



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-102A

Release Tracking Number

4 - 17582

RELEASE LOG FORM ATTACHMENT

A. LOG/RELEASE LOCATION INFORMATION: (complete if using BWSC-102A and 102B or BWSC-102A only)

City/Town: Carver Date: 1-27-03 Time: 9:27 ☐ AM ☐ PM

Release Address: 131 Main St

Use of Attachment (check one): ☐ Amendment to Release Log Form ☐ Attachment Page(s): _____ of: _____

B. ORAL PLAN SUMMARY: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Removal of Contaminated Soils | <input type="checkbox"/> Deployment of Absorbent or Containment Materials |
| <input type="checkbox"/> Re-use or Recycling | <input type="checkbox"/> Temporary Covers or Caps |
| <input type="checkbox"/> On Site <input type="checkbox"/> Off Site Volume: _____ cubic yards | <input type="checkbox"/> Bioremediation |
| <input type="checkbox"/> Treat <input type="checkbox"/> On Site <input type="checkbox"/> Off Site Volume: _____ cubic yards | <input type="checkbox"/> Soil Vapor Extraction |
| Describe: _____ | <input type="checkbox"/> Structure Venting System |
| <input type="checkbox"/> Store <input type="checkbox"/> On Site <input type="checkbox"/> Off Site Volume: _____ cubic yards | <input type="checkbox"/> Product or NAPL Recovery |
| <input type="checkbox"/> Landfill <input type="checkbox"/> Cover <input type="checkbox"/> Disposal Volume: _____ cubic yards | <input type="checkbox"/> Groundwater Treatment Systems |
| <input type="checkbox"/> Removal of Drums, Tanks or Containers | <input type="checkbox"/> Air Sparging |
| Describe: _____ | <input type="checkbox"/> Temporary Water Supplies |
| <input type="checkbox"/> Removal of Other Contaminated Media | <input type="checkbox"/> Temporary Evacuation or Relocation of Residents |
| Specify Type and Volume: _____ | <input type="checkbox"/> Fencing and Sign Posting |

- ☐ Other Response Actions Describe: _____
- ☐ Check here if this Release or Threat of Release is a candidate for future presumptive approval of an IRA or RAM Written Plan.

Check one of the following: ☒ Oral IRA Plan Approval ☐ Oral RAM Plan Approval ☐ Oral IRA Plan Modification Approval

Other Comments: sample nearby Cat-risk private water supply wells, conduct air monitoring, inspect stormwater system for potential impacts, & perform additional tank tightness testing

C. ADDITIONAL INVOLVED PERSON INFORMATION:

Check One: ☐ PRP ☐ PRP Local Contact ☐ Other Person Performing Response Action

☐ Other Relationship Specify: _____

Name of Organization: _____

Name of Contact: _____ Title: _____

Street: _____ ☐ Check here if this person received a field NOR.

City/Town: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ FAX: _____

D. DEP ASSIGNMENT: (complete if using only BWSC-102A)

Preparer of RLFA (please print): Jones Signature: [Signature]

Staff Lead Assigned (if different from preparer): _____

- ☐ Check here if the Release or Threat of Release is unassigned.
- ☐ Check here if this RLFA records a change in staff lead.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-102B

RELEASE LOG FORM ATTACHMENT

Release Tracking Number:

4 - 17582

E. LOG/RELEASE LOCATION INFORMATION: (complete if using BWSC-102B only)

City/Town: Carver Date: 1-27-03 Time: 9:16 ☒ AM ☐ PM

Release Address: 131 Main Street

Use of Attachment (check one): ☐ Amendment to Release Log Form ☐ Attachment Page(s): _____ of: _____

F. INSPECTIONS OR SITE VISITS (also Follow-up Office Response): (check one)

- ☐ Initial Compliance Field Response - Announced ☐ Initial Compliance Field Response - Unannounced
☐ Compliance Field Response - Announced ☐ Compliance Field Response - Unannounced ☐ Short Notice Audit Inspection
☐ Field Response - Direct Oversight ☐ Follow-up or Other Field Response ☒ Follow-up Office Response

G. ADDITIONAL DESCRIPTION:

James Decaulon - LSP (617) 489-7795 - left message
(877) 842-9629 (FAX)
called back @ 9:22

Proposed TRA Activities:

- large recovery well
- sample private well (s) *
- inspect stormwater drain system *
- tightness tests - redo if necessary. *

H. DEP ASSIGNMENT: (complete if using BWSC-102A and 102B or BWSC-102B only)

Preparer of RLFA (please print): A. Jones Signature: [Signature]

Staff Lead Assigned (if different from preparer): _____

- ☐ Check here if the Release or Threat of Release is unassigned.
☐ Check here if this RLFA records a change in staff lead.