



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): 8/13/2018 Start Time : 12:00 ☐ 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)

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

2. Preparer Signature: ELLIOTT JACOBS 3. Date : 8/13/2018
(mm/dd/yyyy)



RELEASE AMENDMENT FORM

BWSC 102

Release Tracking Number

4 - 25855

F. DESCRIPTION OF ACTIVITIES RECORDED BY THIS FORM:

ELLIOTT JACOBS (MASSDEP) MET AT THE SITE WITH KAREN WAY (EPA) AND EPA'S START TEAM FOR A PRIOR TO THE INITIATION OF AN EPA TIME CRITICAL REMOVAL ACTION (TCRA) AT THE SITE. THE PURPOSE OF THE MEETING WAS TO REVIEW THE TCRA REMEDIAL OBJECTIVES AND TO ESTABLISH A WORK PERFORMANCE SEQUENCE FOR THE TCRA.

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