



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): **1/11/2012**

(mm/dd/yyyy)

Start Time: **02:30**

(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.)

I PERFORMED A SITE INSPECTION AT THE FORMER LUNT SILVERSMITHS, INC. SITE. OTO IS PRESENT AND PERFORMING DRILLING ACTIVITIES AS PART OF A PHASE II ESA FOR THE TOWN OF GREENFIELD. THE SITE IS SURROUNDED BY RESIDENTIAL PROPERTIES, A BASEBALL PARK, AND COMMERCIAL PROPERTIES INCLUDING GAS STATIONS AND REPAIR SHOPS. SITE PHOTOS ATTACHED.

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: **capice 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:

6. Title:

7. City/Town:

8. State:

9. ZIP Code:

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: