

Massachusetts Department of Environmental Protection

Bureau of Waste Site Cleanup

RELEASE LOG FORM

BWSC 101

Release Tracking Number

Tronouse Trueming Trumicer					
3	-	36304			

A. THIS FORM I	S BEING USED	TO: (check one)					
1. Log Date:	6/3/2020	Log Time:	11:2	7	▼ AM	Γ	PM
_	(mm/dd/yyyy)			(hh:mm)			
✓ 2. Assign a Releas		(RTN) to a Relea			Tri 4 D	4. TDI	
a. Reportable	Release or TOR.		□ b. Release th	nat is Less	I nan tne Kepo	orting Ini	resnotas.
3. Amend a Previo	•	-	` •				
a. The Release	is a Reportable Re l	lease or TOR.	b. The Relea			s Than th	e
	TOD: D	•	Reporting T				CI ME
	or TOR is Retracte st be submitted, as w		d. The Relea	se or TOR	is not a Release	under M	.G.L. c. 21E.
B. REPORTING	PERSON:						
1. Name of Organizat	tion: WESTON & S	SAMPSON					
2. First Name:	FRANK		3. Last Nam	ie:	RICCARDI		
4. Telephone:	6175488137		5. Ext.:				
6. Relationship of Per	rson to Release:	PRP • Other	c. Type, if kr	nown (e.g. (Current Owner)	: Licensed :	Site Professional
C. RELEASE OR	THREAT OF RI	ELEASE (TOR)	/SITE LOCA	TION:			
1. Location Aid/Site 1	Name: PROPERTY	TO EAST OF WAVERI	Y & MELLEN STS				
2. Street Address:	618R WAVERLY STR	REET	3. 2nd Addr	ress Line:			
4. City/Town:	FRAMINGHAM, FRAM	MINGHAM	5. Zip Code	(if known)	: 017020000		
6. Type of Location:	(check all that apply	a. School	b. Water	Body \square	c. Right of Way	d. Uti	lity Easement
e. Roadway	☐ f. Municipal	☐ g. State	☐ h. Reside	ential 🗆 i	i. Open Space	□ j. Priv	ate Property
k. Industrial	▼ 1. Commercial	m. Federal	n. Other	Des	scribe:		
D. RELEASE OR	TOR INFORMA	ATION:					
1. Date and Time of	Notification:	6/3/2020	Time:	11:27		✓ AM	\Box PM
		(mm/dd/yyyy))		(hh:mm)		
2. Date and Time Rep		ned _{6/3/2020}	Time:	10:30		▼ AM	\Box PM
Knowledge of Relea	se or TOR:	(mm/dd/yyyy))		(hh:mm)		
3. Date and Time Re	lease or TOR		Time:			\Box AM	□ PM
occurred, if known:		(mm/dd/yyyy))		(hh:mm)		
4. Sources of the Ro	elease or TOR: (ch	eck all that apply)	a. Trai	nsformer	☐ b. Fuel Ta	ank 🗀	c. Pipe
d. OHM Deliver	ry 🗀 e. AST	☐ f. Dru	ıms 🗆 g. Tan	nker Truck	☐ h. Hose		i. Line
□ j. UST	Describe				k. Vehicle		l. Boat/Vessel
m. Unknown	n. Other	r: UNDER IN	VESTIGATION				
5. Federal LUST Eli	gible:	☐ Yes	№ No	1	Unknown		
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Check all Notification Thresholds that apply to the Release or TOR:

6. 2 Hour Reporting Co	onditions: 7. 72 l	Hour Reporting C	onditions	: 8. 120 Day	y Reportii	ng Conditions:
□ a. Sudden Release □ b. Threat of Sudden R □ c. Oil Sheen on Surfac □ d. Poses Imminent Ha □ e. Could Pose Immine □ f. Release Detected in Private Well □ g. Release to Storm D □ h. Sanitary Sewer Rel (Imminent Hazard	elease ce Water zard nt Hazard c. T d. F rain ease Only)	Subsurface Non-Aq Phase Liquid (NAP to or Greater than Inderground Storag (UST) Release Threat of UST Release to Groundw near Water Supply Release to Groundw near School or Res ubstantial Release I	L) Equal 1/2 Inch ge Tank ease vater vater	to Soil Reporta Reporta Affection Yards C. Release Exceed Concert d. Subsurf Liquid(or Ground able Conce of Oil to S able Conce ing More th of Oil to S ing Report attration(s) Face Non-A NAPL) Ec	
9. Type of Release or TOI	R: (check all that app	ly) 🗌 a. Dumping	g □ b. Fi	re \Box c. AS	ST Remova	al d. Overfill
e. rupture	f. Vehicle Accide	ent \square g. Leak	□ h. Sp	oill 🗆 i. Tes	st Failure	☐ j. TOR Only
k. UST Removal	Describe					
▼ l. Unknown	m. Other: UND	ER INVESTIGATION				
10. Media Impacted and I	Receptors Affected:	(check all that app	ly) □a.	Paved Surface	□ b. Base	ment
d. Public Water Suppl	y e. Surface Wate	er	□ g. Pr	ivate Well	h. Resider	nce 🔽 i. Soil
☐ j. Ground Water	k. Sediments	☐ 1. Wetland	□ m. S	torm Drain	n. Indoor	Air 🗆 o. Air
p. Soil Gas	q. Sub-Slab Soi	il Gas	ical Expos	ure Pathway	s. NAPL	t. Unknown
u. Others	Specify:				_	
11. List below the Oils (O Reportable Quantity (RQ Check here if an amount	by the greatest and or concentration is u	nount. unknown or less tha	an detectal	ole.		
O or HM Re	leased	CAS Number, if known	O or HM	Amount or Concentration	Units	RCs Exceeded, if Applicable
LEAD			НМ	900	MG/KG	N/A
						N/A
						N/A

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12. Description of Release or Threat of Release (if additional space is needed, attach additional information in H17)

LSP FRANK RICCIARDI REPORTED AN IMMINENT HAZARD (IH) CONDITION OF 900MG/KG CONCENTRATION OF LEAD IN THE TOP 12 INCHES OF SOIL AT 618R WAVERLY ST IN FRAMINGHAM. THIS SITE IS PART OF A PHASE 2 BROWNSFIELD ASSESSMENT AND THE PARCEL IS OWNED BY THE CITY OF FRAMINGHAM. THE PARCEL ID FOR THIS AREA IS 1314-64-7867. THIS SITE IS WITHIN 500 FEET OF A RESIDENCE. LSP RICCIARDI AND THE CITY OF FRAMINGHAM ARE STILL ASSESSING THE SITE AND ARE GOING TO PUT UP 6 FOOT BY 6 FOOT CHAIN LINK FENCE WITH SIGNAGE.

E. INVOLVED PAI	RTIES SUMMARY:			
1. PRP Status (check of	one): a. PRP Unknown	☐ b. PRP unwilling, u	nable or has not committed	to Perform Response
c. PRP Performir	ng Response Actions	d. Release is Adequ	ated Regulated by the US C	Coast Guard
2. If PRP is not Perfor	ming Response Actions, w	ho is?		
a. MassDEP State C	Contractor	er Person		
3. Contractor:	a. Name of Organization:		b. Telephone:	
	c. Contact First Name:		d. Last Name:	
4. LSP:	a. Name:	RICCIARDI FRANCIS M	b. LSP #:	5586
	c. Telephone:	9785321900		

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F. PRP OR PERSO	N PERFORMI	NG RESPONS	E ACT	IONS:			
1. Name of Organization	1: CITY OF FRA	AMINGHAM					
Contact First Name: THATCHER 4. Street: 150 CONCORD STREET			3	3. Last Na	ame:	KEZER	
		5	5. Title:				
6. City/Town:	FRAMINGHAM	7.	State:	e: MA		8. ZIP Code:	017020000
9. Telephone: 5088	5325404	10. Ext:		11. I	Email:	TKEZER@FRAMING	SHAMMA.GOV
12. Relationship of Pers	on to Release:	PRP 🗆 (Other	c. Ty	pe (e.g. Cu	rrent Owner):	Non-specified PRP
☐ 13. Check here if	this PRP received	a field NOR	V	14. Che	ck here if	an RNF was requ	nested from this PRP
▼ 15. Check here if	Provisions of 21E	were explained t	o this PI	RP.			
G. RECORD ORAL	RESPONSE A	ACTIVITIES:					
☐ 1. IRA Completed Pr	e-notification			5. IRA O	ral Modifie	d Plan Approved	
☐ 2. No IRA Approved	at Notification			6. IRA O	ral Plan De	enied and/or Requ	uest for Written Plan
☐ 3. IRA Assessment C	Only.			7. Notice	of Intent t	o Conduct a URA	AM
✓ 4. IRA Oral Plan App	proved			8 IRA-D Oral Plan Approved			
				9. IRA-D	Oversight	Work Started	
10. Date of Action:	6/3/2020						
11. Soil Previously Exca	ıvated: \square a. Ex	cavated prior to n	otification	on.	b. Excavat	ed as part of an	UST closure.
c. Quantity of contam	inated soil previc	ously excavated ar	d destin	ation, if a	applicable:	•	
	•	-		ŕ			
12. Specify any Regiona	al Specific Code (Regional Use):					
H. ORAL RESPONS	SE ACTION P	LAN: (check all	that app	ly)			
☐ 1. Assessment and/or	Monitoring Only	ý		2. Tempo	orary Cove	rs or Caps	
☐ 3. Deployment of Ab	sorbent or Contai	nment 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 Trea	☐ 9. Groundwater Treatment Systems			☐ 10. Soil Vapor Extraction			
☐ 11. Bioremediation				☐ 12. Air Sparging			
☐ 13. Excavation of Co	ntaminated Soils						
a. Re-use, Recycli	ng or Treatment	☐ i. On Site	□ ii. (Off Site	Authorize	d volume in cubi	c yards:
□ b. Store		☐ i. On Site	□ ii. •	Off Site	Authorize	d volume in cubi	c yards:
c. Landfill		☐ i. Cover	□ ii. 1	Disposal	Authorize	d volume in cubi	c yards:

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14. Removal of		Containers:		
Describe Quantit	ty and Amount:			
☐ 15. Removal of 0	Other Contaminat	ed Media:		
Specify Type and	l Volume:			
✓ 16 Other Respor	nse Actions and A	dditional Comments (de	escribe):	
	HIGH DENSITY POLYE			E FENCING, POST WARNING SIGNAGE, AND COVERED DUST. CHANGES IN SITE CONDITIONS MUST BE IMMEDIATELY
☐ 17. Check here i	f Additional Infor	mation is Provided in ar	n Attachment	
I. DEP STAFF A	ND FORM PR	REPARER:		
1. DEP Staff:	a. Name:		✓ b. Check h	ere, if Unassigned (or staff name not applicable).
2 . Preparer :	a. Name:	WILLIAMS ALLISON		
	b. Signature:	KENNETH SANDERSON	c. Date:	6/8/2020

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