



RELEASE LOG FORM

Release Tracking Number

4 - 25855

A. THIS FORM IS BEING USED TO: (check one)

1. Log Date: 11/02/2015 Log Time: 10:40 ☐ AM ☒ PM
(mm/dd/yyyy) (hh:mm)
- ☒ 2. Assign a Release Tracking Number (RTN) to a Release or TOR Report.
☐ a. Reportable Release or TOR. ☒ b. Release that is Less Than the Reporting Thresholds.
- ☒ 3. Amend a Previously Recorded Release or TOR Report (RTN Assigned).
☒ a. The Release is a Reportable Release or TOR. ☒ b. The Release is a Release that is Less Than the Reporting Thresholds.
- ☒ c. The Release or TOR is Retracted. ☒ d. The Release or TOR is not a Release under M.G.L. c. 21E.
(BWSC103 must be submitted, as well)

B. REPORTING PERSON:

1. Name of Organization: MASSDEP
2. First Name: ELLIOTT 3. Last Name: JACOBS
4. Telephone: 508-946-2786 5. Ext.:
6. Relationship of Person to Release: ☒ PRP ☐ Other c. Type, if known (e.g. Current Owner): DEP Contact

C. RELEASE OR THREAT OF RELEASE (TOR) /SITE LOCATION:

1. Location Aid/Site Name: FORMER REED & BARTON
2. Street Address: 47 ELM STREET 3. 2nd Address Line:
4. City/Town: NORTON, NORTON 5. Zip Code (if known): 027660000
6. Type of Location: (check all that apply) ☒ a. School ☐ b. Water Body ☐ c. Right of Way ☒ d. Utility Easement
☐ e. Roadway ☒ f. Municipal ☒ g. State ☐ h. Residential ☐ i. Open Space ☐ j. Private Property
☐ k. Industrial ☒ l. Commercial ☒ m. Federal ☐ n. Other Describe: ABANDONED MILL COMPLEX

D. RELEASE OR TOR INFORMATION:

1. Date and Time of Notification: 11/02/2015 Time: 10:40 ☐ AM ☒ PM
(mm/dd/yyyy) (hh:mm)
2. Date and Time Reporting Person obtained Knowledge of Release or TOR: 10/30/2015 Time: 02:00 ☒ AM ☐ PM
(mm/dd/yyyy) (hh:mm)
3. Date and Time Release or TOR occurred, if known: Time: ☒ AM ☒ PM
(mm/dd/yyyy) (hh:mm)
4. Sources of the Release or TOR: (check all that apply) ☒ a. Transformer ☒ b. Fuel Tank ☒ c. Pipe
☒ d. OHM Delivery ☒ e. AST ☒ f. Drums ☒ g. Tanker Truck ☒ h. Hose ☒ i. Line
☒ j. UST Describe ☒ k. Vehicle ☒ l. Boat/Vessel
☐ m. Unknown ☐ n. Other: CLOSED RCRA LAGOONS?
5. Federal LUST Eligible: ☒ Yes ☐ No ☐ Unknown



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Check all Notification Thresholds that apply to the Release or TOR:

6. 2 Hour Reporting Conditions:

- ☐ a. Sudden Release
- ☐ b. Threat of Sudden Release
- ☐ c. Oil Sheen on Surface Water
- ☐ d. Poses Imminent Hazard
- ☐ e. Could Pose Imminent Hazard
- ☐ f. Release Detected in Private Well
- ☐ g. Release to Storm Drain
- ☐ h. Sanitary Sewer Release (Imminent Hazard Only)

7. 72 Hour Reporting Conditions:

- ☐ a. Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/2 Inch
- ☐ b. Underground Storage Tank (UST) Release
- ☐ c. Threat of UST Release
- ☐ d. Release to Groundwater near Water Supply
- ☐ e. Release to Groundwater near School or Residence
- ☐ f. Substantial Release Migration

8. 120 Day Reporting Conditions:

- ☒ a. Release of Hazardous Material(s) to Soil or Groundwater Exceeding Reportable Concentration(s)
- ☐ b. Release of Oil to Soil Exceeding Reportable Concentration(s) and Affecting More than 2 Cubic Yards
- ☐ c. Release of Oil to Groundwater Exceeding Reportable Concentration(s)
- ☐ d. Subsurface Non-Aqueous Phase Liquid(NAPL) Equal to or Greater than 1/8 Inch and Less than 1/2 Inch

9. Type of Release or TOR: (check all that apply)

- ☐ a. Dumping
- ☐ b. Fire
- ☐ c. AST Removal
- ☐ d. Overfill
- ☐ e. rupture
- ☐ f. Vehicle Accident
- ☐ g. Leak
- ☐ h. Spill
- ☐ i. Test Failure
- ☐ j. TOR Only
- ☐ k. UST Removal
- ☐ l. Unknown
- ☐ m. Other: _____

10. Media Impacted and Receptors Affected: (check all that apply)

- ☐ a. Paved Surface
- ☐ b. Basement
- ☐ c. School
- ☐ d. Public Water Supply
- ☐ e. Surface Water
- ☐ f. Zone 2
- ☐ g. Private Well
- ☐ h. Residence
- ☐ i. Soil
- ☒ j. Ground Water
- ☒ k. Sediments
- ☐ l. Wetland
- ☐ m. Storm Drain
- ☐ n. Indoor Air
- ☐ o. Air
- ☐ p. Soil Gas
- ☐ q. Sub-Slab Soil Gas
- ☐ r. Critical Exposure Pathway
- ☐ s. NAPL
- ☐ t. Unknown
- ☐ u. Others Specify: _____

11. List below the Oils (O) or Hazardous Materials (HM) that exceed their Reportable Concentration (RC) or Reportable Quantity (RQ) by the greatest amount.

☐ Check here if an amount or concentration is unknown or less than detectable.

| O or HM Released | CAS Number, if known | O or HM | Amount or Concentration | Units | RCs Exceeded, if Applicable |
|-------------------|----------------------|---------|-------------------------|-------|-----------------------------|
| TRICHLOROETHYLENE | 79-01-6 | HM | 9.7 | UG/L | RCGW-2 |
| | | | | | N/A |
| | | | | | N/A |



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12. Description of Release or Threat of Release (if additional space is needed, attach additional information in H17)

TCE WAS DETECTED IN A GROUNDWATER SAMPLE AT A CONCENTRATION ABOVE THE RCGW-2 DURING A FIELD INVESTIGATION PERFORMED BY MASSDEP IN THE VICINITY OF THE ABANDONED MILL COMPLEX LOCATED AT 47 ELM STREET IN NORTON.

E. INVOLVED PARTIES SUMMARY :

1. PRP Status (check one): ☐ a. PRP Unknown ☐ b. PRP unwilling, unable or has not committed to Perform Response Actions

☐ c. PRP Performing Response Actions ☐ d. Release is Adequated Regulated by the US Coast Guard

2. If PRP is not Performing Response Actions, who is?

☐ a. MassDEP State Contractor ☐ b. Other Person

3. Contractor: a. Name of Organization: _____ b. Telephone: _____

c. Contact First Name: _____ d. Last Name: _____

4. LSP: a. Name: _____ b. LSP #: _____

c. Telephone: _____



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F. PRP OR PERSON PERFORMING RESPONSE ACTIONS:

1. Name of Organization: MASSDEP

2. Contact First Name: ELLIOTT 3. Last Name: JACOBS

4. Street: 20 RIVERSIDE DRIVE 5. Title: ENV. ANALYST IV

6. City/Town: LAKEVILLE 7. State: MA 8. ZIP Code: 023470000

9. Telephone: 508-946-2786 10. Ext: 11. Email:

12. Relationship of Person to Release: ☒ PRP ☐ Other c. Type (e.g. Current Owner): DEP Contact

☒ 13. Check here if this PRP received a field NOR ☐ 14. Check here if an RNF was requested from this PRP

☒ 15. Check here if Provisions of 21E were explained to this PRP.

G. RECORD ORAL RESPONSE ACTIVITIES:

☒ 1. IRA Completed Pre-notification ☒ 5. IRA Oral Modified Plan Approved

☒ 2. No IRA Approved at Notification ☒ 6. IRA Oral Plan Denied and/or Request for Written Plan

☒ 3. IRA Assessment Only. ☒ 7. Notice of Intent to Conduct a URAM

☒ 4. IRA Oral Plan Approved ☒ 8. IRA-D Oral Plan Approved

☒ 9. IRA-D Oversight Work Started

10. Date of Action:

11. Soil Previously Excavated: ☒ a. Excavated prior to notification. ☒ b. Excavated as part of an UST closure.

c. Quantity of contaminated soil previously excavated and destination, if applicable:

12. Specify any Regional Specific Code (Regional Use):

H. ORAL RESPONSE ACTION PLAN: (check all that apply)

☒ 1. Assessment and/or Monitoring Only ☒ 2. Temporary Covers or Caps

☒ 3. Deployment of Absorbent or Containment Materials ☒ 4. Temporary Water Supplies

☒ 5. Structure Venting System ☒ 6. Temporary Evacuation or Relocation of Residents

☒ 7. Product or NAPL Recovery ☒ 8. Fencing and Sign Posting

☒ 9. Groundwater Treatment Systems ☒ 10. Soil Vapor Extraction

☒ 11. Bioremediation ☒ 12. Air Sparging

☒ 13. Excavation of Contaminated Soils

☒ a. Re-use, Recycling or Treatment ☒ i. On Site ☒ ii. Off Site Authorized volume in cubic yards:

☒ b. Store ☒ i. On Site ☒ ii. Off Site Authorized volume in cubic yards:

☒ c. Landfill ☒ i. Cover ☒ ii. Disposal Authorized volume in cubic yards:



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

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€ 14. Removal of Drums, Tanks or Containers:

Describe Quantity and Amount: _____

€ 15. Removal of Other Contaminated Media:

Specify Type and Volume: _____

€ 16 Other Response Actions and Additional Comments (describe):

€ 17. Check here if Additional Information is Provided in an Attachment

I. DEP STAFF AND FORM PREPARER:

1. DEP Staff: a. Name: JACOBS ELLIOT € b. Check here, if Unassigned (or staff name not applicable).

2 . Preparer : a. Name: JACOBS ELLIOT

b. Signature: ELLIOTT JACOBS c. Date: 11/2/2015