

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

BWSC-103
Release Tracking Number

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RELEASE NOTIFICATION & NOTIFICATION RETRACTION

A. RELEASE OR THREAT OF RELEASE	ASE LOCATION:		· · ·	If assigned by DEP
Ctreet:		Location Aid: _		
City/Town:		ZIP Code:		
B. THIS FORM IS BEING USED TO:	(check one)			
Submit a Release Notification (con	nplete all sections of this form).			
Submit a Retraction of a Previous form). You MUST attach the supporting			elease (comple	te Sections A, B, E, F and G of this
C. INFORMATION DESCRIBING THE	RELEASE OR THREAT OF R	ELEASE (TOR):		
Pate and time you obtained knowledge of the	Release or TOR. Date:	Time:		Specify: AM PM
he date you obtained knowledge is alwa	ys required. The time you obtaine	ed knowledge is not	t required if re	porting only 120 Day Conditions.
F KNOWN, record date and time release or	ΓOR occurred. Date:	Time:		Specify: AM PM
Check here if you previously provided a				
Provide date and time of Oral Notification. Da	ite:	Time:		Specify: AM PM
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) List below the Oils or Hazardous Materials the finecessary, attach a list of additional Oil and		han 1/2 Gro	oundwater Excencentration(s) lease of Oil to S ncentration(s) a rds lease of Oil to G ncentration(s) bsurface Non-A ual to or Greate h	ous Material(s) to Soil or eding Reportable oil Exceeding Reportable and Affecting More than 2 Cubic aroundwater Exceeding Reportable queous Phase Liquid (NAPL) ar than 1/8 Inch and Less than 1/2 areatest amount.
Name and Quantities of Oils (O) and Hazard O or HM Released	O HM CAS # (check one) (if known)	Amount or Concentration	`	Reportable Concentrations Exceeded, if Applicable RCS-1, RCS-2, RCGW-1, RCGW-2)
D. ADDITIONAL INVOLVED PARTIE Check here if attaching names and add submitting this Release Notification (required)	resses of owners of properties affect uired).	•	Threat of Relea	se, other than an owner who is
Check here if attaching Licensed Site P	rofessional (LSP) name and address	(optional).		
You may writ	e in names and addresses on the	bottom of the seco	nd page of this	s form.



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Rele	ase	Tracking Number
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Name of Organization:		
Name of Contact:		Title:
Street:		
		State: ZIP Code:
		FAX: (optional)
F. RELATIONSHIP OF PERSON REQU	IRED TO NOTIFY TO REL	EASE OR THREAT OF RELEASE: (check one)
	_	Transporter Other RP or PRP:
Fiduciary, Secured Lender or Municipality	with Exempt Status (as defined	by M.G.L. c. 21E, s. 2)
Agency or Public Utility on a Right of Way		
Any Person Otherwise Required to Notify	Specify Relationship:	
G. CERTIFICATION OF PERSON REQU	JIRED TO NOTIFY:	
his submittal. I/the person or entity on whose bossible fines or imprisonment, for willfully sub-	pehalf this submittal is made am/ mitting false, inaccurate, or inco	
By: (signature)		Title:
For:		Date:
(print name of person or entity recorded in		
Enter address of the person providing certificati	ion, if different from address reco	orded in Section E:
Street:		
		7 17 0 1
City/Town:		State: ZIP Code:
City/Town:		State: ZIP Code: FAX: (optional)