



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC102

RELEASE AMENDMENT FORM

Release Tracking Number

3

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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): **4/4/2012**

(mm/dd/yyyy)

Start Time: **12:30**

☐

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.)

MASSDEP INSPECTED THE BASEMENT AT 81 LELAND STREET AT THE REQUEST OF THE HOMEOWNER, SHIRLEY ADAMS. UPON COMPLETION, MS. ADAMS REQUESTED THAT MASSDEP ALSO INSPECT HER NEIGHBORS BASEMENT AT 95 LELAND STREET. THE HOMEOWNER, GUSTAV PEARSON, AGREED TO THE INSPECTION. ACCORDING TO MR. PEARSON, THE SUMP USUALLY CONTAINS WATER, BUT WAS DRY ON THE DAY OF THE INSPECTION. PID SCREENING MEASURED 0 PPMV. ONE INDOOR AIR SAMPLE WAS COLLECTED NEAR THE SUMP IN AN AIR SAMPLING BAG FOR VOC ANALYSIS AT THE NERO LAORATORY.

D. DEP STAFF AND FORM PREPARER:

1. DEP Staff: a. Name: **LAMKIN RODENE**

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

2. Preparer Signature: **RODENE LAMKIN**

3. Date: **4/13/2012**



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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:

3. Contact First Name: **RODENE**

4. Last Name: **LAMKIN**

5. Street:

6. Title:

7. City/Town:

8. State:

9. ZIP Code:

10. Telephone: **9786943354**

11. Ext.:

12. FAX:

13. Relationship of Person to Release: ☐ a. PRP ☐ b. Other c. Type **Agency Contact**

F. ADDITIONAL DESCRIPTION: