



RELEASE AMENDMENT FORM

BWSC 102

Release Tracking Number

4 - 25855

A. RELEASE OR THREAT OF RELEASE LOCATION:

1. Release Name/Location Aid: FORMER REED & BARTON

2. Street Address: 47 ELM STREET

3. City/Town: NORTON 4. ZIP Code: 027660000

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

1. Date of Response(s): 7/20/2016 Start Time : 09:00 ☒ AM ☐ PM
(mm/dd/yyyy) (hh:mm)
2. Record Field Visits:
- ☒ a. Initial Compliance Field Response – Announced ☐ d. Compliance Field Response – Unannounced
- ☐ b. Initial Compliance Field Response – Unannounced ☐ e. Follow-up or Other Field Response
- ☐ c. Compliance Field Response – Announced ☐ f. Field Response - Direct Oversight
3. Record an Activity:
- ☐ a. Follow-up Office Response ☐ b. Meeting with PRP or PRP Representative
4. Record IRA Activities (also complete Section D, if applicable):
- ☐ a. IRA Assessment Only ☐ e. IRA Written Plan Approved
- ☐ b. IRA Oral Plan Approved ☐ f. IRA Written Plan Denied
- ☐ c. IRA Oral Plan Denied and/or Request for Written Plan ☐ g. Imminent Hazard Termination Approved
- ☐ d. IRA Oral Modified Plan Approved
5. Record IRA Department (IRA-D) Oversight Activities:
- ☐ a. IRA-D Work Started ☐ d. IRA-D Modification Plan Recorded
- ☐ b. IRA-D Assessment Only ☐ e. IRA-D Work Completed
- ☐ c. IRA-D Plan Recorded
6. Record URAM Activities:
- ☐ a. Notice of Intent to Conduct a URAM ☐ c. URAM Notification of a Previously Existing RTN
- ☐ b. URAM Work Started
- ☐ 7. Correct or Add **Data to WSC Database** otherwise not specified on this form. (Record in Section F)
- ☐ 8. Identify or Update a **PRP or Other Person Associated with Release** (Fill out Section C)
- ☐ 9. **Record Other Staff Activities** not specified above. (Record in Section F)



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C. 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: RB LIQUIDATION INC

3. Contact First Name: TIMOTHY 4. Last Name: RIDDLE

5. Street: 144 W BRITANIA ST 6. Title: _____

7. City/Town: TAUNTON 8. State: MA 9. ZIP Code: 027800000

10. Telephone: _____ 11. Ext: _____ 12. EMail: _____

13. Relationship of Person to Release: ☒ PRP ☐ OTHER c. Type(e.g. Current Owner): Non-specified PRP

☐ 14. No Person associated with activity specified in Section B.

D. ENTER ORAL RESPONSE ACTION PLAN (if applicable): (check all that apply)

- | | |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> 1. Assessment and/or Monitoring only | <input type="checkbox"/> 6. Temporary Evacuation or Relocation of Residents |
| <input type="checkbox"/> 2. Temporary Covers or Caps | <input type="checkbox"/> 7. Product or NAPL Recovery |
| <input type="checkbox"/> 3. Deployment of Absorbent or Containment Materials | <input type="checkbox"/> 8. Fencing and Sign Posting |
| <input type="checkbox"/> 4. Temporary Water Supplies | <input type="checkbox"/> 9. Groundwater Treatment Systems |
| <input type="checkbox"/> 5. Structure Venting Systems | <input type="checkbox"/> 10. Soil Vapor Extraction |
| <input type="checkbox"/> 11. Check here if modifying amount of authorized excavated soils: | |

Amount not to exceed _____ ☐ cubic yards ☐ tons

☒ 12. Other Response Actions

Describe: SITE WALK

E. MassDEP STAFF AND FORM PREPARER:

1. MassDEP Staff: REIMOLD RAYMOND ☐ b. Check here, if Unassigned (or staff name not applicable)

2. Preparer Signature: RAYMOND REIMOLD 3. Date : 7/21/2016
(mm/dd/yyyy)



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F. DESCRIPTION OF ACTIVITIES RECORDED BY THIS FORM:

R. REIMOLD AND E. JACOBS OF MASSDEP MET AT SITE WITH REPRESENTATIVES OF THE TOWN OF NORTON, INCLUDING THE NORTON FIRE DEPARTMENT, NORTON CONSERVATION OFFICE, AND NORTON POLICE TO PERFORM A SITE WALK. VARIOS CONTRACTORS WERE PRESENT FOR SITE WALK.

Ⓔ Check here if additional information is provided in an attachment.