



RELEASE AMENDMENT FORM

3 - 18126

A. RELEASE OR THREAT OF RELEASE LOCATION:

1. Release Name/Location Aid: TOMBARELLO AND SONS INC HOFMAN AVE

2. Street Address: 207 MARSTON ST

3. City/Town: LAWRENCE 4. ZIP Code: 018410000

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

1. Date of Response(s): 9/20/2016 Start Time : 11:30 AM PM
 (mm/dd/yyyy) (hh:mm)

2. Record Field Visits:

- a. Initial Compliance Field Response – Announced
- b. Initial Compliance Field Response – Unannounced
- c. Compliance Field Response – Announced
- d. Compliance Field Response – Unannounced
- e. Follow-up or Other Field Response
- 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
- b. IRA Oral Plan Approved
- c. IRA Oral Plan Denied and/or Request for Written Plan
- d. IRA Oral Modified Plan Approved
- e. IRA Written Plan Approved
- f. IRA Written Plan Denied
- g. Imminent Hazard Termination Approved

5. Record IRA Department (IRA-D) Oversight Activities:

- a. IRA-D Work Started
- b. IRA-D Assessment Only
- c. IRA-D Plan Recorded
- d. IRA-D Modification Plan Recorded
- e. IRA-D Work Completed

6. Record URAM Activities:

- a. Notice of Intent to Conduct a URAM
- b. URAM Work Started
- c. URAM Notification of a Previously Existing RTN

- 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: CITY OF LAWRENCE

3. Contact First Name: ABEL 4. Last Name: VARGAS

5. Street: 200 COMMON STREET, RM 309 6. Title: DIR. BUSINESS & ECONOMIC DEV

7. City/Town: LAWRENCE 8. State: MA 9. ZIP Code: 018400000

10. Telephone: 9786203015 11. Ext: _____ 12. EMail: avargas@cityoflawrence.com

13. Relationship of Person to Release: PRP OTHER c. Type(e.g. Current Owner): Municipal Property Taken for Non-payment of Taxes

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

D. ENTER ORAL RESPONSE ACTION PLAN (if applicable): (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 Systems
- 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. Check here if modifying amount of authorized excavated soils:

Amount not to exceed _____ cubic yards tons

12. Other Response Actions

Describe: _____

E. MassDEP STAFF AND FORM PREPARER:

1. MassDEP Staff: FAGAN JOANNE b. Check here, if Unassigned (or staff name not applicable)

2. Preparer Signature: JOANNE FAGAN 3. Date : 9/20/2016

(mm/dd/yyyy)



RELEASE AMENDMENT FORM

Release Tracking Number

3 - 18126

F. DESCRIPTION OF ACTIVITIES RECORDED BY THIS FORM:

EPA BROWNFIELDS FUNDED ADDITIONAL ASSESSMENT AT THE SITE THROUGH A TARGETED BROWNFIELDS ASSESSMENT GRANT. RESULTS OF THIS STUDY IS PROVIDED IN THE ATTACHED REPORT PREPARED BY NOBIS ENGINEERING AND DATED SEPTEMBER 2016.

Check here if additional information is provided in an attachment.