



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC101

RELEASE LOG FORM

Release Tracking Number

1 - 15718

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

1. Log Date: **6/15/2009** (mm/dd/yyyy) Log Time: **10:15** (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: **CEA ENVIRONMENTAL**
2. First Name: **SCOTT** 3. Last Name: **VANDERSEA**
4. Telephone: **5088358822** 5. Ext.:
6. Relationship of Person to Release: ☐ a. PRP ☒ b. Other c. Type, if known (e.g. Current Owner) **Consultant for PRP Not an LSP**

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

1. Location Aid/Site Name: **NO LOCATION AID**
2. Street Address: **88-90 MAPLE ST** 3. 2nd Address Line:
4. City/Town: **WESTFIELD, WESTFIELD** 5. ZIP Code (if known):
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: **4/15/2005** (mm/dd/yyyy) Time:  (hh:mm) ☐ AM ☐ PM
2. Date and Time Reporting Person obtained Knowledge of Release or TOR: **4/15/2005** (mm/dd/yyyy) Time: **09:40** (hh:mm) ☒ AM ☐ PM
3. Date and Time Release or TOR occurred, if known: **4/15/2005** (mm/dd/yyyy) Time: **09:39** (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:
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: \_\_\_\_\_

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
TOTAL PCBS		HM	248	PPM	RCS-1

12. Description of Release or Threat of Release:

PCBS DISCOVERED IN SOIL AT 0-1 FT DEPTH. IRA APPROVAL WAS GIVEN FOR FURTHER ASSESSMENT ONLY. SCOTT OF CEA STATED THAT HE PLANS ON PLACING A BARRIER INSTALLATION, EITHER CAPPING OR FENCING THE AREA, BUT WILL NOTIFY BEFORE PERFORMING EITHER ACTION. SCOTT IS AWARE THAT HE MUST RETRACT THE PREVIOUSLY SUBMITTED RAO BASED ON THE PCB LEVELS DISCOVERED ON SITE.



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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 Adequately 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: **SUNOCO, INC. (R & M)**
2. Contact First Name: **WILLIAM** 3. Last Name: **BROCHU**
4. Street: **4 BELLOWS RD, PO BOX 1262** 5. Title: **ENVIRONMENTAL ENGINEER**
6. City/Town: **WESTBOROUGH** 7. State: **MA** 8. ZIP Code: **015810000**
9. Telephone: **555-555-5555** 10. Ext.:  11. FAX:
12. Relationship of Person to Release: ☒ a. PRP ☐ b. Other c. Type (e.g. Current Owner): **PRP 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: **6/15/2009**

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)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> 1. Assessment and/or Monitoring Only                | <input type="checkbox"/> 2. Temporary Covers or Caps   |
| <input type="checkbox"/> 3. Deployment of Absorbent or Containment Materials            | <input type="checkbox"/> 4. Temporary Water Supplies   |
| <input type="checkbox"/> 5. Structure Venting System                                    | <input type="checkbox"/> 6. Temporary Evacuation or Relocation of Residents  |
| <input type="checkbox"/> 7. Product or NAPL Recovery                                    | <input type="checkbox"/> 8. Fencing and Sign Posting   |
| <input type="checkbox"/> 9. Groundwater Treatment Systems                               | <input type="checkbox"/> 10. Soil Vapor Extraction   |
| <input type="checkbox"/> 11. Bioremediation   | <input type="checkbox"/> 12. Air Sparging  |
| <br>  |  |
| <input type="checkbox"/> 13. Excavation of Contaminated Soils                           |  |
| <input type="checkbox"/> a. Re-use, Recycling or Treatment                              | <input type="checkbox"/> i. On Site <input type="checkbox"/> ii. Off Site      Authorized volume in cubic yards: _____ |
| <input type="checkbox"/> b. Store   | <input type="checkbox"/> i. On Site <input type="checkbox"/> ii. Off Site      Authorized volume in cubic yards: _____ |
| <input type="checkbox"/> c. Landfill  | <input type="checkbox"/> i. Cover <input type="checkbox"/> ii. Disposal      Authorized volume in cubic yards: _____   |
| <br>  |  |
| <input type="checkbox"/> 14. Removal of Drums, Tanks or Containers:                     |  |
| Describe Quantity and Amount: _____   |  |
| <br>  |  |
| <input type="checkbox"/> 15. Removal of Other Contaminated Media:                       |  |
| Specify Type and Volume: _____  |  |
| <br>  |  |
| <input type="checkbox"/> 16. Other Response Actions and Additional Comments (describe): |  |

**I. DEP STAFF AND FORM PREPARER:**

- |                        |                               |   |
|------------------------|-------------------------------|---|
| 1. DEP Staff:          | a. Name: <b>BRUCE DERRICK</b> | <input type="checkbox"/> b. Check here, if Unassigned (or staff name not applicable). |
| 2. Preparer Signature: | <b>Derrick Bruce</b>          | 3. Date: <b>06/18/2009</b>  |