



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC109

**TIER I MINOR PERMIT MODIFICATION  
TRANSMITTAL FORM**

Release Tracking Number

3 - 518

Pursuant to 310 CMR 40.0725 (Subpart G)

**A. DISPOSAL SITE LOCATION:**

1. Disposal Site Name: **GENERAL ELECTRIC CO FMR**

2. Street Address: **50 FORDHAM RD**

3. City/Town: **WILMINGTON**

4. ZIP Code: **018870000**

☒ 5. Specify Classification of Permitted Site:

☒ a. Tier IA ☐ b. Tier IB ☐ c. Tier IC

6. Provide Permit Number of Initial Tier I Permit: **83052**

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

☒ 1. Correct Typographical Errors and/or Include Omissions that do not Materially Affect the Nature or Complexity of the Permitted Response Actions, and Make Other Changes of Similiar Scope to the Permit (Section E is not required).

☐ 2. Change the LSP-of-Record (Sections C and E are not required).

☐ 3. Change a Permittee Name, Address or Contact Person (the Permittee making the change is the person submitting the Minor Permit Modification; Sections C, D and E are not required).

☐ 4. Change or Designate a Primary Representative (required only for sites having more than one Permittee; Sections C and D are not required).

☐ 5. Add one or more Responsible Parties, Potentially Responsible Parties or Other Persons as Permittee (the permittee being added is the person submitting the Minor Permit Modification; Sections C, D and E are not required).

☒ 6. Submit a **Notice that an additional Release Tracking Number(s) is (are) being linked to this Permitted Tier I Site** (Primary RTN). Future response actions addressing the Release or Threat of Release notification condition associated with additional Release Tracking Numbers (RTNs) will be conducted as part of the Response Actions planned or ongoing at the Primary Site listed above. If there is a reasonable likelihood that the addition of the new secondary RTN(s) would change the classification of the site, a **Revised Tier Classification Submittal** and **Major Permit Modification** must be made (Sections C and E are not required).

Provide Release Tracking Number(s): a. **3** - **28282** b.  -

All future Response Actions must occur according to the deadlines applicable to the Primary RTN. Use only the Primary RTN when making future submittals for this site unless specifically relating to response actions started before the linking occurred.

(All sections of this transmittal form must be filled out unless otherwise noted above. Minor Permit Modification Requests are not subject to permit processing requirements under 310 CMR 40.0720 or 310 CMR 4.00)



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**C. TYPOGRAPHICAL ERRORS, OMISSIONS AND OTHER CHANGES OF SIMILIAR SCOPE TO THE PERMIT:**

1. Describe typographical errors or omissions to be corrected. Omissions described here must not affect the nature or complexity of the permitted response action. Provide relevant information, including copies of applicable documentation:

**THE DOCUMENTATION TO SUPPORT THE LINKING OF RTN 3-28282 TO RTN 3-0518 IS ATTACHED.**

☒ 2. Check here if additional description and/or documentation is attached.

**D. 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, 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.

1. LSP #: **6406**

2. First Name: **WILLIAM R**

3. Last Name: **SWANSON**

4. Telephone: **6174526274**

5. Ext.:

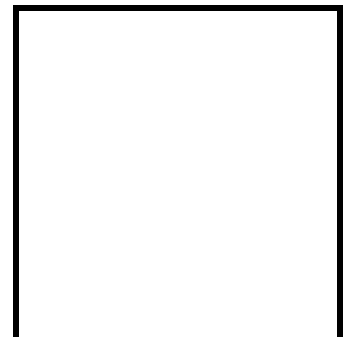
6. FAX:

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

8. Date: \_\_\_\_\_  
mm/dd/yyyy

9. LSP Stamp:

☐ 10. Check here if the LSP listed in this section is a new LSP-of- Record.





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**E. PRIMARY REPRESENTATIVE:** (complete this section only if changing or designating a Primary Representative)

☐ 1. Check here if the Primary Representative is also a Permittee.

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.

If this form is being used to add a Responsible Party, Potentially Responsible Party or Other Person as a permittee, I give my consent as the authorized Primary Representation, to the new applicant to join the Tier I Permit.

2. Name of Primary Representative 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:

13. Signature:  14. Date:   
mm/dd/yyyy

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

**F. PERMITTEE SUBMITTING MINOR PERMIT MODIFICATION REQUEST:**

1. Check all that apply: ☐ a. change in contact name ☐ b. change of address ☐ c. addition of new Permittee

2. Name of Organization: **LOCKHEED MARTIN CORP**

3. Contact First Name: **ROBERT S** 4. Last Name: **PHILLIPS**

5. Street: **2950 NORTH HOLLYWOOD WAY STE 125** 6. Title: **REMEDATION PROJECT LEAD**

7. City/Town: **BURBANK** 8. State: **CA** 9. ZIP Code: **915050000**

10. Telephone: **8177637629** 11. Ext.:  12. FAX:



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**G. RELATIONSHIP TO SITE OF PERMITTEE SUBMITTING MINOR PERMIT MODIFICATION REQUEST:**

- ☒ 1. RP or PRP    ☐ a. Owner    ☐ b. Operator    ☐ c. Generator    ☐ d. Transporter  
☒ e. Other RP or PRP    Specify: **NON-SPECIFIED PRP**

☐ 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 Submitting Minor Modification    Specify Relationship: \_\_\_\_\_

**H. REQUIRED ATTACHMENT AND SUBMITTALS:**

- ☐ 1. Check here if this minor permit modification affects a multi-party permit. If checked, all Permittees must sign the certification in BWSC109A, Section A. Additional Permittees may copy BWSC109A, sign the certification and provide their mailing address in Questions A.8. through A.14. Note that for a *Change in a Permittee Name, Address or Contact Person*, only that Permittee needs to fill out BWSC109A
2. Number of additional copies of BWSC109A attached: \_\_\_\_\_
- ☐ 3. If this form is being used to submit the addition of a Responsible Party, Potentially Responsible Party or Other Person, the compliance history of the new applicant, as required by 310 CMR 40.0703(9)(b) must be attached.
- ☒ 4. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.

**YOU MUST LEGIBLY COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY  
RETURN THE DOCUMENT AS INCOMPLETE.**

Date Stamp (DEP USE ONLY:)

**3/30/2012 7:25:14 AM**



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**BWSC109A**

**TIER I MINOR PERMIT MODIFICATION  
CERTIFICATION OF PERMITTEE**

Pursuant to 310 CMR 40.0725 (Subpart G)

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

1. I, **Robert Stanley Phillips**, 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.

If I am a new applicant that is joining the Tier I Permit, I also 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.

2. By: **Robert Stanley Phillips**

Signature

3. Title: **REMEDIATION PROJECT LEAD**

4. For: **LOCKHEED MARTIN CORP**

(Name of person or entity recorded in BWSC109, Section F,  
or additional Permittee for a multi-party Tier I Permit).

5. Date: **3/30/2012**

mm/dd/yyyy

☐ 6. Check here if the address of the person providing certification is different from address recorded in BWSC109, Section F.

☐ 7. Check here if recording the address of an additional Permittee for a multi-party Tier I Permit.

8. Street: \_\_\_\_\_

9. City/Town: \_\_\_\_\_ 10. State: \_\_\_\_\_ 11. ZIP Code: \_\_\_\_\_

12. Telephone: \_\_\_\_\_ 13. Ext.: \_\_\_\_\_ 14. FAX: \_\_\_\_\_