

## **Massachusetts Department of Environmental Protection** *Bureau of Waste Site Cleanup*

### RELEASE LOG FORM

**BWSC 101** 

Releas	se Tr	acking Number	
1	-	20114	

A. THIS FORM	IS BEING USED	TO: (check one)					
1. Log Date:	11/4/2016	Log Time:	08:00		<b>▼</b> AM	Г	PM
_	(mm/dd/yyyy)			(hh:mm)			
•	ease Tracking Number	` '			m 4 5		
<b>⊻</b> a. Reportabl	e Release or TOR.	L	b. Release th	at is Less	Than the Repo	orting Th	resholds.
	viously Recorded Rele e is a <b>Reportable Re</b>	-	(RTN Assigned b. The Release	*	ase that is Les	s Than th	ie
	•		Reporting Th	resholds.			
	se or TOR is <b>Retracte</b> nust be submitted, as v		d. The Releas	e or TOR i	s <b>not a Release</b>	e under M	I.G.L. c. 21E.
B. REPORTING	G PERSON:						
1. Name of Organiz	zation: CITY OF HO	LYOKE - OFFICE OF PLA	ANNING AND COM	MUNITY DEV	ELOPMENT		
2. First Name:	DEBBIE		3. Last Name	e:	OPPERMAN		
4. Telephone:	4133225655		5. Ext.:				
6. Relationship of I	Person to Release: 🔽	PRP Cother	c. Type, if kno	own (e.g. C	Current Owner):	Current C	wner
C. RELEASE O	R THREAT OF RI	ELEASE (TOR) /	SITE LOCAT	ΓΙΟN:			
1. Location Aid/Site	e Name: FORMER AL	PINE APARTMENTS					
2. Street Address:	123 PINE STREET		3. 2nd Addre	ess Line:			
4. City/Town:	HOLYOKE, HOLYOK	E	5. Zip Code (	(if known):	010400000		
6. Type of Location	n: (check all that apply	a. School	□ b. Water I	Body □ c	. Right of Way	□ d. Uti	lity Easement
e. Roadway	f. Municipal	☐ g. State	h. Residen	ntial 🗆 i	. Open Space	□ j. Priv	vate Property
k. Industrial	1. Commercial	m. Federal	n. Other	Des	cribe:		
D. RELEASE O	R TOR INFORMA	ATION:					
1. Date and Time o	f Notification:	11/3/2016	Time:	08:16		<b>▼</b> AM	□ PM
		(mm/dd/yyyy)			(hh:mm)		
	Leporting Person obtain	ned <sub>7/19/2016</sub>	Time:	11:24		$\overline{V}$ AM	$\square$ PM
Knowledge of Rel	ease or TOR:	(mm/dd/yyyy)			(hh:mm)		
3. Date and Time <b>F</b>			Time:			$\square$ AM	□ PM
occurred, if known	1:	(mm/dd/yyyy)			(hh:mm)		
4. Sources of the	Release or TOR: (ch	eck all that apply)	a. Tran	sformer	☐ b. Fuel Ta	ınk 🗆	c. Pipe
d. OHM Deliv	very	🗆 f. Drun	ns 🗆 g. Tank	ker Truck	☐ h. Hose		i. Line
□ j. UST	Describe				k. Vehicle		l. Boat/Vessel
✓ m. Unknown	n. Other	r:			_		
5. Federal LUST I	Eligible:	☐ Yes	□No	Ī.	Unknown		

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C11-C22 AROMATICS

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Check all Notification Thresholds that apply to the Release or TOR:

6. 2 Hour Reporting Con	nditions: 7. 72 I	Iour Reporting C	onditions:	8. 120 Day	y Reportii	ng Conditions:
a. Sudden Release b. Threat of Sudden Re c. Oil Sheen on Surface d. Poses Imminent Haz e. Could Pose Imminen f. Release Detected in Private Well g. Release to Storm Dra h. Sanitary Sewer Relea	elease P e Water t ard b. U t Hazard C. T d. R ain n ase P e Water t t c. T d. R	ubsurface Non-Aq hase Liquid (NAP) o or Greater than I Inderground Storag UST) Release hreat of UST Release to Groundw ear Water Supply elease to Groundw ear School or Resubstantial Release M	L) Equal 1/2 Inch ge Tank ase vater rater idence	to Soil and Reportary Reportary Affecting Yards  C. Release Exceeding Concerny Concerny Liquid(	or Ground able Conce of Oil to S able Conce ing More th of Oil to G ing Report attration(s) Face Non-A NAPL) Ec	
9. Type of Release or TOR	: (check all that appl	y) 🗆 a. Dumping	□ b. Fii	re $\Box$ c. AS	ST Remova	al   d. Overfill
e. rupture	f. Vehicle Accide	nt 🗆 g. Leak	□ h. Sp	ill 🗆 i. Tes	st Failure	☐ j. TOR Only
k. UST Removal	Describe					
l. Unknown	m. Other: HIST	ORICAL				
10. Media Impacted and R	eceptors Affected:	(check all that appl	y) □ a.	Paved Surface	□ b. Base	ment
d. Public Water Supply	e. Surface Water	er	☐ g. Pri	vate Well	h. Resider	nce 🔽 i. Soil
☐ j. Ground Water	k. Sediments	l. Wetland	□ m. St	torm Drain	n. Indoor	Air 🗆 o. Air
p. Soil Gas	□ q. Sub-Slab Soi	l Gas 🔲 r. Criti	cal Exposi	ure Pathway	s. NAPL	□ t. Unknown
u. Others	Specify:				_	
11. List below the Oils (O) Reportable Quantity (RQ) Check here if an amount	by the greatest an	ount.		_	oncentrat	ion (RC) or
O or HM Rele	eased	CAS Number,	O or HM	Amount or	Units	RCs Exceeded, if Applicable
		if known		Concentration		
C9-C18 ALIPHATICS			0	19990	MG/KG	RCS-1
C19-C36 ALIPHATICS			0	4500	MG/KG	RCS-1

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0

1890

MG/KG

RCS-1

# W.

4. LSP:

a. Name:

c. Telephone:

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12. Description of Release or Threat of Release (if additional space is needed, attach additional information in H17) BWSC 101 COMPLETED FOR PURPOSES OF ASSIGNING AN RTN TO A 120-DAY NOTIFICATION E. INVOLVED PARTIES SUMMARY: 1. PRP Status (check one): a. PRP Unknown □ b. PRP unwilling, unable or has not committed to Perform Response Actions c. PRP Performing Response Actions d. Release is Adequated Regulated by the US Coast Guard 2. If PRP is not Performing Response Actions, who is? a. MassDEP State Contractor ☐ b. Other Person 3. Contractor: a. Name of Organization: b. Telephone: c. Contact First Name: d. Last Name:

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b. LSP #:



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1. Name of Organization:	CITY OF HOLYOKE - OF	FICE OF PLANNIN	NG AND COM	MUNITY DE\	ELOPMENT		
Contact First Name: DEBBIE  4. Street: 20 KOREAN VETERANS PLAZA #406			3. Last Na	me:	OPPERMAN		
		AZA #406	5. Title:		SENIOR PROJECT MANAGER		
6. City/Town: HOL	YOKE	7. State:	MA		8. ZIP Code: 010400000		
9. Telephone: 4133225	655 10. I	Ext:	11. F	mail:	oppermannd@holyoke.org		
12. Relationship of Person t	o Release: PRP	Other	c. Ty <sub>1</sub>	e (e.g. Cu	rrent Owner): Current Owner		
☐ 13. Check here if this	PRP received a field N	OR	□ 14. Che	ck here if a	in RNF was requested from this PR		
☐ 15. Check here if Prov	visions of 21E were exp	olained to this	PRP.				
G. RECORD ORAL RI							
☐ 1. IRA Completed Pre-no	otification	Е	5. IRA O	al Modifie	d Plan Approved		
☐ 2. No IRA Approved at N	Notification	Γ	6. IRA O	ral Plan De	nied and/or Request for Written Plan		
☐ 3. IRA Assessment Only		Г	7. Notice of Intent to Conduct a URAM				
☐ 4. IRA Oral Plan Approv	ed		☐ 8 IRA-D Oral Plan Approved				
		Г	9. IRA-D	Oversight	Work Started		
10. Date of Action:							
11. Soil Previously Excavate	ed: a. Excavated p	rior to notifica	tion.	b. Excavat	ed as part of an UST closure.		
2	1				1		
c Quantity of contaminat	ted soil previously exca	vated and dest	ination if a	nnlicable.			
c. Quantity of contaminat	ted soil previously exca	vated and dest	ination, if a	pplicable:			
			ination, if a	pplicable:			
c. Quantity of contaminate con	pecific Code (Regional	Use):		pplicable:			
12. Specify any Regional Sp H. ORAL RESPONSE	pecific Code (Regional ACTION PLAN: (cl	Use):neck all that ap			rs or Caps		
12. Specify any Regional Sp	pecific Code (Regional  ACTION PLAN: (cl	Use): heck all that ap	pply)	rary Cove			
12. Specify any Regional Sp.  H. ORAL RESPONSE  1. Assessment and/or Mo  3. Deployment of Absorb	ACTION PLAN: (clonitoring Only bent or Containment Ma	Use): heck all that ap aterials	oply) 2. Tempo 4. Tempo	rary Cove			
12. Specify any Regional Sp.  H. ORAL RESPONSE  1. Assessment and/or Mo  3. Deployment of Absorb	ACTION PLAN: (clonitoring Only bent or Containment Mattern	Use): heck all that ap aterials	oply) 2. Tempo 4. Tempo	rary Cove rary Water rary Evacu	Supplies ation or Relocation of Residents		
12. Specify any Regional Sp.  H. ORAL RESPONSE  ☐ 1. Assessment and/or Mo  ☐ 3. Deployment of Absorb  ☐ 5. Structure Venting Sys	ACTION PLAN: (clonitoring Only bent or Containment Mattern covery	Use): heck all that apart aterials	2. Tempo 4. Tempo 6. Tempo	rary Cove rary Water rary Evacu g and Sign	Supplies ation or Relocation of Residents Posting		
12. Specify any Regional Sp  H. ORAL RESPONSE  ☐ 1. Assessment and/or Mo  ☐ 3. Deployment of Absort  ☐ 5. Structure Venting Sys  ☐ 7. Product or NAPL Rec	ACTION PLAN: (clonitoring Only bent or Containment Mattern covery	Use): heck all that aparterials	2. Tempo 4. Tempo 6. Tempo 8. Fencin	rary Cove rary Water rary Evacu g and Sign 'apor Extra	Supplies ation or Relocation of Residents Posting		
12. Specify any Regional Sp  H. ORAL RESPONSE  1. Assessment and/or Mo  3. Deployment of Absort  5. Structure Venting Sys  7. Product or NAPL Rec  9. Groundwater Treatment	ACTION PLAN: (clonitoring Only bent or Containment Mattern covery ent Systems	Use): heck all that aparterials	2. Tempo 4. Tempo 6. Tempo 8. Fencin	rary Cove rary Water rary Evacu g and Sign 'apor Extra	Supplies ation or Relocation of Residents Posting		
12. Specify any Regional Sp  H. ORAL RESPONSE  1. Assessment and/or Mo  3. Deployment of Absort  5. Structure Venting Sys  7. Product or NAPL Rec  9. Groundwater Treatment  11. Bioremediation	ACTION PLAN: (classific Code (Regional ACTION PLAN: (classific Code))  bent or Containment Mattern  covery  ent Systems  minated Soils	Use):  heck all that aparterials	2. Tempo 4. Tempo 6. Tempo 8. Fencin 10. Soil V	rary Cove rary Water rary Evacu g and Sign apor Extra parging	Supplies ation or Relocation of Residents Posting		
12. Specify any Regional Sp  H. ORAL RESPONSE  1. Assessment and/or Mo  3. Deployment of Absorb  5. Structure Venting Sys  7. Product or NAPL Rec  9. Groundwater Treatment  11. Bioremediation  13. Excavation of Contain	ACTION PLAN: (clonitoring Only bent or Containment Mattern covery ent Systems	Use):  heck all that aparterials  From From From From From From From From	2. Tempo 4. Tempo 6. Tempo 8. Fencin 10. Soil V 12. Air S	rary Cove rary Water rary Evacu g and Sign apor Extra parging	Supplies nation or Relocation of Residents Posting ction		

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# W.

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		8 - 1	
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	f Drums, Tanks or city and Amount:	Containers:	
☐ 15. Removal of	f Other Contaminat	ed Media:	
Specify Type an	nd Volume:		
☐ 16 Other Respo	onse Actions and A	dditional Comments (	describe):
☐ 17. Check here	if Additional Infor	mation is Provided in	an Attachment
I. DEP STAFF	AND FORM PR	EPARER:	
1. DEP Staff:	a. Name:	SLOWICK DAVID	☐ b. Check here, if Unassigned (or staff name not applicable).
2 . Preparer :	a. Name:	SLOWICK DAVID	
	b. Signature:	DAVID A. SLOWICK	c. Date: 11/4/2016

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