



RELEASE AMENDMENT FORM

A. RELEASE OR THREAT OF RELEASE LOCATION:

1. Release Name/Location Aid: PUBLIC WATER SUPPLY WELL

2. Street Address: 6 TOWN HALL

3. City/Town: PRINCETON 4. ZIP Code: _____

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

1. Date of Response(s): 12/13/2019 Start Time : 02:15 ☐ AM ☒ PM
(mm/dd/yyyy) (hh:mm)

2. Record Field Visits:

- | | |
|---|---|
| ☐ a. Initial Compliance Field Response – Announced | ☐ d. Compliance Field Response – Unannounced |
| ☐ b. Initial Compliance Field Response – Unannounced | ☐ e. Follow-up or Other Field Response |
| ☐ c. Compliance Field Response – Announced | ☐ 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 | ☐ e. IRA Written Plan Approved |
| ☐ b. IRA Oral Plan Approved | ☐ f. IRA Written Plan Denied |
| ☐ c. IRA Oral Plan Denied and/or Request for Written Plan | ☐ g. Imminent Hazard Termination Approved |
| ☐ d. IRA Oral Modified Plan Approved | |

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

- | | |
|---|--|
| ☐ a. IRA-D Work Started | ☐ d. IRA-D Modification Plan Recorded |
| ☐ b. IRA-D Assessment Only | ☐ e. IRA-D Work Completed |
| ☐ c. IRA-D Plan Recorded | |

6. Record URAM Activities:

- | | |
|--|--|
| ☐ a. Notice of Intent to Conduct a URAM | ☐ c. URAM Notification of a Previously Existing RTN |
| ☐ 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: _____

3. Contact First Name: JEFFREY L 4. Last Name: ARPS

5. Street: 53 SOUTHAMPTON RD 6. Title: _____

7. City/Town: WESTFIELD 8. State: MA 9. ZIP Code: 010850000

10. Telephone: 4135723227 11. Ext: _____ 12. EMail: _____

13. Relationship of Person to Release: ☐ PRP ☒ OTHER c. Type(e.g. Current Owner): Licensed Site Professional

☐ 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 | ☐ 6. Temporary Evacuation or Relocation of Residents |
| ☐ 2. Temporary Covers or Caps | ☐ 7. Product or NAPL Recovery |
| ☐ 3. Deployment of Absorbent or Containment Materials | ☐ 8. Fencing and Sign Posting |
| ☐ 4. Temporary Water Supplies | ☐ 9. Groundwater Treatment Systems |
| ☐ 5. Structure Venting 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: DELLECHIAIE DINO ☐ b. Check here, if Unassigned (or staff name not applicable)

2. Preparer Signature: DINO DELLECHIAIE 3. Date : 12/16/2019
(mm/dd/yyyy)



RELEASE AMENDMENT FORM

BWSC 102

Release Tracking Number

2 - 21072

F. DESCRIPTION OF ACTIVITIES RECORDED BY THIS FORM:

MASSDEP DINO DELLECHIAIE RECEIVED A CALL FROM LSP JEFF ARPS REPORTING RESULTS OF PRIVATE WELL SAMPLING FOR THIS SITE.

COPIES OF THE ANALYTICAL REPORTS WERE EMAILED AND PLACED ON FILE IN THE DEP TO BE DISCUSSED WITH THE ER AUDITS AND SECTION CHIEFS.
THE TOWN OF PRINCETON WILL CONTACT THE AFFECTED HOMEOWNERS TO OFFER BOTTLED WATER FOR DRINKING.

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