



WHERE BUSINESS AND THE ENVIRONMENT CONVERGE



588 Silver Street, Agawam, MA 01001 tel 413.789.3530 fax 413.789.2776 www.ecsconsult.com

Mayor Daniel Knapik  
City of Westfield  
City Hall, 59 Court Street  
Westfield, MA 01085

October 11, 2011  
Project No. 01-214474.00  
Document No. 40612

RE: FL Roberts & Company, Inc.  
88-90 South Maple Street  
Westfield, MA 01085  
Release Tracking Numbers (RTNs) 1-15718 & 1-16079

Dear Sir:

On behalf of FL Roberts & Company, Inc, Environmental Compliance Services, Inc. (ECS) will be submitting a **Release Abatement Measure (RAM) Plan** to the Massachusetts Department of Environmental Protection (MassDEP) in October 2011. Once submitted, a copy of the report can be obtained by contacting the Department of Environmental Protection, 436 Dwight Street, Springfield, MA 01103 or may be viewed via the MassDEP online Site Viewer ([http://public.dep.state.ma.us/wsc\\_viewer/main.aspx](http://public.dep.state.ma.us/wsc_viewer/main.aspx)).

The purpose of this RAM is to allow for the removal of polychlorinated biphenyl (PCB)-impacted soil, known to be present at the Site, during installation of a new Jiffy Lube facility. Excavation may require pumping and treatment of groundwater through a groundwater treatment system. The duration of the RAM is expected to be 45-60 days and is scheduled to commence the week of October 24, 2011.

If you should have any questions concerning this submittal, please do not hesitate to contact our office.

Sincerely,  
ENVIRONMENTAL COMPLIANCE SERVICES, INC.

Abby Albano  
*Project Manager*

AEA/kab

cc: Board of Health - Via Certified Mail  
MassDEP - Via eDEP

214474/40612

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
|---|--|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>Daniel M Knapik</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">Mayor Daniel Knapik<br/>City of Westfield<br/>City Hall, 59 Court St.<br/>Westfield, MA 01085</p>  | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>  |
| <p>2. Article Number (Transfer from se)</p> <p style="font-size: 1.2em;">7010 0780 0000 5066 7968</p>   | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="font-size: 1.2em;">Town letter</p>   |

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7010 0780 0000 5066 7951

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

|  |        |
|--|--------|
| Postage \$                                     | 214474 |
| Certified Fee                                  |        |
| Return Receipt Fee (Endorsement Required)      |        |
| Restricted Delivery Fee (Endorsement Required) |        |
| Total Postage & Fees \$                        |        |

Sent To *BOH - City of Westfield*

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7010 0780 0000 5066 7968

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

|  |        |
|--|--------|
| Postage \$                                     | 214474 |
| Certified Fee                                  |        |
| Return Receipt Fee (Endorsement Required)      |        |
| Restricted Delivery Fee (Endorsement Required) |        |
| Total Postage & Fees \$                        |        |

Sent To *Mayor Knapik - City of Westfield*

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

4474/40612

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
|---|--|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>10-14-11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">BOH<br/>City of Westfield<br/>City Hall, 59 Court St.<br/>Westfield, MA 01085</p>  | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>  |
| <p>2. Article Number (Transfer from)</p> <p style="font-size: 1.2em;">7010 0780 0000 5066 7951</p>  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="font-size: 1.2em;">Town letter</p>   |

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540