



RELEASE NOTIFICATION FORM

Pursuant to 310 CMR 40.0371 (Subpart C)

Release Tracking Number
assigned upon receipt and
review by the Department

A. RELEASE OR THREAT OF RELEASE LOCATION:

1. Release Name/Location Aid: FORMER ALPINE APARTMENTS
2. Street Address: 123 PINE STREET
3. City/Town: HOLYOKE 4. ZIP Code: 010400000
5. Coordinates: a. Latitude: N 42.20923 b. Longitude: W 72.61247

B. THIS FORM IS BEING USED TO:

1. Submit a Release Notification for a 120 day reporting requirement

(All sections of this transmittal form must be filled out)

C. INFORMATION DESCRIBING THE RELEASE:

1. Date and time you obtained knowledge of the Release: Time: AM PM
mm/dd/yyyy hh:mm
2. Date and time release occurred, if known: Time: AM PM
mm/dd/yyyy hh:mm

3. 120 DAY REPORTING CONDITIONS

Check all Notification Thresholds that apply to the Release:
(for more information see 310 CMR 40.0315)

- 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 (.01 feet) and Less than 1/2 Inch (.04 feet)



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C. INFORMATION DESCRIBING THE RELEASE (cont.)

4. 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 (RCS-1, RCS-2, RCGW-1, RCGW-2)
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

Check here if a list of additional Oil and Hazardous Materials subject to reporting, or any other documentation relating to this notification is attached.

D. PERSON REQUIRED TO NOTIFY:

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: 413-322-5655 10. Ext.: _____ 11. Email: oppermand@holyoke.org

12. Check here if attaching names and addresses of owners of properties affected by the Release, other than an owner who is submitting this Release Notification (required).

E. RELATIONSHIP OF PERSON TO RELEASE:

1. RP or PRP a. Owner b. Operator c. Generator d. Transporter

e. Other RP or PRP Specify: _____

2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)

3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))

4. Any Other Person Otherwise Required to Notify Specify Relationship: _____



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F. CERTIFICATION OF PERSON REQUIRED TO NOTIFY:

1. I, DEBBIE U. OPPERMANN, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

2. By : DEBBIE U. OPPERMANN 3. Title: SENIOR PROJECT MANAGER
Signature

4. For: CITY OF HOLYOKE - OFFICE OF PLANNING AND COMMUNITY DE 5. Date : 11/2/2016
(Name of person or entity recorded in Section D) mm/dd/yyyy

6. Check here if the address of the person providing certification is different from address recorded in Section D.

7. Street: _____

8. City/Town: _____ 9. State: _____ 10. ZIP Code: _____

11. Telephone: _____ 12. Ext.: _____ 13. Email: _____

YOU ARE SUBJECT TO ANNUAL COMPLIANCE ASSURANCE FEES FOR EACH BILLABLE YEAR FOR TIER CLASSIFIED DISPOSAL SITES. YOU MUST LEGIBLY COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE.

Date Stamp (DEP USE ONLY:)

Received by DEP on 11/3/2016 8:16:51 AM