



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): **1/9/2013** (mm/dd/yyyy) Start Time: **12:30** (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.)

THE MASSDEP WILL BE PERFORMING INDOOR AIR SAMPLING AS PART OF THE ONGOING SITE INVESTIGATION. 10 RESIDENCES ALONG KENWOOD AND FOREST STS. WILL HAVE THEIR 1ST FLOOR AND BASEMENT SAMPLED FOR THE PRESENCE OF TETRACHLOROETHYLENE, TRICHLOROETHYLENE, CIS-1,2-DICHLOROETHYLENE, TRANS-1,2-DICHLOROETHYLENE, VINYL CHLORIDE AND 1,1,1-TRICHLOROETHANE. AS PART OF THE SAMPLING EVENT, THE MASSDEP WILL PERFORM BUILDING SURVEYS OF EACH RESIDENCE TO VIEW THE BASEMENT AND DETERMINE SAMPLING LOCATIONS. ON THIS DATE I INSPECTED 20 KENWOOD STREET. THE HOME WAS A TWO-FLOOR CAPE STYLE WITH ONE PERSON LIVING THERE. THE BASEMENT HAD A CONCRETE FLOOR THAT APPEARED IN GOOD SHAPE. FOUNDATION WAS BLOCK AND IN GOOD SHAPE. THE BASEMENT HAD A SUMP PUMP THAT RARELY TURNED ON ACCORDING TO THE OWNER. THE SUMP WAS OPEN TOPPED. WHEN IT DID TURN ON, IT WOULD DISCHARGE TO THE SIDE YARD. THE BASEMENT FLOOR HAD A TROUGH DRAIN AROUND THE PERIMETER THAT DISCHARGED TO THE SEWER SYSTEM DURING HEAVY RAIN EVENTS.

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: **1/17/2013**



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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: