



**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): **7/26/2012**

(mm/dd/yyyy)

Start Time: **12:45**

☐

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.)

**THE PURPOSE OF THIS RLFA IS TO CHANGE THE ADDRESS OF THE GENERAL CHEMICAL SITE IN THE DATABASE. 91 LELAND STREET IS THE ADDRESS OF A RESIDENCE NOT THE GENERAL CHEMICAL FACILITY. THE NEW ADDRESS FOR 3-19174 WILL BE 133-135 & 91 LELAND STREET.**

**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: **7/27/2012**



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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: **GROUNDWATER & ENVIRONMENTAL SE**

3. Contact First Name: **DONALD A**

4. Last Name: **LUNDY**

5. Street:

6. Title: **PRINCIPAL HYDROGEOLOGIST**

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 **Consultant for PRP Not an LSP**

**F. ADDITIONAL DESCRIPTION:**