



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): **4/4/2012**

(mm/dd/yyyy)

Start Time: **11:55**



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 TO THIS RLFA IS A REPORT ON THE ENVIRONMENTAL SAMPLING OF THE WILSON SCHOOL CONDUCTED BY MASSDEP IN DECEMBER 2011. THE SCHOOL IS ADJACENT TO THE GENERAL CHEMICAL CORPORATION PROPERTY.

D. DEP STAFF AND FORM PREPARER:

1. DEP Staff: a. Name: **MIANO JOHN**



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

2. Preparer Signature: **Jack Miano**

3. Date: **4/5/2012**



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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: **GZA GEOENVIRONMENTAL INC**

3. Contact First Name: **LISA**

4. Last Name: **CAMPE**

5. Street:

6. Title:

7. City/Town:

8. State:

9. ZIP Code:

10. Telephone: **6179690050**

11. Ext.:

12. FAX:

13. Relationship of Person to Release: ☐ a. PRP ☒ b. Other c. Type **Consultant for PRP Not an LSP**

F. ADDITIONAL DESCRIPTION: