**Massachusetts Department of Environmental Protection**
*Bureau of Waste Site Cleanup*

**RELEASE NOTIFICATION & NOTIFICATION RETRACTION FORM**
Pursuant to 310 CMR 40.0335 and 310 CMR 40.0371 (Subpart C)

**BWSC 103**

Release Tracking Number
2 - 21072

## 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:

5. Coordinates: a. Latitude: N 42.44979 b. Longitude: W 71.87854

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

- [x] 1. Submit a **Release Notification**
- [ ] 2. Submit a **Revised Release Notification**
- [ ] 3. Submit a **Retraction of a Previously Reported Notification** of a release or threat of release including supporting documentation required pursuant to 310 CMR 40.0335 (Section C is not required)

**(All sections of this transmittal form must be filled out unless otherwise noted above)**

## C. INFORMATION DESCRIBING THE RELEASE OR THREAT OF RELEASE (TOR):

1. Date and time of Oral Notification, if applicable: 11/4/2019 (mm/dd/yyyy) Time: 04:00 (hh:mm) [ ] AM [x] PM
2. Date and time you obtained knowledge of the Release or TOR: 11/4/2019 (mm/dd/yyyy) Time: 04:00 (hh:mm) [ ] AM [x] PM
3. Date and time release or TOR occurred, if known: (mm/dd/yyyy) Time: (hh:mm) [ ] AM [ ] PM

Check all Notification Thresholds that apply to the Release or Threat of Release:
(for more information see 310 CMR 40.0310 - 40.0315)

### 4. 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)

### 5. 72 HOUR REPORTING CONDITIONS

- [ ] a. Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/2 Inch (.04 feet)
- [ ] b. Underground Storage Tank (UST) Release
- [ ] c. Threat of UST Release
- [ ] d. Release to Groundwater near Water Supply
- [x] e. Substantial Release Migration

### 6. 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 (.01 feet) and Less than 1/2 Inch (.04 feet)

## C. INFORMATION DESCRIBING THE RELEASE OR THREAT OF RELEASE (TOR): (cont.)

7. 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 (RCS-1, RCS-2,RCGW-1, RCGW-2) |
|---|---|---|---|---|---|
| PFAS | | HM | 125 | PPB | N/A |
| | | | | | |
| | | | | | |
| | | | | | |

☐ Check here if a list of additional Oil and Hazardous Materials subject to reporting, or any other documentation relating to this notification is attached.

## D. PERSON REQUIRED TO NOTIFY:

1. Check all that apply: ☐ a. change in contact name ☐ b. change of address ☑ c. change in the person notifying

2. Name of Organization: TOWN OF PRINCETON

3. Contact First Name: SHERRY 4. Last Name: PATCH

5. Street: 6 TOWN HALL DRIVE 6. Title: TOWN ADMINISTRATOR

7. City/Town: PRINCETON 8. State: MA 9. ZIP Code: 015410000

10. Telephone: 978-464-2102 11. Ext.: 12. Email: townadministrator@town.princeton.ma.us

☐ 13. Check here if attaching names and addresses of owners of properties affected by the Release or Threat of Release, other than an owner who is submitting this Release Notification (required).

## E. RELATIONSHIP OF PERSON TO RELEASE OR THREAT OF RELEASE: ☐ Check here to change relationship

☑ 1. RP or PRP ☐ a. Owner ☑ b. Operator ☐ c. Generator ☐ d. Transporter

☐ e. Other RP or PRP Specify:

☐ 2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)

☐ 3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))

☐ 4. Any Other Person Otherwise Required to Notify Specify Relationship:

## F. CERTIFICATION OF PERSON REQUIRED TO NOTIFY:

1. I, SHERRY PATCH, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

2. By : SHERRY PATCH (Signature) 3. Title: TOWN ADMINISTRATOR

4. For: TOWN OF PRINCETON (Name of person or entity recorded in Section D) 5. Date : 1/3/2020 mm/dd/yyyy

☐ 6. Check here if the address of the person providing certification is different from address recorded in Section D.

7. Street:

8. City/Town: 9. State: 10. ZIP Code:

11. Telephone: 12. Ext.: 13. Email:

**YOU ARE SUBJECT TO ANNUAL COMPLIANCE ASSURANCE FEES FOR EACH BILLABLE YEAR FOR TIER CLASSIFIED DISPOSAL SITES. YOU MUST LEGIBLY COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE.**

Date Stamp (DEP USE ONLY:)

**Received by DEP on 1/3/2020 3:27:40 PM**