



RELEASE LOG FORM

BWSC 101

Release Tracking Number

3 - 32792

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

1. Log Date: 03/30/2015 Log Time: 02:25 ☐ AM ☒ PM  
(mm/dd/yyyy) (hh:mm)
- ☒ 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. ☐ d. The Release or TOR is not a Release under M.G.L. c. 21E.  
(BWSC103 must be submitted, as well)

**B. REPORTING PERSON:**

1. Name of Organization: HAFFNER REALTY TRUST
2. First Name: JOANNE 3. Last Name: FOURNIER
4. Telephone: 978-494-2607 5. Ext.:
6. Relationship of Person to Release: ☒ PRP ☐ Other c. Type, if known (e.g. Current Owner): Other PRPs

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

1. Location Aid/Site Name: HAFFNER'S
2. Street Address: 284 WINTER STREET 3. 2nd Address Line:
4. City/Town: HAVERHILL, HAVERHILL 5. Zip Code (if known): 018300000
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: 03/30/2015 Time: 02:25 ☐ AM ☒ PM  
(mm/dd/yyyy) (hh:mm)
2. Date and Time Reporting Person obtained Knowledge of Release or TOR: 12/05/2014 Time: 12:00 ☐ AM ☒ PM  
(mm/dd/yyyy) (hh:mm)
3. Date and Time Release or TOR occurred, if known: Time: ☐ AM ☐ PM  
(mm/dd/yyyy) (hh:mm)
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



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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: \_\_\_\_\_

**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 |
|---------------------|----------------------|---------|-------------------------|-------|-----------------------------|
| PHENANTHRENE        |                      | O       | 550                     | MG/KG | RCS-1                       |
| BENZENE             |                      | O       | 190                     | MG/KG | RCS-1                       |
| 2-METHYLNAPHTHALENE |                      | O       | 570                     | MG/KG | RCS-1                       |



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

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**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: \_\_\_\_\_



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**F. PRP OR PERSON PERFORMING RESPONSE ACTIONS:**

1. Name of Organization: HAFFNER REALTY TRUST

2. Contact First Name: JOANNE 3. Last Name: FOURNIER

4. Street: TWO INTERNATIONAL WAY 5. Title: PRESIDENT

6. City/Town: LAWRENCE 7. State: MA 8. ZIP Code: 018430000

9. Telephone: 978-494-2607 10. Ext:  11. Email: joannehalo@aol.com

12. Relationship of Person to Release: ☒ PRP ☐ Other c. Type (e.g. Current Owner): Other PRPs

☐ 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 ☐ 5. IRA Oral Modified Plan Approved

☐ 2. No IRA Approved at Notification ☐ 6. IRA Oral Plan Denied and/or Request for Written Plan

☐ 3. IRA Assessment Only. ☐ 7. Notice of Intent to Conduct a URAM

☐ 4. IRA Oral Plan Approved ☐ 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:



Massachusetts Department of Environmental Protection  
*Bureau of Waste Site Cleanup*

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☐ 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: \_\_\_\_\_ ☒ b. Check here, if Unassigned (or staff name not applicable).

2. Preparer : a. Name: DE MEO KRISTIN

b. Signature: KRISTIN DE MEO c. Date: 4/1/2015