



**RELEASE AMENDMENT FORM**

3 - 36304

**A. RELEASE OR THREAT OF RELEASE LOCATION:**

1. Release Name/Location Aid: PROPERTY TO EAST OF WAVERLY & MELLENS STS

2. Street Address: 618R WAVERLY STREET

3. City/Town: FRAMINGHAM 4. ZIP Code: 017020000

**B. THIS FORM IS BEING USED TO:** (check all that apply)

1. Date of Response(s): 4/22/2021 Start Time : 09:00  AM  PM  
 (mm/dd/yyyy) (hh:mm)

2. Record Field Visits:

- a. Initial Compliance Field Response – Announced
- b. Initial Compliance Field Response – Unannounced
- c. Compliance Field Response – Announced
- d. Compliance Field Response – Unannounced
- e. Follow-up or Other Field Response
- f. Field Response - Direct Oversight

3. Record an Activity:

- a. Follow-up Office Response
- b. Meeting with PRP or PRP Representative

4. Record IRA Activities (also complete Section D, if applicable):

- a. IRA Assessment Only
- b. IRA Oral Plan Approved
- c. IRA Oral Plan Denied and/or Request for Written Plan
- d. IRA Oral Modified Plan Approved
- e. IRA Written Plan Approved
- f. IRA Written Plan Denied
- g. Imminent Hazard Termination Approved

5. Record IRA Department (IRA-D) Oversight Activities:

- a. IRA-D Work Started
- b. IRA-D Assessment Only
- c. IRA-D Plan Recorded
- d. IRA-D Modification Plan Recorded
- e. IRA-D Work Completed

6. Record URAM Activities:

- a. Notice of Intent to Conduct a URAM
- b. URAM Work Started
- c. URAM Notification of a Previously Existing RTN

- 7. Correct or Add **Data to WSC Database** otherwise not specified on this form. (Record in Section F)
- 8. Identify or Update a **PRP or Other Person Associated with Release** (Fill out Section C)
- 9. **Record Other Staff Activities** not specified above. (Record in Section F)



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**C. 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 FRAMINGHAM

3. Contact First Name: THATCHER 4. Last Name: KEZER

5. Street: 150 CONCORD ST 6. Title: \_\_\_\_\_

7. City/Town: FRAMINGHAM 8. State: MA 9. ZIP Code: 017020000

10. Telephone: 5085325411 11. Ext: \_\_\_\_\_ 12. EMail: TKEZER@FRAMINGHAMMA.GOV

13. Relationship of Person to Release:  PRP  OTHER c. Type(e.g. Current Owner): Non-specified PRP

14. No Person associated with activity specified in Section B.

**D. ENTER ORAL RESPONSE ACTION PLAN (if applicable):** (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 Systems
- 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. Check here if modifying amount of authorized excavated soils:

Amount not to exceed \_\_\_\_\_  cubic yards  tons

12. Other Response Actions

Describe: \_\_\_\_\_

**E. MassDEP STAFF AND FORM PREPARER:**

1. MassDEP Staff: THOMPSON VALERIE  b. Check here, if Unassigned (or staff name not applicable)

2. Preparer Signature: VALERIE A THOMPSON 3. Date : 4/22/2021

(mm/dd/yyyy)



**RELEASE AMENDMENT FORM**

**BWSC 102**

Release Tracking Number

3 - 36304

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**F. DESCRIPTION OF ACTIVITIES RECORDED BY THIS FORM:**

ATTENTION DATA MANAGEMENT - PLEASE CHANGE STAFF LEAD TO UNASSIGNED.

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Check here if additional information is provided in an attachment.