



**RELEASE AMENDMENT FORM**

2 - 3000173

**A. RELEASE OR THREAT OF RELEASE LOCATION:**

1. Release Name/Location Aid: BUCKLEY & MANN

2. Street Address: 17 LAWRENCE ST

3. City/Town: NORFOLK 4. ZIP Code: 020560000

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

1. Date of Response(s): 8/20/2018 Start Time : 03:44  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: BUCKLEY AND MANN INC

3. Contact First Name: LOIS 4. Last Name: MANN

5. Street: 205 LINDEN PONDS WAY APT HG314 6. Title: \_\_\_\_\_

7. City/Town: HINGHAM 8. State: MA 9. ZIP Code: 020430000

10. Telephone: 5086689146 11. Ext: \_\_\_\_\_ 12. EMail: \_\_\_\_\_

13. Relationship of Person to Release:  PRP  OTHER c. Type(e.g. Current Owner): Current Owner

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: WOOLLEY REBECCA  b. Check here, if Unassigned (or staff name not applicable)

2. Preparer Signature: REBECCA WOOLLEY 3. Date : 8/20/2018

(mm/dd/yyyy)



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**F. DESCRIPTION OF ACTIVITIES RECORDED BY THIS FORM:**

UPLOAD OF PIP PUBLIC MEETING ANNOUNCEMENT ON 9/4/2018 AT 7PM AT THE NORFOLK PUBLIC LIBRARY TO DISCUSS THE DRAFT PHASE II SCOPE OF WORK.

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Check here if additional information is provided in an attachment.