



**RELEASE NOTIFICATION & NOTIFICATION
RETRACTION FORM**

Release Tracking Number

4 - 26347

Pursuant to 310 CMR 40.0335 and 310 CMR 40.0371 (Subpart C)

A. RELEASE OR THREAT OF RELEASE LOCATION:

1. Release Name/Location Aid: BARNSTABLE MUNICIPAL AIRPORT
2. Street Address: 480 BARNSTABLE ROAD
3. City/Town: BARNSTABLE 4. ZIP Code: 026010000
5. Coordinates: a. Latitude: N 41.66661 b. Longitude: W 70.28595

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

- 1. Submit a **Release Notification**
- 2. Submit a **Revised Release Notification**
- 3. Submit a **Retraction of a Previously Reported Notification** of a release or threat of release including supporting documentation required pursuant to 310 CMR 40.0335 (Section C is not required)

(All sections of this transmittal form must be filled out unless otherwise noted above)

C. INFORMATION DESCRIBING THE RELEASE OR THREAT OF RELEASE (TOR):

1. Date and time of Oral Notification, if applicable: _____ Time: _____ AM PM
mm/dd/yyyy hh:mm
2. Date and time you obtained knowledge of the Release or TOR: 7/22/2016 Time: 12:00 AM PM
mm/dd/yyyy hh:mm
3. Date and time release or TOR occurred, if known: _____ Time: _____ AM PM
mm/dd/yyyy hh:mm

Check all Notification Thresholds that apply to the Release or Threat of Release:
(for more information see 310 CMR 40.0310 - 40.0315)

- | | | |
|---|---|---|
| 4. 2 HOUR REPORTING CONDITIONS | 5. 72 HOUR REPORTING CONDITIONS | 6. 120 DAY REPORTING CONDITIONS |
| <input type="checkbox"/> a. Sudden Release | <input type="checkbox"/> a. Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/2 Inch (.04 feet) | <input checked="" type="checkbox"/> a. Release of Hazardous Material(s) to Soil or Groundwater Exceeding Reportable Concentration(s) |
| <input type="checkbox"/> b. Threat of Sudden Release | <input type="checkbox"/> b. Underground Storage Tank (UST) Release | <input type="checkbox"/> b. Release of Oil to Soil Exceeding Reportable Concentration(s) and Affecting More than 2 Cubic Yards |
| <input type="checkbox"/> c. Oil Sheen on Surface Water | <input type="checkbox"/> c. Threat of UST Release | <input type="checkbox"/> c. Release of Oil to Groundwater Exceeding Reportable Concentration(s) |
| <input type="checkbox"/> d. Poses Imminent Hazard | <input checked="" type="checkbox"/> d. Release to Groundwater near Water Supply | <input type="checkbox"/> 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) |
| <input type="checkbox"/> e. Could Pose Imminent Hazard | <input type="checkbox"/> e. Substantial Release Migration | |
| <input type="checkbox"/> f. Release Detected in Private Well | | |
| <input type="checkbox"/> g. Release to Storm Drain | | |
| <input type="checkbox"/> h. Sanitary Sewer Release (Imminent Hazard Only) | | |



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C. INFORMATION DESCRIBING THE RELEASE OR THREAT OF RELEASE (TOR): (cont.)

7. 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)
1-4 DIOXANE	00123-91-1	HM	0.93	UG/L	RCGW-1
PFOS	1763-23-1	HM	0.12	UG/L	RCGW-1
PFOA	335-67-1	HM	0.31	UG/L	RCGW-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. Check all that apply: a. change in contact name b. change of address c. change in the person notifying

2. Name of Organization: BARNSTABLE MUNICIPAL AIRPORT

3. Contact First Name: KATIE 4. Last Name: SERVIS

5. Street: 480 BARNSTABLE ROAD 6. Title: ASSISTANT AIRPORT MANAGER

7. City/Town: HYANNIS 8. State: MA 9. ZIP Code: 026010000

10. Telephone: 508-775-2020 11. Ext.: _____ 12. Email: katie.servis@town.barnstable.ma.us

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

E. RELATIONSHIP OF PERSON TO RELEASE OR THREAT OF RELEASE: Check here to change relationship

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, KATIE SERVIS, 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 : KATIE SERVIS 3. Title: ASSISTANT AIRPORT MANAGER
Signature

4. For: BARNSTABLE MUNICIPAL AIRPORT 5. Date : 2/28/2017
(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 2/28/2017 3:11:09 PM