Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC102

RELEASE AMENDMENT FORM

Release Tracking Number

| 3 | - | 19174 |

A. RELEASE/SITE LOCATION:

1. Site Name/Location Aid: **GENERAL CHEMICAL**

2. Street Address: **133-135 AND 91 LELAND ST**

3. City/Town: **FRAMINGHAM, FRAMINGHAM**   4. ZIP Code:

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

1. Date of Response(s): **12/13/2012**   Start Time: **09:00**   ☑ AM   ☐ PM
   (mm/dd/yyyy)   (hh:mm)

☐   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.)

THE ATTACHED MEMORANDUM DESCRIBES THE TREE CORE INVESTIGATION MASSDEP CONDUCTED IN THE WETLANDS SOUTH OF THE GENERAL CHEMICAL FACILITY IN 2013.

D. DEP STAFF AND FORM PREPARER:

1. DEP Staff: a. Name: **LAMKIN RODENE**   ☐ b. Check here, if Unassigned (or staff name not applicable).

2. Preparer Signature: **Rodene Lamkin**   3. Date: **1/4/2013**

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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: **GENERAL CHEMICAL CORPORATION**

3. Contact First Name: **MICHAEL**   4. Last Name: **PERSICO**

5. Street: _____   6. Title: **PRESIDENT**

7. City/Town: _____   8. State: _____   9. ZIP Code: _____

10. Telephone: _____   11. Ext.: _____   12. FAX: _____

13. Relationship of Person to Release: ☑ a. PRP ☐ b. Other c. Type **Non-specified PRP**

F. ADDITIONAL DESCRIPTION: