

EXHIBIT 2

Official Correspondence Archive and MA.
Department of Environmental Protection
Bureau of Waste Site Cleanup Transmittal Forms
August 1978 through September 2003

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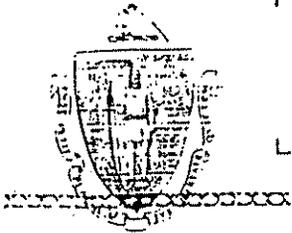
Form	Author/ Form #	Originating Company/Release Tracking Number	Date	Regarding/Attachments/ Cover
Letter	Jeffrey Gould	Commonwealth of Massachusetts Water Resources Commission	9/25/03	Medfield Charles River Oil Spill
Notice of Responsibility	Rosemarie Bradley	Commonwealth of Massachusetts Department of Environmental Quality Engineering Metropolitan Boston Northeast Region	4/20/89	Medfield – ERB –N88-839
Letter	George Camougis, DMH	Camp Dresser & McKee Inc.	12/28/98	Response Action Outcome Statement Submittal Medfield State Hospital – RTN: 3-1684 Medfield, Massachusetts
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Notice of Responsibility	Mary Bester- Colby	Medfield 45 Hospital Road Medfield State Hospital Power Plant RTN #3-20799	7/10/01	
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Letter	Richard Chalpin	Commonwealth of Massachusetts Executive Office of Environmental Affairs Department of Environmental Protection	12/24/01	Medfield 45 Hospital Road RTN: 3-20984 File No: NON- NE-01-3E020 Noncompliance with M.G. L. c 21e and 310 CMR 40.0000 et seq. (Mass Contingency Plan, MCP) <u>Attachments</u>
Transmittal Form	BWSC-105	3-20984	4/17/02	Cover
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Letter	Laurel MacKay	Commonwealth of Massachusetts Executive Office of Environmental Affairs Department of Environmental Protection Metropolitan Boston – Northeast Regional Office	5/29/02	Deadline Approaching: Attachment

Letter	James Doherty	Pennoni & Associates, Inc.	6/13/02	Public Notification Phase I Report and Tier Classification Medfield Sate hospital 45 Hospital Road, Medfield, MA 3-20799, 3-20984, 3-21162 Attachments: Public Notification – Newspaper
Letter	John O-Donnell	Commonwealth of Massachusetts Executive Office for Administration & Finance Division of Capital Asset Management	5/5/03	Public Involvement Plan (PIP) Medfield State Hospital RTN: 3-20799
Letter	Jim Doherty	Pennoni & Associates, Inc.	5/23/03	Form Letters: Receipt of Public Involvement Plan Site Petition Medfield State Hospital Fuel Oil Release Site RTN 3-20799
Letter	John Thompaon		8/7/03	Public Involvement Plan Medfield Sate Hospital RTN 3-20799
Memorandum	Martin Baker	Common Executive Office of Health and Human Services Department of Mental Health	8/27/03	Status of PIP Program at Medfield State Hospital
Letter	Jim Doherty	Pennoni & Associates, Inc.		Form Letters: Public Involvement Plan Meeting Medfield State Hospital Fuel Oil Release Site RTN 3-20799 Attachments: Public Notification - Newspaper

THE COMMONWEALTH OF MASSACHUSETTS
WATER RESOURCES COMMISSION

LEVERETT SALTONSTALL BUILDING, GOVERNMENT CENTER

100 CAMBRIDGE STREET, BOSTON 02202



Office of the Director
Division of Water
Pembroke, MA 02708

August 14, 1978

Paul Lavote, Ph.D.
Superintendent
Medfield State Hospital
Hospital Road
P.O. Box 275
Medfield, Massachusetts 02052

Re: Medfield (CHL)
Charles River
Oil Spill

Dear Mr. Lavote:

A recent inspection of cleanup activity associated with your facility's oil spill reported March 27, 1978, has been conducted with the following observations:

1. In-house boiler room piping has been changed with the provision for visual monitoring of discharge from the oil preheaters to eliminate a reoccurrence of such a spill.
2. All spilled oil from the drain outlet course to the edge of uncontaminated lowland vegetation bordering the former landfill site had been removed to the satisfaction of this Division.
3. The large clay-lined excavation used for onsite disposal was nearly filled to capacity with oil contaminated soil and debris, and a second excavation was available for clay-lining to accommodate the remaining oil contaminated soil and debris stockpiled at the spill site.
4. The drainage swail had been rerouted to the Charles River away from the spill area and was to be maintained with absorbant to remove the slight oil residue associated with the cleanup activity.

This Division is satisfied that proper action has been taken by the Department of Mental Health in this matter and requires the following to be completed prior to final approval:

1. Prior to August 31, 1978 - place remaining oil contaminated material within excavation after clay-lining, and grade and reslope former landfill to original topography with respect to the lowland.

Paul Lavote, Ph.D.

August 14, 1978

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2. Prior to September 15, 1978 - compact and cover both disposal areas with polyethylene and notify this office for inspection. Polyethylene cover must extend a minimum of ten (10) feet beyond the edge of filled material. Immediately following inspection, cover the disposal areas with stockpiled fill material and top soil to return area to grade.
3. Have available for view during the inspection in Item 2, a revised plot plan of the hospital property, which is part of the Department's permanent file, indicating, with appropriate detail, the location of the onsite disposal area.

Your continued cooperation in this matter is appreciated.

Very truly yours,

Jeffrey E. Gould
Acting Southeast Regional Engineer

JEG:jd

cc: Arthur Hammer, Department of Mental Health, Engineering Section,
190 Portland St., Boston, MA 02114
John Marcell, Steward, Medfield State Hospital, Hospital Rd., P.O.
Box 276, Medfield, MA 02052
John Dolan, Chief Engineer, Medfield State Hospital, Hospital Rd.,
P.O. Box 276, Medfield, MA 02052
Steven Novik, U.S. Environmental Protection Agency, Oil and Hazardous
Materials Section, 60 Westview St., Lexington, MA 02173



DANIEL S. GREENBAUM
Commissioner

935-2160

The Commonwealth of Massachusetts
Department of Environmental Quality Engineering
Metropolitan Boston - Northeast Region
5 A Commonwealth Avenue
Woburn, Massachusetts 01801

RECEIVE

APR 25 1989

April 20, 1989

MEDFIELD STATE HOSP
CHIEF OPERATING OFF

RE: MEDFIELD - ERB-N88-839

Medfield State Hospital
45 Hospital Road
Medfield, MA 02052

NOTICE OF RESPONSIBILITY/REQUEST
FOR TECHNICAL INFORMATION PURSUANT
TO M.G.L. CHAPTER 21E and
310 CMR 40.000

Attention: Judith Joseph, Director

Dear Madam:

On June 9, 1988, Department personnel investigated reports concerning the release of approximately 2,000 gallons of #6 fuel oil from a 30,000 gallon underground storage tank located at 45 Hospital Road in Medfield, MA. The release was discovered during routine stick readings taken at the power plant.

As a result of the inventory loss, an inspection of the site was conducted. A small amount of oil had discharged from a culvert pipe into a nearby wetland area. The tank in question has been pumped and taken out of service. An oil/water mixture continues to recharge into the tank indicating significant soil and groundwater contamination is present in the area.

Such incident is governed by The Massachusetts Contingency Plan (MCP), 310 CMR 40.000 and Chapter 21E of the General Laws of Massachusetts (hereinafter "M.G.L. Chapter 21E"), the Massachusetts Oil and Hazardous Material Release Prevention and Response Act, which was enacted on March 24, 1983.

Chapter 21E and the MCP identify as responsible parties the current owner or operator of a site at which there has been a release or threat of release of oil or a hazardous material; the past owner or operator of a site where a release of hazardous material has occurred; any person who directly or indirectly arranged for the transport, disposal, storage or treatment of hazardous materials to or at such a site; and any person who caused or is legally responsible for a release or a threat of release of oil or a hazardous material at such a site. Such parties are liable without regard to fault; the nature of this liability is joint and several. (M.G.L. Chapter 21E, Section 5a).

This letter is to inform you in writing that:

- (1) The Department has determined that a release of #6 fuel oil has occurred at the subject site.
- (2) Information available to the Department indicates that you as operator/owner of the subject site, are a liable and "responsible" party pursuant to Section 5(a) of Chapter 21E.
- (3) Additional information is needed to better evaluate the need for further emergency response action at this site. Please, refer to page 3 for the requested information.
- (4) Should you fail to implement those actions deemed necessary by this Office, the Department may, pursuant to M.G.L. Chapter 21E, take or arrange for any and all necessary actions at the site. If public funds are expended under such conditions, Chapter 21E, Section 11 stipulates that the Attorney General of the Commonwealth of Massachusetts may initiate legal action against the responsible party(s) to recover all costs incurred by the Department in the assessment, containment, and removal of any release or threat of release of oil or hazardous materials.
- (5) The liability of responsible parties in (4) above includes:
 - a. Administrative costs incurred by the Department in handling this matter.
 - b. Interest charges on the total liability at the statutory rate of 12% compounded annually;
 - c. Treble costing (i.e., three (3) times the total amount of response costs the Department incurs); and
 - d. All damages for the injury, destruction or loss of natural resources due to the release.

This liability constitutes a debt to the Commonwealth. The debt, together with interest, creates a lien on all your property in the Commonwealth. Lien placement will increase your administrative cost liability. This liability will further increase if the Department is required to go to court to recover its costs. Administrative and legal costs for simple spill cases which reach this stage total at least \$3,300.00. In addition to the foreclosure remedy provided by the lien, the Attorney General of the Commonwealth may recover that debt or any part of it in an action against you. You may also be liable under M.G.L. C.21E Section 11 for up to \$100,000 in fines or penalties for each violation of C.21E as well as for additional penalties or damages pursuant to other statutes or common law.

On June 9, 1988, Department personnel verbally notified Joe Minukas pursuant to Section 40.160 of the MCP of your responsibility for such release and gave you one copy of a document prepared by the Department and entitled "Brief Synopsis of M.G.L. Chapter 21E, the Massachusetts Oil and Hazardous Material Release Prevention and Response Act".

Your acceptance of responsibility for such release means that: (1) You will enter into a contract with a cleanup contractor, approved by the Department, to (a) perform the spill cleanup as deemed necessary by the Department; (b) perform necessary analyses of the waste material and make arrangements for its appropriate treatment/disposal; (c) perform analysis of the soil/water/groundwater impacted by the release to determine contaminant conditions at the site after the initial response to the incident; and (d) submit a report of their findings for review by the Department. And (2) you will pay for all response costs incurred by the Department due to such release.

Pursuant to the Department's authority to perform information-gathering activities and its authority to investigate, sample and inspect records, conditions, equipment, practices or property under M.G.L. C.21E Sections 2, 4 and 8, you are directed to provide to the Department, within seven (7) days of the date of this letter, an incident report to include the following information:

- (1) a brief account of why, how and where such release occurred; and
- (2) a brief description of all emergency remedial actions that have been and/or will be taken relative to such release; please include field screening data and/or analytical data (soil/groundwater) describing contaminant conditions at the site; and
- (3) an estimate, to the best of your knowledge, of the quantity of oil/hazardous material released; and
- (4) photocopies of all waste manifests for the oil/hazardous material released; and
- (5) laboratory results of soil/water samples taken from the "cleaned up" environmental media impacted by the release; and

- (6) a detailed description and a timetable of measures you plan to implement to prevent future recurrence of such incidents.

You are hereby notified that failure to respond to this letter in a timely manner, is a violation of 310 CMR 40.008 and the submission of false and inaccurate information is a violation of 310 CMR 40.009 and 40.011. Any such violations may subject you to legal action including criminal prosecution, court-imposed civil penalties, administrative orders and/or civil administrative penalties assessed by the Department pursuant to M.G.L. Chapter 21A.

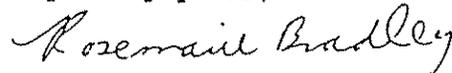
It is to your advantage to respond to this request for information in an adequate and timely manner, demonstrating that you have acted appropriately in taking necessary response actions relative to this release/threat of release of oil and/or hazardous materials.

Depending on the information generated by the above work, the Department may require additional investigations, studies and response actions in conformance with 310 CMR 40.000. If you fail to take these actions or if you fail to perform these tasks in accordance with the standards of the Department, the Department may perform response actions in your stead and recover its costs from you in accordance with the provisions described above.

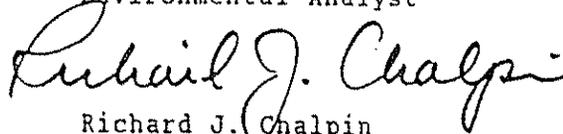
Your cooperation in this matter in promptly accepting responsibility and initiating emergency remedial measures relative to this release is appreciated.

Your response to the requested information and any further questions regarding this matter should be directed to Rosemarie Bradley at the letterhead address or 935-2160 and refer to case number ERB-N88-839.

Very truly yours,



Rosemarie Bradley
Environmental Analyst



Richard J. Chalpin
Deputy Regional
Environmental Engineer

RJC/RB/ram

cc: Frank Sciannameo, DEQE, OIR, One Winter St., Boston, MA 02108
Medfield BOH, Town Hall, Medfield, MA 02052
Medfield Fire Dept., 114 North St., Medfield, MA 02108

Enclosures: (1) Brief Synopsis of M.G.L. Chapter 21E
(2) OIR Policy #1 - Minimal Standards for the Submission of Analytical Data
(3) List of DEQE-Licensed Spill Cleanup Contractors



Camp Dresser & McKee Inc.

consulting
engineering
construction
operations

Ten Cambridge Center
Cambridge, Massachusetts 02142
Tel: 617 252-8000 Fax: 617 621-2565

December 28, 1998

Massachusetts Department of Environmental Protection
Southeast Regional Office
20 Riverside Drive
Lakeville, MA 02347

Subject: Response Action Outcome Statement Submittal
Medfield State Hospital - RTN: 3-1684
Medfield, Massachusetts

Dear Sir:

On behalf of Medfield State Hospital, Camp Dresser & McKee Inc. (CDM) hereby submits the attached Response Action Outcome Statement for the Medfield State Hospital Power Plant Site identified under Release Tracking Number 3-1684.

Please note that the LSP of record for the site has changed from Kenneth Snow, LSP # 3266 to William Swanson, LSP # 6406.

Please contact Jack Hoar at (617) 252-8748 or Bill Swanson at (617) 252-8458 if you have any questions or comments regarding this matter.

Very truly yours,

CAMP DRESSER & McKEE INC.

Jack Hoar, P.E.

cc: George Camougis, DMH
Carol Jalbert, DMH
Joseph Minukas, Medfield State Hospital



LICENSED SITE PROFESSIONAL (LSP)
EVALUATION OPINION TRANSMITTAL FORM

Pursuant to 310 CMR 40.0600 (Subpart F)

Release Tracking Number

3 - 0001684

A. SITE OR LOCATION TO BE INVESTIGATED (LTBI) INFORMATION:

Provide the following information as it appears on the Transition List of Confirmed Disposal Sites and Locations To Be Investigated.

Site or LTBI Name: Medfield State Hospital

Street: 45 Hospital Road Location Aid: Power Plant

City/Town: Medfield ZIP Code: 02052

Site Status: (check one) Location To Be Investigated Unclassified Disposal Site Non-Priority Disposal Site without a Waiver

Date First Listed in Above Category: January 15, 1990

Related Release Tracking Numbers that this LSP Evaluation Opinion Addresses: _____

B. LSP EVALUATION OF SITE OR LOCATION TO BE INVESTIGATED: (check one of the following)

Check here if this location is NOT a Site where a Release of Oil(s) or Hazardous Material(s) occurred that is subject to the notification requirements of 310 CMR 40.0300, and no further response actions are required.

Check here if a Release of Oil(s) and Hazardous Material(s) subject to the notification requirements of 310 CMR 40.0300 occurred or may have occurred at this location, but Response Actions completed prior to the date of this LSP Evaluation Opinion meet the requirements of a Class A or Class B Response Action Outcome.

If this LSP Evaluation Opinion is checked, you must meet all appropriate Response Action Outcome requirements described at 310 CMR 40.1000. You must include with this submittal documentation equivalent to a Response Action Outcome, including all supporting materials.

Indicate the class of the equivalent Response Action Outcome:

Class A-1 Class A-2 Class A-3 Class B-1 Class B-2

You may choose to submit a completed Response Action Outcome Statement (BWSC-104) and supporting documentation in lieu of an LSP Evaluation Opinion, provided that you make the submittal prior to the LSP Evaluation Opinion deadline.

Check here if a Release subject to the notification requirements of 310 CMR 40.0300 occurred or may have occurred at this location, and further Response Actions are necessary, pursuant to 310 CMR 40.0000.

If this option is checked you must make one of the following submittals by the applicable LSP Evaluation Opinion deadline: (i) provide a Tier Classification Submittal Transmittal Form (BWSC-107) and, if necessary, a Tier I Permit Application; (ii) provide a Response Action Outcome Statement (BWSC-104); (iii) or provide a Downgradient Property Status Submittal (BWSC-104).

Check here if this location is a Site that is Adequately Regulated, pursuant to 310 CMR 40.0110. Specify which other regulatory authority applies:

- Response Actions at this Site, which are being conducted as a HSWA Corrective Action, are Adequately Regulated, pursuant to 310 CMR 40.0112.
- Response Actions at this Site, which is a 21C facility under the RCRA Authorized State Hazardous Waste Program, are Adequately Regulated under M.G.L. c. 21C and 310 CMR 30.000, pursuant to 310 CMR 40.0113.
- Response Actions at this Site, which is a Solid Waste Management facility, are Adequately Regulated under M.G.L. c. 21H, M.G.L. c. 111, § 150A and/or 310 CMR 19.000, pursuant to 310 CMR 40.0114.

You must attach all supporting documentation for the LSP Evaluation Opinion indicated, including copies of any Legal Notices and Notices to Public Officials required by 310 CMR 40.1400.

D. LSP OPINION:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal form, including any and all documents accompanying this submittal. In my professional opinion and judgment based upon application of (i) the standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and (iii) the provisions of 309 CMR 4.03(5), to the best of my knowledge, information and belief, this LSP Evaluation Opinion was developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and the response action(s) upon which this opinion is based, if any, were reasonable and appropriate to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000.

I am aware that significant penalties may result, including, but not limited to, possible fines and imprisonment, if I submit information which I know to be false, inaccurate or materially incomplete.

SECTION D IS CONTINUED ON THE NEXT PAGE.



LICENSED SITE PROFESSIONAL (LSP)
EVALUATION OPINION TRANSMITTAL FORM
Pursuant to 310 CMR 40.0600 (Subpart F)

Release Tracking Number

3 - 0001684

D. LSP OPINION: (continued)

Check here if the Response Action(s) on which this opinion is based, if any, is (are) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If this box is checked, you MUST attach a statement identifying the applicable provisions thereof.

LSP Name: Kenneth J. Snow LSP #: 3266 Stamp:

Telephone: 508-791-8700 Ext: _____

FAX: (optional) 508-791-1973

Signature: *Kenneth J. Snow*

Date: 5/12/97



E. PERSON SUBMITTING LSP EVALUATION OPINION:

Name of Organization: Massachusetts Department of Mental Health

Name of Contact: William M. Corliss Title: Director

Street: 25 Staniford Street

City/Town: Boston State: MA ZIP Code: 02114

Telephone: 617-727-5500 Ext: _____ FAX: (optional) _____

F. RELATIONSHIP TO SITE OR LOCATION TO BE INVESTIGATED OF PERSON SUBMITTING LSP EVALUATION OPINION: (check one)

RP or PRP Specify: Owner Operator Generator 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 (as defined by M.G.L. c. 21E, s. 5(i))

Any Other Person Submitting LSP Evaluation Opinion Specify Relationship: _____

G. CERTIFICATION OF PERSON SUBMITTING LSP EVALUATION OPINION:

I, William M. Corliss, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

By: *William Corliss* Title: Director
(signature)

For: Massachusetts Department of Mental Health Date: 5/14/97
(print name of person or entity recorded in Section E)

Enter address of the person providing certification, if different from address recorded in Section E:

Street: _____

City/Town: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext: _____ FAX: (optional) _____

YOU MUST COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE, AND YOU MAY INCUR ADDITIONAL COMPLIANCE FEES.



RESPONSE ACTION OUTCOME (RAO) STATEMENT &
DOWNGRADE PROPERTY STATUS TRANSMITTAL FORM

Release Tracking
Number

3 - 1684

Pursuant to 310 CMR 40.0180 (Subpart B), 40.0580 (Subpart E) & 40.1056 (Subpart J)

A. SITE OR DOWNGRADE PROPERTY LOCATION:

Site Name: (optional) Medfield State Hospital Power Plant Site

Street: 45 Hospital Road Location Aid: Facility Power Plant

City/Town: Medfield ZIP Code: 02052-0000

Check here if this Site location is Tier Classified. If a Tier I Permit has been issued, state the Permit Number: _____

Related Release Tracking Numbers that this Form Addresses: _____

If submitting an RAO Statement, you must document the location of the Site or the location and boundaries of the Disposal Site subject to this Statement. If submitting an RAO Statement for a PORTION of a Disposal Site, you must document the location and boundaries for both the portion subject to this submittal and, to the extent defined, the entire Disposal Site. If submitting a Downgradient Property Status Submittal, you must provide a site plan of the property subject to the submittal and, to the extent defined, the Disposal Site.

B. THIS FORM IS BEING USED TO: (check all that apply)

Submit a Response Action Outcome (RAO) Statement (complete Sections A, B, C, D, E, F, H, I, J and L).

Check here if this is a revised RAO Statement. Date of Prior Submittal: _____

Check here if any Response Actions remain to be taken to address conditions associated with any of the Releases whose Release Tracking Numbers are listed above. This RAO Statement will record only an RAO-Partial Statement for those Release Tracking Numbers.

Specify Affected Release Tracking Numbers: _____

Submit an optional Phase I Completion Statement supporting an RAO Statement or Downgradient Property Status Submittal (complete Sections A, B, H, I, J, and L).

Submit a Downgradient Property Status Submittal (complete Sections A, B, G, H, I, J and K).

Check here if this is a revised Downgradient Property Status Submittal. Date of Prior Submittal: _____

Submit a Termination of a Downgradient Property Status Submittal (complete Sections A, B, I, J and L).

Submit a Periodic Review Opinion evaluating the status of a Temporary Solution (complete Sections A, B, H, I, J and L).

Specify one: For a Class C RAO For a Waiver Completion Statement indicating a Temporary Solution
Provide Submittal Date of RAO Statement or Waiver Completion Statement: _____

You must attach all supporting documentation required for each use of form indicated, including copies of any Legal Notices and Notices to Public Officials required by 310 CMR 40.1400.

C. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply)

Assessment and/or Monitoring Only

Removal of Contaminated Soils

Re-use, Recycling or Treatment

On Site Off Site Est. Vol.: 2500 cubic yards

Describe: oil contaminated soil reused on-site

Landfill Cover Disposal Est. Vol.: _____ cubic yards

Removal of Drums, Tanks or Containers

Describe: 30,000 gal. steel UST removed/replaced

Removal of Other Contaminated Media

Specify Type and Volume: _____

Other Response Actions

Describe: Additional investigation - soil borings/monitoring well installations

Deployment of Absorbent or Contaminant Materials

Temporary Covers or Caps

Bioremediation

Soil Vapor Extraction

Structure Venting System

Product or NAPL Recovery

Groundwater Treatment Systems

Air Sparging

Temporary Water Supplies

Temporary Evacuation or Relocation of Residents

Fencing and Sign Posting

SECTION C IS CONTINUED ON THE NEXT PAGE.



RESPONSE ACTION OUTCOME (RAO) STATEMENT &
DOWNGRADE PROPERTY STATUS TRANSMITTAL FORM

Release Tracking
Number

3 - 1684

Pursuant to 310 CMR 40.0180 (Subpart B), 40.0580 (Subpart E) & 40.1056 (Subpart J)

C. DESCRIPTION OF RESPONSE ACTIONS: (continued)

Check here if any Response Action(s) that serve as the basis for this RAO Statement involve the use of Innovative Technologies. (DEP is interested in using this information to create an Innovative Technologies Clearinghouse.)

Describe
Technologies: _____

D. TRANSPORT OF REMEDIATION WASTE: (if Remediation Waste was sent to an off-site facility, answer the following questions)

Name of
Facility: _____

Town and
State: _____

Quantity of Remediation Waste Transported to
Date: _____

E. RESPONSE ACTION OUTCOME CLASS:

Specify the Class of Response Action Outcome that applies to the Site or Disposal Site. Select ONLY one Class:

Class A-1 RAO: Specify one of the following:

Contamination has been reduced to background levels.

A Threat of Release has been eliminated.

Class A-2 RAO: You MUST provide justification that reducing contamination to background levels is infeasible.

Class A-3 RAO: You MUST provide both an implemented Activity and Use Limitation (AUL) and justification that reducing contamination to background levels is infeasible.

If applicable, provide the earlier of the AUL expiration date or date the design life of the remedy will end: _____

Class B-1 RAO: Specify one of the following:

Contamination is consistent with background levels

Contamination is NOT consistent with background levels.

Class B-2 RAO: You MUST provide an implemented AUL.

If applicable, provide the AUL expiration date: _____

Class C RAO: Check here if you will conduct post-RAO Operation, Maintenance and Monitoring at the Site.

Specify One: Passive Operation and Maintenance

Monitoring Only

Active Operation and Maintenance (defined at 310 CMR 40.0006)

F. RESPONSE ACTION OUTCOME INFORMATION:

If an RAO Compliance Fee is required, check here to certify that the fee has been submitted. You MUST attach a photocopy of the payment.

Check here if submitting one or more AULs. You must attach an AUL Transmittal Form (BWSC-113) and a copy of each implemented AUL related to this RAO Statement. Specify the type of AUL(s) below: (required for all Class A-3 RAOs and Class B-2 RAOs)

Notice of Activity and Use Limitation

Grant of Environmental Restriction

Number of AULs
attached: _____

Specify the Risk Characterization Method(s) used to achieve the RAO described above and all Soil and Groundwater Categories applicable to the Site.

More than one Soil Category and more than one Groundwater Category may apply at a Site.
Be sure to check off all APPLICABLE categories, even if more stringent soil and groundwater standards were met.

Risk Characterization Method(s)
Used:

Method 1

Method 2

Method 3

Soil Category(ies) Applicable:

S-1

S-2

S-3

Groundwater Category(ies) Applicable:

GW-1

GW-2

GW-3

> When submitting any Class A-1 RAO or a Class B-1 RAO where contamination is consistent with background levels, do NOT specify Risk Characterization Method.

> When submitting any Class A-2 RAO or a Class B-1 RAO where contamination is NOT consistent with background levels, you cannot use an AUL to maintain a level of no significant risk. Therefore, you must meet S-1 Soil Standards, if using Risk Characterization Method 1.



RESPONSE ACTION OUTCOME (RAO) STATEMENT &
DOWNGRADIANT PROPERTY STATUS TRANSMITTAL FORM

Release Tracking
Number

3 - 1684

Pursuant to 310 CMR 40.0180 (Subpart B), 40.0580 (Subpart E) & 40.1056 (Subpart J)

G. DOWNGRADIANT PROPERTY STATUS SUBMITTAL:

- If a Downgradient Property Status Submittal Compliance Fee is required, check here to certify that the fee has been submitted. You MUST attach a photocopy of the payment.
- Check here if a Release(s) of Oil or Hazardous Material(s), other than that which is the subject of this submittal, has occurred at this property.

Release Tracking
Number(s): _____

Check here if the Releases identified above require further Response Actions pursuant to 310 CMR 40.0000.

Required documentation for a Downgradient Property Status Submittal includes, but is not limited to, copies of notices provided to owners and operators of both upgradient and downgradient abutting properties and of any known or suspected source properties.

H. LSP OPINION:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal form, including any and all documents accompanying this submittal. In my professional opinion and judgment based upon application of (i) the standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and (iii) the provisions of 309 CMR 4.03(5), to the best of my knowledge, information and belief,

> if Section B indicates that a Downgradient Property Status Submittal is being provided, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in 310 CMR 40.0183(2)(b), and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B indicates that either an RAO Statement, Phase I Completion Statement and/or Periodic Review Opinion is being provided, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal.

I am aware that significant penalties may result, including, but not limited to, possible fines and imprisonment, if I submit information which I know to be false, inaccurate or materially incomplete.

Check here if the Response Action(s) on which this opinion is based, if any, are (were) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions thereof.

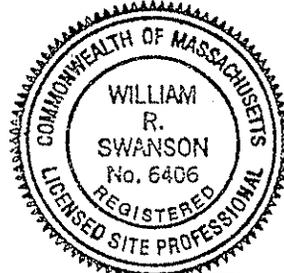
LSP Name: William R. Swanson LSP #: .6406 Stamp:

Telephone: 617-252-8458 Ext.: _____

FAX: 617-621-2565
(optional)

Signature: William R. Swanson

Date: 12/18/98



I. PERSON MAKING SUBMITTAL:

Name of Organization: Medfield State Hospital

Name of Contact: Martin Baker Title: Operations Project Manager

Street: 45 Hospital Road

City/Town: Medfield State: MA ZIP Code: 02052-0000

Telephone: 617-727-5500 Ext.: _____ FAX: _____
(optional)

J. RELATIONSHIP TO SITE OF PERSON MAKING SUBMITTAL: (check one)

RP or PRP Specify: Owner Operator Generator 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 (as defined by M.G.L. c. 21E, s. 5(j))

Any Other Person Submitting This Form Specify _____
Relationship: _____



RESPONSE ACTION OUTCOME (RAO) STATEMENT &
DOWNGRAIDENT PROPERTY STATUS TRANSMITTAL FORM

Release Tracking
Number

3 - 1684

Pursuant to 310 CMR 40.0180 (Subpart B), 40.0580 (Subpart E) & 40.1056 (Subpart J)

K. CERTIFICATION OF PERSON SUBMITTING DOWNGRAIDENT PROPERTY STATUS SUBMITTAL:

I, _____, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form; (ii) that, based on my inquiry of the/those individual(s) immediately responsible for obtaining the information, the material information contained herein is, to the best of my knowledge, information and belief, true, accurate and complete; (iii) that, to the best of my knowledge, information and belief, I/the person(s) or entity(ies) on whose behalf this submittal is made satisfy(ies) the criteria in 310 CMR 40.0183(2); (iv) that I/the person(s) or entity(ies) on whose behalf this submittal is made have provided notice in accordance with 310 CMR 40.0183(5); and (v) that I am fully authorized to make this attestation on behalf of the person(s) or entity(ies) legally responsible for this submittal. I/the person(s) or entity(ies) on whose behalf this submittal is made is/are aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

By: _____ Title: _____
(signature)

For _____ Date: _____
(print name of person or entity recorded in Section I)

Enter address of the person providing certification, if different from address recorded in Section I:

Street: _____
City/Town: _____ State _____ ZIP Code: _____
Telephone: _____ Ext. _____ FAX: (optional) _____

L. CERTIFICATION OF PERSON MAKING SUBMITTAL:

If you are completing only a Downgradient Property Status Submittal, you do not need to complete this section of the form.

I, Martin Baker, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

By: [Signature] Title: Operations Project Mgr
(signature)

For Martin Baker Date: 10/21/95
(print name of person or entity recorded in Section I)

Enter address of the person providing certification, if different from address recorded in Section I:

Street: _____
City/Town: _____ State _____ ZIP Code: _____
Telephone: _____ Ext. _____ FAX: (optional) _____

YOU MUST COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE, AND YOU MAY INCUR ADDITIONAL COMPLIANCE FEES.

ATTACHMENT A - RESPONSE ACTION OUTCOME STATEMENT

Medfield State Hospital Power Plant Site
45 Hospital Road, Medfield, Massachusetts

Release Tracking Number - 3-1684

Camp Dresser & McKee Inc. (CDM) is providing this attachment to the Response Action Outcome (RAO) Statement Transmittal Form (BWSC-104) to meet the requirements of 310 CMR 40.0424.

CDM has reviewed the attached Licensed Site Professional Evaluation Opinion supported by Phase I Site Investigation and Tier Classification RTN 3-1684 dated May 1997 prepared by Corporate Environmental Engineering Inc. for the Massachusetts Department of Mental Health. The soil and groundwater analytical data provided in Tables 1 and 2 of the report support a finding of no significant risk and closeout of the site as a Class A-2 Response Action Outcome (RAO). The average soil Total Petroleum Hydrocarbon (TPH) concentration of 195.8 mg/kg from the 11 soil samples analyzed is less than the new Extractable Petroleum Hydrocarbon (EPH) C11 - C22 Aromatic Hydrocarbon fraction S-1/GW-2 standard of 800 m/kg. Since EPH concentrations represent a subset of TPH concentrations, TPH concentrations below the EPH standard indicate that any subset of that TPH concentration would also be below the EPH standard. EPH analysis is identified by the Massachusetts Department of Environmental Protection (DEP) guidance documents (MADEP/LSPA Spring Training Seminar - Understanding and Using the New VHP/EPH Approach) as the most appropriate indicator of the No. 6 fuel oil product reported as released at the site. The three target Polynuclear Aromatic Hydrocarbons (PAHs) analyzed for all 11 samples were also below the latest applicable MCP S-1/GW-2 standards.

The five groundwater samples analyzed from the site monitoring wells all reported TPH concentrations as Non Detects and the three target PAHs were also well below the applicable MCP GW-2 standards.

Reducing the soil and groundwater concentrations to background was not considered feasible given that the petroleum related contaminant concentrations were low in comparison to regulatory standards and the contamination was found in only two of eleven soil sample locations at significant depths below the ground surface (10 - 12 feet at B2-S2 and 19 - 21 feet at B3-S4 sample locations) and one of five groundwater monitoring well locations. The excessive cost of removing these minor levels of contamination at these isolated locations is not justified by the negligible risk of harm to human health or the environment they represent in their present location.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-103

Release Tracking Number

RELEASE NOTIFICATION & NOTIFICATION RETRACTION
FORM Pursuant to 310 CMR 40.0335 and 310 CMR 40.0371 (Subpart C)

3 - 20984

If assigned by DEP

A. RELEASE OR THREAT OF RELEASE LOCATION:

Street: 45 Hospital Road Location Aid: Power Plant Facility
City/Town: Medfield ZIP Code: 02052

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

- Submit a Release Notification (complete all sections of this form).
- Submit a Retraction of a Previously Reported Notification of a Release or Threat of Release (complete Sections A, B, E, F and G of this form). You MUST attach the supporting documentation required by 310 CMR 40.0335.

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

Date and time you obtained knowledge of the Release or TOR. Date: 8/6/2001 Time: 12:00 Specify: AM PM

The date you obtained knowledge is always required. The time you obtained knowledge is not required if reporting only 120 Day Conditions.

IF KNOWN, record date and time release or TOR occurred. Date: _____ Time: _____ Specify: AM PM

- Check here if you previously provided an Oral Notification to DEP (2 Hour and Z Hour Reporting Conditions only).

Provide date and time of Oral Notification. Date: 8/8/2001 Time: 2:45 Specify: AM PM

Check all Notification Thresholds that apply to the Release or Threat of Release: (for more information see 310 CMR 40.0310 - 40.0315)

- | 2 HOUR REPORTING CONDITIONS | 72 HOUR REPORTING CONDITIONS | 120 DAY REPORTING CONDITIONS |
|--|---|--|
| <input type="checkbox"/> Sudden Release | <input type="checkbox"/> Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/2 Inch | <input type="checkbox"/> Release of Hazardous Material(s) to Soil or Groundwater Exceeding Reportable Concentration(s) |
| <input type="checkbox"/> Threat of Sudden Release | <input type="checkbox"/> Underground Storage Tank (UST) Release | <input type="checkbox"/> Release of Oil to Soil Exceeding Reportable Concentration(s) and Affecting More than 2 Cubic Yards |
| <input type="checkbox"/> Oil Sheen on Surface Water | <input checked="" type="checkbox"/> Threat of UST Release | <input type="checkbox"/> Release of Oil to Groundwater Exceeding Reportable Concentration(s) |
| <input type="checkbox"/> Poses Imminent Hazard | <input type="checkbox"/> Release to Groundwater near Water Supply | <input type="checkbox"/> Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/8 Inch and Less than 1/2 Inch |
| <input type="checkbox"/> Could Pose Imminent Hazard | <input type="checkbox"/> Release to Groundwater near School or Residence | |
| <input type="checkbox"/> Release Detected in Private Well | | |
| <input type="checkbox"/> Release to Storm Drain | | |
| <input type="checkbox"/> Sanitary Sewer Release (Imminent Hazard Only) | | |

List below the Oils or Hazardous Materials that exceed their Reportable Concentration or Reportable Quantity by the greatest amount. If necessary, attach a list of additional Oil and Hazardous Material substances subject to reporting.

Name and Quantities of Oils (O) and Hazardous Materials (HM) Released:

O or HM Released	O HM (check one)	CAS # (if known)	Amount or Concentration	Units	Reportable Concentrations Exceeded, if Applicable (RCS-1, RCS-2, RCGW-1, RCGW-2)
	<input type="checkbox"/> <input type="checkbox"/>				
	<input type="checkbox"/> <input type="checkbox"/>				
	<input type="checkbox"/> <input type="checkbox"/>				

D. ADDITIONAL INVOLVED PARTIES:

- Check here if attaching names and addresses of owners of properties affected by the Release or Threat of Release, other than an owner who is submitting this Release Notification (required).
- Check here if attaching Licensed Site Professional (LSP) name and address (optional).

You may write in names and addresses on the bottom of the second page of this form.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-103

Release Tracking Number

RELEASE NOTIFICATION & NOTIFICATION RETRACTION FORM Pursuant to 310 CMR 40.0335 and 310 CMR 40.0371 (Subpart C)

3 - 20984
If assigned by DEP

E. PERSON REQUIRED TO NOTIFY:

Name of Organization: Department of Mental Health, Medfield State Hospital
 Name of Contact: William Corliss Title: Director of Facilities Management
 Street: 25 Staniford Street
 City/Town: Boston State: MA ZIP Code: 02114
 Telephone: 617-626-8049 Ext.: _____ FAX: (optional) _____

F. RELATIONSHIP OF PERSON REQUIRED TO NOTIFY TO RELEASE OR THREAT OF RELEASE: (check one)

- RP or PRP Specify: Owner Operator Generator Transporter Other RP or PRP: _____
 Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G. c. 21E, s. 2)
 Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5)
 Any Person Otherwise Required to Notify Specify Relationship: _____

G. CERTIFICATION OF PERSON REQUIRED TO NOTIFY:

I, William Corliss, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to possible fines or imprisonment, for willfully submitting false, inaccurate, or incomplete information.

By: *William Corliss* Title: Director of Facilities Management
 (signature)
 For: William Corliss Date: 10/4/01
 (print name of person or entity recorded in Section E)

Enter address of the person providing certification, if different from address recorded in Section E:
 Street: _____
 City/Town: _____ State: _____ ZIP Code: _____
 Telephone: _____ Ext.: _____ FAX: (optional) _____

YOU MUST COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-103

Release Tracking Number

-

If assigned by DEP

RELEASE NOTIFICATION & NOTIFICATION RETRACTION FORM Pursuant to 310 CMR 40.0335 and 310 CMR 40.0371 (Subpart C)

A. RELEASE OR THREAT OF RELEASE LOCATION:

Street: 45 Hospital Road Location Aid: Power Plant Facility
City/Town: Medfield ZIP Code: 02052

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

- Submit a Release Notification (complete all sections of this form).
- Submit a Retraction of a Previously Reported Notification of a Release or Threat of Release (complete Sections A, B, E, F and G of this form). You MUST attach the supporting documentation required by 310 CMR 40.0335.

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

Date and time you obtained knowledge of the Release or TOR. Date: 6/14/01 Time: _____ Specify: AM PM

The date you obtained knowledge is always required. The time you obtained knowledge is not required if reporting only 120 Day Conditions.

IF KNOWN, record date and time release or TOR occurred. Date: _____ Time: _____ Specify: AM PM

Check here if you previously provided an Oral Notification to DEP (2 Hour and 7 Hour Reporting Conditions only).

Provide date and time of Oral Notification. Date: _____ Time: _____ Specify: AM PM

Check all Notification Thresholds that apply to the Release or Threat of Release: (for more information see 310 CMR 40.0310 - 40.0315)

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 Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/2 Inch
- Underground Storage Tank (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 Hazardous Material(s) to Soil or Groundwater Exceeding Reportable Concentration(s)
- Release of Oil to Soil Exceeding Reportable Concentration(s) and Affecting More than 2 Cubic Yards
- Release of Oil to Groundwater Exceeding Reportable Concentration(s)
- Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/8 Inch and Less than 1/2 Inch

List below the Oils or Hazardous Materials that exceed their Reportable Concentration or Reportable Quantity by the greatest amount. If necessary, attach a list of additional Oil and Hazardous Material substances subject to reporting.

Name and Quantities of Oils (O) and Hazardous Materials (HM) Released:

O or HM Released	O HM (check one)	CAS # (if known)	Amount or Concentration	Units	Reportable Concentrations Exceeded, if Applicable (RCS-1, RCS-2, RCGW-1, RCGW-2)
C9-C18 Aliphatics	<input checked="" type="checkbox"/> <input type="checkbox"/>		1,370	mg/kg	RCS-1, RCGW-2
C19-C36 Aliphatics	<input checked="" type="checkbox"/> <input type="checkbox"/>		5,490	mg/kg	RCS-1, RCGW-2
C11-C22 Aromatics	<input checked="" type="checkbox"/> <input type="checkbox"/>		5,790	mg/kg	RCS-1, RCGW-2

D. ADDITIONAL INVOLVED PARTIES:

- Check here if attaching names and addresses of owners of properties affected by the Release or Threat of Release, other than an owner who is submitting this Release Notification (required).
- Check here if attaching Licensed Site Professional (LSP) name and address (optional).

You may write in names and addresses on the bottom of the second page of this form.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-103

Release Tracking Number

RELEASE NOTIFICATION & NOTIFICATION RETRACTION FORM Pursuant to 310 CMR 40.0335 and 310 CMR 40.0371 (Subpart C)

-
If assigned by DEP

E. PERSON REQUIRED TO NOTIFY:

Name of Organization: Department of Mental Health

Name of Contact: William Corliss Title: Director of Facilities Management

Street: 25 Staniford Street

City/Town: Boston State: MA ZIP Code: 02114

Telephone: 617-626-8049 Ext.: _____ FAX: (optional) _____

F. RELATIONSHIP OF PERSON REQUIRED TO NOTIFY TO RELEASE OR THREAT OF RELEASE: (check one)

RP or PRP Specify: Owner Operator Generator Transporter Other RP or PRP: _____

Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G. c. 21E, s. 2)

Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5)

Any Person Otherwise Required to Notify Specify Relationship: _____

G. CERTIFICATION OF PERSON REQUIRED TO NOTIFY:

I, William Corliss, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to possible fines or imprisonment, for willfully submitting false, inaccurate, or incomplete information.

By: *William Corliss* Title: Director of Facilities Management
(signature)

For: William Corliss Date: 10/4/01
(print name of person or entity recorded in Section E)

Enter address of the person providing certification, if different from address recorded in Section E:

Street: _____

City/Town: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ FAX: (optional) _____

YOU MUST COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE.

NAMES and QUANTITIES of OILS RELEASED:

2-Methylnaphthalene . 53.3 mg/kg RCS-1, RCGW-2

C9-C10 Aromatics 240 mg.kg RCS-1, RCGW-2

Naphthalene 20.8 mg/kg RCS-1, RCGW-2



**TIER CLASSIFICATION, TIER II EXTENSION &
TIER II TRANSFER TRANSMITTAL FORM**

Pursuant to 310 CMR 40.0510 and 40.0560 (Subpart E)

Release Tracking

3 - 20799

A. DISPOSAL SITE LOCATION:

Disposal Site Medfield State Hospital
Street: 45 Hospital Road Location Aid: Power Plant Facility
City/Town: Medfield ZIP 02052-0000
Related Release Tracking Numbers That This Submittal Will _____

B. THIS FORM IS BEING USED TO: (check all that apply)

- Submit a new or revised Tier Classification Submittal for a Tier I Site, including a Numerical Ranking Scoresheet (complete Sections A, B, C, I, J, K and L).
- Submit a new or revised Tier Classification Submittal for a Tier II Site, including a Numerical Ranking Scoresheet (complete Sections A, B, C, F, G, I, J, K and L).
- Submit a Notice that an additional Release Tracking Number(s) is (are) being linked to this Tier Classified Site and rescoring is not required at this time (complete Sections A, B, J, K and L). If this submittal is for a Tier I Site, you must also submit a Minor Permit Modification Transmittal Form (BWSC-109).

List Additional Release Tracking 3-20984 3-21162

- Submit a Phase I Completion Statement supporting a Tier Classification Submittal (complete Sections A, B, I, J, K and L).
- Submit a Tier II Extension Submittal for Response Actions at a Tier II Site (complete Sections A, B, D, F, G, I, J, K and L).
- Submit a Tier II Extension Submittal for Response Actions taken after expiration of a Waiver, pursuant to 310 CMR 40.0630(4) (complete Sections A, B, D, F, J, K and L, and also complete Sections G and I or Section H).*
- Submit a Tier II Transfer Submittal for a change in person(s) undertaking Response Actions at a Tier II Site (complete Sections A, B, E, F, G, I, J, K, L, M, N and O).
- Submit a Tier II Transfer Submittal for a change in person(s) undertaking Response Actions at a Waiver Site, pursuant to 310 CMR 40.0630(6) (complete Sections A, B, E, F, J, K, L, M, N and O, and also complete Sections G and I or Section H).*

You must attach all supporting documentation required for each use of form indicated, including copies of any Legal Notices and Notices to Public Officials required by 310 CMR 40.1400.

*NOTE: The Waiver expires on the effective date of this submittal and all further Response Actions must be taken as a Tier II Site.

C. TIER CLASSIFICATION SUBMITTAL:

Numerical Ranking Score for Disposal Site: (from Numerical Ranking 168

Proposed Tier Classification of Disposal Site: (check one) Tier IA Tier IB Tier IC Tier II

Check which, if any, of the Tier I inclusionary criteria are met by the Disposal Site, pursuant to 310 CMR 40.0520:

- Groundwater is located within an Interim Wellhead Protection Area or a Zone II, and there is evidence of groundwater contamination by an Oil or Hazardous Material at the time of Tier Classification at concentrations equal to or exceeding the applicable RCGW-1 Reportable Concentration set forth in 310 CMR 40.0360.
- An imminent hazard is present at the time of Tier Classification.
- Check here if this Tier Classification revises a previous submittal for this Disposal Site. You must include a revised Numerical Ranking Scoresheet with this submittal. If a Tier I Permit has been issued, you may also need to submit a Major Permit Modification Application (BWSC 10).

If incorporating additional Release(s) into the Disposal Site, list Release Tracking _____

D. TIER II EXTENSION SUBMITTAL

State the expiration date of the Tier II Classification or Waiver for the Disposal Site, whichever is _____

Attach a statement summarizing why a Permanent or Temporary Solution has not been achieved at the Disposal Site. A Tier II Extension is effective for a period of one year beyond the current expiration date of the Tier II Classification or Waiver.

E. TIER II TRANSFER SUBMITTAL REQUIREMENTS:

State the proposed effective date of the change in person(s) undertaking Response Actions at the Disposal _____

Attach a statement summarizing the reasons for the proposed change in person(s) undertaking the Response Actions. All Response Actions must be completed by the deadline applicable to the person who first filed either a Tier Classification Submittal for the Disposal Site or received a Waiver of Approvals.



**TIER CLASSIFICATION, TIER II EXTENSION &
TIER II TRANSFER TRANSMITTAL FORM**

Pursuant to 310 CMR 40.0510 and 40.0560 (Subpart E)

Release Tracking
Number

3 - 20799

F. DISPOSAL SITE COMPLIANCE HISTORY SUMMARY:

- > If providing either a Tier Classification Submittal for a Tier II Site or a Tier II Extension Submittal for a Waiver Site the person named in Section J must provide a Compliance History.
- > If providing a Tier II Extension Submittal for a Tier II Site the person named in Section J must update their Compliance History since the effective date of the Tier II Classification.
- > If providing a Tier II Transfer Submittal for a Tier II or Waiver Site the person named in Section M must provide a Compliance History.

Compliance History for (provide only one name per Medfield State Hospital)

Check here if there has been no change to the Compliance History of the person named above (Extension Submittal for a Tier II Site ONLY).

List all permits or licenses that have been issued by the Department that are relevant to this Disposal Site:

PROGRAM:	PERMIT NUMBER:	PERMIT CATEGORY:	FACILITY ID:
Air Quality	None		
Hazardous Waste (M.G.L. c. 21C)	None		
Solid Waste	None		
Industrial Wastewater Management	None		
Water Supply	None		
Water Pollution Control/Surface Water	None		
Water Pollution Control/Groundwater	None		
Water Pollution Control/Sewer Connection	None		
Wetland & Waterways	None		

List all other Federal, state or local permits, licenses, certifications, registrations, variances, or approvals that are relevant to this Disposal Site:

ISSUING AUTHORITY OR PROGRAM, OR DOCUMENTATION TYPE:	IDENTIFICATION NUMBER:	DATE ISSUED:

If needed, attach to this Transmittal Form a statement further describing the Compliance History of this Disposal Site. This statement must describe the compliance history of the person named above with the following:

- (1) DEP regulations; and
- (2) other laws for the protection of health, safety, public welfare and the environment administered or enforced by any other government agency.

Such a statement should identify information such as:

- (1) actions relevant to the Disposal Site taken by the Department to enforce its requirements including, but not limited to, a Notice of Noncompliance (NON), Notice of Intent to Assess Civil Administrative Penalty (PAN), Notice of Intent to Take Response Action (NORA), and an administrative enforcement order;
- (2) administrative consent orders;
- (3) judicial consent judgements;
- (4) similar administrative actions taken by other Federal, state or local agencies;
- (5) civil or criminal actions relevant to the Disposal Site brought on behalf of the DEP or other Federal, state, or local agencies; and
- (6) any additional relevant information.

- (1) name of the issuing authority, type of action, identification number and date issued;
- (2) description of noncompliance cited;
- (3) current status of the matter; and
- (4) final disposition, if any.



**TIER CLASSIFICATION, TIER II EXTENSION &
TIER II TRANSFER TRANSMITTAL FORM**

Pursuant to 310 CMR 40.0510 and 40.0560 (Subpart E)

Release Tracking Number

3 - 20799

G. CERTIFICATION OF ABILITY AND WILLINGNESS:

- > If providing either a Tier II Classification Submittal or a Tier II Extension Submittal, the person who signs this certification **MUST** be the person named in Section J, or that person's agent.
- > If providing a Tier II Transfer Submittal, the person who signs this certification **MUST** be the person named in Section M, or that person's agent.

I attest under the pains and penalties of perjury that (i) I/the person(s) or entity(ies) on whose behalf this submittal is made has/have personally examined and am/is familiar with the requirements of M.G.L. c. 21E and 310 CMR 40.0000; (ii) based upon my inquiry of the/those Licensed Site Professional(s) employed or engaged to render Professional Services for the disposal site which is the subject of this Transmittal Form and of the person(s) or entity(ies) on whose behalf this submittal is made, and my/that person's(s') or entity's(ies') understanding as to the estimated costs of necessary response actions, that/those person(s) or entity(ies) has/have the technical, financial and legal ability to proceed with response actions for such site in accordance with M.G.L. c. 21E, 310 CMR 40.0000 and other applicable requirements; and (iii) that I am fully authorized to make this attestation on behalf of the person(s) or entity(ies) legally responsible for this submittal. I/the person(s) or entity(ies) on whose behalf this submittal is made is aware of the requirements in 310 CMR 40.0172 for notifying the Department in the event that I/the person(s) or entity(ies) on whose behalf this submittal is made learn(s) that it/they is/are unable to proceed with the necessary response actions.

By: [Signature] Title: Dptv. Comiss. Man & Budget
(signature)

For: Department of Mental Health Date: 6/21/02
(print name of person or entity recorded in Section J or M, as appropriate)

If you are submitting either a Tier II Extension Submittal for a Waiver Site or a Tier II Transfer Submittal for a Waiver Site, you may choose to sign the alternative Ability and Willingness Certification found in Section H in place of providing the certification in Section G and the LSP Opinion in Section I.

H. ALTERNATIVE CERTIFICATION OF ABILITY AND WILLINGNESS:

- > If providing a Tier II Extension Submittal for a Waiver Site, the person who signs this certification **MUST** be the person named in Section J, or that person's agent
- > If providing a Tier II Transfer Submittal for a Waiver Site, the person who signs this certification **MUST** be the person named in Section M, or that person's agent.

I attest under the pains and penalties of perjury that (i) I/the person(s) or entity(ies) on whose behalf this submittal is made has/have personally examined and am/is familiar with the requirements of M.G.L. c. 21E and 310 CMR 40.0000; (ii) based upon my inquiry of the Consultant-of-Record for the disposal site which is the subject of this Transmittal Form and of the person(s) or entity(ies) on whose behalf this submittal is made, and my/that person's(s') or entity's(ies') understanding as to the estimated costs of necessary response actions, that/those person(s) or entity(ies) has/have the technical, financial and legal ability to proceed with response actions for such site in accordance with M.G.L. c. 21E, 310 CMR 40.0000 and other applicable requirements; and (iii) that I am fully authorized to make this attestation on behalf of the person(s) or entity(ies) legally responsible for this submittal. I/the person(s) or entity(ies) on whose behalf this submittal is made is aware of the requirements in 310 CMR 40.0172 for notifying the Department in the event that I/the person(s) or entity(ies) on whose behalf this submittal is made learn(s) that it/they is/are unable to proceed with the necessary response actions.

By: _____ Title: _____
(signature)

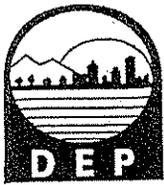
For: _____ Date: _____
(print name of person or entity recorded in Section J or M, as appropriate)

I. LSP OPINION:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal form, including any and all documents accompanying this submittal. In my professional opinion and judgment based upon application of (i) the standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and (iii) the provisions of 309 CMR 4.03(5), to the best of my knowledge, information and belief,

> if Section B of this form indicates that a Tier I or Tier II Classification Submittal which relies upon a previously submitted Phase I Completion Statement is being submitted, this Tier Classification Submittal has been developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000;

> if Section B of this form indicates that a Phase I Completion Statement or a Tier I or Tier II Classification Submittal which does not rely upon a previously submitted Phase I Completion Statement is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;



**TIER CLASSIFICATION, TIER II EXTENSION &
TIER II TRANSFER TRANSMITTAL FORM**

Pursuant to 310 CMR 40.0510 and 40.0560 (Subpart E)

Release Tracking

Number

3

20799

I. LSP OPINION: (continued)

> if Section B of this form indicates that a Tier II Extension Submittal or a Tier II Transfer Submittal is being submitted, the response action(s) that is (are) the subject of this submittal (i) is (are) being implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal.
I am aware that significant penalties may result, including, but not limited to, possible fines and imprisonment, if I submit information which I know to be false, inaccurate or materially incomplete.

Check here if the Response Action(s) on which this opinion is based, if any, are (were) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions thereof.

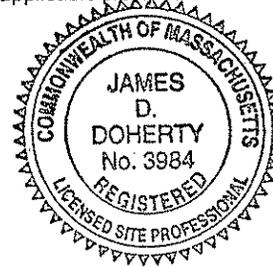
LSP Name: James Doherty LSP #: 3984 Stamp:

Telephone: 508-435-8080 Ext: _____

FAX: 508-435-4351

Signature: [Handwritten Signature]

Date: 6/5/02



J. PERSON MAKING SUBMITTAL: (For Transfer Submittals describe person currently undertaking response actions, not transferee)

Name of Department of Mental Health

Name of Jeff McCue Title: Dpty. Comiss. Man & Budget

Street: 25 Staniford St.

City/Town: Boston State: MA ZIP Code: 02114-0000

Telephone: 617-626-8000 Ext: _____ FAX: _____

K. RELATIONSHIP TO DISPOSAL SITE OF PERSON MAKING SUBMITTAL: (check one)

RP or PRP Specify Owner Operator Generator 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 (as defined by M.G.L. c. 21E, s. 5(j))

Any Other Person Making Submittal Specify _____

L. CERTIFICATION OF PERSON MAKING SUBMITTAL:

I, Jeff McCue, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

By: [Handwritten Signature] Title: Dpty. Comiss. Man & Budget
(signature)

For: Department of Mental Health Date: 6/5/02
(print name of person or entity recorded in Section J)

Enter address of the person providing certification(s), including Ability and Willingness Certification where applicable, if different from address recorded in Section J:

Street: _____

City/Town: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ FAX: _____

YOU MUST COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE, AND YOU MAY INCUR ADDITIONAL COMPLIANCE FEES.



PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508•435•8080
Fax: 508•435•4351

**PHASE I INITIAL SITE INVESTIGATION REPORT
AND
TIER CLASSIFICATION**

RELEASE OF #6 FUEL OIL

DEP RELEASE TRACKING NUMBERS: 3-20799, 3-20984, 3-21162

**MEDFIELD STATE HOSPITAL
45 HOSPITAL ROAD
MEDFIELD, MASSACHUSETTS**

Pennoni Project # DOMH0201.01

Prepared For:

The Commonwealth of Massachusetts
Department of Mental Health
25 Staniford Street
Boston, MA 02114

Prepared By:

Pennoni Associates Inc.
82 South Streets
Hopkinton, MA 01748

June 13, 2002

Wm. Gardner Warr
Project Scientist

James Doherty, P.E., L.S.P.
Senior Engineer



COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Metropolitan Boston - Northeast Regional Office

DEMHO101
 DEP Cleanup

MARGO PAULI CELLUCCI
 Governor

JANE SWIFT
 Lieutenant Governor

BOB DURAND
 Secretary

LAUREN LISS
 Commissioner

JUL 12 2001
 JUL 10 2001

MA Department of Mental Health
 25 Staniford Street
 Boston, Massachusetts 02114

RE: **MEDFIELD**
 45 Hospital Road
 Medfield State Hospital Power Plant
 RTN #3-29799

Attn: William Corliss

**NOTICE OF RESPONSIBILITY & Interim Deadline; Conditions for Assessment-only
 Immediate Response Actions**

Dear Mr. Corliss:

On June 15, 2001 at 12:08 p.m., the Department received oral notification of a release/threat of release of oil/hazardous material at the subject location. The Department has reason to believe that the location of the subject release/threat of release or a portion thereof is or may be a disposal site as defined in the Massachusetts Contingency Plan (MCP), 310 CMR 40.0000.

The Department also has reason to believe that you (as used in this letter "you" refers to MA Department of Mental Health) are a Potentially Responsible Party (PRP) with liability under Section 5A of M.G.L. c. 21E for costs and damages associated with the subject release. This liability is "strict" meaning that it is not based on fault but solely on your status as owner, operator, generator, transporter, disposer or other person specified in Section 5A. This liability is also "joint and several", meaning that responsible parties are liable for all response costs incurred at a disposal site even if there are other liable parties. The Department encourages parties with liability under M.G.L. c. 21E to take prompt action in response to releases and threats of release of oil and/or hazardous material. By taking prompt action, you may significantly lower your assessment and cleanup costs and avoid the imposition of, or reduce the amount of, certain permit and annual compliance fees for response actions payable under 310 CMR 4.00. Please refer to M.G.L. c. 21E for complete description of potential liability.

MA Department of Mental Health
Page -2-

**CONDITIONS AND INTERIM DEADLINE FOR THE ASSESSMENT-
ONLY IMMEDIATE RESPONSE ACTION**

You are reminded that at the time of initial notification, DEP gave you or your representative approval to conduct an "Assessment-only" Immediate Response Action (IRA). Please be advised that assessment activities must be completed as quickly as possible in order to determine whether or not immediate or accelerated response actions are necessary at this site to prevent, eliminate or minimize damage to health, safety, public welfare or the environment.

You are hereby notified that, the approved IRA assessment actions must be completed at the subject site within ten (10) months of the notification date for the subject release or threat of release. Unless you have submitted a Response Action Outcome Statement or Downgradient Property Status Submittal to DEP, you must submit an IRA Completion Statement or a Modified IRA Plan/IRA Status Report addressing proposed remedial IRA actions to be undertaken at the site no later than 10 months after the notification date.

This 10 month deadline is established as an "Interim Deadline". Section 310 CMR 40.0167 of the MCP allows the Department to establish and enforce reasonable Interim Deadlines consistent with M.G.L. c. 21E in order to establish timeframes for responsible parties to perform response actions at disposal sites. The Department's decision to establish one or more Interim Deadlines in accordance with 310 CMR 40.0167 is not subject to M.G.L. c. 30A or any other law governing adjudicatory proceedings.

GENERAL RESPONSE ACTION REQUIREMENTS

You are authorized to conduct only the specific response actions for which you received oral approval from the Department at the time you provided oral notification to the DEP of the subject release. All additional Response Actions require DEP approval in accordance with 310 CMR 40.0400.

There are several other submittals you should be aware of that are required by the MCP:

- (1) If information is obtained after making an oral or written notification to indicate that the release or threat of release didn't occur, failed to meet the reporting criteria at 310 CMR 40.0311 through 40.0315, or is exempt from notification pursuant to 310 CMR 40.0317, a Notification Retraction may be submitted within 60 days of initial notification pursuant to 310 CMR 40.0335; otherwise,

10/11/01
H.A.Z.
EVAL
NO. 2 NR
RELEASE

MA Department of Mental Health

Page -3-

- (2) If one has not been submitted, a Release Notification Form (RNF) [copy attached] must be submitted to DEP pursuant to section 310 CMR 40.0333 within 60 calendar days of the initial date of oral notification to DEP of a release pursuant to 310 CMR 40.0300 or from the date the Department issues a Notice of Responsibility (NOR), whichever occurs earlier;
- (3) Unless an RAO or Downgradient Property Status Submittal is provided to DEP earlier, an Immediate Response Action (IRA) Plan prepared in accordance with 310 CMR 40.0420, or an IRA Completion Statement (310 CMR 40.0427) must be submitted to DEP within 60 calendar days of the initial date of oral notification to DEP of a release pursuant to 310 CMR 40.0300 or from the date the Department issues an NOR, whichever occurs earlier; and
- (4) Unless an RAO or Downgradient Property Status Submittal is provided to DEP earlier, a completed Tier Classification Submittal pursuant to 310 CMR 40.0510, and, if appropriate, a completed Tier I Permit Application pursuant to 310 CMR 40.0700, must be submitted to DEP within one year of the initial date of oral notification to DEP of a release pursuant to 310 CMR 40.0300 or from the date the Department issues an NOR, whichever occurs earlier.
- (5) Pursuant to the Department's "Timely Action Schedule and Fee Provisions", 310 CMR 4.00, a fee of \$750 must be included with an RAO statement that is submitted to the Department more than 120 calendar days after the initial date of oral notification to DEP of a release pursuant to 310 CMR 40.0300 or after the date the Department issues an NOR, whichever occurs earlier, and before Tier Classification. A fee is not required for an RAO submitted to the Department within 120 days of the date of oral notification to the Department, or the date the Department issues an NOR, whichever date occurs earlier, or after Tier Classification.

You must employ or engage a Licensed Site Professional (LSP) to manage, supervise or actually perform the necessary response actions at the subject site. In addition, the MCP requires persons undertaking response actions at a disposal site to submit to the Department a Response Action Outcome Statement (RAO) prepared by an LSP in accordance with 310 CMR 40.1000 upon determining that a level of No Significant Risk already exists or has been achieved at a disposal site or portion thereof. [You may obtain a list of the names and addresses of these licensed professionals from the Board of Registration of Hazardous Waste Site Cleanup Professionals at (617) 556-1091.]

MA Department of Mental Health
Page -4-

It is important to note that you must dispose of any Remediation Waste generated at the subject location in accordance with 310 CMR 40.0030 including, without limitation, contaminated soil and/or debris. Any Bill of Lading accompanying such waste must bear the seal and signature of an LSP or, if the response action is performed under the direct supervision of the Department, the signature of an authorized representative of the Department.

If you have any questions relative to this notice, you should contact Donald Brad Stewart at the letterhead address or by telephone at (978) 661-7600. All future communications and/or submittals regarding this release should be directed to the Bureau of Waste Site Cleanup (BWSC) at the letterhead address and must reference the Release Tracking Number (RTN #3-20799) contained in the subject block of this letter.

Sincerely,



Mary Bester-Colby
Chief, Notification Branch

MBC/cjc

cc: Medfield Board of Health, Town Hall, Medfield, MA 02052
Medfield Fire Department, 114 North Street, Medfield, MA 02052
Penoni Associates The Concord Center, Suite 434, 10 Ferry Street, Unit 6,
Concord, MA 03301

DEP data entry/file

Attachment: Release Notification Form; BWSC - 103



**IMMEDIATE RESPONSE ACTION (IRA)
TRANSMITTAL FORM** Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart

Release Tracking
3 - 20799

A. RELEASE OR THREAT OF RELEASE LOCATION:

Release Name: Medfield State Hospital
Street: 45 Hospital Road Location Aid: Facility Power Plant
City/Town: Medfield ZIP: _____

- Check here if a Tier Classification Submittal has been provided to DEP for this Release Tracking Number.
- Check here if this location is Adequately Regulated, pursuant to 310 CMR 40.0110-0114.
- Specify Program: CERCLA HSWA Corrective Action Solid Waste Management RCRA State Program (21C Facilities)

Related Release Tracking Numbers That This IRA _____

B. THIS FORM IS BEING USED TO: (check all that apply)

- Submit an IRA Plan (complete Sections A, B, C, D, E, H, I, J and K).
 - Check here if this IRA Plan is an update or modification of a previously approved written IRA Plan _____
- Submit an Imminent Hazard Evaluation (complete Sections A, B, C, F, H, I, J and K).
- Submit an IRA Status Report (complete Sections A, B, C, E, H, I, J and K).
- Submit a Request to Terminate an Active Remedial System and/or Terminate a Continuing Response Action(s) Taken to Address an Imminent Hazard (complete Sections A, B, C, D, E, H, I, J and K).
- Submit an IRA Completion Statement (complete Sections A, B, C, D, E, G, H, I, J and K).

You must attach all supporting documentation required for each use of form indicated, including copies of any Legal Notices and Notices to Public Officials required by 310 CMR 40.1400.

C. RELEASE OR THREAT OF RELEASE CONDITIONS THAT WARRANT

Identify Media and Receptors Affected: (check all that apply)
 Air Groundwater Surface Water Sediments Soil
 Wetland Storm Drain Paved Surface Private Well Public Water Supply Zone 2 Residence
 School Unknown Other Specify _____

Identify Conditions That Require IRA, Pursuant to 310 CMR 40.0412: (check all that apply)
 72 Hour Reporting Condition(s) Substantial Release Migration 2 Hour Reporting Condition(s)
 Other Condition(s)

Describe release of No. 6 fuel oil from UST. Identification of free product in observation well greater than 1/2" in thickness.

Identify Oils and Hazardous Materials Released: (check all that apply)
 Others Specify: _____ Oils Unidentified Solvents Heavy Metals

D. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply)

- Assessment and/or Monitoring Only
 - Excavation of Contaminated Soils
 - Re-use, Recycling or Treatment
 - On Site Off Site Est. Vol.: _____ cubic yards
 - Describe _____
 - Store On Site Off Site Est. Vol.: _____ cubic yards
 - Landfill Cover Disposal Est. Vol.: _____ cubic yards
 - Removal of Drums, Tanks or Containers
 - Describe _____
- Deployment of Absorbent or Containment Materials
 - Temporary Covers or Caps
 - Bioremediation
 - Soil Vapor Extraction
 - Structure Venting System
 - PRODUCT OR NAPL Recovery
 - Groundwater Treatment Systems
 - Air Sparging
 - Temporary Water Supplies

SECTION D IS CONTINUED ON THE NEXT PAGE.



Release Tracking

**IMMEDIATE RESPONSE ACTION (IRA)
TRANSMITTAL FORM** Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart

3 - 20799

D. DESCRIPTION OF RESPONSE ACTIONS (continued):

- Removal of Other Contaminated Media
Specify Type and _____
- Other Response Actions Describe _____
- Check here if this IRA involves the use of Innovative Technologies (DEP is interested in using this information to aid in creating an Innovative Technologies Clearinghouse).
Describe _____

- Temporary Evacuation or Relocation of Residents
- Fencing and Sign Posting

E. TRANSPORT OF REMEDIATION WASTE: (if Remediation Waste has been sent to an off-site facility, answer the following)

Name of _____
 Town and _____
 Quantity of Remediation Waste Transported to _____

F. IMMEDIATE HAZARD EVALUATION SUMMARY: (check one of the following)

- Based upon an evaluation, an Imminent Hazard exists in connection with this Release or Threat of Release.
- Based upon an evaluation, an imminent hazard does not exist in connection with this Release or Threat of Release.
- Based upon an evaluation, it is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release, and further assessment activities will be undertaken.
- Based upon an evaluation, it is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release. However, response actions will address those conditions that could pose an Imminent Hazard.

G. IRA COMPLETION STATEMENT:

- Check here if future response actions addressing this Release or Threat of Release will be conducted as part of the Response Actions planned for a Site that has already been Tier Classified under a different Release Tracking Number, or a Site that is identified on the Transition List as described in 310 CMR 40.0600 (i. e., a Transition Site, which includes Sites with approved Waivers). These additional response actions must occur according to the deadlines applicable to the earlier Release Tracking Number (i. e., Site ID Number).

State Release Tracking Number (i. e., Site ID Number) of Tier Classified Site or Transition: _____

If any Remediation Waste will be stored, treated, managed, recycled or reused at the site following submission of the IRA Completion Statement, you must submit either a Release Abatement Measure (RAM) Plan or a Phase IV Remedy Implementation Plan, along with the appropriate transmittal form, as an attachment to the IRA Completion Statement.

H. LSP OPINION:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal form, including any and all documents accompanying this submittal. In my professional opinion and judgment based upon application of (i) the standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and (iii) the provisions of 309 CMR 4.03(5), to the best of my knowledge, information and belief,

- > if Section B of this form indicates that an Immediate Response Action Plan is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;
- > if Section B of this form indicates that an Imminent Hazard Evaluation is being submitted, this Imminent Hazard Evaluation was developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and the assessment activity(ies) undertaken to support this Imminent Hazard Evaluation complies(y) with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000;
- > if Section B of this form indicates that an Immediate Response Status Report is being submitted, the response action(s) that is (are) the subject of this submittal (i) is (are) being implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;
- > if Section B of this form indicates that an Immediate Response Action Completion Statement or a Request to Terminate an Active Remedial System and/or Terminate a Continuing Response Action(s) Taken to Address an Imminent Hazard is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal.

SECTION H IS CONTINUED ON THE NEXT PAGE.



Release Tracking

**IMMEDIATE RESPONSE ACTION (IRA)
TRANSMITTAL FORM** Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

3 - 20799

H. LSP Opinion (continued):

I am aware that significant penalties may result, including, but not limited to, possible fines and imprisonment, if I submit information which I know to be false, inaccurate or materially incomplete.

Check here if the Response Action(s) on which this opinion is based, if any, are (were) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions thereof.

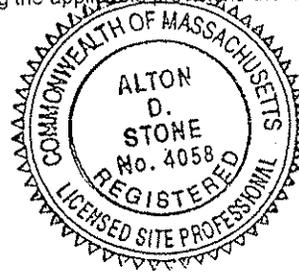
LSP Alton Day Stone LSP #: 4058 Stamp:

Telephone 603-226-1950 Ext.: _____

FAX: _____

Signature: Alton Day Stone

Date: 8/10/01



I. PERSON UNDERTAKING IRA:

Name of Department of Mental Health

Name of William Corliss Title: Director of Facilities Mgmt

Street: 25 Staniford Street

City/Town: Boston State MA ZIP Code: 02114-0000

Telephone: 617-626-8049 Ext.: _____ FAX: _____

Check here if there has been a change in the person undertaking the IRA.

J. RELATIONSHIP TO RELEASE OR THREAT OF RELEASE OF PERSON UNDERTAKING IRA: (check one)

RP or PRP Specify Owner Operator Generator Transporter Other RP or _____

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 (as defined by M.G.L. c. 21E, s. 5(i))

Any Other Person Undertaking IRA Specify _____

K. CERTIFICATION OF PERSON UNDERTAKING IRA:

I, William Corliss, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

By: William Corliss Title: Director of Facilities Mgmt
(signature)

For William Corliss Date: 8/10/01
(print name of person or entity recorded in Section I)

Enter address of the person providing certification, if different from address recorded in

Street: _____

City/Town: _____ State _____ ZIP Code: _____

Telephone: _____ Ext. _____ FAX: _____

YOU MUST COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE.



PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

The Concord Center, Suite 434
10 Ferry Street, Unit 6
Concord, NH 03301-2319
Tel: 603-226-1950
Fax: 603-226-3235

IMMEDIATE RESPONSE ACTION PLAN

RELEASE OF #6 FUEL OIL

DEP RELEASE TRACKING NUMBER: 3-20799

MEDFIELD STATE HOSPITAL
45 HOSPITAL ROAD
MEDFIELD, MASSACHUSETTS

Project No. DOMH0101

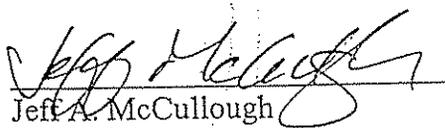
Prepared For:

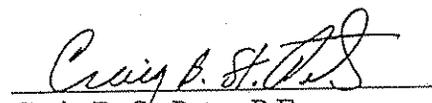
The Commonwealth of Massachusetts
Department of Mental Health
25 Staniford Street
Boston, MA 02114

Prepared By:

Pennoni Associates Inc.
The Concord Center, Suite 434
10 Ferry Street, Unit 6
Concord, NH 03301

August 13, 2001


Jeff A. McCullough
Project Manager


Craig B. St. Peter, P.E.
New England Regional Manager



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-105

IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL
FORM Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

Release Tracking Number

3 - 20984

A. RELEASE OR THREAT OF RELEASE LOCATION:

Release Name: (optional) Medfield State Hospital

Street: 45 Hospital Road Location Aid: Power Plant Facility

City/Town: Medfield ZIP Code: 02052

- Check here if a Tier Classification Submittal has been provided to DEP for this Release Tracking Number.
- Check here if this location is Adequately Regulated, pursuant to 310 CMR 40.010-0114.
- Specify Program: CERCLA HSWA Corrective Action Solid Waste Management RCRA State Program (21C Facilities)
- Related Release Tracking Numbers That This IRA Addresses: RTN 3-20799

B. THIS FORM IS BEING USED TO: (check all that apply)

- Submit an IRA Plan (complete Sections A, B, C, D, E, H, I, J and K).
 - Check here if this IRA Plan is an update or modification of a previously approved written IRA Plan. Date Submitted: _____
- Submit an Imminent Hazard Evaluation (complete Sections A, B, C, F, H, I, J and K).
- Submit an IRA Status Report (complete Sections A, B, C, E, H, I, J and K).
- Submit a Request to Terminate an Active Remedial System and/or Terminate a Continuing Response Action(s) Taken to Address an Imminent Hazard (complete Sections A, B, C, D, E, H, I, J and K).
- Submit an IRA Completion Statement (complete Sections A, B, C, D, E, G, H, I, J and K).

You must attach all supporting documentation required for each use of form indicated, including copies of any Legal Notices and Notices to Public Officials required by 310 CMR 40.1400.

C. RELEASE OR THREAT OF RELEASE CONDITIONS THAT WARRANT IRA:

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

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

School Unknown Other Specify: _____

Identify Conditions That Require IRA, Pursuant to 310 CMR 40.0412: (check all that apply) 2 Hour Reporting Condition(s)

72 Hour Reporting Condition(s) Substantial Release Migration Other Condition(s)

Describe: Failed tank tightness test. Possible release to soil/groundwater.

Identify Oils and Hazardous Materials Released: (check all that apply) Oils Chlorinated Solvents Heavy Metals

Others Specify: _____

D. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply)

- Assessment and/or Monitoring Only
- Excavation of Contaminated Soils
 - Re-use, Recycling or Treatment
 - On Site Off Site Est. Vol.: _____ cubic yards
 - Describe: _____
 - Store On Site Off Site Est. Vol.: _____ cubic yards
 - Landfill Cover Disposal Est. Vol.: _____ cubic yards
- Removal of Drums, Tanks or Containers
 - Describe: _____
- Deployment of Absorbent or Containment Materials
- Temporary Covers or Caps
- Bioremediation
- Soil Vapor Extraction
- Structure Venting System
- Product or NAPL Recovery
- Groundwater Treatment Systems
- Air Sparging
- Temporary Water Supplies

SECTION D IS CONTINUED ON THE NEXT PAGE.



IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL FORM
Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

Release Tracking Number

3 - 20984

D. DESCRIPTION OF RESPONSE ACTIONS (continued):

- Removal of Other Contaminated Media
Specify Type and Volume: _____
- Temporary Evacuation or Relocation of Residents
- Fencing and Sign Posting
- Other Response Actions Describe: Decommission of UST
- Check here if this IRA involves the use of Innovative Technologies (DEP is interested in using this information to aid in creating an Innovative Technologies Clearinghouse).
Describe Technologies: _____

E. TRANSPORT OF REMEDIATION WASTE: (if Remediation Waste has been sent to an off-site facility, answer the following questions)

Name of Facility: _____

Town and State: _____

Quantity of Remediation Waste Transported to Date: _____

F. IMMINENT HAZARD EVALUATION SUMMARY: (check one of the following)

- Based upon an evaluation, an Imminent Hazard exists in connection with this Release or Threat of Release.
- Based upon an evaluation, an Imminent Hazard does not exist in connection with this Release or Threat of Release.
- Based upon an evaluation, it is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release, and further assessment activities will be undertaken.
- Based upon an evaluation, it is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release. However, response actions will address those conditions that could pose an Imminent Hazard.

G. IRA COMPLETION STATEMENT:

- Check here if future response actions addressing this Release or Threat of Release will be conducted as part of the Response Actions planned for a Site that has already been Tier Classified under a different Release Tracking Number, or a Site that is identified on the Transition List as described in 310 CMR 40.0600 (i. e., a Transition Site, which includes Sites with approved Waivers). These additional response actions must occur according to the deadlines applicable to the earlier Release Tracking Number (i. e., Site ID Number).

State Release Tracking Number (i. e., Site ID Number) of Tier Classified Site or Transition Site: _____

If any Remediation Waste will be stored, treated, managed, recycled or reused at the site following submission of the IRA Completion Statement, you must submit either a Release Abatement Measure (RAM) Plan or a Phase IV Remedy Implementation Plan, along with the appropriate transmittal form, as an attachment to the IRA Completion Statement.

H. LSP OPINION:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal form, including any and all documents accompanying this submittal. In my professional opinion and judgment based upon application of (i) the standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and (iii) the provisions of 309 CMR 4.03(5), to the best of my knowledge, information and belief.

> if Section B of this form indicates that an Immediate Response Action Plan is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that an Imminent Hazard Evaluation is being submitted, this Imminent Hazard Evaluation was developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and the assessment activity(ies) undertaken to support this Imminent Hazard Evaluation complies(y) with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000;

> if Section B of this form indicates that an Immediate Response Status Report is being submitted, the response action(s) that is (are) the subject of this submittal (i) is (are) being implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that an Immediate Response Action Completion Statement or a Request to Terminate an Active Remedial System and/or Terminate a Continuing Response Action(s) Taken to Address an Imminent Hazard is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal.

SECTION H IS CONTINUED ON THE NEXT PAGE.



IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL FORM
Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

3 - 20984

H. LSP Opinion (continued):

I am aware that significant penalties may result, including, but not limited to possible fines and imprisonment, if I submit information which I know to be false, inaccurate or materially incomplete.

Check here if the Response Action(s) on which this opinion is based, if any, are (were) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions that apply.

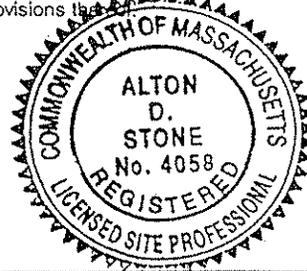
LSP Name: Alton Day Stone LSP #: 4058 Stamp:

Telephone: 603-226-1950 Ext.: _____

FAX: (optional) _____

Signature: *Alton Day Stone*

Date: 10/3/01



I. PERSON UNDERTAKING IRA:

Name of Organization: Department of Mental Health

Name of Contact: William Corliss Title: Director of Facilities Management

Street: 25 Staniford Street

City/Town: Boston State: MA ZIP Code: 02114

Telephone: 617-626-8049 Ext.: _____ FAX: (optional) _____

Check here if there has been a change in the person undertaking the IRA.

J. RELATIONSHIP TO RELEASE OR THREAT OF RELEASE OF PERSON UNDERTAKING IRA: (check one)

RP or PRP Specify: Owner Operator Generator Transporter Other RP or PRP: _____

Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G. c. 21E, s. 2)

Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5)

Any Other Person Undertaking IRA Specify Relationship: _____

K. CERTIFICATION OF PERSON UNDERTAKING IRA:

I, William Corliss, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

By: *William Corliss* Title: Director of Facilities Management

(signature)

For: William Corliss Date: 10/4/01

(print name of person or entity recorded in Section I)

Enter address of the person providing certification, if different from address recorded in Section I:

Street: _____

City/Town: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ FAX: (optional) _____

YOU MUST COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE.



PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

The Concord Center, Suite 434
10 Ferry Street, Unit 6
Concord, NH 03301-2319
Tel 603•226•1950
Fax. 603•226•3235

IMMEDIATE RESPONSE ACTION PLAN

TANK #1 TIGHTNESS TEST FAILURE

DEP RELEASE TRACKING NUMBER: 3-20984

MEDFIELD STATE HOSPITAL
45 HOSPITAL ROAD
MEDFIELD, MASSACHUSETTS

Project No. DOMH0101

Prepared For:

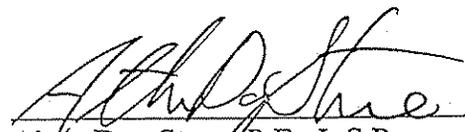
The Commonwealth of Massachusetts
Department of Mental Health
25 Staniford Street
Boston, MA 02114

Prepared By:

Pennoni Associates Inc.
The Concord Center, Suite 434
10 Ferry Street, Unit 6
Concord, NH 03301

October 3, 2001


Jeff A. McCullough, P.E.
Project Manager


Alton Day Stone, P.E., L.S.P.
Senior Engineer



JANE SWIFT
Governor

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Metropolitan Boston - Northeast Regional Office

BOB DURAND
Secretary

LAUREN A. LISS
Commissioner

DEC 24 2001

CERTIFIED MAIL

Mr. William Corliss
Department of Mental Health
25 Staniford Street
Boston, MA 02114

RE: Medfield
45 Hospital Road
RTN: 3-20984
File No: NON-NE-01-3E020
Noncompliance with
M.G.L. c. 21E and 310
CMR 40.0000 et seq.
(MASSACHUSETTS
CONTINGENCY PLAN, MCP)

NOTICE OF NONCOMPLIANCE

THIS IS AN IMPORTANT NOTICE. FAILURE TO TAKE ADEQUATE ACTION IN RESPONSE TO THIS NOTICE COULD RESULT IN SERIOUS LEGAL CONSEQUENCES.

Dear Corliss:

Department personnel have determined that on August 8, 2001 activity occurred at 45 Hospital Road in Medfield, Massachusetts which is in noncompliance with one or more laws, regulations, orders, licenses, permits, or approvals enforced by the Department.

Attached hereto is a written description of (1) each activity referred to above, (2) the requirements violated, (3) the action the Department now wants the Department of Mental Health. (hereafter referred to as "you/your") to take, and (4) the deadline for taking such action. An administrative penalty may be assessed for every day from now on that you are in noncompliance.

This information is available in alternate format by calling our ADA Coordinator at (617) 574-6872.

205A Lowell St. Wilmington, MA 01887 • Phone (978) 661-7600 • Fax (978) 661-7615 • TTD# (978) 661-7679

Printed on Recycled Paper

Notwithstanding this Notice of Noncompliance, the Department reserves the right to exercise the full extent of its legal authority in order to obtain full compliance with all applicable requirements, including, but not limited to, criminal prosecution, civil action including court-imposed civil penalties, or administrative penalties assessed by the Department.

If you have any questions about this matter, please contact Timothy J. Boyle of this office at the letterhead address or telephone number and refer to the following Release Tracking Number (RTN #) 3-20984 and Enforcement Tracking Number NON-NE-01-3E020.

Very truly yours,



Richard J. Chalpin, Regional Engineer
for the Bureau of Waste Site Cleanup

cc: Data entry/file

NOTICE OF NONCOMPLIANCE
NONCOMPLIANCE SUMMARY

NAME OF ENTITY IN NONCOMPLIANCE:

Massachusetts Department of Mental Health

LOCATION WHERE NONCOMPLIANCE OCCURRED OR WAS OBSERVED:

45 Hospital Road, Medfield, Massachusetts

DATE WHEN NONCOMPLIANCE OCCURRED OR WAS OBSERVED:

August 8, 2001

DESCRIPTION OF NONCOMPLIANCE:

On August 8, 2001, DEP was notified pursuant to 310 CMR 40.0314 of a failed tank test for one of the three underground storage tanks located at Medfield State Hospital's Heating Plant (Tank #1). During the notification, DEP approved of an Immediate Response Action (IRA) Plan that required the Department of Mental Health (DMH) to immediately empty the tank (Tank #1) and to install an aboveground tank to service the Heating Plant.

On October 9, 2001, DMH submitted a written IRA Plan and a Release Notification Form to the Department. Section 5.3 of the Plan states that Tank #1 is currently in service and that the temporary aboveground tank has not been installed. This was confirmed during a site visit conducted on October 26, 2001. The Department of Mental Health has failed to empty the tank in accordance with the conditions of approval for the Immediate Response Action Plan. In addition, the IRA Plan also fails to include a definite schedule for the installation of the temporary tank and the closure of Tank #1. The Plan states that these actions will be "conducted as soon as practical".

DESCRIPTION OF THE REQUIREMENTS NOT COMPLIED WITH:

Section 310 CMR 40.0420(2) states: "Immediate Response Actions shall be conducted in compliance with all applicable provisions and time lines specified in 310 CMR 40.0000, and in compliance with any response action requirements deemed necessary by the Department and/or specified by the Department in its approval of Immediate Response Action Plans."

DESCRIPTION OF THE ACTION(S) TO BE TAKEN NOW, AND THE DEADLINE(S)
FOR TAKING SUCH ACTION(S):

In order to return to compliance,

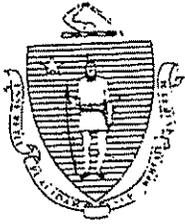
1. Conduct all future response actions in accordance with the provision of M.G.L. c. 21E and 310 CMR 40.0000 and any other special requirements specified in Immediate Response Action Plan approvals.
2. Within twenty-one (21) days of receipt of this Notice of Noncompliance provide the Department with a written summary of the events and conditions which resulted in your failure to comply with the DEP's conditional approval of the Immediate Response Actions at the subject site as well as a timetable of the measures you intend to take to prevent a reoccurrence of this violation.
3. Within twenty-one (21) days of receipt of this Notice of Noncompliance provide the Department with a schedule for the removal of the remaining petroleum from Tank #1.

The Department of Environmental Protection

BY: Richard J. Chalpin

Richard J. Chalpin, Regional Engineer
for the Bureau of Waste Site Cleanup

DATE: _____



JANE SWIFT
Governor

ROBERT P. GITTENS
Secretary

MARYLOU SUDDERS
Commissioner

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Mental Health
25 Staniford Street
Boston, Massachusetts 02111-2575

Area Code (617)
626-8000
TTY 727-9842
www.state.ma.us/dmh

January 15, 2002

Commonwealth of Massachusetts
Department of Environmental Protection
205A Lowell Street
Wilmington, MA 01887

Attn: Mr. Richard J. Chalpin
Regional Engineer, BWSC

**RE: RTN 3-20984 and
NON-NE-01-3E020**

Dear Mr. Chalpin:

This letter is a response to the Notice of Noncompliance (NON-NE-01-3E020) issued by DEP for the response actions taken by the Department of Mental Health (DMH) at Medfield State Hospital in relation to RTN 3-20984.

The following statements address the three actions to be taken which are outlined in the Noncompliance Summary attached to the NON letter from DEP.

1. DMH recognizes the importance of conducting response actions which are both timely and specific in accordance with the requirements of M.G.L., c.21E and the MCP at 310 CMR 40.0000. This includes Immediate Response Actions (IRAs) as specified in 310 CMR 40.0410. All future response actions will be undertaken by DMH with this understanding of the requirements.

Page 2

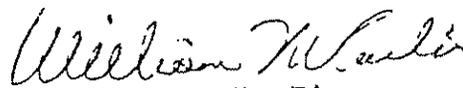
2. Following notification of DEP of the failure of the tank tightness test for UST #1, DMH took a variety of response actions, including the following:
- (1) Inspections of UST #1, including the corroded conditions of the manway;
 - (2) Subsurface investigations, including groundwater sampling;
 - (3) Operating with limited volumes of oil in UST #1 (60 - 70% of capacity);
 - (4) Installation of a 12,000-gallon temporary AST to replace UST #1;
 - (5) Taking UST #1 out of service, cleaning the tank and filling it with concrete slurry.

See the attached Chronology of Response Actions for additional details.

3. On the matter of removal of product from UST #1, please note that this was completed in November. On November 26, 2001 about 1,225 gallons of waste oil and sludge were pumped out of UST #1 for transportation and disposal under the manifest system. The tank was subsequently cleaned and filled with concrete slurry for closure in place. Please see attached Chronology of Response Actions.

This response letter is being submitted to DEP within the time schedule specified in the NON. Please contact Ms. Carol Jalbert at (617) 626-8052 or Mr. George Camougis at (617) 626-8048 if you need additional information.

Sincerely,


William M. Corliss, Director
Office of Facilities Management

WMC:cd/DEPChalpin.doc

Attachment

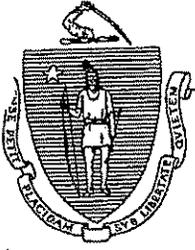
xc: Carol Jalbert
George Camougis
Martin Baker, MSH
Michael Porter, Esq.
File

RTN 3-20984

NON-NE-01-3E020

**ATTACHMENT TO DMH RESPONSE
CHRONOLOGY OF RESPONSE ACTIONS
AND RELATED INFORMATION**

DATES	RESPONSE ACTIONS AND RELATED INFORMATION
August 6, 2001	<ul style="list-style-type: none"> • Tank tightness test conducted for UST #1. • Physical inspection of tank; corrosion of manways noted.
August 8, 2001	<ul style="list-style-type: none"> • Verbal notification to DEP (72-hour condition). • RTN 3-20984 assigned by DEP.
August to November 2001	<ul style="list-style-type: none"> • Amount of fuel oil stored in UST #1 limited to 60-70% of storage capacity.
August 28 and September 13, 2001	<ul style="list-style-type: none"> • Six existing monitoring wells and 8 observation wells were gauged and surveyed for NAPL.
October 3, 2001	<ul style="list-style-type: none"> • IRA Plan submitted to DEP. • RNF submitted to DEP.
November 5, 2001	<ul style="list-style-type: none"> • 12,000-gallon temporary fuel oil storage tank installed at site.
November 7, 2001	<ul style="list-style-type: none"> • Observation wells were gauged and any NAPL noted and recorded.
November 8, 2001	<ul style="list-style-type: none"> • Monitoring well MW-2 was sampled for analysis; (other monitoring wells were dry).
November 26-28, 2001	<ul style="list-style-type: none"> • Residual fuel oil and sludge pumped out of UST #1 and transported off site to approved facility. • Tank cleaned, filled with concrete slurry and closed in place.
December 3, 2001	<ul style="list-style-type: none"> • IRA Status Report No. 1 submitted to DEP.



JANE SWIFT
Governor

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Metropolitan Boston -- Northeast Regional Office

BOB DURAND
Secretary

LAUREN LISS
Commissioner

JAN 15 2002

URGENT LEGAL MATTER: PROMPT ACTION NECESSARY
CERTIFIED MAIL: RETURN RECEIPT REQUESTED

Department of Mental Health
25 Staniford Street
Boston, Massachusetts 02114

RE: **MEDFIELD**
45 Hospital Road
RTN # 3-21162
NOTICE OF RESPONSIBILITY;
M.G.L. c. 21E & 310 CMR 40.0000

Attention: William Corliss
Director of Facilities Management

Dear Mr. Corliss:

Information contained in a Release Notification Form (RNF) submitted to the Department of Environmental Protection (the Department or DEP) on October 9, 2001 and submitted by the Department of Mental Health, indicates that there is or has been a release of oil and/or hazardous material at the above-referenced property which exceeds a "120 day" reporting threshold (310 CMR 40.0315) and which requires one or more response actions.

Based on this information, the Department has reason to believe that the subject property or portion(s) thereof is a disposal site as defined in the Massachusetts Oil and Hazardous Material Release Prevention and Response Act, M.G.L. c. 21E, and the Massachusetts Contingency Plan, 310 CMR 40.0000 (the MCP). The assessment and cleanup of disposal sites is governed by M.G.L. c. 21E and the MCP.

The purpose of this notice is to inform you of your legal responsibilities under state law for assessing and/or remediating the subject release. For purposes of this notice, the terms and phrases used herein shall have the meaning ascribed to them by the MCP unless the text clearly indicates otherwise.

**Department of Mental Health
Notice of Responsibility
Page-2-**

STATUTORY LIABILITIES

The Department has reason to believe that you (as used in this letter, "you" refers to the Department of Mental Health) are a Potentially Responsible Party (a PRP) with liability under M.G.L. c. 21E, § 5, for response action costs. Section 5 makes the following parties liable to the Commonwealth of Massachusetts: current owners or operators of a site from or at which there is or has been a release/threat of release of oil or hazardous material; any person who owned or operated a site at the time hazardous material was stored or disposed of; any person who arranged for the transport, disposal, storage or treatment of hazardous material to or at a site; any person who transported hazardous material to a transport, disposal, storage or treatment site from which there is or has been a release/threat of release of such material; and any person who otherwise caused or is legally responsible for a release/threat of release of oil or hazardous material at a site.

This liability is "strict", meaning it is not based on fault, but solely on your status as an owner, operator, generator, transporter or disposer. It is also joint and several, meaning that you may be liable for all response action costs incurred at the site, regardless of the existence of any other liable parties.

The MCP requires responsible parties to take necessary response actions at properties where there is or has been a release or threat of release of oil and/or hazardous material. If you do not take the necessary response actions, or fail to perform them in an appropriate and timely manner, the Department is authorized by M.G.L. c. 21E to have the work performed by its contractors. By taking such actions, you can avoid liability for response action costs incurred by the Department and its contractors in performing these actions, and any sanctions which may be imposed for failure to perform response actions under the MCP.

You may be liable for up to three (3) times all response action costs incurred by the Department. Response action costs include, without limitation, the cost of direct hours spent by Department employees arranging for response actions or overseeing work performed by persons other than the Department or their contractors, expenses incurred by the Department in support of those direct hours, and payments to the Department's contractors. (For more detail on cost liability, see 310 CMR 40.1200.)

The Department may also assess interest on costs incurred at the rate of twelve percent (12%), compounded annually. To secure payment of this debt, the Commonwealth may place liens on all of your property in the Commonwealth. To recover the debt, the Commonwealth may foreclose on these liens or the Attorney General may bring legal action against you.

In addition to your liability for up to three (3) times all response action costs incurred by the Department, you may also be liable to the Commonwealth for damages to natural resources caused by the release. Civil and criminal liability may also be imposed under M.G.L. c. 21E, § 11, and civil administrative penalties may be imposed under M.G.L. c. 21A, § 16 for each violation of M.G.L. c. 21E, the MCP, or any order, permit or approval issued thereunder.

Department of Mental Health
Notice of Responsibility
Page-3-

NECESSARY RESPONSE ACTIONS

The subject site shall not be deemed to have had all the necessary and required response actions taken unless and until all substantial hazards presented by the site have been eliminated and a level of No Significant Risk exists or has been achieved in compliance with M.G.L. c. 21E and the MCP. In addition, the MCP requires persons undertaking response actions at disposal sites to perform Immediate Response Actions (IRAs) in response to "sudden releases", Imminent Hazards and Substantial Release Migration. Such persons must continue to evaluate the need for IRAs and notify the Department immediately if such a need exists.

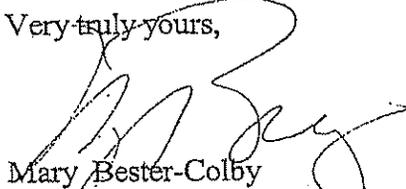
The Department has determined that the following response actions are necessary at the subject site:

Initial site investigation activities in accordance with 310 CMR 40.0405 are necessary. In addition, unless an RAO is submitted earlier, a completed Tier Classification Submittal pursuant to 310 CMR 40.0510, and, if appropriate, a completed Tier I Permit Application pursuant to 310 CMR 40.0700, must be submitted to DEP within one year of the initial date notice of a release is provided to the Department pursuant to 310 CMR 40.0300 or from the date the Department issues a Notice of Responsibility (NOR), whichever occurs earlier.

The Department encourages parties with liabilities under M.G.L. c. 21E to take prompt action in response to releases and threats of release of oil and/or hazardous material. By taking prompt action, you may significantly lower your assessment and cleanup costs and avoid the imposition of, or reduce the amount of, certain permit and annual compliance fees for response actions payable under 310 CMR 4.00.

If you have any questions relative to this notice, you should contact Victor Fonkem at the letterhead address or (978) 661-7600. All future communications regarding this release must reference the Release Tracking Number (RTN #3-21162) contained in the subject block of this letter.

Very truly yours,


Mary Bester-Colby
Chief, Notification Branch

MBC/vf

cc: Medfield Board of Health
Medfield Fire Department

DEP data base/file



IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL FORM
Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

Release Tracking Number

3 - 20984

A. RELEASE OR THREAT OF RELEASE LOCATION:

Release Name: (optional) Medfield State Hospital

Street: 45 Hospital Road Location Aid: Power Plant Facility

City/Town: Medfield ZIP Code: 02052-0000

- Check here if a Tier Classification Submittal has been provided to DEP for this Release Tracking Number.
- Check here if this location is Adequately Regulated, pursuant to 310 CMR 40.0110-0114.
Specify Program: CERCLA HSWA Corrective Action Solid Waste Management RCRA State Program (21C Facilities)
- Related Release Tracking Numbers That This IRA Addresses: _____

B. THIS FORM IS BEING USED TO: (check all that apply)

- Submit an IRA Plan (complete Sections A, B, C, D, E, H, I, J and K).
 Check here if this IRA Plan is an update or modification of a previously approved written IRA Plan. Date Submitted: 10/3/2001
- Submit an Imminent Hazard Evaluation (complete Sections A, B, C, F, H, I, J and K).
- Submit an IRA Status Report (complete Sections A, B, C, E, H, I, J and K).
- Submit a Request to Terminate an Active Remedial System and/or Terminate a Continuing Response Action(s) Taken to Address an Imminent Hazard (complete Sections A, B, C, D, E, H, I, J and K).
- Submit an IRA Completion Statement (complete Sections A, B, C, D, E, G, H, I, J and K).

You must attach all supporting documentation required for each use of form indicated, including copies of any Legal Notices and Notices to Public Officials required by 310 CMR 40.1400.

C. RELEASE OR THREAT OF RELEASE CONDITIONS THAT WARRANT IRA:

- Identify Media and Receptors Affected: (check all that apply) Air Groundwater Surface Water Sediments Soil
- Wetland Storm Drain Paved Surface Private Well Public Water Supply Zone 2 Residence
- School Unknown Other Specify: _____

Identify Conditions That Require IRA, Pursuant to 310 CMR 40.0412: (check all that apply) 2 Hour Reporting Condition(s)

- 72 Hour Reporting Condition(s) Substantial Release Migration Other Condition(s)

Describe: Failed Tank Test

Identify Oils and Hazardous Materials Released: (check all that apply) Oils Chlorinated Solvents Heavy Metals

Others Specify: _____

D. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply)

- Assessment and/or Monitoring Only
 - Excavation of Contaminated Soils
 - Re-use, Recycling or Treatment
 - On Site Off Site Est. Vol.: _____ cubic yards
 - Describe: _____
 - Store On Site Off Site Est. Vol.: _____ cubic yards
 - Landfill Cover Disposal Est. Vol.: _____ cubic yards
 - Removal of Drums, Tanks or Containers
 - Describe: _____
- Deployment of Absorbent or Containment Materials
 - Temporary Covers or Caps
 - Bioremediation
 - Soil Vapor Extraction
 - Structure Venting System
 - Product or NAPL Recovery
 - Groundwater Treatment Systems
 - Air Sparging
 - Temporary Water Supplies

SECTION D IS CONTINUED ON THE NEXT PAGE.



IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL FORM
Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

3 - 20984

D. DESCRIPTION OF RESPONSE ACTIONS (continued):

- Removal of Other Contaminated Media
Specify Type and Volume: _____
- Temporary Evacuation or Relocation of Residents
- Other Response Actions Describe: Abandon tanks in place
- Fencing and Sign Posting
- Check here if this IRA involves the use of Innovative Technologies (DEP is interested in using this information to aid in creating an Innovative Technologies Clearinghouse).
Describe Technologies: _____

E. TRANSPORT OF REMEDIATION WASTE: (if Remediation Waste has been sent to an off-site facility, answer the following questions)

Name of Facility: No Remediation Waste has been generated

Town and State: _____

Quantity of Remediation Waste Transported to Date: _____

F. IMMINENT HAZARD EVALUATION SUMMARY: (check one of the following)

- Based upon an evaluation, an Imminent Hazard exists in connection with this Release or Threat of Release.
- Based upon an evaluation, an Imminent Hazard does not exist in connection with this Release or Threat of Release.
- Based upon an evaluation, it is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release, and further assessment activities will be undertaken.
- Based upon an evaluation, it is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release. However, response actions will address those conditions that could pose an Imminent Hazard.

G. IRA COMPLETION STATEMENT:

- Check here if future response actions addressing this Release or Threat of Release will be conducted as part of the Response Actions planned for a Site that has already been Tier Classified under a different Release Tracking Number, or a Site that is identified on the Transition List as described in 310 CMR 40.0600 (i.e., a Transition Site, which includes Sites with approved Waivers). These additional response actions must occur according to the deadlines applicable to the earlier Release Tracking Number (i.e., Site ID Number).

State Release Tracking Number (i.e., Site ID Number) of Tier Classified Site or Transition Site: _____

If any Remediation Waste will be stored, treated, managed, recycled or reused at the site following submission of the IRA Completion Statement, you must submit either a Release Abatement Measure (RAM) Plan or a Phase IV Remedy Implementation Plan, along with the appropriate transmittal form, as an attachment to the IRA Completion Statement.

H. LSP OPINION:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal form, including any and all documents accompanying this submittal. In my professional opinion and judgment based upon application of (i) the standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and (iii) the provisions of 309 CMR 4.03(5), to the best of my knowledge, information and belief,

> If Section B of this form indicates that an Immediate Response Action Plan is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> If Section B of this form indicates that an Imminent Hazard Evaluation is being submitted, this Imminent Hazard Evaluation was developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and the assessment activity(ies) undertaken to support this Imminent Hazard Evaluation complies(y) with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000;

> If Section B of this form indicates that an Immediate Response Status Report is being submitted, the response action(s) that is (are) the subject of this submittal (i) is (are) being implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> If Section B of this form indicates that an Immediate Response Action Completion Statement or a Request to Terminate an Active Remedial System and/or Terminate a Continuing Response Action(s) Taken to Address an Imminent Hazard is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal.

SECTION H IS CONTINUED ON THE NEXT PAGE.



IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL FORM
Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

Release Tracking Number

3 - 20984

H. LSP Opinion (continued):

I am aware that significant penalties may result, including, but not limited to, possible fines and imprisonment, if I submit information which I know to be false, inaccurate or materially incomplete.

Check here if the Response Action(s) on which this opinion is based, if any, are (were) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions thereof.

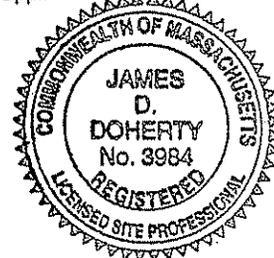
LSP James Doherty LSP #: 3984 Stamp:

Name: _____
Telephone: 508-435-8080 Ext.: _____

FAX: (optional) 508-435-4351

Signature: James Doherty

Date: 4/18/02



I. PERSON UNDERTAKING IRA:

Name of Organization: Department of Mental Health

Name of Contact: Jeffrey McCue Title: Dpty. Comiss. Man. & Budget

Street: 25 Staniford Street

City/Town: Boston State: MA ZIP Code: 02114-0000

Telephone: 617-626-8000 Ext.: _____ FAX: (optional) _____

Check here if there has been a change in the person undertaking the IRA.

J. RELATIONSHIP TO RELEASE OR THREAT OF RELEASE OF PERSON UNDERTAKING IRA: (check one)

RP or PRP Specify: Owner Operator Generator 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 (as defined by M.G.L. c. 21E, s. 5(i))

Any Other Person Undertaking IRA Specify Relationship: _____

K. CERTIFICATION OF PERSON UNDERTAKING IRA:

I, Jeffrey McCue, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

By: [Signature] Title: Dpty. Comiss. Man. & Budget

For: _____ Date: 4/17/02

(print name of person or entity recorded in Section I)

Enter address of the person providing certification, if different from address recorded in Section I:

Street: _____

City/Town: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ FAX: (optional) _____

YOU MUST COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE.



PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748
Tel: 508-435-8080
Fax: 508-435-4351

IMMEDIATE RESPONSE ACTION WORKPLAN MODIFICATION AND

IMMEDIATE RESPONSE ACTION COMPLETION REPORT

TANK #1 TIGHTNESS TEST FAILURE

DEP RELEASE TRACKING NUMBER: 3-20984

**MEDFIELD STATE HOSPITAL
45 HOSPITAL ROAD
MEDFIELD, MASSACHUSETTS**

**Project No. DOMH0201.1
Prepared For:**

The Commonwealth of Massachusetts
Department of Mental Health
25 Staniford Street
Boston, MA 02114

Prepared By:

Pennoni Associates Inc.
82 South Street
Hopkinton, MA 01748

April 18, 2002

Philip LaMoreaux
Staff Geologist

James Doherty, P.E., L.S.P.
Senior Engineer



IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL
FORM

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

Release Tracking Number

3 - 20799

A. RELEASE OR THREAT OF RELEASE LOCATION:

Release Name: (optional) Medfield State Hospital

Street: 45 Hospital Road Location Aid: Power Plant Facility

City/Town: Medfield ZIP Code: 02052-0000

- Check here if a Tier Classification Submittal has been provided to DEP for this Release Tracking Number.
- Check here if this location is Adequately Regulated, pursuant to 310 CMR 40.0110-0114.
- Specify Program: CERCLA HSWA Corrective Action Solid Waste Management RCRA State Program (21C Facilities)
- Related Release Tracking Numbers That This IRA Addresses: _____

B. THIS FORM IS BEING USED TO: (check all that apply)

- Submit an IRA Plan (complete Sections A, B, C, D, E, H, I, J and K).
 - Check here if this IRA Plan is an update or modification of a previously approved written IRA Plan. Date Submitted: 8/13/2001
 - Submit an Imminent Hazard Evaluation (complete Sections A, B, C, F, H, I, J and K).
 - Submit an IRA Status Report (complete Sections A, B, C, E, H, I, J and K).
 - Submit a Request to Terminate an Active Remedial System and/or Terminate a Continuing Response Action(s) Taken to Address an Imminent Hazard (complete Sections A, B, C, D, E, H, I, J and K).
 - Submit an IRA Completion Statement (complete Sections A, B, C, D, E, G, H, I, J and K).
- You must attach all supporting documentation required for each use of form indicated, including copies of any Legal Notices and Notices to Public Officials required by 310 CMR 40.1400.

C. RELEASE OR THREAT OF RELEASE CONDITIONS THAT WARRANT IRA:

Identify Media and Receptors Affected: (check all that apply) Air Groundwater Surface Water Sediments Soil
 Wetland Storm Drain Paved Surface Private Well Public Water Supply Zone 2 Residence
 School Unknown Other Specify: _____

Identify Conditions That Require IRA, Pursuant to 310 CMR 40.0412: (check all that apply) 2 Hour Reporting Condition(s)

72 Hour Reporting Condition(s) Substantial Release Migration Other Condition(s)
Describe: Detection of greater than one-half inch of Non Aqueous Phase Liquid
in a monitoring well

Identify Oils and Hazardous Materials Released: (check all that apply) Oils Chlorinated Solvents Heavy Metals
 Others Specify: _____

D. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply)

- Assessment and/or Monitoring Only
- Excavation of Contaminated Soils
- Re-use, Recycling or Treatment
 - On Site Off Site Est. Vol.: _____ cubic yards
 - Describe: _____
 - Store On Site Off Site Est. Vol.: _____ cubic yards
 - Landfill Cover Disposal Est. Vol.: _____ cubic yards
- Removal of Drums, Tanks or Containers
 - Describe: _____
- Deployment of Absorbent or Containment Materials
- Temporary Covers or Caps
- Bioremediation
- Soil Vapor Extraction
- Structure Venting System
- Product or NAPL Recovery
- Groundwater Treatment Systems
- Air Sparging
- Temporary Water Supplies

SECTION D IS CONTINUED ON THE NEXT PAGE.



IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL FORM
Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

3 - 20799

D. DESCRIPTION OF RESPONSE ACTIONS (continued):

- Removal of Other Contaminated Media
Specify Type and Volume: _____
- Temporary Evacuation or Relocation of Residents
- Fencing and Sign Posting
- Other Response Actions Describe: Abandon tanks in place
- Check here if this IRA involves the use of Innovative Technologies (DEP is interested in using this information to aid in creating an Innovative Technologies Clearinghouse).
Describe Technologies: _____

E. TRANSPORT OF REMEDIATION WASTE: (if Remediation Waste has been sent to an off-site facility, answer the following questions)

Name of Facility: No Remediation Waste has been generated

Town and State: _____

Quantity of Remediation Waste Transported to Date: _____

F. IMMINENT HAZARD EVALUATION SUMMARY: (check one of the following)

- Based upon an evaluation, an Imminent Hazard exists in connection with this Release or Threat of Release.
- Based upon an evaluation, an Imminent Hazard does not exist in connection with this Release or Threat of Release.
- Based upon an evaluation, it is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release, and further assessment activities will be undertaken.
- Based upon an evaluation, it is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release. However, response actions will address those conditions that could pose an Imminent Hazard.

G. IRA COMPLETION STATEMENT:

- Check here if future response actions addressing this Release or Threat of Release will be conducted as part of the Response Actions planned for a Site that has already been Tier Classified under a different Release Tracking Number, or a Site that is identified on the Transition List as described in 310 CMR 40.0600 (i.e., a Transition Site, which includes Sites with approved Waivers). These additional response actions must occur according to the deadlines applicable to the earlier Release Tracking Number (i.e., Site ID Number).

State Release Tracking Number (i.e., Site ID Number) of Tier Classified Site or Transition Site: _____

If any Remediation Waste will be stored, treated, managed, recycled or reused at the site following submission of the IRA Completion Statement, you must submit either a Release Abatement Measure (RAM) Plan or a Phase IV Remedy Implementation Plan, along with the appropriate transmittal form, as an attachment to the IRA Completion Statement.

H. LSP OPINION:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal form, including any and all documents accompanying this submittal. In my professional opinion and judgment based upon application of (i) the standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and (iii) the provisions of 309 CMR 4.03(5), to the best of my knowledge, information and belief,

> if Section B of this form indicates that an Immediate Response Action Plan is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that an Imminent Hazard Evaluation is being submitted, this Imminent Hazard Evaluation was developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and the assessment activity(ies) undertaken to support this Imminent Hazard Evaluation complies(y) with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000;

> if Section B of this form indicates that an Immediate Response Status Report is being submitted, the response action(s) that is (are) the subject of this submittal (i) is (are) being implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that an Immediate Response Action Completion Statement or a Request to Terminate an Active Remedial System and/or Terminate a Continuing Response Action(s) Taken to Address an Imminent Hazard is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal.

SECTION H IS CONTINUED ON THE NEXT PAGE.



IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL
FORM Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

Release Tracking Number

3 - 20799

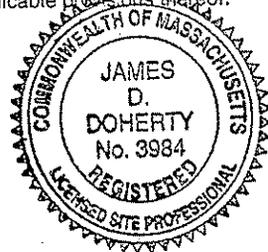
H. LSP Opinion (continued):

I am aware that significant penalties may result, including, but not limited to, possible fines and imprisonment, if I submit information which I know to be false, inaccurate or materially incomplete.

Check here if the Response Action(s) on which this opinion is based, if any, are (were) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions thereof.

DEP APPROVAL OF IRA WORKPLAN

LSP Name: James Doherty LSP #: 3984 Stamp:
Telephone: 508-435-8080 Ext.: _____



FAX: (optional) 508-435-4351
Signature: [Handwritten Signature]
Date: 4/18/02

I. PERSON UNDERTAKING IRA:

Name of Organization: Department of Mental Health
Name of Contact: Jeffery McCue Title: Dpty. Comiss. Man. & Budget
Street: 25 Staniford Street
City/Town: Boston State: MA ZIP Code: 02114-0000
Telephone: 617-626-8000 Ext.: _____ FAX: (optional) _____

Check here if there has been a change in the person undertaking the IRA.

J. RELATIONSHIP TO RELEASE OR THREAT OF RELEASE OF PERSON UNDERTAKING IRA: (check one)

- RP or PRP Specify: Owner Operator Generator 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 (as defined by M.G.L. c. 21E, s. 5(j))
- Any Other Person Undertaking IRA Specify Relationship: _____

K. CERTIFICATION OF PERSON UNDERTAKING IRA:

I, Jeffrey McCue, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

By: [Handwritten Signature] Title: Dpty. Comiss. Man. & Budget
(signature) Date: 4/17/02
For: _____
(print name of person or entity recorded in Section I)

Enter address of the person providing certification, if different from address recorded in Section I:
Street: _____
City/Town: _____ State: _____ ZIP Code: _____
Telephone: _____ Ext.: _____ FAX: (optional) _____

YOU MUST COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE.



PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748
Tel: 508•435•8080
Fax: 508•435•4351

IMMEDIATE RESPONSE ACTION WORKPLAN MODIFICATION AND

IMMEDIATE RESPONSE ACTION COMPLETION REPORT

RELEASE OF #6 FUEL OIL

DEP RELEASE TRACKING NUMBER: 3-20799

**MEDFIELD STATE HOSPITAL
45 HOSPITAL ROAD
MEDFIELD, MASSACHUSETTS**

**Project No. DOMH0201.1
Prepared For:**

The Commonwealth of Massachusetts
Department of Mental Health
25 Staniford Street
Boston, MA 02114

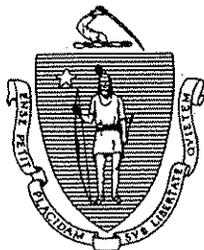
Prepared By:

Pennoni Associates Inc.
82 South Street
Hopkinton, MA 01748

April 18, 2002

Philip LaMoreaux
Staff Geologist

James Doherty, P.E., L.S.P.
Senior Engineer



COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Metropolitan Boston – Northeast Regional Office

cc: CJ
 EC

JANE SWIFT
 Governor

BOB DURAND
 Secretary

LAUREN A. LISS
 Commissioner

Medfield S. H.
USTs / Failed Tightness
Test

MA DEPT OF MENTAL HEALTH
 25 STANIFORD ST
 BOSTON, MA 02114-0000

Attn: WILLIAM M CORLISS

May 29, 2002

RTN: 3-0020984

Site name: 45 HOSPITAL RD
 City: MEDFIELD
 Date of Release Notification: 08/08/2001
 Release Type: 72 HR
 Oil

RE: Deadline Approaching

Dear WILLIAM M CORLISS,

This is a reminder that 08/08/2002 is the one-year deadline for you to submit important information to the Department of Environmental Protection (DEP).

You are listed in DEP's records as a "potentially responsible party" (PRP). This means that DEP has reason to believe that you are responsible for cleaning up the release of oil and/or hazardous materials at the disposal site (the site) listed above. The Massachusetts Contingency Plan (the MCP), 310 CMR 40.0000, requires that, as a PRP, you submit important information to DEP about this disposal site within one year of notification to DEP of the release. **This one-year deadline is about to expire.**

The MCP allows one-year from the time DEP was notified of, or discovered this release or threat of release, for you to complete certain investigations and/or cleanup actions at this site. Specifically, within this one-year period, the MCP requires you to submit to DEP one of the following documents:

- Response Action Outcome (RAO) Statement, or
- Tier Classification Submittal

If your property is downgradient of the source of the release you may (but are not required to) file a Downgradient Property Status (DPS) Submittal, instead of an RAO Statement or Tier Classification Submittal. A complete and properly supported DPS Submittal *stops* the regulatory clock for cleanup of the site, but only for the person who submitted it. However, even if you file a DPS Submittal, you are still obligated to perform certain response actions to prevent direct contact with contaminants or to address other time critical site conditions.

As of the date of this letter, DEP has not received any of the above-listed submittals (see the attachment for more information about each of these submittals). You should have already employed a Licensed Site Professional (LSP) to investigate and cleanup the release at this site. LSPs are professionals licensed by the Commonwealth of Massachusetts to manage, supervise, direct, and/or oversee site investigations and cleanups. Your LSP can help you learn more about your specific obligations for your site. If you have not retained an LSP, you will need to hire one to prepare and submit an RAO or Tier Classification. A list of LSPs may be obtained through the Internet at <http://www.state.ma.us/lsp/lsphome.htm> or by calling the LSP Board at (617) 556-1091.

Please note that if you fail to submit an RAO Statement, Tier Classification Submittal or a DPS Submittal to DEP by the deadline mentioned above:

- This site will be deemed default Tier IB Disposal Site (for fee purposes only). Unless you fall within limited exceptions, you will be assessed a Tier IB Annual Compliance Fee of \$2600 for response actions that you carried out the first year. You will also be assessed an additional \$2600, thereafter, for every year response actions are conducted until you submit an RAO to DEP), and
- Enforcement actions may be initiated against you through DEP's Civil Administrative Penalty Regulations (310 CMR 5.00). The law provides for administrative penalties of up to \$25,000 per day for certain violations of the MCP. **If you fail to file an RAO Statement or Tier Classification Submittal you will be issued a Notice of Noncompliance (NON) by DEP. If you don't comply with the NON, you will be subject to a penalty of \$1,000 per day until such time as you comply with the MCP.** Therefore, it is in your best interest to provide DEP with one of the required submittals before your one-year deadline expires.

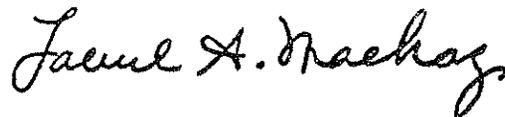
If the appropriate submittal has already been filed for your site, please disregard this letter. An RAO, Tier Classification, and DPS Submittal each require the stamp and signature of an LSP to confirm that response actions have been conducted in compliance with the MCP.

You and your LSP may obtain copies of all DEP forms and applications through the DEP web site: www.state.ma.us/dep/bwsc/files/forminfo.htm, or by contacting your DEP regional service center.

Enclosed please find the "MCP First Year Compliance Fact Sheet". It explains in more detail the information you must submit to DEP by the site's one-year deadline to comply with the MCP.

If you have any questions, please contact Paegan Deering at 978-661-7718,

Yours truly,



Laurel Mackay,
Deputy Regional Director
Northeast Regional Office
Bureau Waste Site Cleanup

CC: data entry/file
Attach – First Year Fact Sheet



JANE SWIFT
Governor

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION

BOB DURANI
Secretary

LAUREN A. LISI
Commissioner

**Massachusetts Contingency Plan (MCP), 310 CMR 40.0000
First Year Compliance Fact Sheet**

DEP audits a percentage of MCP submittals to make sure that response actions are scientifically and technically sound and that cleanups are protective and are being performed in compliance with the MCP. We also track the progress of all cleanups by checking to see if required information about cleanups is being submitted to DEP on time. The Massachusetts Oil and Hazardous Materials Release, Prevention and Response Act (M.G.L. c.21E) and the Massachusetts Contingency Plan (the MCP), 310 CMR 40.0000, contain the requirements and the timeframes for completing the cleanup of releases. Please read the following information carefully. It will help explain what you must do to comply with the MCP and c. 21E.

1. Why does DEP think I am responsible for the cleanup at this site?

At some point during the past year, DEP was notified of a release of oil and/or hazardous material at your property. You are listed in DEP's records as the person who is responsible for cleaning up this release. For example, at the time you or another party notified DEP that the release occurred, you either informed DEP that you accepted responsibility for the cleanup or you were sent a "Notice of Responsibility" (NOR) by DEP informing you that we found that you were responsible for the release. In any case, DEP has reason to believe that you are an owner, operator, generator, transporter, disposer, or person who is otherwise responsible for the release at the subject property (referred to as the "Site"). This means that, under Section 5 of M.G.L. Chapter 21E, you are a *Potentially Responsible Party* (PRP) and you are liable for response action costs associated with the release. As a PRP, you are required to conduct and complete certain response actions outlined in the MCP to clean up the release of oil and/or hazardous materials expeditiously.

2. Why are the MCP submittal deadlines important?

Timely MCP submittals to DEP inform both DEP and the public that the site's environmental problems are being addressed and that cleanup of the site is being conducted. It is in your best interest to conduct response actions properly and to provide DEP with the required submittals and information about your site's cleanup by the deadlines set in the MCP to avoid violation notices and penalties. If you fail to provide DEP with the required submittals by your site's one-year deadline, you will be violating the MCP. DEP may initiate enforcement action against you to get your site into compliance through DEP's Civil Administrative Penalty Regulations, 310 CMR 5.00. You could be assessed a significant penalty if you fail to return to compliance.

3. What do I have to do by the site's one-year deadline to stay in compliance with the MCP?

Your first step is to contact your License Site Professional (LSP) to find out the status of your site.

- If you and your LSP believe the cleanup at your site has been completed, ask your LSP to prepare and submit a **Response Action Outcome (RAO) Statement** [310 CMR 40.1000], as soon as possible, or by your one-year deadline.
- If you submit an RAO Statement more than 120 days after the date of notification and before the site is tier classified, you must also pay DEP an RAO Compliance Fee of \$750.00; or
- If more environmental studies or cleanup are needed and you will not be able to document and submit required reports for those actions before your site's one-year deadline expires, request that your LSP complete the work necessary to file a **Tier Classification Submittal**.

-----[Continue reading the back of this page.]-----

This information is available in alternate format by calling our ADA Coordinator at (617) 574-6872.

205A Lowell St. Wilmington, MA 01887 • Phone (978) 661-7600 • Fax (978) 661-7615 • TTD# (978) 661-7679

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PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508•435•8080
Fax: 508•435•4351

June 13, 2002

via Certified Mail

Ms. Sherri Sacchetine
Board of Health
Town House
459 Main Street
Medfield, MA 02052

Re: Public Notification Phase I Report and
Tier Classification
Medfield State Hospital
45 Hospital Road, Medfield, MA
Release Tracking Numbers 3-20799, 3-20984, 3-21162

Dear Ms. Sacchetine:

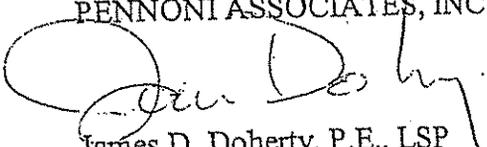
Pursuant to 310 CMR 40.1403 of the Massachusetts Contingency Plan (MCP), this letter is notification to the Town of Medfield that a Phase I Report/Tier Classification form has been submitted to the Department of Environmental Protection (DEP) for the above identified releases. These documents relate to a release of Fuel Oil from underground storage tanks (USTs) located adjacent to the Boiler Building for the Medfield State Hospital.

The release occurred onto subsurface soils and groundwater adjacent to the three USTs. No critical exposure pathways or imminent hazards as defined by the MCP have been identified during site investigations. The level of fuel oil in the environment is above applicable Reportable Concentrations and requires additional investigations. The Phase I Report includes a Conceptual Scope of Work for these additional investigations.

The documents can be reviewed at the Massachusetts Department of Environmental Protection Northeast Regional Office, 205 Lowell St., Wilmington, MA. If you have any questions please call me at (508) 435-8080.

Sincerely,

PENNONI ASSOCIATES, INC.



James D. Doherty, P.E., LSP
Senior Environmental Engineer

cc: DEP, Wilmington



PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508-435-8080
Fax: 508-435-4351

June 13, 2002

via Certified Mail

Mr. Osler Petersen
Chairman, Board of Selectman
Town House
459 Main Street
Medfield, MA 02052

Re: Public Notification Phase I Report and
Tier Classification
Medfield State Hospital
45 Hospital Road, Medfield, MA
Release Tracking Numbers 3-20799, 3-20984, 3-21162

Dear Mr. Petersen:

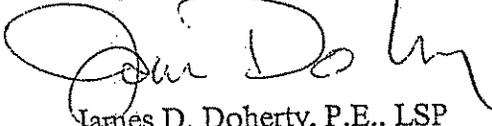
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The documents can be reviewed at the Massachusetts Department of Environmental Protection Northeast Regional Office, 205 Lowell St., Wilmington, MA. If you have any questions please call me at (508) 435-8080.

Sincerely,

PENNONI ASSOCIATES, INC.



James D. Doherty, P.E., LSP
Senior Environmental Engineer

cc: DEP, Wilmington

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LEGAL NOTICES

Zoning District, Assessors' map 37,
19. All Town boards and other
interested parties wishing to be heard
could appear at the time and place
notated.

ROBERT F. SYLVIA, CHAIRMAN
BOARD OF APPEALS ON
ZONING

D#880507
Medfield Press 6/20, 6/27/02

DAMS ST.
LEGAL NOTICE
THE COMMONWEALTH OF
MASSACHUSETTS
LAND COURT

DEPARTMENT OF THE TRIAL
COURT

Case No. 281407

Ronald D. McLellan and
Melaney Murray and to all persons
entitled to the benefit of the Soldiers'
Sailors' Civil Relief Act of 1940 as
amended: The Needham Cooperative
Bank, claiming to be the holder of a
mortgage covering real property in
Medfield, MA known and numbered
as 13, 2001, recorded with the

Norfolk County Registry of Deeds in
Book 15144 at Page 444, has filed with
said court a complaint for authority to
foreclose said mortgage in the manner
following: by entry and possession and
exercise of power of sale.

If you are entitled to the benefits of the
Soldiers' and Sailors' Civil Relief Act of
1940 as amended and you object to
such foreclosure, you or your attorney
should file a written appearance and
answer in said court at Boston on or
before the 22nd day of July, 2002, or
you may be forever barred from
claiming that such foreclosure is invalid
under said act.

Witness, PETER W. KILBORN,
Chief Justice of said Court this 6th day
of June, 2002.

Charles W. Trombly, Jr.
Recorder

AD#880987
Medfield Press 6/20/02

45 HOSPITAL RD.
LEGAL NOTICE
NOTICE OF AN INITIAL SITE
INVESTIGATION AND
TIER II CLASSIFICATION
MEDFIELD STATE HOSPITAL
POWER PLANT
45 HOSPITAL ROAD
MEDFIELD, MASSACHUSETTS
RELEASE TRACKING
NUMBERS 3-20799, 3-20984,
3-21162

Pursuant to the Massachusetts
Contingency Plan (310 CMR
40.0480), an Initial Site Investigation
has been performed at the above-

referenced location.

A release of oil and/or hazardous
materials has occurred at this location
which is a disposal site (defined by
M.G.L. c.21E, Section 2). This site has
been classified as Tier II, pursuant to
310 CMR 40.0500. Response actions
at this site will be conducted by the
Massachusetts Department of Mental
Health who has employed Pennoni
Associates Inc. to manage response
actions in accordance with the
Massachusetts Contingency Plan (310
CMR 40.0000).

M.G.L. c.21E and the Massachusetts
Contingency Plan provide additional
opportunities for public notice of and
involvement in decisions regarding
response actions at disposal sites: 1)
The Chief Municipal Official and
Board of Health of the community in
which the site is located will be notified
of major milestones and events,
pursuant to 310 CMR 40.1403; and 2)
Upon receipt of a petition from ten or
more residents of the municipality in
which the disposal site is located, or of
a municipality potentially affected by a
disposal site, a plan for involving the
public in decisions regarding response
actions at the site will be prepared and
implemented, pursuant to 310 CMR
40.1405.

To obtain more information on this
disposal site and the opportunities for
public involvement during its
remediation, please contact James
Doherty, LSP of Pennoni Associates,
Inc., 82 South Street, Hopkinton, MA
at 508/435-8080.
AD#880198
Medfield Press 6/20/02

NOTICE OF AN INITIAL SITE INVESTIGATION AND TIER II CLASSIFICATION

MEDFIELD STATE HOSPITAL POWER PLANT
45 HOSPITAL ROAD
MEDFIELD, MASSACHUSETTS
RELEASE TRACKING NUMBERS 3-20799, 3-20984, 3-21162

Pursuant to the Massachusetts Contingency Plan (310 CMR 40.0480), an Initial Site Investigation has been performed at the above referenced location.

A release of oil and /or hazardous materials has occurred at this location which is a disposal site (defined by M.G.L. c. 21E, Section 2). This site has been classified as Tier II, pursuant to 310 CMR 40.0500. Response actions at this site will be conducted by the Massachusetts Department of Mental Health who has employed Pennoni Associates Inc. to manage response actions in accordance with the Massachusetts Contingency Plan (310 CMR 40.0000).

M.G.L. c. 21E and the Massachusetts Contingency Plan provide additional opportunities for public notice of and involvement in decisions regarding response actions at disposal sites: 1) The Chief Municipal Official and Board of Health of the community in which the site is located will be notified of major milestones and events, pursuant to 310 CMR 40.1403; and 2) Upon receipt of a petition from ten or more residents of the municipality in which the disposal site is located, or of a municipality potentially affected by the disposal site, a plan for involving the public in decisions regarding response actions at the site will be prepared and implemented, pursuant to 310 CMR 40.1405.

To obtain more information on this disposal site and the opportunities for public involvement during its remediation, please contact James Doherty, LSP of Pennoni Associates, Inc. 82 South Street, Hopkinton, MA at 508/435-8080.



The Commonwealth of Massachusetts

Executive Office for Administration and Finance

Division of Capital Asset Management

One Ashburton Place

Boston, Massachusetts 02108

Tel: (617) 727-4050

Fax: (617) 727-5363

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

ERIC A. KRISS
SECRETARY, ADMINISTRATION
& FINANCE

DAVID B. PERINI
COMMISSIONER

May 5, 2003

Mr. George Camougis, L.S.P.
Massachusetts Department of Mental Health
25 Staniford Street
Boston, MA 02114

RE: Public Involvement Plan (PIP)
Medfield State Hospital
RTN: 3-20799

Dear George:

The Division of Capital Asset Management (DCAM) has received the attached petition that designates the Power Plant Underground Storage Tank release at the above-referenced property as a PIP Site with the required obligations specified in 310 CMR 40.1404. We are forwarding this documentation to you for your use and attention. It should be noted that although the date on the top of the petition is dated March 31, 2003, the postmark for the certified letter from the PIP petitioners was April 30, 2003.

Based on our last discussions, DCAM understands that Department of Mental Health will complete the Massachusetts Contingency Plan requirements associated with this Release Tracking Number. If we can be of any assistance in this matter or if can be of additional assistance, please contact the undersigned at 617-727-4030 ext. 207.

Very Truly Yours,

John M. O'Donnell, P.E., L.S.P.

CC: Martin Baker (DMH)
Robert Barry (DCAM)
Barry Heidke (DCAM)
Mary Beth Clancy (DCAM)
K. Stromberg, (MADEP)



Attn. Division of Capital Asset Management
One Ashburton Place
Boston, Massachusetts 02108

March 31, 2003

RE: Medfield State Hospital

The following is a Petition to designate the disposal site identified as Release Tracking Number 3-20799 and any linked Release Tracking Number as a Public Involvement Plan (PIP) site pursuant to M.G.L. c. 21E, Section 14(a) and the Massachusetts Contingency Plan, 310 CMR 40.1404.

Name	Signature	Address
John Thompson	<i>John Thompson</i>	406 Main Street
MARIS L. ABBENE	<i>M. L. Abbene</i>	406 Main Street
Burgess P. Standley	<i>Burgess P. Standley</i>	75 Elm Street
Cecelia D. Standley	<i>Cecelia D. Standley</i>	75 Elm Street
John S. Harney	<i>John S. Harney</i>	17 Maplewood Rd.
Giuliana Costello	<i>Giuliana Costello</i>	84 bridge St.
MARTHA L. SMICK	<i>Martha L. Smick</i>	120 Pine Street
Christopher Wm Smick	<i>Christopher Wm Smick</i>	120 Pine Street
MARY W. HARNEY	<i>Mary W. Harney</i>	17 Maplewood Road
Paul Galante Jr.	<i>Paul Galante Jr.</i>	116 Green St

cc. Karen Stromberg DEP-NERD



PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508-435-8080
Fax: 508-435-4351

May 23, 2003

Mr. John Thompson
406 Main Street
Medfield, MA 02052

**Re: Receipt of Public Involvement Plan Site Petition
Medfield State Hospital
Fuel Oil Release Site
RTN 3-20799**

Dear Mr. Thompson:

Pennoni Associates, Inc. (Pennoni) is in receipt of a petition to which you are a signatory. This document has been submitted to petition that the above identified disposal site be designated as a Public Involvement Plan (PIP) site pursuant to the Massachusetts Contingency Plan (310 CMR 40.1404). This letter acknowledges receipt of this petition and serves to designate the site as a PIP site.

In response to our requirements under 310 CMR 40.1405(5), the Department of Mental Health will develop a Draft - Public Involvement Plan within 60 days of this date. The Department will also complete other required public involvement activities that include, but are not limited to: conducting community interviews, presenting the PIP at a Public Meeting and receiving public comments on the Plan.

Please submit future correspondence to:

Mr. Gorge Camougis,
Department of Mental Health
25 Staniford Street
Boston, MA 02114-2575

We look forward to working with the community on this project.

Very truly yours,

PENNONI ASSOCIATES INC.

James D. Doherty, PhD, P.E., LSP
Senior Environmental Engineer

C: Karen Stromberg, DEP NERO,



PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508•435•8080
Fax: 508•435•4351

May 23, 2003

Maris Abbene
406 Main Street
Medfield, MA 02052

**Re: Receipt of Public Involvement Plan Site Petition
Medfield State Hospital
Fuel Oil Release Site
RTN 3-20799**

Dear Maris Abbene:

Pennoni Associates, Inc. (Pennoni) is in receipt of a petition to which you are a signatory. This document has been submitted to petition that the above identified disposal site be designated as a Public Involvement Plan (PIP) site pursuant to the Massachusetts Contingency Plan (310 CMR 40.1404). This letter acknowledges receipt of this petition and serves to designate the site as a PIP site.

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Please submit future correspondence to:

Mr. Gorge Camougis,
Department of Mental Health
25 Staniford Street
Boston, MA 02114-2575

We look forward to working with the community on this project.

Very truly yours,

PENNONI ASSOCIATES INC.

James D. Doherty, PhD, P.E., LSP
Senior Environmental Engineer

C: Karen Stromberg, DEP NERO,



PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508•435•8080
Fax: 508•435•4351

May 23, 2003

Burgess Standley
75 Elm Street
Medfield, MA 02052

**Re: Receipt of Public Involvement Plan Site Petition
Medfield State Hospital
Fuel Oil Release Site
RTN 3-20799**

Dear Burgess Standley:

Pennoni Associates, Inc. (Pennoni) is in receipt of a petition to which you are a signatory. This document has been submitted to petition that the above identified disposal site be designated as a Public Involvement Plan (PIP) site pursuant to the Massachusetts Contingency Plan (310 CMR 40.1404). This letter acknowledges receipt of this petition and serves to designate the site as a PIP site.

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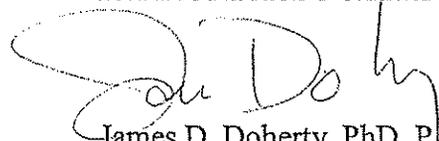
Please submit future correspondence to:

Mr. Gorge Camougis,
Department of Mental Health
25 Staniford Street
Boston, MA 02114-2575

We look forward to working with the community on this project.

Very truly yours,

PENNONI ASSOCIATES INC.



James D. Doherty, PhD, P.E., LSP
Senior Environmental Engineer

C: Karen Stromberg, DEP NERO,



PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508•435•8080
Fax: 508•435•4351

May 23, 2003

Ms. Caroline Standley
75 Elm Street
Medfield, MA 02052

**Re: Receipt of Public Involvement Plan Site Petition
Medfield State Hospital
Fuel Oil Release Site
RTN 3-20799**

Dear Ms. Standley:

Pennoni Associates, Inc. (Pennoni) is in receipt of a petition to which you are a signatory. This document has been submitted to petition that the above identified disposal site be designated as a Public Involvement Plan (PIP) site pursuant to the Massachusetts Contingency Plan (310 CMR 40.1404). This letter acknowledges receipt of this petition and serves to designate the site as a PIP site.

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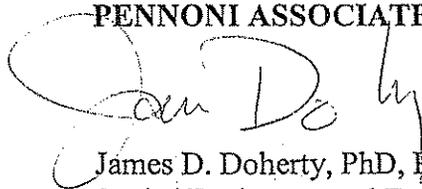
Please submit future correspondence to:

Mr. Gorge Camougis,
Department of Mental Health
25 Staniford Street
Boston, MA 02114-2575

We look forward to working with the community on this project.

Very truly yours,

PENNONI ASSOCIATES INC.


James D. Doherty, PhD, P.E., LSP
Senior Environmental Engineer

C: Karen Stromberg, DEP NERO,



PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508-435-8080
Fax: 508-435-4351

May 23, 2003

Mr. John Harney
17 Maplewood Road
Medfield, MA 02052

**Re: Receipt of Public Involvement Plan Site Petition
Medfield State Hospital
Fuel Oil Release Site
RTN 3-20799**

Dear Mr. Harney:

Pennoni Associates, Inc. (Pennoni) is in receipt of a petition to which you are a signatory. This document has been submitted to petition that the above identified disposal site be designated as a Public Involvement Plan (PIP) site pursuant to the Massachusetts Contingency Plan (310 CMR 40.1404). This letter acknowledges receipt of this petition and serves to designate the site as a PIP site.

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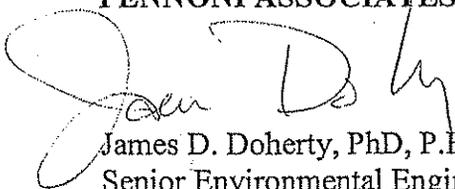
Please submit future correspondence to:

Mr. Gorge Camougis,
Department of Mental Health
25 Staniford Street
Boston, MA 02114-2575

We look forward to working with the community on this project.

Very truly yours,

PENNONI ASSOCIATES INC.



James D. Doherty, PhD, P.E., LSP
Senior Environmental Engineer

C: Karen Stromberg, DEP NERO,



PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508•435•8080
Fax: 508•435•4351

May 23, 2003

Ms. Andrea Costello
84 Bridge Street
Medfield, MA 02052

**Re: Receipt of Public Involvement Plan Site Petition
Medfield State Hospital
Fuel Oil Release Site
RTN 3-20799**

Dear Ms. Costello:

Pennoni Associates, Inc. (Pennoni) is in receipt of a petition to which you are a signatory. This document has been submitted to petition that the above identified disposal site be designated as a Public Involvement Plan (PIP) site pursuant to the Massachusetts Contingency Plan (310 CMR 40.1404). This letter acknowledges receipt of this petition and serves to designate the site as a PIP site.

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Please submit future correspondence to:

Mr. Gorge Camougis,
Department of Mental Health
25 Staniford Street
Boston, MA 02114-2575

We look forward to working with the community on this project.

Very truly yours,

PENNONI ASSOCIATES INC.

James D. Doherty, PhD, P.E., LSP
Senior Environmental Engineer

C: Karen Stromberg, DEP NERO,

Pennoni

PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508-435-8080
Fax: 508-435-4351

May 23, 2003

Ms. Martha Smick
120 Pine Street
Medfield, MA 02052

**Re: Receipt of Public Involvement Plan Site Petition
Medfield State Hospital
Fuel Oil Release Site
RTN 3-20799**

Dear Ms. Smick:

Pennoni Associates, Inc. (Pennoni) is in receipt of a petition to which you are a signatory. This document has been submitted to petition that the above identified disposal site be designated as a Public Involvement Plan (PIP) site pursuant to the Massachusetts Contingency Plan (310 CMR 40.1404). This letter acknowledges receipt of this petition and serves to designate the site as a PIP site.

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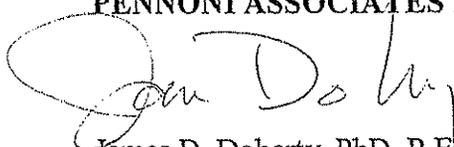
Please submit future correspondence to:

Mr. Gorge Camougis,
Department of Mental Health
25 Staniford Street
Boston, MA 02114-2575

We look forward to working with the community on this project.

Very truly yours,

PENNONI ASSOCIATES INC.


James D. Doherty, PhD, P.E., LSP
Senior Environmental Engineer

C: Karen Stromberg, DEP NERO,

F:\DOMH2\Medfield\PIP Receipt Letter

Pennoni

PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508•435•8080
Fax: 508•435•4351

May 23, 2003

Mr. Christopher Smick
120 Pine Street
Medfield, MA 02052

**Re: Receipt of Public Involvement Plan Site Petition
Medfield State Hospital
Fuel Oil Release Site
RTN 3-20799**

Dear Mr. Smick:

Pennoni Associates, Inc. (Pennoni) is in receipt of a petition to which you are a signatory. This document has been submitted to petition that the above identified disposal site be designated as a Public Involvement Plan (PIP) site pursuant to the Massachusetts Contingency Plan (310 CMR 40.1404). This letter acknowledges receipt of this petition and serves to designate the site as a PIP site.

In response to our requirements under 310 CMR 40.1405(5), the Department of Mental Health will develop a Draft - Public Involvement Plan within 60 days of this date. The Department will also complete other required public involvement activities that include, but are not limited to: conducting community interviews, presenting the PIP at a Public Meeting and receiving public comments on the Plan.

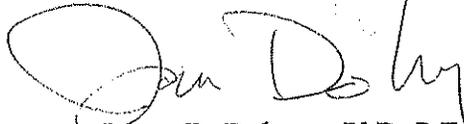
Please submit future correspondence to:

Mr. Gorge Camougis,
Department of Mental Health
25 Staniford Street
Boston, MA 02114-2575

We look forward to working with the community on this project.

Very truly yours,

PENNONI ASSOCIATES INC.


James D. Doherty, PhD, P.E., LSP
Senior Environmental Engineer

C: Karen Stromberg, DEP NERO,

FADOMH2Medfield/PIP Receipt Letter



PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508•435•8080
Fax: 508•435•4351

May 23, 2003

Ms. Mary Harney
17 Maplewood Road
Medfield, MA 02052

**Re: Receipt of Public Involvement Plan Site Petition
Medfield State Hospital
Fuel Oil Release Site
RTN 3-20799**

Dear Ms. Harney:

Pennoni Associates, Inc. (Pennoni) is in receipt of a petition to which you are a signatory. This document has been submitted to petition that the above identified disposal site be designated as a Public Involvement Plan (PIP) site pursuant to the Massachusetts Contingency Plan (310 CMR 40.1404). This letter acknowledges receipt of this petition and serves to designate the site as a PIP site.

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Please submit future correspondence to:

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Department of Mental Health
25 Staniford Street
Boston, MA 02114-2575

We look forward to working with the community on this project.

Very truly yours,

PENNONI ASSOCIATES INC.

James D. Doherty, PhD, P.E., LSP
Senior Environmental Engineer

C: Karen Stromberg, DEP NERO,



PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508•435•8080
Fax: 508•435•4351

May 23, 2003

Mr. Paul Galante
116 Green Street
Medfield, MA 020532

**Re: Receipt of Public Involvement Plan Site Petition
Medfield State Hospital
Fuel Oil Release Site
RTN 3-20799**

Dear Mr. Galante:

Pennoni Associates, Inc. (Pennoni) is in receipt of a petition to which you are a signatory. This document has been submitted to petition that the above identified disposal site be designated as a Public Involvement Plan (PIP) site pursuant to the Massachusetts Contingency Plan (310 CMR 40.1404). This letter acknowledges receipt of this petition and serves to designate the site as a PIP site.

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Mr. Gorge Camougis,
Department of Mental Health
25 Staniford Street
Boston, MA 02114-2575

We look forward to working with the community on this project.

Very truly yours,

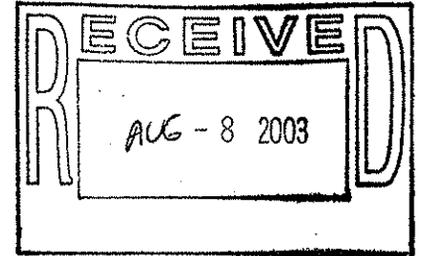
PENNONI ASSOCIATES INC.

James D. Doherty, PhD, P.E., LSP
Senior Environmental Engineer

C: Karen Stromberg, DEP NERO,

August 7, 2003

Ms. Karen Stromberg
BWSC/NERO, 9th floor
DEP
One Winter St.
Boston, MA 02108



Re: Public Involvement Plan
Medfield State Hospital
RTN 3-20799

Dear Karen:

As of this date, the 60 day MCP deadline specified in 310 CMR 40.1405(5) for preparation of a draft Public Involvement Plan for the above referenced site has passed without explanation.

This is to notify the department that the public as stakeholders in the cleanup of this property have every expectation that state regulation will be followed without regard to the internal needs, requirements or financial abilities of the responsible party.

We respectfully request that an Interim Deadline pursuant to MGL 21E Sec. 3A(j) and 310 CMR 40.0167 be established for completion of the draft Public Involvement Plan.

Sincerely,

A handwritten signature in cursive script, appearing to read "John A. Thompaon".

John A. Thompaon
406 Main Street
Medfield, MA 02052

cc. Public Involvement Plan List
Jo ann Sprague, State House, Room 206, Boston, MA 02133
George Camougis, Department of Mental Health, 25 Staniford Street
Boston, MA 02114-2575
✓ James Doherty, PhD, PE, LSP Pennoni Associates Inc. 82 South Street,
Hopkinton, MA 01748-2205



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Mental Health
25 Staniford Street
Boston, Massachusetts 02114-2575

MITT ROMNEY
 Governor

KERRY HEALEY
 Lieutenant Governor

RONALD PRESTON
 Secretary

ELIZABETH CHILDS, M.D.
 Commissioner

**MEMORANDUM FOR
 TRANSMISSION BY FACSIMILE**

(617) 626-8000
 TTY (617) 727-9842
 www.state.ma.us/dmh

TO: Karen Stromberg, DEP/NERO

FROM: Martin Baker, Director
 Office of Engineering and Facilities Management

DATE: August 27, 2003

RE: Status of PIP Program at Medfield State Hospital

1. This is a notification that the Department of Mental Health (DMH) will continue with the next steps in the Public Information Plan (PIP) procedure for RTN 3-20799 at Medfield State Hospital (MSH). DMH has prepared a preliminary draft PIP, but work was temporarily stopped because authorized funding was not available.
2. DMH participated in a conference with the Division of Capital Asset Management (DCAM) on August 26, 2003, and DMH has been authorized funding to continue work on the PIP. Additionally, DMH has been authorized to continue response actions at RTN 3-20799 towards achieving an RAO.
3. DMH has also notified our consultants, Pennoni Associates (Pennoni), and they have indicated that they can proceed with additional work on the PIP as soon as they are authorized. DMH will issue an authorization to proceed today, August 27, 2003. Work will proceed on the PIP with as fast a schedule as possible consistent with the regulations.
4. DMH expresses its gratitude for the assistance and patience of DEP in this important matter.
5. Copies of this memo will be distributed to the following:
 - Robert Barry, DCAM
 - John O'Donnell, DCAM
 - Jim Doherty, Pennoni
 - Jennifer Wilcox, Esq., DMH
 - George Camougis, DMH



PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508-435-8080
Fax: 508-435-4351

September 8, 2003

Mr. John Thompson
406 Main Street
Medfield, MA 02052

**Re: Public Involvement Plan Meeting
Medfield State Hospital
Fuel Oil Release Site
RTN 3-20799**

Dear Mr. Thompson:

On behalf of the Massachusetts Department of Mental Health, Pennoni Associates, Inc. (Pennoni) has developed a Draft - Public Involvement Plan (PIP) for the above referenced Site. Please be advised that a Public Meeting will be held to present the Draft PIP and receiving public comments on the Plan on Thursday, September 25, 2003, from 6:00 to 8:00 pm at the Medway Public Library, located at 468 Main Street in Medfield, Massachusetts.

A copy of the legal notice scheduled for publication in the September 11, 2003 Medfield Press is enclosed for your information.

We look forward to working with the community on this project.

Very truly yours,

PENNONI ASSOCIATES INC.

James D. Doherty, PhD, P.E., LSP
Senior Environmental Engineer

cc: Karen Stromberg, DEP NERO,
Enclosure

F:\DOMH2\MedfieldPIP Meeting Letter



PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508•435•8080
Fax: 508•435•4351

September 8, 2003

Ms. Maris Abbene
406 Main Street
Medfield, MA 02052

**Re: Public Involvement Plan Meeting
Medfield State Hospital
Fuel Oil Release Site
RTN 3-20799**

Dear Ms. Abbene:

On behalf of the Massachusetts Department of Mental Health, Pennoni Associates, Inc. (Pennoni) has developed a Draft - Public Involvement Plan (PIP) for the above referenced Site. Please be advised that a Public Meeting will be held to present the Draft PIP and receiving public comments on the Plan on Thursday, September 25, 2003, from 6:00 to 8:00 pm at the Medway Public Library, located at 468 Main Street in Medfield, Massachusetts.

A copy of the legal notice scheduled for publication in the September 11, 2003 Medfield Press is enclosed for your information.

We look forward to working with the community on this project.

Very truly yours,

PENNONI ASSOCIATES INC.

James D. Doherty, PhD, P.E., LSP
Senior Environmental Engineer

cc: Karen Stromberg, DEP NERO,
Enclosure

F:\DOMH2\Medfield\PIP Meeting Letter



PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508-435-8080
Fax: 508-435-4351

September 8, 2003

Ms. Nancy Bennotti
Medfield Town House
Board of Health
459 Main Street
Medfield, MA 02052

**Re: Public Involvement Plan Meeting
Medfield State Hospital
Fuel Oil Release Site
RTN 3-20799**

Dear Ms. Bennotti:

On behalf of the Massachusetts Department of Mental Health, Pennoni Associates, Inc. (Pennoni) has developed a Draft - Public Involvement Plan (PIP) for the above referenced Site. Please be advised that a Public Meeting will be held to present the Draft PIP and receiving public comments on the Plan on Thursday, September 25, 2003, from 6:00 to 8:00 pm at the Medway Public Library, located at 468 Main Street in Medfield, Massachusetts.

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Very truly yours,

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James D. Doherty, PhD, P.E., LSP
Senior Environmental Engineer

cc: Karen Stromberg, DEP NERO,
Enclosure

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PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508•435•8080
Fax: 508•435•4351

September 8, 2003

Mr. Michael Sullivan
Medfield Town House
Town Administrator
459 Main Street
Medfield, MA 02052

**Re: Public Involvement Plan Meeting
Medfield State Hospital
Fuel Oil Release Site
RTN 3-20799**

Dear Mr. Sullivan:

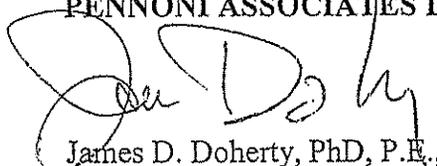
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Very truly yours,

PENNONI ASSOCIATES INC.



James D. Doherty, PhD, P.E., LSP
Senior Environmental Engineer

cc: Karen Stromberg, DEP NERO,
Enclosure

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PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508•435•8080
Fax: 508•435•4351

September 8, 2003

Ms. Caroline Standley
75 Elm Street
Medfield, MA 02052

**Re: Public Involvement Plan Meeting
Medfield State Hospital
Fuel Oil Release Site
RTN 3-20799**

Dear Ms. Standley:

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PENNONI ASSOCIATES INC.

James D. Doherty, PhD, P.E., LSP
Senior Environmental Engineer

cc: Karen Stromberg, DEP NERO,
Enclosure

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PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508•435•8080
Fax: 508•435•4351

September 8, 2003

Mr. Burgess Standley
75 Elm Street
Medfield, MA 02052

**Re: Public Involvement Plan Meeting
Medfield State Hospital
Fuel Oil Release Site
RTN 3-20799**

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James D. Doherty, PhD, P.E., LSP
Senior Environmental Engineer

cc: Karen Stromberg, DEP NERO,
Enclosure

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PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508•435•8080
Fax: 508•435•4351

September 8, 2003

Ms. Andrea Costello
84 Bridge Street
Medfield, MA 02052

**Re: Public Involvement Plan Meeting
Medfield State Hospital
Fuel Oil Release Site
RTN 3-20799**

Dear Ms. Costello:

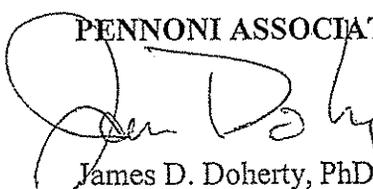
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Senior Environmental Engineer

cc: Karen Stromberg, DEP NERO,
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CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508•435•8080
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September 8, 2003

Ms. Martha Smick
120 Pine Street
Medfield, MA 02052

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Medfield State Hospital
Fuel Oil Release Site
RTN 3-20799**

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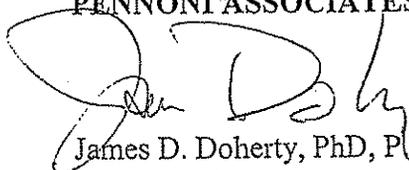
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James D. Doherty, PhD, P.E., LSP
Senior Environmental Engineer

cc: Karen Stromberg, DEP NERO,
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Hopkinton, MA 01748-2205
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September 8, 2003

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Medfield, MA 02052

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Fuel Oil Release Site
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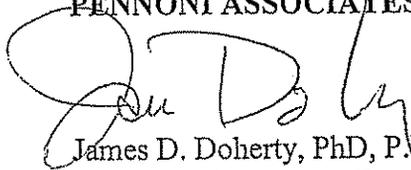
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Senior Environmental Engineer

cc: Karen Stromberg, DEP NERO,
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Pennoni

PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508•435•8080
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September 8, 2003

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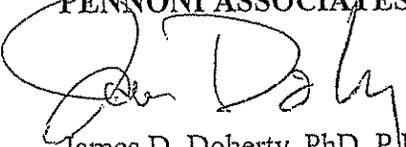
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CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508-435-8080
Fax: 508-435-4351

September 8, 2003

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116 Green Street
Medfield, MA 02052

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Medfield State Hospital
Fuel Oil Release Site
RTN 3-20799**

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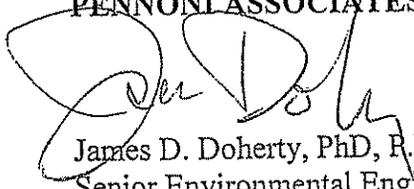
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PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508-435-8080
Fax: 508-435-4351

September 8, 2003

Ms. Ann Thompson
Medfield Town House
Board of Selectmen
459 Main Street
Medfield, MA 02052

**Re: Public Involvement Plan Meeting
Medfield State Hospital
Fuel Oil Release Site
RTN 3-20799**

Dear Ms. Thompson:

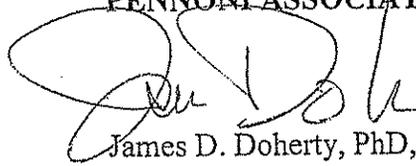
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Very truly yours,

PENNONI ASSOCIATES INC.



James D. Doherty, PhD, P.E., LSP
Senior Environmental Engineer

cc: Karen Stromberg, DEP NERO,
Enclosure

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PENNONI ASSOCIATES INC.
CONSULTING ENGINEERS

82 South Street
Hopkinton, MA 01748-2205
Tel: 508•435•8080
Fax: 508•435•4351

September 8, 2003

Mr. John Harney
17 Maplewood Road
Medfield, MA 02052

**Re: Public Involvement Plan Meeting
Medfield State Hospital
Fuel Oil Release Site
RTN 3-20799**

Dear Mr. Harney:

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Very truly yours,

PENNONI ASSOCIATES INC.

James D. Doherty, PhD, R.E., LSP
Senior Environmental Engineer

cc: Karen Stromberg, DEP NERO,
Enclosure

LEGAL NOTICES

at the Medfield Town
Chenery Meeting Room,
Main Street on

September 18, 2003
P.M.

An Abbreviated Notice of
Area Delineation from
and Bonnie Musto to
the status of Vine Brook
Road Extension, Map 58,
and owned by them.

A. Parmigiane, Chairman

394
Press 9/11/03

**ARNOLD DR.
LEGAL NOTICE**

it to the Massachusetts
Wetlands Protection Act, Mass.
Gen. Laws ch. 131, sec. 40, and the
Medfield Wetlands Bylaw, Article
IX, the Medfield Conservation
Commission will conduct a public
hearing at the Medfield Town
Hall, Chenery Meeting Room,
459 Main Street on

September 18, 2003
P.M.

with a Notice of Intent from
and Michael Weintraub
to demolish an existing porch into
a season room with a full
bath within the riverfront
area of Sewall Brook and
a 100-foot buffer zone of a
Vegetated Wetlands at
Cold Drive, Map 37, Lot
and owned by the them.

A. Parmigiane, Chairman

392
Press 9/11/03

**GREEN ST.
LEGAL NOTICE**

it to the Massachusetts
Wetlands Protection Act, Mass.
Gen. Laws ch. 131, sec. 40, and the
Medfield Wetlands Bylaw, Article
IX, the Medfield Conservation
Commission will conduct a public
hearing at the Medfield Town
Hall, Chenery Meeting Room,
459 Main Street on

September 18, 2003
P.M.

to review a Continued Notice of
Intent from **Green Street Realty
Trust** to construct a driveway and
dwelling with appurtenant filling,
grading and utilities within the
riverfront resource area of Vine
Brook and the 100-foot buffer
zone of a bordering vegetated wet-
lands at **63 Green Street,
Assessor Map 50, Parcel 113** on
land owned by them.

Ralph A. Parmigiane, Chairman

AD#315891
Medfield Press 9/11/03

**CC/81 HARDING ST.
LEGAL NOTICE**

Pursuant to the Massachusetts
Wetlands Protection Act, Mass.
Gen. Laws ch. 131, sec. 40, and the
Medfield Wetlands Bylaw, Article
IX, the Medfield Conservation
Commission will conduct a public
hearing at the Medfield Town
Hall, Chenery Meeting Room,
459 Main Street on

Thursday, September 18, 2003
at 8:45 P.M.

to review a Notice of Intent from
Randy Sherman to construct a
single family dwelling, driveway,
sewer line and to perform associat-
ed grading within a riverfront
resource area and the 100-foot
buffer zone of a Bordering
Vegetated Wetlands at **81
Harding Street, Map 64, Lot 83,**
on land owned by the **The Estate
of Madeline Smith, Edgar A.
Smith, tr.**

Ralph A. Parmigiane, Chairman

AD#315893
Medfield Press 9/11/03

**PUBLIC INVOLVEMENT
PLAN
LEGAL NOTICE
NOTICE OF A PUBLIC
INVOLVEMENT
PLAN MEETING
MEDFIELD STATE HOSPI-
TAL
45 HOSPITAL ROAD
RELEASE TRACKING
NUMBER - 3-20799**

The Massachusetts Department
of Mental Health received a peti-

tion from residents in **Medfield**
requesting this location be design-
ated as a **Public Involvement Plan**
site, in accordance with MGL
c.21E 14(a) and 310 CMR 40 sub-
part N. This law requires that,
upon receiving such a petition, a
plan for involving the public in
decisions regarding remedial
response actions must be prepared
and a public meeting to present the
proposed plan held.

The **Massachusetts Department
of Mental Health** designated this
site as a **Public Involvement Plan
(PIP)** site on **May 23, 2003**. A
public meeting will be held at the
Medfield Public Library on
**September 25, 2003 from 6:00
to 8:00 pm** to present the draft
Public Involvement Plan, and to
provide an update on planning for
remedial actions at the site. Copies
of the draft **Public Involvement
Plan** will be made available at the
meeting.

Any questions regarding this meet-
ing or the **Public Involvement Plan**
should be directed to **James
Doherty, LSP of Pennoni
Associates, 82 South Street,
Hopkinton, MA at 508-435-
8080.**

AD#319167
Medfield Press 9/11/03

**11 PHEASANT RD.
LEGAL NOTICE
NOTICE OF MORT-
GAGEE'S SALE OF REAL
ESTATE**

By virtue and in execution of the
Power of Sale contained in a cer-
tain mortgage given by Charles E.
Estes and Kimberly N. Estes to
Chase Manhattan Bank USA,
N.A., dated April 5, 1999 and
recorded with the Norfolk County
Registry of Deeds at Book 13365,
Page 288, of which mortgage
Chase Manhattan Bank USA,
N.A. is the present holder, for
breach of the conditions of said
mortgage and for the purpose of
foreclosing, the same will be sold at
Public Auction at 11:00 a.m. on
September 23, 2003, on the mort-
gaged premises located at 11
Pheasant Road, Medfield, Norfolk
County, Massachusetts, all and sing-
ular the premises described in
said mortgage,

TO WIT:

The land, with the buildings there-
on situated in Medfield, Norfolk
County, Massachusetts, being
shown as Lot 34 on a Plan of land
entitled, "Plan of Land in
Medfield, Mass." dated October
15, 1962 by Chaney Engineering
Co., recorded with Norfolk
Registry of Deeds in Plan Book
214, Plan No. 73 of 1963, and
being known as No. 11 described
as follows:

WESTERLY: By Pheasant Road
by two lines measuring one hun-
dred nine and 66/100 (109.66) feet
and fifty and 10/100 (50.10) feet
respectively;

NORTHWESTERLY: By the
curved junction of said Pheasant
Road and Fox Lane, forty-seven
and 11122/100 (47.12) feet;

NORTHERLY: By said Fox Lane,
seventy-eight and 19/100 (78.19)
feet;

EASTERLY: By Lot 33, one hun-
dred eighty-three and 79/100
(183.79) feet; and

SOUTHERLY: By Lot 28, one
hundred twenty-six and 57/100
(126.57) feet;

Containing 20,514 square feet of
land according to said plan.

Said premises are conveyed subject
to and with the benefit of ease-
ments, restrictions, agreements
and reservations of record, if any
there be, insofar as the same may
be in force and applicable, and sub-
ject to and with the benefit of the
right to use the roads and ways
shown on said plan for all purposes
for which roads are ways are used
in the Town of Medfield in com-
mon with all others thereto entit-
led.

Subject to a first mortgage to
South Boston Savings Bank
(assigned to Federal National
Mortgage Association) dated
December 16, 1993 and recorded
with the Norfolk County Registry
of Deeds at Book 10285, Page 586
in the original principal amount of
\$202,000.00.

For mortgagors'
recorded with N
Registry of Deeds
Page 255.

These premises w
conveyed subject t
benefit of all right
restrictions, easem
liens or claims in
liens, improvement
ments, any and all
titles, tax liens, w
liens and any of
assessments or li
encumbrances of r
in force and are ap
priority over s
whether or not re
restrictions, easem
ments, liens or e
made in the deed.

**END PART C
PHEASANT RD.
PART TWO O
ANT RD.**

TERMS OF SALE

A deposit of F
(\$5,000.00) Dollar
bank check will be
paid by the purch
and place of sale. T
be paid by certifi
at Harmon Law C
California Stre
Massachusetts 024
P.O. Box 610
Highlands, Massa
0389, within thirty
the date of sale. D
vided to purchase
upon receipt in ful
price. The desc
premises containe
gage shall control i
error in this public

Other terms, i
announced at the

CHASE-MANH

Present holder

HARMON L

Ernest H. Pell
150
Nev

AD#304120, 3041
Medfield Press 8/2

**NOTICE OF A PUBLIC INVOLVEMENT PLAN MEETING
MEDFIELD STATE HOSPITAL
45 HOSPITAL ROAD
RELEASE TRACKING NUMBER – 3-20799**

The **Massachusetts Department of Mental Health** received a petition from residents in **Medfield** requesting this location be designated as a Public Involvement Plan site, in accordance with MGL c.21E 14(a) and 310 CMR 40 subpart N. This law requires that, upon receiving such a petition, a plan for involving the public in decisions regarding remedial response actions must be prepared and a public meeting to present the proposed plan held.

The **Massachusetts Department of Mental Health** designated this site as a Public Involvement Plan (PIP) site on **May 23, 2003**. A public meeting will be held at the **Medfield Public Library** on **September 25, 2003 from 6:00 to 8:00 pm** to present the draft Public Involvement Plan, and to provide an update on planning for remedial actions at the site. Copies of the draft Public Involvement Plan will be made available at the meeting.

Any questions regarding this meeting or the Public Involvement Plan should be directed to **James Doherty, LSP of Pennoni Associates, 82 South Street, Hopkinton, MA at 508-435-8080.**