Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

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 (mm/dd/yyyy) Log Time: 04:00 (hh:mm) ☐ AM ☑ PM

☑ 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**. (BWSC103 must be submitted, as well)
- ☐ d. The Release or TOR is **not a Release under M.G.L. c. 21E.**

B. REPORTING PERSON:

1. Name of Organization: TIGHE AND BOND
2. First Name: JEFF
3. Last Name: ARPS
4. Telephone: 4135723227
5. Ext.:
6. Relationship of Person to Release: ☐ PRP ☑ Other c. Type, if known (e.g. Current Owner): Licensed Site Professional

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 (mm/dd/yyyy) Time: 04:00 (hh:mm) ☐ AM ☑ PM
2. Date and Time Reporting Person obtained **Knowledge of Release or TOR**: 11/4/2019 (mm/dd/yyyy) Time: 04:00 (hh:mm) ☐ AM ☑ PM
3. Date and Time **Release or TOR occurred**, if known: (mm/dd/yyyy) Time: (hh:mm) ☐ AM ☐ PM
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: PWS
5. **Federal LUST Eligible**: ☐ Yes ☑ No ☐ Unknown

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 Describe ☑ l. Unknown ☐ m. Other: _____

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: _____

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
PFAS		HM	0.125	PPB	N/A
					N/A
					N/A

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

LSP REPORTING A 2 HOUR REPORTING CONDITION RESULTING IN A DETECT OF PFAS IN A PWS WELL SERVING THE TOWN HALL AND COMMON BUILDINGS.
DISCUSSED IRA.

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:	TIGHE AND BOND	b. Telephone:	0000000000
	c. Contact First Name:	JEFF	d. Last Name:	ARPS
4. LSP:	a. Name:	ARPS JEFFREY L	b. LSP #:	4589
	c. Telephone:	4135723227		

F. PRP OR PERSON PERFORMING RESPONSE ACTIONS:

1. Name of Organization: TOWN OF PRINCETON
2. Contact First Name: SHERRY
3. Last Name: PATCH
4. Street: 6 TOWN HALL
5. Title: TOWN ADMINISTRATOR
6. City/Town: PRINCETON
7. State: MA
8. ZIP Code: 015410000
9. Telephone: 0000000000
10. Ext:
11. Email:
12. Relationship of Person to Release: ☑ PRP ☐ Other c. Type (e.g. Current Owner): Current Operator

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

10. Date of Action: 11/4/2019

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:

☐ 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):

SAMPLE ALL MONITORING WELLS AND PRIVATE DRINKING WATER WELLS AND PWS WELLS LOCATED WITHIN 500 FEET OF DETECT.
PROVIDE BOTTLED WATER OR TREATMENT TO THE PEOPLE SERVED BY THIS PWS
INSTALL SIGNS TO PREVENT PEOPLE FROM DRINKING WATER FROM THE FAUCETS

☐ 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: 11/4/2019