



RELEASE AMENDMENT FORM

3 - 18126

A. RELEASE OR THREAT OF RELEASE LOCATION:

1. Release Name/Location Aid: TOMBARELLO AND SONS INC HOFMAN AVE

2. Street Address: 207 MARSTON ST

3. City/Town: LAWRENCE 4. ZIP Code: 018410000

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

1. Date of Response(s): 4/30/2019 Start Time : 01:30 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)



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: CITY OF LAWRENCE

3. Contact First Name: THERESA 4. Last Name: PARK

5. Street: 12 METHUEN STREET 6. Title: DIRECTOR OF PLANNING

7. City/Town: LAWRENCE 8. State: MA 9. ZIP Code: 018400000

10. Telephone: 9786203500 11. Ext: _____ 12. EMail: tpark@cityoflawrence.com

13. Relationship of Person to Release: PRP OTHER c. Type(e.g. Current Owner): Municipal Property Taken for Non-payment of Taxes

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: FAGAN JOANNE b. Check here, if Unassigned (or staff name not applicable)

2. Preparer Signature: JOANNE FAGAN 3. Date : 4/30/2019

(mm/dd/yyyy)



RELEASE AMENDMENT FORM

BWSC 102

Release Tracking Number

3 - 18126

F. DESCRIPTION OF ACTIVITIES RECORDED BY THIS FORM:

ATTACHING EPA REPORTS ASSOCIATED WITH THEIR REMOVAL ACTION CONDUCTED AT THE SITE BETWEEN 2016 - 2019.

Check here if additional information is provided in an attachment.