



RELEASE LOG FORM

BWSC 101

Release Tracking Number

4 - 27363

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

1. Log Date: 7/30/2018 Log Time: 10:40 ☒ AM ☐ PM  
(mm/dd/yyyy) (hh:mm)
- ☒ 2. Assign a Release Tracking Number (RTN) to a Release or TOR Report.  
☒ a. Reportable Release or TOR. ☐ b. Release that is Less Than the Reporting Thresholds.
- ☐ 3. Amend a Previously Recorded Release or TOR Report (RTN Assigned) .  
☐ a. The Release is a Reportable Release or TOR. ☐ b. The Release is a Release that is Less Than the Reporting Thresholds.  
☐ c. The Release or TOR is Retracted. ☐ d. The Release or TOR is not a Release under M.G.L. c. 21E.  
(BWSC103 must be submitted, as well)

**B. REPORTING PERSON:**

1. Name of Organization: TOWN OF DARTMOUTH
2. First Name: MIKE 3. Last Name: O'REILLY
4. Telephone: 5089890880 5. Ext.: \_\_\_\_\_
6. Relationship of Person to Release: ☐ PRP ☒ Other c. Type, if known (e.g. Current Owner): Municipal Department if Not PRP

**C. RELEASE OR THREAT OF RELEASE (TOR) /SITE LOCATION:**

1. Location Aid/Site Name: RESIDENTIAL LOT
2. Street Address: 85 MCCABE STREET 3. 2nd Address Line: \_\_\_\_\_
4. City/Town: DARTMOUTH, DARTMOUTH 5. Zip Code (if known): 027480000
6. Type of Location: (check all that apply) ☐ a. School ☐ b. Water Body ☐ c. Right of Way ☐ d. Utility Easement  
☐ e. Roadway ☐ f. Municipal ☐ g. State ☒ h. Residential ☐ i. Open Space ☐ j. Private Property  
☐ k. Industrial ☐ l. Commercial ☐ m. Federal ☐ n. Other Describe: \_\_\_\_\_

**D. RELEASE OR TOR INFORMATION:**

1. Date and Time of Notification: 7/30/2018 Time: 10:40 ☒ AM ☐ PM  
(mm/dd/yyyy) (hh:mm)
2. Date and Time Reporting Person obtained Knowledge of Release or TOR: 7/30/2018 Time: 10:30 ☒ 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)
4. Sources of the Release or TOR: (check all that apply) ☐ a. Transformer ☐ b. Fuel Tank ☐ c. Pipe  
☐ d. OHM Delivery ☐ e. AST ☒ f. Drums ☐ g. Tanker Truck ☐ h. Hose ☐ i. Line  
☐ j. UST Describe: \_\_\_\_\_ ☐ k. Vehicle ☐ l. Boat/Vessel  
☐ m. Unknown ☒ n. Other: HISTORICAL FILL
5. Federal LUST Eligible: ☐ Yes ☐ No ☒ Unknown



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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: HISTORICAL FILL

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
OIL		O	UNKNOWN >10	GAL	N/A
					N/A
					N/A



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

MASSDEP/ER RECEIVED CALL FROM MIKE O'REILLY AT THE TOWN OF DARTMOUTH REGARDING A RELEASE OF PETROLEUM TYPE PRODUCT FROM HEAVILY DAMAGED METAL DRUMS OF VARIOUS SIZES. MR. O'REILLY SAID THE BLACK PETROLEUM LIQUID WAS DISCOVERED AS A RESULT OF AN ODOR COMPLAINT AT THE SINGLE FAMILY RESIDENTIAL PROPERTY WHERE A HOUSE HAD BEEN DEMOLISHED AND THE CONTRACTOR WAS EXCAVATING SOILS TO INSTALL A NEW FOUNDATION. MR. REILLY REQUESTED DEP ASSISTANCE. ANDREW COONEY OF MASSDEP/ER AND MIKE WHITESIDE OF MASSDEP/ESF RESPONDING.

**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 Adequately 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: \_\_\_\_\_
2. Contact First Name: \_\_\_\_\_ 3. Last Name: \_\_\_\_\_
4. Street: \_\_\_\_\_ 5. Title: \_\_\_\_\_
6. City/Town: \_\_\_\_\_ 7. State: \_\_\_\_\_ 8. ZIP Code: \_\_\_\_\_
9. Telephone: \_\_\_\_\_ 10. Ext: \_\_\_\_\_ 11. Email: \_\_\_\_\_
12. Relationship of Person to Release: ☐ PRP ☐ Other c. Type (e.g. 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: COONEY ANDREW ☐ b. Check here, if Unassigned (or staff name not applicable).

2. Preparer : a. Name: COONEY ANDREW

b. Signature: ANDREW COONEY c. Date: 7/30/2018