

Massachusetts Department of Environmental Protection

Bureau of Waste Site Cleanup

RELEASE LOG FORM

BWSC 101

Release Tracking Number

		0
3	-	35355

	BEING USED TO	,			E AM		= _{DM}
1. Log Date:	12/19/2018 (mm/dd/yyyy)	Log Time:	10:30	(hh:mm)	<u></u> ✓ AM	Į.	PM
✓ 2. Assign a Release		TN) to a Releas	e or TOR Report	, ,			
✓ a. Reportable R	•	· .	b. Release that		Than the Repo	orting Th	resholds.
☐ 3. Amend a Previou	sly Recorded Release	e or TOR Report	t (RTN Assigned)) .			
a. The Release is	a Reportable Relea	se or TOR.	b. The Release	is a Rele :	ase that is Les	s Than th	ie
			Reporting Th	resholds.			
	TOR is Retracted . be submitted, as wel		d. The Release	or TOR i	s not a Releas o	e under M	I.G.L. c. 21E.
B. REPORTING P	ERSON:						
1. Name of Organization	on: TIGHE & BOND,	INC.					
2. First Name:	TODD		3. Last Name	•	KIRTON		
4. Telephone:	6175488939		5. Ext.:				
6. Relationship of Person	on to Release:	RP Other	c. Type, if kno	wn (e.g. C	Current Owner)	Licensed	Site Professional
C. RELEASE OR T	THDEAT OF DEI	FASE (TOD)	/SITE I OCAT	ION.			
		, ,	SHE LOCAL	1011.			
1. Location Aid/Site Na		PARK					
2. Street Address:	50 PROCTOR STREET		3. 2nd Addres				
4. City/Town:	SALEM, SALEM		5. Zip Code (if known):	019700000		
6. Type of Location: (c				•	Right of Way		ility Easement
e. Roadway	-	☐ g. State	h. Residen		Open Space	3	vate Property
k. Industrial	☐ 1. Commercial	m. Federal	n. Other	Des	cribe: PUBLIC	CPARK	
D. RELEASE OR T	TOR INFORMAT	ION:					
1. Date and Time of No.	otification: 1:	2/19/2018	Time:	10:30		▼ AM	\Box PM
	_	(mm/dd/yyyy)			(hh:mm)		
2. Date and Time Repo	-	d 12/19/2018	Time:	09:30		▼ AM	\Box PM
Knowledge of Release	e or TOR:	(mm/dd/yyyy)			(hh:mm)		
3. Date and Time Rele	ase or TOR		Time:			\square AM	Γ PM
occurred, if known:	_	(mm/dd/yyyy)			(hh:mm)		
4. Sources of the Rel	ease or TOR: (check	all that apply)	a. Trans	former	☐ b. Fuel Ta	ank 🗆	c. Pipe
d. OHM Delivery	□ e. AST	☐ f. Dru	ms 🗆 g. Tank	er Truck	☐ h. Hose		i. Line
□ j. UST	Describe				k. Vehicle		l. Boat/Vessel
m. Unknown	n. Other:				<u> </u>		
5. Federal LUST Eligi		☐ Yes	▼ No		Unknown		

Massachusetts Department of Environmental Protection

Bureau of Waste Site Cleanup

RELEASE LOG FORM

BWSC 101

N/A

Release Tracking Number

	-	
3	-	35355

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

	6. 2 Hour Reporting Cor	nditions: 7.	. 72 Hou	r Reporting C	onditions	8. 1	20 Day	Reportin	g Condit	ions:	
	□ a. Sudden Release □ b. Threat of Sudden Re □ c. Oil Sheen on Surface □ d. Poses Imminent Haz □ e. Could Pose Imminen □ f. Release Detected □ in Private Well □ g. Release to Storm Dra □ h. Sanitary Sewer Relea	elease e Water ard t Hazard Finain ase Only)	Phas to on b. Unde (US' c. Three near e. Releanear	eurface Non-Aque Liquid (NAP) or Greater than 1 erground Storag T) Release at of UST Release ase to Groundw Water Supply ase to Groundw School or Residantial Release M	L) Equal 1/2 Inch ge Tank ase vater ater idence	t d l l l l l l l l l l l l l l l l l l	o Soil of Reporta Release Reporta Affecting Yards Release Exceeding Concensulting (1)	of Hazardo or Ground- ble Conce of Oil to S ble Conce ag More the of Oil to C ng Report tration(s) ace Non-A NAPL) Eq 3 Inch and	water Exc ntration(s oil Exceed ntration(s an 2 Cub Groundwa able .queous P ual to or C	ding and ic ter whase Greater	
9	. Type of Release or TOR	: (check all that	t apply)	a. Dumping	□ b. Fi	re [c. AS	T Remova	ıl □d. 0	Overfill	
	e. rupture	☐ f. Vehicle A	ccident	□ g. Leak	□ h. Sp	ill [i. Tes	t Failure	□ ј. Т	OR Only	
	k. UST Removal	Describe									
	l. Unknown	☐ m. Other:									
1	0. Media Impacted and R	eceptors Affec	ted: (che	eck all that appl	y) □ a.	Paved Sur	face	b. Baser	ment	c. School	
	☐ d. Public Water Supply	e. Surface	Water	☐ f. Zone 2	□ g. Pri	ivate Well		n. Residen	ce 🔽	i. Soil	
	☐ j. Ground Water	k. Sedimer	nts	☐ 1. Wetland	□ m. S	torm Drair	n 🗀 1	n. Indoor A	Air 🗆	o. Air	
	p. Soil Gas	□ q. Sub-Sla	b Soil Ga	as 🗆 r. Criti	cal Expos	ure Pathwa	ıy 🗀 :	s. NAPL	V 1	t. Unknown	
	u. Others	Specify:		PARK							
R	1. List below the Oils (O) Reportable Quantity (RQ) Check here if an amount of	by the greate	st amou	nt.		-	able Co	oncentrat	ion (RC)	or	
	O or HM Rele	eased		CAS Number, if known	O or HM	Amoun Concenti		Units	RCs Exce	eeded, if Applica	able
A	RSENIC		74	440-38-2	НМ	633		MG/KG	RCS-1		
									N/A		
_	-						_				_

Revised: 01/07/2014 Page 2 of 5



Massachusetts Department of Environmental Protection Bureau of Waste Site Cleanup

RELEASE LOG FORM

BWSC 101

Release Tracking Number

|--|

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

MR. TODD KIRTON, LSP FOR THE CITY OF SALEM CALLED TO REPORT ARSENIC CONTAMINATION IN SURFACE SOIL THAT COULD POSE AN IMMINENT HAZARD AT GALLOWS HILL PARK IN SALEM, MA. SOIL SAMPLES WERE COLLECTED AT THE PARK ON DECEMBER 10, 2018, FROM THE TOP 12 INCHES OF SOIL, AND SUBMITTED TO A LABORATORY FOR ANALYSIS. THE CONCENTRATION OF ARSENIC IN SOIL RANGED FROM 221 TO 633 MG/KG. ANDREW CLARK OF MASSDEP AND I DISCUSSED IMMEDIATE RESPONSE ACTIONS WITH MR. KIRTON. MR. KIRTON WAS TO CONTACT HIS CLIENT (THE CITY OF SALEM) AND CONVEY THE MESSAGE TO RESTRICT ACCESS TO THE PARK TO PREVENT EXPOSURE TO CONTAMINATED SOIL. MR. KIRTON EXPLAINED THAT MR. TOM DEVINE, SENIOR PLANNER WITH THE CITY OF SALEM WOULD BE ENGAGING THE CITY'S DPW TO RESTRICT ACCESS TO THE PARK THAT AFTERNOON. I ASKED MR. KIRTON TO PROVIDE UPDATES TO MASSDEP WITH REGARD TO THE PROGRESS OF THE IMMEDIATE RESPONSE ACTION.

E. INVOLVED I	PARTIES SUMMARY:			
1. PRP Status (che	ck one): a. PRP Unknown	☐ b. PRP unwill Actions	ing, unable or has not com	mitted to Perform Response
c. PRP Perfor	rming Response Actions	d. Release is A	Adequated Regulated by the	US Coast Guard
2. If PRP is not Per	rforming Response Actions, w	ho is?		
a. MassDEP Sta	te Contractor	er Person		
3. Contractor:	a. Name of Organization:		b. Telephone:	
	c. Contact First Name:		d. Last Name:	
4. LSP:	a. Name:	KIRTON TODD D	b. LSP #:	2365
	c. Telephone:	4135723222		

Revised: 01/07/2014 Page 3 of 5

No.

${\bf Massachusetts\ Department\ of\ Environmental\ Protection} \ Bureau\ of\ Waste\ Site\ Cleanup$

RELEASE LOG FORM

BWSC 101

Release Tracking Number

35355		5355
-------	--	------

F. PRP OR PERSON PERFORMING RESPONSE ACTIONS:

1. Name of Organization	: CITY OF SALE	EM					
2. Contact First Name:	TOM		3. Last	Name:	DEVINE		
4. Street:	93 WASHINGTON S	STREET	5. Title		SENIOR PLANNI	ER	
6. City/Town:	SALEM	7.	State: MA		8. ZIP Code:	019700000	
9. Telephone: 9786	195682	10. Ext:	1	. Email:			
12. Relationship of Perso	on to Release: 🔽	PRP \square C	Other c.	Type (e.g. C	urrent Owner):	Non-specified PRP	
☐ 13. Check here if t	his PRP received a	a field NOR	▼ 14. C	heck here if	an RNF was requ	nested from this PRP	
✓ 15. Check here if I	Provisions of 21E	were explained to	o this PRP.				
G. RECORD ORAL	RESPONSE A	CTIVITIES:					
☐ 1. IRA Completed Pro	e-notification		□ 5. IRA	Oral Modifi	ied Plan Approved		
☐ 2. No IRA Approved	at Notification		□ 6. IRA	Oral Plan D	Denied and/or Requ	uest for Written Plan	
☐ 3. IRA Assessment O	nly.		☐ 7. Not	ce of Intent	to Conduct a URA	AM	
▼ 4. IRA Oral Plan App	roved		□ 8 IRA	D Oral Plan	Approved		
			□ 9. IRA	-D Oversigh	nt Work Started		
10. Date of Action:	12/19/2018						
11. Soil Previously Exca	vated: a. Exc	avated prior to no	otification.	b. Excava	ated as part of an l	UST closure.	
c. Quantity of contam	inated soil previou	sly excavated an	d destination	f applicable			
or Quantity or commit	muvu son proviou	.51) 61164 (4164 411	a a c c c c c c c c c c	т иррпоисто	•		
12. Specify any Regiona	l Specific Code (R	egional Use):					
H. ORAL RESPONS	E ACTION PL	AN: (check all t	that apply)				
☐ 1. Assessment and/or		`	11 07	porary Cov	ers or Caps		
☐ 3. Deployment of Ab		ment Materials		☐ 4. Temporary Water Supplies			
☐ 5. Structure Venting					cuation or Relocati	ion of Residents	
☐ 7. Product or NAPL 1			▼ 8. Fencing and Sign Posting				
☐ 9. Groundwater Trea			□ 10. Soil Vapor Extraction				
☐ 11. Bioremediation	Ž			Sparging			
☐ 13. Excavation of Co	ntaminated Soils						
a. Re-use, Recycli	ng or Treatment	☐ i. On Site	□ ii. Off Si	e Authoriz	zed volume in cubi	c yards:	
□ b. Store		☐ i. On Site	□ ii. Off Sit	e Authoriz	zed volume in cubi	c yards:	
c. Landfill		☐ i. Cover	□ ii. Dispos	al Authoriz	zed volume in cubi	c yards:	
							

Revised: 01/07/2014 Page 4 of 5

W.

${\bf Massachusetts\ Department\ of\ Environmental\ Protection} \\ {\it Bureau\ of\ Waste\ Site\ Cleanup}$

RELEASE LOG FORM

BWSC 101

Release Tracking Number

3	<u>-</u>	35355	

☐ 14. Removal of Dru	ms, Tanks or	Containers:		
Describe Quantity ar	nd Amount:			
☐ 15. Removal of Othe	er Contaminat	ed Media:		
Specify Type and Vo	lume:			
▼ 16 Other Response A	Actions and A	dditional Comments (de	scribe):	
HAZARDS OF THE DEFINE	D AREA OF IMPA		A. IRA APPROVAL WA	ARK VIA FENCING AND POSTING OF SIGNS EXPLAINING THE AS ALSO GIVEN FOR FURTHER ASSESSMENT. FURTHER IRA ISSMENT ACTIVITES.
17. Check here if Ac	lditional Infor	rmation is Provided in an	Attachment	
I. DEP STAFF AND	FORM PR	REPARER:		
1. DEP Staff:	a. Name:		<u></u> b. Check he	ere, if Unassigned (or staff name not applicable).
2 . Preparer :	a. Name:	LOWMAN JOSHUA	<u> </u>	
	b. Signature:	ANDREW W CLARK	c. Date:	12/21/2018

Revised: 01/07/2014 Page 5 of 5