



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): **1/10/2013**

(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.)

AS PART OF THE SITE'S ASSESSMENT INVESTIGATIONS, THE MASSDEP, WITH THE COLLABORATION OF THE CITY'S ENV. CONSULTANT, OTO, PERFORMED INDOOR AIR SAMPLING AT 10 DOWNGRADIENT RESIDENCES. SUMMA CANISTERS WERE PLACED ON THE 1ST FLOOR AND THE BASEMENT OF EACH RESIDENCE AS WELL AS AN OUTDOOR CANISTER AT 14 KENWOOD ST. THE CANISTERS' AIR WILL BE ANALYZED FOR SPECIFIC CONSTITUENTS OF TO-15: TETRACHLOROETHYLENE, TRICHLOROETHYLENE, CIS-1,2-DICHLOROETHYLENE, TRANS-1,2-DICHLOROETHYLENE, VINYL CHLORIDE AND 1,1,1-TRICHLOROETHANE. THE SAMPLES WILL RUN FOR 24 HRS. AT THE FOLLOWING RESIDENCES; 14 KENWOOD ST. 20 KENWOOD ST. 22 KENWOOD ST. 28 KENWOOD ST. 38 KENWOOD ST. 42 KENWOOD ST. 44 KENWOOD ST. 46 KENWOOD ST. 37 FOREST ST. 45 FOREST ST.

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: