



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): 12/17/2019 Start Time : 10:03 ☒ 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: BUSWELL REBECCA ☐ b. Check here, if Unassigned (or staff name not applicable)

2. Preparer Signature: REBECCA BUSWELL 3. Date : 12/17/2019
(mm/dd/yyyy)



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F. DESCRIPTION OF ACTIVITIES RECORDED BY THIS FORM:

ON TUESDAY DECEMBER 17, 2019, I HAD A FOLLOW-UP DISCUSSION WITH JEFF ARPS, LSP-OF -RECORD. ON FRIDAY, DECEMBER 13, 2019, ON BEHALF OF THE TOWN OF PRINCETON, MR. ARPS CONTACTED MASSDEP BY TELEPHONE TO NOTIFY OF PFAS DETECTIONS IN PRIVATE POTABLE WELLS RECENTLY SAMPLED WITHIN 500 FEET OF THE TOWN HALL COMPLEX. A COPY OF THE DATA TABLE IS ATTACHED. MR. ARPS AND I DISCUSSED THAT ANY DETECTION OF PFAS (EVEN BELOW 70 PPT OR 20 PPT) IN PRIVATE POTABLE WELL CONSTITUTES A CONDITION OF SRM AND CEP, AND THEREFORE MITIGATION, SUCH AS PROVISION OF BOTTLED WATER, IS REQUIRED AT ALL IMPACTED PROPERTIES, REGARDLESS OF THE DETECTION LEVEL. BASED UPON THE DETECTION OF 421 PPT AT 19 MOUNTAIN ROAD, INSTALLATION OF POINT OF ENTRY SYSTEM (POET) AT THIS ADDRESS HAS BEEN APPROVED AND PRIORITIZED. MASSDEP HEREIN AUTHORIZES THE INSTALLATION OF POET SYSTEMS AT ALL PROPERTIES SERVED BY A PRIVATE POTABLE WELL (CURRENTLY IDENTIFIED AS 6, 19, AND 21 MOUNTAIN ROAD AND 5 AND 15 HUBBARDSTON ROAD) THAT HAVE BEEN DETERMINED TO BE IMPACTED BY PFAS AT CONCENTRATIONS ABOVE 20 PPT. PROPERTIES IMPACTED BY PFAS AT CONCENTRATIONS BELOW 20 PPT (17 AND 9 HUBBARDSTON ROAD) MUST ALSO BE PROVIDED BOTTLED WATER. ALL IMPACTED PROPERTIES MUST BE RESAMPLED FOR PFAS QUARTERLY, UNLESS A POET SYSTEM HAS BEEN INSTALLED. POET SYSTEM MONITORING MUST BE PERFORMED MONTHLY UNTIL THE SYSTEM HAS STABILIZED, THEN MAY BE BACKED OFF TO QUARTERLY. MASSDEP NOW REQUIRES THAT THE PFAS SAMPLING PLAN BE EXPANDED TO ALL PROPERTIES WITH DRINKING WATER WELLS LOCATED WITHIN 500 FEET OF THE CURRENT PFAS DETECTIONS. THE WRITTEN IRA PLAN IS DUE TO MASSDEP BY JANUARY 4, 2020.

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