



TIER CLASSIFICATION TRANSMITTAL FORM
Pursuant to 310 CMR 40.0500 (Subpart E)

Release Tracking Number
3 - 36013

A. DISPOSAL SITE LOCATION:

1. Disposal Site Name: PLANNED RIVERS EDGE DEVELOPMENT

2. Street Address: 484-490 BOSTON POST ROAD

3. City/Town: WAYLAND 4. ZIP Code: 017781831

5. Coordinates: Latitude: N _____ Longitude: W _____

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

- 1. Submit a new **Tier Classification Submittal**, including a **Tier Classification Compliance History** (BWSC107B).
Check the tier classification category:
 - a. Tier I b. Tier II
 - c. Check all Tier I criteria that apply, pursuant to 310 CMR 40.0520(2):
 - i. Groundwater is located within an Interim Wellhead Protection Area, Zone II, or within 500 feet of a Private Water Supply Well, 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.
 - ii. An Imminent Hazard is present at the time of Tier Classification.
 - iii. One or more remedial actions are required as part of an Immediate Response Action pursuant to 310 CMR 40.0414(2).
 - iv. One or more response actions are required as part of an Immediate Response Action to eliminate or mitigate a Critical Exposure Pathway pursuant to 310 CMR 40.0414(3).
 - d. Check here if including an **Eligible Person, Eligible Tenant, or Other Person Certification** (BWSC107D)
- 2. Submit a **Phase I Completion Statement** as per 310 CMR 40.0480.
If previously submitted, provide date _____
mm/dd/yyyy
- 3. Submit a **Phase II Scope of Work** as per 310 CMR 40.0834.
If previously submitted, provide date _____
mm/dd/yyyy
- 4. Submit a **Phase II Conceptual Scope of Work supporting a Tier Classification Submittal**.
- 5. Submit a **Tier Classification Extension Submittal** for Response Actions at a Tier Classified Site including the **Tier Classification Compliance History** (BWSC107B).
- 6. Submit a **Tier Classification Transfer Submittal** for a change in person(s) undertaking Response Actions at a Tier Classified Site including the **Tier Classification Compliance History** (BWSC107B) and the **Tier Classification Transferor Certification** (BWSC107C).
Proposed effective date of transfer : 2/22/2021
mm/dd/yyyy



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B. THIS FORM IS BEING USED TO: (cont.)

7. Submit a **Revised Tier Classification Submittal**.

Check the revised Tier Classification Category. If the Tier Classification Category is not changing, indicate the current classification.

- a. Tier I
- b. Tier II

c. Check all Tier I criteria that apply, pursuant to 310 CMR 40.0520(2):

- i. Groundwater is located within an Interim Wellhead Protection Area, Zone II, or within 500 feet of a Private Water Supply Well, 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.
- ii. An Imminent Hazard is present at the time of Tier Classification.
- iii. One or more remedial actions are required as part of an Immediate Response Action pursuant to 310 CMR 40.0414(2).
- iv. One or more response actions are required as part of an Immediate Response Action to eliminate or mitigate a Critical Exposure Pathway pursuant to 310 CMR 40.0414(3).

d. Check here if including an **Eligible Person, Eligible Tenant, or Other Person Certification** (BWSC107D)

8. Provide a **Notice that an additional Release Tracking Number(s) is (are) being linked to this Tier Classified 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. For a previously Tier Classified Primary Site, 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** must also be made.

Provide Release Tracking Number(s): a. - 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.



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C. 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,

> if Section B of this form indicates that a **Tier Classification Submittal** 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 and, 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;

> if Section B of this form indicates that a **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) comply(ies) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that a **Phase II Scope of Work** 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) comply(ies) with the identified provisions of all orders, permits, and approvals identified in this submittal;

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

1. LSP#: 5217

2. First Name: WILLIAM J

3. Last Name: GIBBONS

4. Telephone: 781-698-7654

5. Ext.: _____

6. Email: _____

7. Signature: WILLIAM J GIBBONS

8. Date: 5/11/2021
mm/dd/yyyy

9. LSP Stamp:





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Pursuant to 310 CMR 40.0500 (Subpart E)

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D. PERSON MAKING SUBMITTAL:

1. Check all that apply: a. change in contact name b. change of address c. change in the person undertaking response actions
2. Name of Organization: ALTA RIVER'S EDGE, LLC
3. Contact First Name: JAMES 4. Last Name: LAMBERT
5. Street: 91 HARTWELL AVENUE 6. Title: VICE PRESIDENT
7. City/Town: LEXINGTON 8. State: MA 9. ZIP Code: 024210000
10. Telephone: 781-541-5822 11. Ext.: _____ 12. Email: jim.lambert@woodpartners.com

E. RELATIONSHIP OF PERSON MAKING SUBMITTAL TO DISPOSAL Check here to change relationship

SITE:

1. RP or PRP a. Owner b. Operator c. Generator d. Transporter
- e. Other RP or PRP Specify: ELIGIBLE PERSON
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 Making Submittal Specify Relationship: _____

F. REQUIRED ATTACHMENT 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 approval(s) issued by DEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions thereof.
2. Check here to certify that the Chief Municipal Officer and the Local Board of Health have been notified of the submittal of any Phase Reports to DEP.
3. Check here to certify that a copy of the Legal Notice of a Tier Classification or Re-classification Submittal is attached, and a cover letter and a copy of the notice is sent to the Chief Municipal Officer and the Local Board of Health pursuant to 310 CMR 40.0510(3) and 40.1403.
4. Check here to certify that the owner of a Public Water Supply has been provided written notice pursuant to 310 CMR 40.0510(3).
5. For a Tier Classification Extension Submittal, check here to certify that a statement summarizing why a Permanent or Temporary Solution has not been achieved at the Disposal Site is attached.
6. For a Tier Classification Transfer Submittal, check here to certify that a statement summarizing the reasons for the proposed change in person(s) undertaking the Response Actions is attached. All Response Actions must be completed by the deadline applicable to the person who first filed a Tier Classification Submittal for the Disposal Site.
7. Check here if any non-updatable information provided on this form is incorrect, e.g., Release Address/Location Aid. Send corrections to bwsc.edep@state.ma.us.
8. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.



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Pursuant to 310 CMR 40.0500 (Subpart E)

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G. CERTIFICATION OF PERSON MAKING SUBMITTAL:

1. I, JAMES LAMBERT, 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 submitting a Tier II Classification, Extension or Transfer, 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: JAMES LAMBERT 3. Title: MANAGING DIRECTOR
Signature

4. For: ALTA RIVER'S EDGE, LLC 5. Date: 5/6/2021
(Name of person or entity recorded in Section D) mm/dd/yyyy

6. Check here if the address of the person providing certification is different from address recorded in Section D.

7. Street: _____

8. City/Town: _____ 9. State: _____ 10. ZIP Code: _____

11. Telephone: _____ 12. Ext.: _____ 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 (DEP USE ONLY):

Received by DEP on 5/11/2021 11:29:34 AM



TIER CLASSIFICATION COMPLIANCE HISTORY
Pursuant to 310 CMR 40.0540 (Subpart E)

Release Tracking Number

3 - 36013

A. DISPOSAL SITE COMPLIANCE HISTORY SUMMARY:

1. Check here if a Tier Classification Compliance History of the person listed in BWSC107, Section D, was previously submitted, and there has been no change in that person's compliance history, or the person in Section D has no compliance history. If this box is checked, this section does not have to be completed.

2. List all permits or licenses that have been issued by the Department that are relevant to this Disposal Site:

Program	Permit Number	Permit Category	Facility ID
a. Air Quality			
b. Hazardous Waste (M.G.L. c. 21C)			
c. Solid Waste			
d. Industrial Wastewater Management			
e. Water Supply			
f. Water Pollution Control/Surface Water			
g. Water Pollution Control/Groundwater			
h. Water Pollution Control/Sewer Connection			
i. Wetland & Waterways			

3. 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 mm/dd/yyyy
TOWN OF WAYLAND CONSERVATION COMMISSION	DEP FILE 322-942	1/10/2020

4. Check here to certify that, if needed, a statement further describing the Compliance History of this Disposal Site is attached.

This statement must describe the compliance history of the person or entity named in BWSC107, Section D 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.



April 21, 2021

Massachusetts Department of Environmental Protection
Northeast Regional Office
205B Lowell Street
Wilmington, MA 01887

RE: Tier Classification Transfer
River's Edge
484 – 490 Boston Post Road
Wayland, Massachusetts
Release Tracking Number 3-36013
VERTEX Project No. 67404

To Whom it May Concern:

The Vertex Companies, Inc. (VERTEX) prepared this Tier Classification Transfer Submittal on behalf of Alta River's Edge, LLC for the release listed by the Massachusetts Department of Environmental Protection (MassDEP) under Release Tracking Number (RTN) 3-36013. This document has been prepared in accordance with Title 310 Code of Massachusetts Regulations (CMR) section 40.0560(8) of the Massachusetts Contingency Plan (MCP).

Alta River's Edge, LLC purchased the property associated with the release covered under RTN 3-36013 on February 22, 2021 from the Town of Wayland. This Tier Classification Transfer will be submitted electronically to the MassDEP with Bureau of Waste Site Cleanup (BWSC) Form 107. The Town of Wayland's certification of the Tier Classification, the certification of Alta River's Edge, LLC as an Eligible Person and transferee undertaking response actions, and the compliance history of Alta River's Edge, LLC are provided on the BWSC Form 107.

MCP STATUS OR PHASE REPORTS SUBMITTED SINCE TIER CLASSIFICATION SUBMITTAL

On December 2, 2020, CMG Environmental, Inc. submitted the Phase I Initial Site Investigation (ISI) and Tier Classification Report for RTN 3-36013 on behalf the Town of Wayland. The submittal of the Phase I ISI and Tier Classification effectively classified the RTN as a Tier I Disposal Site. Since the submittal of this report, the following Status or Phase reports have been submitted to the MassDEP:

- Release Abatement Measure (RAM) on January 8, 2021; and
- RAM Status Report on March 31, 2021.

LSP OPINION

The Licensed Site Professional (LSP) Opinion and attestation required by 310 CMR 40.0560 are included in the accompanying BWSC Form 107.

Please do not hesitate to contact us should you have any questions or comments regarding this Tier Classification Transfer.

Sincerely,

The Vertex Companies, Inc.



Kristen Sarson
Project Manager



William J. Gibbons, PG, LSP
Senior Project Manager