



RELEASE AMENDMENT FORM

Release Tracking Number

3

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18126

A. RELEASE/SITE LOCATION:

1. Site Name/Location Aid: **TOMBARELLO AND SONS INC HOFMAN AVE**

2. Street Address: **207 MARSTON ST**

3. City/Town: **LAWRENCE, LAWRENCE**

4. ZIP Code: **018410000**

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

1. Date of Response(s): **4/14/2013**

(mm/dd/yyyy)

Start Time: **12:00**

(hh:mm)

AM

PM

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.)

AT THE REQUEST OF BROWNFIELD'S SECTION CHIEF JOANNE FAGAN AND ER SECTION CHIEF KINGSLEY NDI THE WRITER VISITED THE SUBJECT SITE TO PATCH/REPAIR A SECTION OF FENCE THAT HAD BEEN REMOVED/DESTROYED. THE FENCING AROUND THE SITE IS NECESSARY TO PREVENT ACCESS TO ELEVATED LEVELS OF CONTAMINATION THAT HAVE BEEN DEEMED TO POSE AN IMMINENT HAZARD. UPON ARRIVING AT THE SITE, AND AT THE ONSET OF REPAIRS, THE WRITER WAS APPROACHED BY THE ADJACENT LANDOWNER (JOSEPH TOSCANO OF 11 HOFFMAN AVENUE) WHO INDICATED THAT THE FENCE COULD NOT BE REPAIRED AS IT WOULD CROSS HIS PROPERTY BOUNDARY AND DENY HIM ACCESS TO A PORTION OF HIS LAND. AFTER SOME DISCUSSION, IT APPEARED THAT THERE MAY BE SOME VALIDITY TO MR. TOSCANO'S CLAIM. MR. TOSCANO AND THE WRITER WERE EVENTUALLY ABLE TO REACH A COMPROMISE, WHICH ALLOWED THE FENCE TO BE REPAIRED. THE WRITER LEFT THE SITE AFTER THE MEETING WITH MR. TOSCANO IN ORDER TO OBTAIN ADDITIONAL EQUIPMENT AND TOOLS NECESSARY TO PERFORM THE MODIFIED REPAIR. MR. TOSCANO WAS PROVIDED WITH THE WRITER'S AND MS. FAGAN'S CONTACT INFORMATION. MR. TOSCANO'S CONTACT INFORMATION WILL ALSO BE SHARED WITH MS. FAGAN. THIS WILL ALLOW FOR COORDINATION OF FUTURE SITE ACTIVITIES AND THE RESOLUTION OF THE PROPERTY BOUNDARY ISSUE.

D. DEP STAFF AND FORM PREPARER:

1. DEP Staff: a. Name: **THOMPSON VALERIE**

b. Check here, if Unassigned
(or staff name not applicable).

2. Preparer Signature: **David LaPusata**

3. Date: **4/16/2013**



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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: **AMERICAN RECYCLING INC**

3. Contact First Name: **PETER F**

4. Last Name: **PRINZ**

5. Street: **C/O AMERICAN ELECTRONICS**

6. Title: **VICE PRESIDENT COO**

7. City/Town: **SARASOTA**

8. State: **FL**

9. ZIP Code: **342342172**

10. Telephone: **6065720199**

11. Ext.:

12. FAX:

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

F. ADDITIONAL DESCRIPTION: