



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): 2/28/2020 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 : 5/12/2020
(mm/dd/yyyy)



RELEASE AMENDMENT FORM

BWSC 102

Release Tracking Number

2 - 21072

F. DESCRIPTION OF ACTIVITIES RECORDED BY THIS FORM:

UPLOAD OF POTABLE WELL DATA FOR 9 ALLEN HILL RD

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