



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC102

RELEASE AMENDMENT FORM

Release Tracking Number

1

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18869

A. RELEASE/SITE LOCATION:

1. Site Name/Location Aid: **FORMER LUNT SILVERSMITH, INC.**

2. Street Address: **298 FEDERAL STREET**

3. City/Town: **GREENFIELD, GREENFIELD**

4. ZIP Code: **013010000**

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

1. Date of Response(s): **1/11/2013**

(mm/dd/yyyy)

Start Time: **09:00**

(hh:mm)



AM



PM

2. Record an **Initial Compliance Field Response - Announced.**

3. Record an **Initial Compliance Field Response - Unannounced.**

4. Record a **Compliance Field Response - Announced.**

5. Record a **Compliance Field Response - Unannounced.**

6. Record a **Field Response - Direct Oversight.**

7. Record a **Follow-up or Other Field Response.**

8. Record a **Follow-up Office Response.**

9. Identify or Update a **PRP or Other Person Associated with Release.** (Fill out Section E)

10. Correct or Add **Data to WSC Database** otherwise not specified on this form. (Record in Section C and, if needed, F)

C. DESCRIPTION OF ACTIVITIES RECORDED BY THIS FORM : (If additional lines are needed, record in Section F.)

MASSDEP RETURNED TO THE 10 RESIDENCES ALONG KENWOOD AND FOREST STS. TO RETRIEVE THE 21 SUMMA CANISTERS. THE CANISTERS WERE DELIVERED TO SPECTRUM ANALYTICAL OF AGAWAM UNDER CHAIN OF CUSTODY. NOTE THAT AT 14 KENWOOD STREET, IT WAS OBSERVED THAT A BASEMENT WINDOW WAS OPEN/BROKEN AND THE SAMPLE WAS DILUTED WITH THE ADDITION OF OUTSIDE AIR FOR ABOUT 20 HRS. OF THE SAMPLING PERIOD.

D. DEP STAFF AND FORM PREPARER:

1. DEP Staff: a. Name: **FISH BERNARD**



b. Check here, if Unassigned
(or staff name not applicable).

2. Preparer Signature: **bf**

3. Date: **1/15/2013**



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E. PRP OR OTHER PERSON ASSOCIATED WITH RELEASE :

1. Check all that apply: a. change in contact name b. change of address c. new person associated with release

2. Name of Organization: **LUNT SILVERSMITHS INC**

3. Contact First Name: **JAMES**

4. Last Name: **LUNT**

5. Street: **PO BOX 1010**

6. Title:

7. City/Town: **GREENFIELD**

8. State: **MA**

9. ZIP Code: **013020000**

10. Telephone: **4137742774**

11. Ext.:

12. FAX:

13. Relationship of Person to Release: a. PRP b. Other c. Type **Non-specified PRP**

F. ADDITIONAL DESCRIPTION: