Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

RELEASE LOG FORM

BWSC 101

Release Tracking Number
4 - 29773

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

1. Log Date: 3/24/2023 (mm/dd/yyyy) Log Time: 11:40 (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: PINE GATE RENEWABLES
2. First Name: JULIANNE
3. Last Name: WOOTEN
4. Telephone: 8288202972
5. Ext.:
6. Relationship of Person to Release: ☑ PRP ☐ Other c. Type, if known (e.g. Current Owner): Current Owner

C. RELEASE OR THREAT OF RELEASE (TOR) /SITE LOCATION:

1. Location Aid/Site Name: SOLAR CARVER 1
2. Street Address: 0 TREMONT STREET
3. 2nd Address Line:
4. City/Town: CARVER, CARVER
5. Zip Code (if known): 023300000
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**: 3/24/2023 (mm/dd/yyyy) Time: 11:40 (hh:mm) ☑ AM ☐ PM
2. Date and Time Reporting Person obtained **Knowledge of Release or TOR**: 12/8/2022 (mm/dd/yyyy) Time: 10:44 (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:
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 ☑ l. Unknown ☐ m. Other:

Describe _____

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
ARSENIC	7440-38-2	HM	24	PPM	RCS-1
					N/A
					N/A

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

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: _____ b. Telephone: _____
c. Contact First Name: _____ d. Last Name: _____

4. LSP: a. Name: _____ b. LSP #: _____
c. Telephone: _____

F. PRP OR PERSON PERFORMING RESPONSE ACTIONS:

1. Name of Organization: PINE GATE RENEWABLES
2. Contact First Name: JULIANNE 3. Last Name: WOOTEN
4. Street: 130 ROBERTS STREET 5. Title:
6. City/Town: ASHEVILLE 7. State: NC 8. ZIP Code: 288010000
9. Telephone: 8288202972 10. Ext: 11. Email: jwooten@pgrenewables.com
12. Relationship of Person to Release: ☑ PRP ☐ Other c. Type (e.g. Current Owner): Current Owner

☐ 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. 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):

☐ 17. Check here if Additional Information is Provided in an Attachment

I. DEP STAFF AND FORM PREPARER:

1. DEP Staff: a. Name: JONES ANDY ☐ b. Check here, if Unassigned (or staff name not applicable).

2 . Preparer : a. Name: JONES ANDY

b. Signature: ANDREW L. JONES c. Date: 3/28/2023