

MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION
(circle or fill in all that apply)

Response Date: 6.7.93 closed: Yes No SA #: _____ ER #: C93-0281
Initial Office Follow-up Office Initial Field Follow-up Field 21E Notification Amended
City/Town: Leominster Ayer Spill Name: Ergine Cleaners
Address: 211 W. Main St. Reported: _____ / _____ / _____ Time: _____ AM/PM
City/Town: _____ Zip Code: _____ Occurred: _____ / _____ / _____ Time: _____ AM/PM
NOTIFIER: _____ (Name) Check if Anonymous: ☒ (Affiliation) _____ (Phone) _____

PRIMARY SPILL INFORMATION

Petroleum / Hazardous Both / Neither / Unknown
Material: Perchloroethylene Amount Reported: _____ Gallons Drums Cu Yds Lbs
Virgin / Waste Non-PCB / PCB ppm / Unknown Amount Actual: _____ Vapors Sheen None Unknown
Environmental Impact: SOIL AIR GROUNDWATER SURFACE WATER ZONE 2 WATER SUPPLY STORM DRAIN SCHOOL

RESIDENCE OTHER:

Spill Source: U.S.T. A.S.T. TRANSFORMER VEHICLE FUEL TANK PIPE/HOSE/LINE
BOAT DRUMS VEHICLE TANKER TRUCK UNKNOWN OTHER: _____
Release Type: SPILL FIRE OVERFLOW TANK-REMOVAL TEST FAILURE VEHICLE ACCIDENT
RUPTURE LEAK SPRING THREAT ONLY UNKNOWN OTHER: _____

Description: Former employee reported that the cleaner routinely dumps PCE solution into the ground behind the plant. Will consult with strike force on future actions.

Referral Within DEP: SA IM WS SU AQO WPC WM IWM ENF/SF Staff: _____
State Contractor: Used: _____ / Not Used Federal L.U.S.T. Eligible: No Yes Category: _____
Further DEP Response: Yes No Pending Response Needed: _____

PRP INFORMATION

Company: Ergine Cleaners Name: _____
Address: 211 W. Main St. Town: Ayer State: MA Zip: _____
Business Phone: 508.772.2904 Home Phone: (_____) _____
ROR Issued: Verbal Field Office Date: _____ / _____ / _____ Responsibility Accepted: Yes No
PRP Contractor: _____ Contact: _____ Phone: (_____) _____
Noncompliance Issues: _____

OTHER AGENCIES INVOLVED IN OR NOTIFIED OF INCIDENT

Agency: EPA Date: 6.7.93 Time: _____ AM/PM
First Contact By: DEP OTHER AGENCY Phone: (_____) _____ Contact: Bill Verdon
Agency: OSHA Date: _____ / _____ / _____ Time: _____ AM/PM
First Contact By: DEP OTHER AGENCY Phone: (_____) _____ Contact: _____

DEP Staff Notified: BDurme ER Lead: BDurme
Report Prepared By: _____ Signature: BDurme