



RELEASE LOG FORM

Release Tracking Number

4 - 26230

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

- 1. Log Date: 7/29/2016 Log Time: 01:15 PM
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: CALPINE FORE RIVER ENERGY CENTER, LLC
2. First Name: CHARLES 3. Last Name: PARNELL
4. Telephone: 7816822522 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: 6 & 50 BRIDGE STREET
2. Street Address: 6 & 50 BRIDGE STREET 3. 2nd Address Line:
4. City/Town: WEYMOUTH, WEYMOUTH 5. Zip Code (if known): 021910000
6. Type of Location: (check all that apply) n. Other Describe: UNKNOWN

D. RELEASE OR TOR INFORMATION:

- 1. Date and Time of Notification: 7/29/2016 Time: 01:15 PM
2. Date and Time Reporting Person obtained Knowledge of Release or TOR: 5/11/2016 Time: 01:26 PM
3. Date and Time Release or TOR occurred, if known:
4. Sources of the Release or TOR: (check all that apply) n. Unknown
5. Federal LUST Eligible: No



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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 Describe _____
- 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
C11-C22 AROMATICS		O	9070	MG/KG	RCS-1
C19-C36 ALIPHATICS		O	9110	MG/KG	RCS-1
C9-C18 ALIPHATICS		O	4570	MG/KG	RCS-1



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

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: CALPINE FORE RIVER ENERGY CENTER, LLC

2. Contact First Name: CHARLES 3. Last Name: PARNELL

4. Street: 9 BRIDGE STREET 5. Title: PLANT MANAGER

6. City/Town: NORTH WEYMOUTH 7. State: MA 8. ZIP Code: 021910000

9. Telephone: 7816822522 10. Ext: _____ 11. Email: charles.parnell@calpine.com

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: _____



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

2. Preparer : a. Name: JONES ANDY

b. Signature: ANDREW L. JONES c. Date: 8/3/2016