

${\bf Massachusetts\ Department\ of\ Environmental\ Protection} \\ {\it Bureau\ of\ Waste\ Site\ Cleanup}$

BWSC 102

Release Tracking Number

Release Tracking Num 4 | - | 25855

RELEASE AMENDMENT FORM

A. RELEASE OR THI	REAT OF R	ELEASE LOCATION:					
1. Release Name/Location Aid:		FORMER REED & BARTON					
2. Street Address:	47 ELM STRE	EET					
3. City/Town: NORTON			4. ZIP Code:	0276600	027660000		
B. THIS FORM IS BE	EING USED	TO: (check all that apply)					
1. Date of Response(s)):	7/20/2016	Start Time :	09:00	b AM	€ PM	
		(mm/dd/yyyy)		(hh:mm)			
2.Record Field Visits:	ance Field F	Response – Announced	ê d. Con	npliance Field Re	sponse – Una	nnounced	
e b. Initial Complia	ance Field I	Response – Unannounced	ê e. Follo	ow-up or Other F	ield Response	e	
b c. Compliance Field Response – Announced			€ f. Field Response - Direct Oversight				
3.Record an Activity: ê a. Follow-up Offi	ce Responso	e	ê b. Mee	eting with PRP or	PRP Represo	entative	
4.Record IRA Activitie € a. IRA Assessme	_	olete Section D, if applicable		Written Plan Ap	proved		
ê b. IRA Oral Plan Approved			€ f. IRA Written Plan Denied				
ê c. IRA Oral Plan	Denied and	d/or Request for Written	Plan ê g. In	mminent Hazard	Termination A	Approved	
ê d. IRA Oral Mod	ified Plan A	pproved					
5.Record IRA Departm ê a. IRA-D Work S	` '	Oversight Activities:	ê d. IRA	A-D Modification l	Plan Recorded	ì	
ê b. IRA-D Assessment Only			€ e. IRA-D Work Completed				
ê c. IRA-D Plan Re	ecorded						
6.Record URAM Activ		et a URAM	ê c. URA	M Notification of	a Previously I	Existing RTN	
€ b. URAM Work S	Started						
€ 7. Correct or Add	Data to WS	SC Database otherwise no	t specified on this	form. (Record in S	ection F)		
8. Identify or Upd	late a PRP o	or Other Person Associate	ed with Release (F	Fill out Section C)			

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9. Record Other Staff Activities not specified above. (Record in Section F)



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C. PRP OR OTI	HER PERSON ASSOCIATED WI	TH RELEASE:			
1. Check all that a	apply: ê a. change in contact r	name	ange of address	€ c. new person associated with release	
2. Name of Organ	nization: RB LIQUIDATION INC				
3. Contact First N	Name: TIMOTHY	4. Last Name:	RIDDLE		
5. Street:	144 W BRITTANIA ST	6. Title:			
7. City/Town:	TAUNTON	8. State: MA		9. ZIP Code: 027800000	
10. Telephone:	11. E	xt:	12. EMail:		
13. Relationship	of Person to Release: b PRP	ê OTHER c. T	ype(e.g. Current	Owner): Non-specified PRP	
ê 14. No Perso	n associated with activity specified	in Section B.			
D. ENTER ORA	AL RESPONSE ACTION PLAN (i	if applicable): (che	eck all that apply)		
ê 1. Assessi	ment and/or Monitoring only	€ 6. Temporary Evacuation or Relocation of Residents			
ê 2. Tempo	rary Covers or Caps	€ 7. Product or NAPL Recovery			
ê 3. Deploy	ment of Absorbent or Containment	€ 8. Fencing and Sign Posting			
ê 4. Tempo	rary Water Supplies	€ 9. Groundwater Treatment Systems			
ê 5. Structu	re Venting Systems	€ 10. Soil Vapor Extraction			
€ 11. Check	there if modifying amount of author	orized excavated se	oils:		
Amount not to exceed					
e 12. Other	Response Actions				
Describe:					
E. MassDEP ST.	AFF AND FORM PREPARER:				
1. MassDEP Staff: JACOBS ELLIOT & b. Check here, if Unassigned (or staff name not applicable)					
2. Preparer Signa	ature: ELLIOTT JACOBS		3. Date :	7/26/2016	
			-	(mm/dd/yyyy)	

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F. DESCRIPTION OF ACTIVITIES RECORDED BY THIS FORM:

BWSC-SERO STAFF PARTICIPATED IN A SITE INSPECTION OF THE FORMER REED & BARTON MANUFACTURING FACILITY LOCATED AT 47 ELM STREET IN NORTON. THE PURPOSE OF THE INSPECTION WAS TO EVALUATE INTERIOR AND EXTERIOR AREAS OF THE PROPERTY FOR POTENTIAL ENVIRONMENTAL CONCERNS. MASSDEP'S SARRS CONTRACTOR, NUMEROUS REPRESENTATIVES FROM THE TOWN OF NORTON MUNICIPAL DEPARTMENTS INCLUDING THE TOWN ADMINISTRATOR, FIRE DEPARTMENT, BOARD OF HEALTH, BUILDING DEPARTMENT AND CONSERVATION COMMISSION, AS WELL AS REPRESENTATIVES FROM COSTELLO DISMANTLING AND THEIR LSP, WERE IN ATTENDANCE.

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

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