



RELEASE LOG FORM

Release Tracking Number

1 - 20114

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

- 1. Log Date: 11/4/2016 Log Time: 08:00 AM
2. Assign a Release Tracking Number (RTN) to a Release or TOR Report.
3. Amend a Previously Recorded Release or TOR Report (RTN Assigned).

B. REPORTING PERSON:

- 1. Name of Organization: CITY OF HOLYOKE - OFFICE OF PLANNING AND COMMUNITY DEVELOPMENT
2. First Name: DEBBIE 3. Last Name: OPPERMAN
4. Telephone: 4133225655 5. Ext.:
6. Relationship of Person to Release: PRP c. Type, if known (e.g. Current Owner): Current Owner

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

- 1. Location Aid/Site Name: FORMER ALPINE APARTMENTS
2. Street Address: 123 PINE STREET 3. 2nd Address Line:
4. City/Town: HOLYOKE, HOLYOKE 5. Zip Code (if known): 010400000
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:

D. RELEASE OR TOR INFORMATION:

- 1. Date and Time of Notification: 11/3/2016 Time: 08:16 AM
2. Date and Time Reporting Person obtained Knowledge of Release or TOR: 7/19/2016 Time: 11:24 AM
3. Date and Time Release or TOR occurred, if known: Time: AM
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:
5. Federal LUST Eligible: Yes No Unknown



**RELEASE LOG FORM**

Release Tracking Number

1 - 20114

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 Describe
- l. Unknown
- m. Other: HISTORICAL

**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
C9-C18 ALIPHATICS		O	19990	MG/KG	RCS-1
C19-C36 ALIPHATICS		O	4500	MG/KG	RCS-1
C11-C22 AROMATICS		O	1890	MG/KG	RCS-1





**RELEASE LOG FORM**

Release Tracking Number

1 - 20114

**F. PRP OR PERSON PERFORMING RESPONSE ACTIONS:**

1. Name of Organization: CITY OF HOLYOKE - OFFICE OF PLANNING AND COMMUNITY DEVELOPMENT

2. Contact First Name: DEBBIE 3. Last Name: OPPERMAN

4. Street: 20 KOREAN VETERANS PLAZA #406 5. Title: SENIOR PROJECT MANAGER

6. City/Town: HOLYOKE 7. State: MA 8. ZIP Code: 010400000

9. Telephone: 4133225655 10. Ext: \_\_\_\_\_ 11. Email: oppermand@holyoke.org

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

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: \_\_\_\_\_



**RELEASE LOG FORM**

Release Tracking Number

1 - 20114

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

2. Preparer : a. Name: SLOWICK DAVID

b. Signature: DAVID A. SLOWICK c. Date: 11/4/2016