



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-102B

RELEASE LOG FORM ATTACHMENT

Release Tracking Number

4-17025

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

City/Town: Cowley Date: 5/16/03 Time: 5 ☐ AM ☒ PM

Release Address: 131 Main St.

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:

Conducted Site Inspection - Determined oil sheen on So. Meadow Brook is emanating from storm drain that is connected to Catch Basin on Main St.

Cowley Highway Dept. removed catch basin cover & an oil sheen & vapors were noted. CB upstream of gas station was clean. The CB next to the Gas Station had diesel fuel odor & an oil sheen was noted on the storm water.

It was determined that a ^{diesel} fuel oil release was occurring & a field NOA was issued.

A boom was placed at the end of the storm drain that discharges to So. Meadow Brook. The oil sheen did decrease on the Brook.

Refer to field NOA for actions req'd.

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

Preparer of RLFA (please print): _____ Signature: Mark Johnson

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-102A

Release Tracking Number

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RELEASE LOG FORM ATTACHMENT

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

City/Town: _____ Date: _____ Time: _____ ☐ AM ☐ PM

Release Address: _____

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: _____

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): _____ 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.