



RELEASE AMENDMENT FORM

3 - 35355

A. RELEASE OR THREAT OF RELEASE LOCATION:

1. Release Name/Location Aid: GALLOWES HILL PARK

2. Street Address: 50 PROCTOR STREET

3. City/Town: SALEM 4. ZIP Code: 019700000

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

1. Date of Response(s): 1/15/2019 Start Time : 01:45 ☐ AM ☒ PM
(mm/dd/yyyy) (hh:mm)

2. Record Field Visits:

- | | |
|---|---|
| <input type="checkbox"/> a. Initial Compliance Field Response – Announced | <input type="checkbox"/> d. Compliance Field Response – Unannounced |
| <input type="checkbox"/> b. Initial Compliance Field Response – Unannounced | <input type="checkbox"/> e. Follow-up or Other Field Response |
| <input type="checkbox"/> c. Compliance Field Response – Announced | <input type="checkbox"/> f. Field Response - Direct Oversight |

3. Record an Activity:

- | | |
|---|--|
| <input type="checkbox"/> a. Follow-up Office Response | <input type="checkbox"/> b. Meeting with PRP or PRP Representative |
|---|--|

4. Record IRA Activities (also complete Section D, if applicable):

- | | |
|--|--|
| <input type="checkbox"/> a. IRA Assessment Only | <input type="checkbox"/> e. IRA Written Plan Approved |
| <input type="checkbox"/> b. IRA Oral Plan Approved | <input type="checkbox"/> f. IRA Written Plan Denied |
| <input type="checkbox"/> c. IRA Oral Plan Denied and/or Request for Written Plan | <input type="checkbox"/> g. Imminent Hazard Termination Approved |
| <input type="checkbox"/> d. IRA Oral Modified Plan Approved | |

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

- | | |
|---|--|
| <input type="checkbox"/> a. IRA-D Work Started | <input type="checkbox"/> d. IRA-D Modification Plan Recorded |
| <input type="checkbox"/> b. IRA-D Assessment Only | <input type="checkbox"/> e. IRA-D Work Completed |
| <input type="checkbox"/> c. IRA-D Plan Recorded | |

6. Record URAM Activities:

- | | |
|--|--|
| <input type="checkbox"/> a. Notice of Intent to Conduct a URAM | <input type="checkbox"/> c. URAM Notification of a Previously Existing RTN |
| <input type="checkbox"/> 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: SALEM CITY OF

3. Contact First Name: THOMAS 4. Last Name: DEVINE

5. Street: 93 WASHINGTON ST 6. Title: _____

7. City/Town: SALEM 8. State: MA 9. ZIP Code: 019700000

10. Telephone: 9786195684 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: JOHNSON ERIK ☐ b. Check here, if Unassigned (or staff name not applicable)

2. Preparer Signature: ERIK JOHNSON 3. Date : 1/15/2019
(mm/dd/yyyy)



RELEASE AMENDMENT FORM

BWSC 102

Release Tracking Number

3 - 35355

F. DESCRIPTION OF ACTIVITIES RECORDED BY THIS FORM:

THIS RLFA IS TO NOTIFY DATA MANAGEMENT THAT ERIK JOHNSON HAS BEEN ASSIGNED TO THIS CASE.

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