



RELEASE AMENDMENT FORM

Release Tracking Number

3

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18126

A. RELEASE/SITE LOCATION:

1. Site Name/Location Aid: **TOMBARELLO AND SONS INC HOFMAN AVE**

2. Street Address: **207 MARSTON ST**

3. City/Town: **LAWRENCE, LAWRENCE**

4. ZIP Code: **018410000**

B. THIS FORM IS BEING USED TO: (check all that apply)

1. Date of Response(s): **10/15/2012**

(mm/dd/yyyy)

Start Time: **04:15**

(hh:mm)

AM

PM

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 WRITER RECEIVED & APPROVED VIA EMAIL THE FOLLOWING PROPOSED SCOPE OF WORK FROM LSP MARC RICHARDS TO REPAIR THE FENCING AT THE SITE BEHIND RESIDENTIAL PROPERTIES ON HOFMANN AVE.: CYN ENVIRONMENTAL WILL BE ON-SITE THE MORNING OF OCT. 16TH, 2012. THE GENERAL APPROACH IS AS FOLLOWS: 1. CYN WILL REPAIR THE DAMAGED FENCE SECTIONS BY EITHER REINSTALLING SEPARATED FENCE PANELS (IF POSSIBLE) AND/OR SECURELY INSTALLING NEW PANELS/PLYWOOD/POSTS TO CREATE A SECURE FENCE SYSTEM THAT IS SIMILAR TO THE SECTIONS OF THE EXISTING WOODEN FENCE THAT ARE STILL FUNCTIONING. THIS IS THE EMERGENCY REPAIR. ONCE COMPLETE, WE WILL FORWARD PICTURES OF THE REPAIR TO YOU. 2. WE WILL THEN WORK TO REPLACE THE MAJORITY (IF NOT ALL) OF THE EXISTING WOODEN STOCKADE FENCE SYSTEMS AT A LATER DATE. LIKELY WITHIN A FEW WEEKS. THE REPLACEMENT FENCE WILL BE A SIMILAR 8 FOOT HIGH VINYL FENCE TO MATCH WHAT THE EPA PREVIOUSLY INSTALLED FURTHER TO THE EAST. ONCE THESE FINAL REPAIRS ARE MADE, WE WILL ALSO PROVIDE SUMMARY INFORMATION/PHOTOS.

D. DEP STAFF AND FORM PREPARER:

1. DEP Staff: a. Name: **FAGAN JOANNE**

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

2. Preparer Signature: **Joanne Fagan**

3. Date: **10/16/2012**



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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: **FIRST LAWRENCE FINANCIAL LLC**

3. Contact First Name: **JAMES**

4. Last Name: **GRIFONI**

5. Street: **733 TURNPIKE STREET**

6. Title:

7. City/Town: **NORTH ANDOVER**

8. State: **MA**

9. ZIP Code: **018450000**

10. Telephone: **9786820430**

11. Ext.:

12. FAX:

13. Relationship of Person to Release: a. PRP b. Other c. Type **Fiduciary or Secured Lender**

F. ADDITIONAL DESCRIPTION: