



RELEASE AMENDMENT FORM

Release Tracking Number

1 - 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): **2/25/2013** (mm/dd/yyyy) Start Time: **01:30** (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.)

ATTACHED IS A SCANNED COPY OF A LETTER ISSUED TO THE TOWN OF GREENFIELD REGARDING A MEETING HELD AT MASSDEP ON FEBRUARY 21, 2013 TO DISCUSS FUTURE ASSESSMENT ACTIVITIES PROPOSED BY THE TOWN OF GREENFIELD.

D. DEP STAFF AND FORM PREPARER:

1. DEP Staff: a. Name: **DAOUST KEVIN**  b. Check here, if Unassigned (or staff name not applicable).  
2. Preparer Signature: **Kevin W. Daoust** 3. Date: **2/25/2013**



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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: