



**RELEASE AMENDMENT FORM**

**A. RELEASE OR THREAT OF RELEASE LOCATION:**

1. Release Name/Location Aid: VARIAN-MICROWAVE DIV

2. Street Address: 150 SOHIER RD

3. City/Town: BEVERLY 4. ZIP Code: 019150000

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

1. Date of Response(s): 9/3/2014 Start Time : 12:00  AM  PM  
(mm/dd/yyyy) (hh:mm)

2. Record Field Visits:
- a. Initial Compliance Field Response – Announced
  - d. Compliance Field Response – Unannounced
  - b. Initial Compliance Field Response – Unannounced
  - e. Follow-up or Other Field Response
  - c. Compliance Field Response – Announced
  - f. Field Response - Direct Oversight

3. Record an Activity:
- a. Follow-up Office Response
  - b. Meeting with PRP or PRP Representative

4. Record IRA Activities (also complete Section D, if applicable):
- a. IRA Assessment Only
  - e. IRA Written Plan Approved
  - b. IRA Oral Plan Approved
  - f. IRA Written Plan Denied
  - c. IRA Oral Plan Denied and/or Request for Written Plan
  - g. Imminent Hazard Termination Approved
  - d. IRA Oral Modified Plan Approved

5. Record IRA Department (IRA-D) Oversight Activities:
- a. IRA-D Work Started
  - d. IRA-D Modification Plan Recorded
  - b. IRA-D Assessment Only
  - e. IRA-D Work Completed
  - c. IRA-D Plan Recorded

6. Record URAM Activities:
- a. Notice of Intent to Conduct a URAM
  - c. URAM Notification of a Previously Existing RTN
  - b. URAM Work Started

- 7. Correct or Add **Data to WSC Database** otherwise not specified on this form. (Record in Section F)
- 8. Identify or Update a **PRP or Other Person Associated with Release** (Fill out Section C)
- 9. **Record Other Staff Activities** not specified above. (Record in Section F)



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C. 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: VARIAN MEDICAL SYSTEMS INC

3. Contact First Name: JOHN R 4. Last Name: BUCHANAN

5. Street: 3120 HANSEN WAY M/S G-100 6. Title: ENVIRONMENTAL AFFAIRS MANAGER

7. City/Town: PALO ALTO 8. State: CA 9. ZIP Code: 943041030

10. Telephone: 6504246103 11. Ext: \_\_\_\_\_ 12. EMail: john.buchanan@varian.com

13. Relationship of Person to Release:  PRP  OTHER c. Type(e.g. Current Owner): Other PRPs

14. No Person associated with activity specified in Section B.

D. ENTER ORAL RESPONSE ACTION PLAN (if applicable): (check all that apply)

- 1. Assessment and/or Monitoring only
- 2. Temporary Covers or Caps
- 3. Deployment of Absorbent or Containment Materials
- 4. Temporary Water Supplies
- 5. Structure Venting Systems
- 6. Temporary Evacuation or Relocation of Residents
- 7. Product or NAPL Recovery
- 8. Fencing and Sign Posting
- 9. Groundwater Treatment Systems
- 10. Soil Vapor Extraction

11. Check here if modifying amount of authorized excavated soils:

Amount not to exceed \_\_\_\_\_  cubic yards  tons

12. Other Response Actions

Describe: \_\_\_\_\_

E. MassDEP STAFF AND FORM PREPARER:

1. MassDEP Staff: \_\_\_\_\_  b. Check here, if Unassigned (or staff name not applicable)

2. Preparer Signature: \_\_\_\_\_ 3. Date : \_\_\_\_\_  
(mm/dd/yyyy)



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**F. DESCRIPTION OF ACTIVITIES RECORDED BY THIS FORM:**

REMEDIAL TREATMENT SYSTEM INSPECTION, NO VIOLATION WAS IDENTIFIED.

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Check here if additional information is provided in an attachment.