
- Check here if this URAM will occur in connection with the construction of new public utilities. If this is the case, document the nature and extent of encountered contamination, the scope and expense of necessary mitigation and the benefits and limitations of project alternatives.

With the exception stated below, the person undertaking the URAM must provide the name and license number of an LSP engaged or employed in connection with the URAM:

LSP Name: _____ LSP License Number: _____

LSP information is not required if the URAM is limited to the excavation and/or handling of not more than 100 cubic yards of soil contaminated by Oil, or not more than 20 cubic yards of soil contaminated either by a Hazardous Material or a mixture of a Hazardous Material and Oil.



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I. URAM COMPLETION STATEMENT:

Check here if this URAM was limited to the excavation and/or handling of not more than 100 cubic yards of soil contaminated by Oil, or not more than 20 cubic yards of soil contaminated by either a Hazardous Material or a mixture of a Hazardous Material and Oil.

If any Remediation Waste will be stored, treated, managed, recycled or reused at the site following submission of the URAM Completion Statement, you must submit either a Release Abatement Measure (RAM) Plan or a Phase IV Remedy Implementation Plan, along with the appropriate transmittal form, as an attachment to the URAM Completion Statement.

J. 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 Release Abatement Measure 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 a Release Abatement Measure Status Report or a Utility-Related Abatement Measure 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 a Release Abatement Measure Completion Statement or a Utility-Related Abatement Measure 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;

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:

Date:

01/29/03



An LSP Opinion is not required for a Utility-Related Abatement Measure Notification.

An LSP Opinion is not required for a URAM Completion Statement if the URAM is limited to the excavation and/or handling of not more than 100 cubic yards of soil contaminated by Oil, or not more than 20 cubic yards of soil contaminated either by Hazardous Material or a mixture of Hazardous Material and Oil.

K. PERSON UNDERTAKING RAM OR URAM:

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:

Check here if there has been a change in person undertaking the RAM or URAM.



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L. RELATIONSHIP TO SITE OF PERSON UNDERTAKING RAM or URAM: (check one)

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 Undertaking a RAM or URAM Specify Relationship:

M. CERTIFICATION OF PERSON UNDERTAKING RAM OR URAM:

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
(signature)

Title: Env. Health & Safety Expert

For: Raytheon Company
(print name of person or entity recorded in Section K)

Date: January 21, 2003

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

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. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE.