



RELEASE LOG FORM

BWSC 101

Release Tracking Number

2 - 21072

A. THIS FORM IS BEING USED TO: (check one)

1. Log Date: 11/4/2019 Log Time: 04:00 ☐ AM ☒ PM
(mm/dd/yyyy) (hh:mm)
- ☐ 2. Assign a Release Tracking Number (RTN) to a Release or TOR Report.
☐ a. Reportable Release or TOR. ☐ b. Release that is Less Than the Reporting Thresholds.
- ☒ 3. Amend a Previously Recorded Release or TOR Report (RTN Assigned) .
☒ a. The Release is a **Reportable Release or TOR.** ☐ b. The Release is a **Release that is Less Than the Reporting Thresholds.**
☐ c. The Release or TOR is **Retracted.** ☐ d. The Release or TOR is **not a Release under M.G.L. c. 21E.**
(BWSC103 must be submitted, as well)

B. REPORTING PERSON:

1. Name of Organization: _____
2. First Name: _____ 3. Last Name: _____
4. Telephone: _____ 5. Ext.: _____
6. Relationship of Person to Release: ☐ PRP ☐ Other c. Type, if known (e.g. Current Owner): _____

C. RELEASE OR THREAT OF RELEASE (TOR) /SITE LOCATION:

1. Location Aid/Site Name: PUBLIC WATER SUPPLY WELL
2. Street Address: 6 TOWN HALL 3. 2nd Address Line: _____
4. City/Town: PRINCETON, PRINCETON 5. Zip Code (if known): _____
6. Type of Location: (check all that apply) ☐ a. School ☐ b. Water Body ☐ c. Right of Way ☐ d. Utility Easement
☐ e. Roadway ☒ f. Municipal ☐ g. State ☐ h. Residential ☐ i. Open Space ☐ j. Private Property
☐ k. Industrial ☐ l. Commercial ☐ m. Federal ☐ n. Other Describe: _____

D. RELEASE OR TOR INFORMATION:

1. Date and Time of **Notification:** 11/4/2019 Time: _____ ☐ AM ☐ PM
(mm/dd/yyyy) (hh:mm)
2. Date and Time Reporting Person obtained **Knowledge of Release or TOR:** 11/4/2019 Time: 04:00 ☐ AM ☒ PM
(mm/dd/yyyy) (hh:mm)
3. Date and Time **Release or TOR occurred**, if known: _____ Time: _____ ☐ AM ☐ PM
(mm/dd/yyyy) (hh:mm)
4. **Sources of the Release or TOR:** (check all that apply) ☐ a. Transformer ☐ b. Fuel Tank ☐ c. Pipe
☐ d. OHM Delivery ☐ e. AST ☐ f. Drums ☐ g. Tanker Truck ☐ h. Hose ☐ i. Line
☐ j. UST Describe ☐ k. Vehicle ☐ l. Boat/Vessel
☐ m. Unknown ☒ n. Other: NA
5. **Federal LUST Eligible:** ☐ Yes ☒ No ☐ Unknown



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Check all Notification Thresholds that apply to the Release or TOR:

6. 2 Hour Reporting Conditions:

- ☐ a. Sudden Release
- ☐ b. Threat of Sudden Release
- ☐ c. Oil Sheen on Surface Water
- ☐ d. Poses Imminent Hazard
- ☐ e. Could Pose Imminent Hazard
- ☐ f. Release Detected in Private Well
- ☐ g. Release to Storm Drain
- ☐ h. Sanitary Sewer Release (Imminent Hazard Only)

7. 72 Hour Reporting Conditions:

- ☐ a. Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/2 Inch
- ☐ b. Underground Storage Tank (UST) Release
- ☐ c. Threat of UST Release
- ☐ d. Release to Groundwater near Water Supply
- ☐ e. Release to Groundwater near School or Residence
- ☒ f. Substantial Release Migration

8. 120 Day Reporting Conditions:

- ☐ a. Release of Hazardous Material(s) to Soil or Groundwater Exceeding Reportable Concentration(s)
- ☐ b. Release of Oil to Soil Exceeding Reportable Concentration(s) and Affecting More than 2 Cubic Yards
- ☐ c. Release of Oil to Groundwater Exceeding Reportable Concentration(s)
- ☐ d. Subsurface Non-Aqueous Phase Liquid(NAPL) Equal to or Greater than 1/8 Inch and Less than 1/2 Inch

9. Type of Release or TOR: (check all that apply)

- ☐ a. Dumping
- ☐ b. Fire
- ☐ c. AST Removal
- ☐ d. Overfill
- ☐ e. rupture
- ☐ f. Vehicle Accident
- ☐ g. Leak
- ☐ h. Spill
- ☐ i. Test Failure
- ☐ j. TOR Only
- ☐ k. UST Removal
- ☐ l. Unknown
- ☒ m. Other: NA

10. Media Impacted and Receptors Affected: (check all that apply)

- ☐ a. Paved Surface
- ☐ b. Basement
- ☐ c. School
- ☐ d. Public Water Supply
- ☐ e. Surface Water
- ☐ f. Zone 2
- ☐ g. Private Well
- ☐ h. Residence
- ☐ i. Soil
- ☐ j. Ground Water
- ☐ k. Sediments
- ☐ l. Wetland
- ☐ m. Storm Drain
- ☐ n. Indoor Air
- ☐ o. Air
- ☐ p. Soil Gas
- ☐ q. Sub-Slab Soil Gas
- ☐ r. Critical Exposure Pathway
- ☐ s. NAPL
- ☐ t. Unknown
- ☒ u. Others Specify: NA

11. List below the Oils (O) or Hazardous Materials (HM) that exceed their Reportable Concentration (RC) or Reportable Quantity (RQ) by the greatest amount.

☐ Check here if an amount or concentration is unknown or less than detectable.

O or HM Released	CAS Number, if known	O or HM	Amount or Concentration	Units	RCs Exceeded, if Applicable
					N/A
					N/A
					N/A



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12. Description of Release or Threat of Release (if additional space is needed, attach additional information in H17)

THE NOTIFICATION THRESHOLD HAS BEEN CHANGED TO A 72 HOUR SRM CONDITION.

E. INVOLVED PARTIES SUMMARY :

1. PRP Status (check one): ☐ a. PRP Unknown ☐ b. PRP unwilling, unable or has not committed to Perform Response Actions

☐ c. PRP Performing Response Actions ☐ d. Release is Adequated Regulated by the US Coast Guard

2. If PRP is not Performing Response Actions, who is?

☐ a. MassDEP State Contractor ☐ b. Other Person

3. Contractor: a. Name of Organization: _____ b. Telephone: _____

c. Contact First Name: _____ d. Last Name: _____

4. LSP: a. Name: _____ b. LSP #: _____

c. Telephone: _____



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F. PRP OR PERSON PERFORMING RESPONSE ACTIONS:

1. Name of Organization: _____
2. Contact First Name: _____ 3. Last Name: _____
4. Street: _____ 5. Title: _____
6. City/Town: _____ 7. State: _____ 8. ZIP Code: _____
9. Telephone: _____ 10. Ext: _____ 11. Email: _____
12. Relationship of Person to Release: ☐ PRP ☐ Other c. Type (e.g. Current Owner): _____
- ☐ 13. Check here if this PRP received a field NOR ☐ 14. Check here if an RNF was requested from this PRP
- ☐ 15. Check here if Provisions of 21E were explained to this PRP.

G. RECORD ORAL RESPONSE ACTIVITIES:

- ☐ 1. IRA Completed Pre-notification ☐ 5. IRA Oral Modified Plan Approved
- ☐ 2. No IRA Approved at Notification ☐ 6. IRA Oral Plan Denied and/or Request for Written Plan
- ☐ 3. IRA Assessment Only. ☐ 7. Notice of Intent to Conduct a URAM
- ☐ 4. IRA Oral Plan Approved ☐ 8. IRA-D Oral Plan Approved
- ☐ 9. IRA-D Oversight Work Started

10. Date of Action: _____
11. Soil Previously Excavated: ☐ a. Excavated prior to notification. ☐ b. Excavated as part of an UST closure.
- c. Quantity of contaminated soil previously excavated and destination, if applicable: _____
12. Specify any Regional Specific Code (Regional Use): _____

H. ORAL RESPONSE ACTION PLAN: (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 System ☐ 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. Bioremediation ☐ 12. Air Sparging
- ☐ 13. Excavation of Contaminated Soils
- ☐ a. Re-use, Recycling or Treatment ☐ i. On Site ☐ ii. Off Site Authorized volume in cubic yards: _____
- ☐ b. Store ☐ i. On Site ☐ ii. Off Site Authorized volume in cubic yards: _____
- ☐ c. Landfill ☐ i. Cover ☐ ii. Disposal Authorized volume in cubic yards: _____



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☐ 14. Removal of Drums, Tanks or Containers:

Describe Quantity and Amount: _____

☐ 15. Removal of Other Contaminated Media:

Specify Type and Volume: _____

☐ 16 Other Response Actions and Additional Comments (describe):

☐ 17. Check here if Additional Information is Provided in an Attachment

I. DEP STAFF AND FORM PREPARER:

1. DEP Staff: a. Name: DELLECHIAIE DINO ☐ b. Check here, if Unassigned (or staff name not applicable).

2. Preparer : a. Name: DELLECHIAIE DINO

b. Signature: DINO DELLECHIAIE c. Date: 11/20/2019