



**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): 3/20/2019 Start Time : 10:30 ☒ 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)



**RELEASE AMENDMENT FORM**

**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: TIGHE & BOND INC

3. Contact First Name: TODD D 4. Last Name: KIRTON

5. Street: 446 MAIN ST 6. Title: SENIOR HYDROGEOLOGIST

7. City/Town: WORCESTER 8. State: MA 9. ZIP Code: 016080000

10. Telephone: 5087542201 11. Ext:  12. EMail:

13. Relationship of Person to Release: ☐ PRP ☒ OTHER c. Type(e.g. Current Owner): Consultant for PRP Not an LSP

☐ 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 : 4/4/2019  
(mm/dd/yyyy)



**RELEASE AMENDMENT FORM**

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

AT 10:30 AM ON MARCH 20, 2019, ERIK JOHNSON AND JOANNE FAGAN (MASSDEP) HELD A CONFERENCE CALL WITH JOHN MCKEOWN, JIM CAREW, TED BAZENAS, AND TINA HENNESSY OF THE US ENVIRONMENTAL PROTECTION AGENCY'S (EPA'S) REMOVAL PROGRAM TO FURTHER DISCUSS EPA'S LEVEL OF SUPPORT IN ANY FURTHER ASSESSMENT OR REMEDIATION AT GALLOWS HILL PARK, THE LANGDON STREET NEIGHBORHOOD, AND/OR ANY OTHER SURROUNDING RESIDENTIAL NEIGHBORHOOD. MASSDEP SUMMARIZED RECENTLY DISCOVERED HISTORICAL INFORMATION, WHICH INCLUDED HISTORICAL PROPERTY BOUNDARY PLANS FOR THE FORMER TANNERY FACILITY ON GALLOWS HILL PARK, HISTORICAL AERIAL PHOTOGRAPHS, AND A HISTORICAL TANNERY COMPLEX PHOTOGRAPH. EPA INDICATED THEY WERE IN THE PROCESS OF REVIEWING ALL HISTORICAL SITE INFORMATION, AND WERE CONSIDERING FURTHER ASSESSMENT. BOTH AGENCIES AGREED TO CONTINUE TO WORK TOGETHER TO SHARE DATA AND RELEVANT CONTACT INFORMATION IF POTENTIAL EPA ASSESSMENT ACTIVITIES MOVED FORWARD.

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