



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): **3/28/2012**

(mm/dd/yyyy)

Start Time: **02:00**

(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.)

ATTACHED IS AN INTER-OFFICE MEMORANDUM DISCUSSING ACTIVITIES AND FINDINGS AT THE SITE AS OF 3/28/2012. AT THIS TIME, THE SITE WAS LISTED UNDER RTN 1-17758 WHICH WAS LESS THAN REPORTABLE.

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:

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: