



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-101

RELEASE LOG FORM

Release Tracking Number

2 - 14539

A. LOG INFORMATION:

Log Date:

05-28-02

Log Time:

12:01

Check one:

☐ AM ☒ PM

Use of Form:
(check one)

☒ Initial Office

☐ Boston

☐ Amended

TYPE OF CALL (check one):

☒ Release or TOR

☐ Complaint ☐ Inquiry

CALLER (check one):

☐ PRP

☐ Public Safety Official

☐ Other Government Agency

☐ Citizen

☐ Anonymous

☐ LSP or PRP Agent

☒ Other Person:

DISPOSITION OF CALL (check the one most applicable disposition below):

If selecting one of the two following options, assign a Release Tracking Number (RTN) in the space provided above:

☒ Reportable Release or Threat of Release

☐ Release or Threat of Release Less Than Reporting Threshold

Select one of the two following options only if an RTN was previously assigned:

☐ Release Notification Retraction (with BWSC-103 only)

☐ Not a 21E Release

If selecting any option below, do not assign an RTN:

☐ Release or Threat of Release Exempt from Reporting Requirements (not referred)

☐ Report Referred to Other Agency or Division

Referred To:

☐ No Action Taken

☐ Site Visit

☐ Compliance Site Visit

Reporting Person: David Weeks, Senior E. Eng

Telephone: 845-838-7477

Organization: Shell Oil Product Co.

B. RELEASE OR THREAT OF RELEASE LOCATION:

Street: 211 West Main St

Location Aid:

City/Town: Ayer, MA

Adequately Regulated Status:

Fee Status:

Type of Location (check all that apply):

☒ Commercial

☐ Industrial

☐ Residential

☐ School

☐ Municipal

☐ State

☐ Federal

☐ Right of Way

☐ Roadway

☐ Water Body

☐ Open Space

Other:

Release Tracking Number of Associated Transition or Tier Classified Site, if any:

C. RELEASE OR THREAT OF RELEASE (TOR) INFORMATION:

Notification Date, if different from log date: 5/3/02 - Date of BPS Submitted

"One Year" Status Date, if not one year after notification date: November 8, 2003 (NDR date)

Date and time reporting person obtained knowledge of the Release or TOR. Date:

11/12/02

Time:

☐ AM

☐ PM

IF KNOWN, record date and time Release or TOR occurred. Date:

Time:

☐ AM

☐ PM

Check all conditions that apply to the Release or Threat of Release:

2 HOUR REPORTING CONDITIONS

☐ Sudden Release

☐ Threat of Sudden Release

☐ Oil Sheen on Surface Water

☐ Poses Imminent Hazard

☐ Could Pose Imminent Hazard

☐ Release Detected in Private Well

☐ Release to Storm Drain

☐ Sanitary Sewer Release
(Imminent Hazard Only)

72 HOUR REPORTING CONDITIONS

☐ Subsurface NAPL = or > 1/2 Inch

☐ UST Release

☐ Threat of UST Release

☐ Release to Groundwater near Water Supply

☐ Release to Groundwater near School or Residence

120 DAY REPORTING CONDITIONS

☒ Release of HM(s) to Soil or Groundwater > RC(s)

☐ Release of Oil to Soil > RC(s) and Affecting > 2 Cubic Yards

☐ Release of Oil to Groundwater > RC(s)

☐ Subsurface NAPL = or > 1/8 Inch and < 1/2 Inch

☐ Check here if Substantial Release Migration exists in connection with 120 Day Reporting Conditions

Source of Release or TOR (check all that apply):

☐ UST

☐ Pipe/Hose/Line

☐ AST

☐ Drums

☐ Transformer

☐ Boat

☐ Tanker Truck

☐ Vehicle

☐ Unknown

☒ Other

Specify: Dry Cleaning Operations

Federal LUST Eligible?

☐ Yes

☒ No

☐ Unknown

SECTION C IS CONTINUED ON THE NEXT PAGE.



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RELEASE LOG FORM

C. RELEASE OR THREAT OF RELEASE (TOR) INFORMATION: (continued)

Type of Release or TOR (check all that apply): ☐ Leak ☐ Spill ☐ Rupture ☒ Dumping ☐ Tank Removal ☐ Overfill

☐ Vehicle Accident ☐ Test Failure ☐ Fire ☐ Threat Only ☒ Unknown ☐ Other Specify: _____

Identify Media and Receptors Affected: (check all that apply) ☐ Air ☒ Groundwater ☐ Surface Water ☐ Sediments ☐ Soil

☐ Wetlands ☐ Storm Drain ☐ Paved Surface ☐ Private Well ☐ Public Water Supply ☐ Zone 2 ☐ Residence

☐ School ☐ Unknown ☐ Other Specify: _____

O or HM Released

(check one)

CAS # (if known)

Amount or Conc.

Units

RCs Exceeded?

Tetrachloroethene ☐ O ☒ HM 29.5-9,750 ppb Yes

Trichloroethene ☐ O ☒ HM 25+13.5 ppb Yes

Description of Release or Threat of Release: Information from a DRS from a neighboring facility (215 West Main St) indicates that PERC + Tri originates at 211 West Main St (RTN 2-14079)

D. PRP INFORMATION:

☐ PRP Unknown ☒ PRP Performing Response Actions ☐ Check here if additional involved parties are listed on an RLFA.

☐ PRP Unwilling or Unable to Perform Response Actions. Who is? ☐ DEP ☐ Other Person Who: _____

Name of PRP Organization: Le Mack Realty Trust

Name of PRP Contact: Jerome Benson Title: UNK

Street: 2005 Massachusetts Ave

☐ Check here if this PRP received a field NOR.

City/Town: Lunenburg, MA

State: MA ZIP Code: 01482

Telephone: _____ Ext.: _____ FAX: _____

E. CONTRACTOR:

Contractor Name: _____ Telephone: _____ Ext.: _____

Name of Contact: _____ ☐ Check here if this is a State Contractor.

F. LSP:

LSP Name: _____ LSP Number: _____

Telephone: _____ Ext.: _____ FAX: _____

G. MCP RESPONSE ACTIONS: (check any that apply)

☐ IRA Assessment Only ☐ IRA Oral Plan Approved* ☐ IRA Oral Plan Denied ☐ IRA Pre-notification

☐ Oral RAM Plan Approved* ☐ Oral RAM Plan Denied ☐ Notice of Intent to Conduct a URAM

Date of Action, if different from Log Date: _____ * Provide details of approved plans on an RLFA.

☐ Check here if soil was removed from the site prior to notification. ☐ Check here if the soil was removed as part of an UST closure.

Quantity of soil previously removed and destination: _____

H. DEP ASSIGNMENT:

RNF Submittal Requested: ☐ No ☒ Yes

From Who: Le Mack Realty Trust

Provisions of 21E Explained: ☒ Yes ☐ No

Why Not: _____

Prepared By: Don Hanson

Regional Use: _____

Number of RLFA Pages Attached: _____

Staff Lead Assigned
(if different from Preparer):

☐ Check here if Release or TOR is unassigned.