



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): **5/3/2012**

(mm/dd/yyyy)

Start Time: **10:00**

(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.)

MEETING WITH THE TOWN OF GREENFIELD AND OTO TO DISCUSS RESULTS FROM THEIR ESA PHASE II REPORT.

D. DEP STAFF AND FORM PREPARER:

1. DEP Staff: a. Name: **SHAW CAPRICE**



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

2. Preparer Signature: **caprice shaw**

3. Date: **9/27/2012**



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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: **TOWN OF GREENFIELD**

3. Contact First Name: **ROBERT**

4. Last Name: **PYERS**

5. Street: **114 MAIN STREET**

6. Title: **ASSISTANT TO MAYOR ECO DE**

7. City/Town: **GREENFIELD**

8. State: **MA**

9. ZIP Code: **013010000**

10. Telephone: **4137721550**

11. Ext.:

12. FAX:

13. Relationship of Person to Release: a. PRP b. Other c. Type **Municipal Department if Not PRP**

F. ADDITIONAL DESCRIPTION: