



RELEASE AMENDMENT FORM

A. RELEASE OR THREAT OF RELEASE LOCATION:

1. Release Name/Location Aid: FORMER REED & BARTON

2. Street Address: 47 ELM STREET

3. City/Town: NORTON 4. ZIP Code: 027660000

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

1. Date of Response(s): 4/3/2018 Start Time : 10:00 ☒ AM ☐ PM
(mm/dd/yyyy) (hh:mm)

2. Record Field Visits:

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

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

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

6. Record URAM Activities:

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

- ☐ 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: RB LIQUIDATION INC

3. Contact First Name: TIMOTHY 4. Last Name: RIDDLE

5. Street: 144 W BRITANIA ST 6. Title: _____

7. City/Town: TAUNTON 8. State: MA 9. ZIP Code: 027800000

10. Telephone: _____ 11. Ext: _____ 12. EMail: _____

13. Relationship of Person to Release: ☒ PRP ☐ OTHER c. Type(e.g. Current Owner): Non-specified PRP

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

D. ENTER ORAL RESPONSE ACTION PLAN (if applicable): (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> 1. Assessment and/or Monitoring only | <input type="checkbox"/> 6. Temporary Evacuation or Relocation of Residents |
| <input type="checkbox"/> 2. Temporary Covers or Caps | <input type="checkbox"/> 7. Product or NAPL Recovery |
| <input type="checkbox"/> 3. Deployment of Absorbent or Containment Materials | <input type="checkbox"/> 8. Fencing and Sign Posting |
| <input type="checkbox"/> 4. Temporary Water Supplies | <input type="checkbox"/> 9. Groundwater Treatment Systems |
| <input type="checkbox"/> 5. Structure Venting Systems | <input type="checkbox"/> 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: JACOBS ELLIOT ☐ b. Check here, if Unassigned (or staff name not applicable)

2. Preparer Signature: ELLIOTT JACOBS 3. Date : 4/3/2018
(mm/dd/yyyy)



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F. DESCRIPTION OF ACTIVITIES RECORDED BY THIS FORM:

ELLIOTT JACOBS AND ANDREW COONEY (MASSDEP) MET WITH THE NORTON DEPUTY FIRE CHIEF AND BUILDING INSPECTOR AT THE FORMER REED & BARTON MANUFACTURING FACILITY IN NORTON. THE PURPOSE OF THE MEETING WAS TO INSPECT THE EXTERIOR/INTERIOR BUILDING AREAS FOR POSSIBLE ASBESTOS CONTAINING MATERIALS (ACM) PRIOR TO DEVELOPING A CONTRACT FOR AN ASBESTOS SURVEY AND ACM ABATEMENT. THE BUILDINGS HAVE BEEN ABANDONED SINCE 2008 AND THE TOWN OF NORTON IS CONCERNED ABOUT PUBLIC SAFETY ISSUES ASSOCIATED WITH THE PROPERTY AND WOULD LIKE TO PUT THE PROPERTY INTO A BENEFICIAL USE.

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