



**Massachusetts Department of Environmental Protection**  
*Bureau of Waste Site Cleanup*

**BWSC101**

**RELEASE LOG FORM**

Release Tracking Number

**1** - **18869**

**A. THIS FORM IS BEING USED TO:** (check one)

1. Log Date: **9/18/2012** (mm/dd/yyyy) Log Time: **02:00** (hh:mm)  AM  PM
2. Assign a Release Tracking Number (RTN) to a Release or TOR Report.  
 a. **Reportable Release or TOR.**  b. **Release that is Less Than the Reporting Thresholds.**
3. Amend a Previously Recorded Release or TOR Report (RTN Assigned) .  
 a. The Release is a **Reportable Release or TOR.**  b. The Release is a **Release that is Less Than the Reporting Thresholds.**  
 c. The Release or TOR is **Retracted.** (BWSC103 must be submitted, as well).  d. The Release or TOR is **not a Release under M.G.L. c. 21E.**

**B. REPORTING PERSON:**

1. Name of Organization: **MASSDEP**
2. First Name: **CAPRICE** 3. Last Name: **SHAW**
4. Telephone: **4137552222** 5. Ext.:
6. Relationship of Person to Release:  a. PRP  b. Other c. Type, if known (e.g. Current Owner)  DEP Contact

**C. RELEASE OR THREAT OF RELEASE (TOR)/SITE LOCATION:**

1. Location Aid/Site Name: **FORMER LUNT SILVERSMITH, INC.**
2. Street Address: **298 FEDERAL STREET** 3. 2nd Address Line:
4. City/Town: **GREENFIELD, GREENFIELD** 5. ZIP Code (if known) **013010000**
6. Type of Location: (check all that apply)  a. School  b. Water Body  c. Right of Way  d. Utility Easement  
 e. Roadway  f. Municipal  g. State  h. Residential  i. Open Space  j. Private Property  
 k. Industrial  l. Commercial  m. Federal  n. Other Describe:

**D. RELEASE OR TOR INFORMATION:**

1. Date and Time of **Notification:** **9/18/2012** (mm/dd/yyyy) Time: **02:00** (hh:mm)  AM  PM
2. Date and Time Reporting Person obtained **Knowledge of Release or TOR:** **4/25/2012** (mm/dd/yyyy) Time: **02:00** (hh:mm)  AM  PM
3. Date and Time **Release or TOR occurred**, if known:  (mm/dd/yyyy) Time:  (hh:mm)  AM  PM
4. **Sources of the Release or TOR:** (check all that apply)  a. Transformer  b. Fuel Tank  c. Pipe  
 d. Above-ground Storage Tank (AST)  e. Drums  f. Tanker Truck  g. Hose  h. Line  
 i. Under-ground Storage Tank (UST)  j. Vehicle  k. Boat/Vessel  l. Unknown  
 m. Other Specify: **HISTORIC RELEASE**
5. **Federal LUST Eligible:**  a. Yes  b. No  c. Unknown d. DFS UST/AST Tank ID Number:



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Check all Notification Thresholds that apply to the Release or TOR:

6. 2 Hour Reporting Conditions:

- a. Sudden Release
- b. Threat of Sudden Release
- c. Oil Sheen on Surface Water
- d. Poses Imminent Hazard
- e. Could Pose Imminent Hazard
- f. Release Detected in Private Well
- g. Release to Storm Drain
- h. Sanitary Sewer Release (Imminent Hazard Only)

7. 72 Hour Reporting Conditions:

- a. Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/2 Inch
- b. Underground Storage Tank (UST) Release
- c. Threat of UST Release
- d. Release to Groundwater near Water Supply
- e. Release to Groundwater near School or Residence
- f. Substantial Release Migration

8. 120 Day Reporting Conditions:

- a. Release of Hazardous Material(s) to Soil or Groundwater Exceeding Reportable Concentration(s)
- b. Release of Oil to Soil Exceeding Reportable Concentration(s) and Affecting More than 2 Cubic Yards
- c. Release of Oil to Groundwater Exceeding Reportable Concentration(s)
- d. Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/8 Inch and Less than 1/2 Inch

9. Type of Release or TOR: (check all that apply)

- a. Dumping
- b. Fire
- c. Tank Removal
- d. Overfill
- e. Rupture
- f. Vehicle Accident
- g. Leak
- h. Spill
- i. Test Failure
- j. Unknown
- k. Threat of Release Only
- l. Other Specify: **HISTORIC RELEASE**

10. Media Impacted and Receptors Affected: (check all that apply)

- a. Paved Surface
- b. Basement
- c. School
- d. Public Water Supply
- e. Surface Water
- f. Zone 2
- g. Private Well
- h. Residence
- i. Soil
- j. Groundwater
- k. Sediments
- l. Wetland
- m. Storm Drain
- n. Indoor Air
- o. Air
- p. Critical Exposure Pathway
- q. Unknown
- r. Others Specify: \_\_\_\_\_

11. List below the Oils (O) or Hazardous Materials (HM) that exceed their Reportable Concentration (RC) or Reportable Quantity (RQ) by the greatest amount.

O or HM Released	CAS Number, if known	O or HM	Amount or Concentration	Units	RCs Exceeded, if Applicable
TRICHLOROETHYLENE		HM	107	MG/L	RCGW-2
TRICHLOROETHYLENE		HM	167	MG/KG	RCS-1
METALS (SILVER, NICKEL, LEAD, CHROMIUM, C		HM	195	MG/KG	RCS-1

12. Description of Release or Threat of Release:

**HISTORIC RELEASES DISCOVERED DURING AN ASTM PHASE II SITE ASSESSMENT PERFORMED FOR THE TOWN OF GREENFIELD AT THE ABOVE SITE. A COPY OF THE THE FINDINGS WERE SUBMITTED TO MASSDEP AND STATED THAT RELEASES OF CHLORINATED VOLATILE ORGANIC COMPOUNDS (VOCs) PRIMARILY TRICHLOROETHYLENE (TCE) IN SOIL AND GROUNDWATER, PETROLEUM IN SHALLOW SOIL NEAR THE ABOVEGROUND STORAGE TANK (AST) FILL LINES, AND METALS IN SHALLOW SOIL, PRIMARILY NEAR THE CYCLONIC DUST COLLECTORS WERE IDENTIFIED AT THE SITE. A SIGNIFICANT RELEASE OF TCE TO SITE SOIL AND GROUNDWATER WAS IDENTIFIED EXCEEDING MCP REPORTABLE CONCENTRATIONS.**



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E. INVOLVED PARTIES SUMMARY :

- 1. PRP Status (check one):  a. PRP Unknown  b. PRP Unwilling or Unable to Perform Response Actions
- c. PRP Performing Response Actions  d. Release is Adequated Regulated by the US Coast Guard

2. If PRP is not Performing Response Actions, who is?

- a. DEP State Contractor  b. Other Person

3. Contractor: a. Name of Organization:  b. Telephone:

c. Contact First Name:  d. Last Name:

4. LSP: a. Name:  b. LSP #:

c. Telephone:

F. PRP OR PERSON PERFORMING RESPONSE ACTIONS:

1. Name of Organization:

2. Contact First Name:  3. Last Name:

4. Street:  5. Title:

6. City/Town:  7. State:  8. ZIP Code:

9. Telephone:  10. Ext.:  11. FAX:

12. Relationship of Person to Release:  a. PRP  b. Other c. Type (e.g. Current Owner):

13. Check here if this PRP received a field NOR.

14. Check here if an RNF was requested from this PRP.

15. Check here if Provisions of 21E were explained to this PRP.

G. RECORD ORAL RESPONSE ACTIVITIES:

- 1. IRA Completed Pre-notification  4. IRA Oral Plan Denied and/or Request for Written Plan
- 2. IRA Assessment Only  5. IRA Oral Modified Plan Approved
- 3. IRA Oral Plan Approved  6. Notice of Intent to Conduct a URAM

7. Date of Action: \_\_\_\_\_

8. Soil Previously Excavated:  a. Excavated prior to notification.  b. Excavated as part of an UST closure.

c. Quantity of contaminated soil previously excavated and destination, if applicable:

\_\_\_\_\_

9. Specify any Regional Specific Code (Regional Use):



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H. ORAL RESPONSE ACTION PLAN: (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 System
- 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. Bioremediation
- 12. Air Sparging
- 13. Excavation of Contaminated Soils
  - a. Re-use, Recycling or Treatment
    - i. On Site
    - ii. Off Site
 Authorized volume in cubic yards: \_\_\_\_\_
  - b. Store
    - i. On Site
    - ii. Off Site
 Authorized volume in cubic yards: \_\_\_\_\_
  - c. Landfill
    - i. Cover
    - ii. Disposal
 Authorized volume in cubic yards: \_\_\_\_\_
- 14. Removal of Drums, Tanks or Containers:
 

Describe Quantity and Amount: \_\_\_\_\_
- 15. Removal of Other Contaminated Media:
 

Specify Type and Volume: \_\_\_\_\_
- 16. Other Response Actions and Additional Comments (describe):

I. 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: **9/19/2012**