



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC101

Release Tracking Number

2 - 18614

RELEASE LOG FORM

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

1. Log Date: **6/27/2012** 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: **TIGHE AND BOND**

2. First Name: **KEN** 3. Last Name: **GENDRON**

4. Telephone: **5087542201** 5. Ext.:

6. Relationship of Person to Release: a. PRP b. Other c. Type, if known (e.g. Current Owner) **Licensed Site Professional**

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

1. Location Aid/Site Name: **PRINCETON WIND TURBINE**

2. Street Address: **69 WESTMINSTER ST** 3. 2nd Address Line:

4. City/Town: **PRINCETON, PRINCETON** 5. ZIP Code (if known) **015410000**

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: **6/27/2012** Time: **02:25** AM PM
(mm/dd/yyyy) (hh:mm)

2. Date and Time Reporting Person obtained Knowledge of Release or TOR: **6/27/2012** Time: **01:05** 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. Above-ground Storage Tank (AST) e. Drums f. Tanker Truck g. Hose h. Line
 i. Under-ground Storage Tank (UST) j. Vehicle k. Boat/Vessel l. Unknown

m. Other Specify: **GEAR BOX**

5. Federal LUST Eligible: a. Yes b. No c. Unknown d. DFS UST/AST Tank ID Number:



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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. Tank Removal
- d. Overfill
- e. Rupture
- f. Vehicle Accident
- g. Leak
- h. Spill
- i. Test Failure
- j. Unknown
- k. Threat of Release Only
- l. Other Specify: _____

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. Groundwater
- k. Sediments
- l. Wetland
- m. Storm Drain
- n. Indoor Air
- o. Air
- p. Critical Exposure Pathway
- q. Unknown
- r. Others Specify: **WINDMILL STALK**

11. List below the Oils (O) or Hazardous Materials (HM) that exceed their Reportable Concentration (RC) or Reportable Quantity (RQ) by the greatest amount.

O or HM Released	CAS Number, if known	O or HM	Amount or Concentration	Units	RCs Exceeded, if Applicable
GEAR OIL		O	50	GAL	N/A

12. Description of Release or Threat of Release:

A RELEASE OF OIL OCCURRED FROM A GEAR BOX ON A WIND TURBINE. THE RELEASE OCCURRED A REPORTED 250 FEET ABOVE THE GROUND WHERE THE GEAR BOX WAS LOCATED. THE RELEASED OIL IMPACTED THE TOWER OF THE WIND TURBINE. THERE IS A CONCRETE PAD BELOW THE WIND TURBINE. MR. GENDRON REQUESTED IRA APPROVAL TO CLEAN THE TOWER, DEPLOY ABSORBENTS TO THE PAD, AND REMOVE UP TO 25 CUBIC YARDS OF CONTAMINATED SOIL FROM AROUND THE PAD. HE SAID A SPECIALTY COMPANY WOULD COME OUT AND CLEAN THE TOWER, THAT THEY MIGHT POWER WASH IT WITH CONTAINMENT BELOW, OR THEY MIGHT WIPE THE TOWER DOWN.



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E. INVOLVED PARTIES SUMMARY :

1. PRP Status (check one): a. PRP Unknown b. PRP Unwilling or Unable to Perform Response Actions
 c. PRP Performing Response Actions d. Release is Adequately Regulated by the US Coast Guard

2. If PRP is not Performing Response Actions, who is?

a. DEP State Contractor b. Other Person

3. Contractor: a. Name of Organization: b. Telephone:
c. Contact First Name: d. Last Name:

4. LSP: a. Name: **GENDRON KENNETH J** b. LSP #: **8815**
c. Telephone: **5084719622**

F. PRP OR PERSON PERFORMING RESPONSE ACTIONS:

1. Name of Organization: **PRINCETON MUNICIPAL LIGHT DEPT**

2. Contact First Name: **BRIAN** 3. Last Name: **ALLEN**

4. Street: **168 WORCESTER RD** 5. Title: **GENERAL MANAGER**

6. City/Town: **PRINCETON** 7. State: **MA** 8. ZIP Code: **015410000**

9. Telephone: **9784642815** 10. Ext.: 11. FAX:

12. Relationship of Person to Release: a. PRP b. Other c. Type (e.g. Current Owner): **Current Owner**

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:

<input type="checkbox"/> 1. IRA Completed Pre-notification	<input type="checkbox"/> 4. IRA Oral Plan Denied and/or Request for Written Plan
<input type="checkbox"/> 2. IRA Assessment Only	<input type="checkbox"/> 5. IRA Oral Modified Plan Approved
<input checked="" type="checkbox"/> 3. IRA Oral Plan Approved	<input type="checkbox"/> 6. Notice of Intent to Conduct a URAM

7. Date of Action: **6/27/2012**

8. 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:

9. Specify any Regional Specific Code (Regional Use):



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H. ORAL RESPONSE ACTION PLAN: (check all that apply)

<input type="checkbox"/> 1. Assessment and/or Monitoring Only	<input type="checkbox"/> 2. Temporary Covers or Caps
<input checked="" type="checkbox"/> 3. Deployment of Absorbent or Containment Materials	<input type="checkbox"/> 4. Temporary Water Supplies
<input type="checkbox"/> 5. Structure Venting System	<input type="checkbox"/> 6. Temporary Evacuation or Relocation of Residents
<input type="checkbox"/> 7. Product or NAPL Recovery	<input type="checkbox"/> 8. Fencing and Sign Posting
<input type="checkbox"/> 9. Groundwater Treatment Systems	<input type="checkbox"/> 10. Soil Vapor Extraction
<input type="checkbox"/> 11. Bioremediation	<input type="checkbox"/> 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: 25

b. Store i. On Site ii. Off Site Authorized volume in cubic yards: _____

c. Landfill i. Cover ii. Disposal Authorized volume in cubic yards: _____

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):

I. DEP STAFF AND FORM PREPARER:

1. DEP Staff: a. Name: DAOUST KEVIN	<input type="checkbox"/> b. Check here, if Unassigned (or staff name not applicable).
2. Preparer Signature: Kevin W. Daoust	3. Date: 7/9/2012