



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): 5/6/2020 Start Time : 05:00 ☐ 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: TOWN OF PRINCETON

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

5. Street: 6 TOWN HALL DR 6. Title: _____

7. City/Town: PRINCETON 8. State: MA 9. ZIP Code: 015411137

10. Telephone: 9784642102 11. Ext: _____ 12. EMail: _____

13. Relationship of Person to Release: ☒ PRP ☐ OTHER c. Type(e.g. Current Owner): Non-specified PRP

☐ 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 : 5/7/2020
(mm/dd/yyyy)



RELEASE AMENDMENT FORM

F. DESCRIPTION OF ACTIVITIES RECORDED BY THIS FORM:

ON MAY 6, 2020, I RECEIVED MULTIPLE VOICEMAIL MESSAGES AND AN EMAIL FROM MR. JOHNATHAN CAMP OF GOAT RIDGE FARM IN PRINCETON. MR. CAMP HAS PFAS RELATED CONCERNS ABOUT HIS BEEF CATTLE. I PROVIDED MR. CAMP WITH SOME RESOURCES ON THE MASSDEP WEBSITE, AT THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, AND CONTACT INFORMATION FOR THE LSP OF RECORD FOR TOWN OF PRINCETON PFAS SITE. MR. CAMP AND I ALSO HAD A 1 HOUR LONG DISCUSSION ABOUT PFAS, THE SPECIFICS OF HIS FARM, HOW THE SAMPLING RADII IN PRINCETON ARE WERE IDENTIFIED, AND POTENTIAL SOURCES OF PFAS NOT LIMITED TO THOSE AFFILIATED WITH RTN 2-0021072. A COPY OF THE EMAIL CORRESPONDENCE WITH MR. CAMP IS ATTACHED.

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