



**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: **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): **10/4/2011**

(mm/dd/yyyy)

Start Time: **10:00**



AM



PM

(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.)

**ATTACHED IS GCC'S RIP SUBMITTAL INCLUDING THE SUPPORTING DATA, QA/QC APPENDICES OR RISK ANALYSIS AND REVISED COST ESTIMATES.**

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

1. DEP Staff: a. Name:



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

2. Preparer Signature: **Stephanie MacLeod**

3. Date: **10/4/2011**



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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 CORP**

3. Contact First Name: **ROY**

4. Last Name: **SWARTZ**

5. Street: **PO BOX 608 133-138 LELAN**

6. Title: **COMPLIANCE MANAGER**

7. City/Town: **FRAMINGHAM**

8. State: **MA**

9. ZIP Code: **017020000**

10. Telephone: **5087824100**

11. Ext.:

12. FAX:

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

**F. ADDITIONAL DESCRIPTION:**