

E5042-214
November 29, 2021

Mr. Gregory Hanley
Town Administrator
Holbrook Town Hall
50 North Franklin Street
Holbrook, Massachusetts 02343

RECEIVED

DEC 7 2021

Board of Selectmen

**Re: Public Notification of Permanent Solution Statement
Diesel Fuel Oil Release
Eversource Electrical Right-of-Way
315 Pine Street
Holbrook, Massachusetts 02343
MassDEP RTN 4-0029007**

Dear Mr. Hanley:

In accordance with the Public Notification procedures of the Massachusetts Contingency Plan 310 CMR 40.1403, we are hereby notifying you of the submittal of a Release Notification Form (RNF) and Permanent Solution Statement with No Conditions (PSNC) for the above referenced site to the Massachusetts Department of Environmental Protection (MassDEP).

This RNF and PSS pertains to a sudden release of approximately 45 gallons of diesel from a saddle tank on a vacuum truck working within the electrical right-of-way behind the Eversource substation located at 315 Pine Street in Holbrook, Massachusetts. The release occurred when the saddle tank of the vacuum truck struck a timber mat while navigating through the right-of-way, releasing diesel to the timber mats and gravel-packed access road. This release was reported to the Massachusetts Department of Environmental Protection (MassDEP) on September 30, 2021 and was assigned Release Tracking Number (RTN) 4-0029007.

It is our opinion that response actions conducted at the Site, including the removal of the damaged truck and excavation of diesel impacted soils, were successful in achieving remedial objectives. A condition of No Significant Risk exists and a PSNC is appropriate for this release.

Please note that this letter and the attached MassDEP form are for notification purposes and no action is being asked of you in response to this notice. A copy of the PSS and reports documenting remedial activities and conditions at the Site are available for review online at <https://eeaonline.eea.state.ma.us/> - RTN 4-0029007, or by contacting Tighe & Bond.

Should you have any questions, comments or concerns relative to this correspondence, please do not hesitate to contact the undersigned at (401) 455-4306 or (508) 304-6361.

Sincerely,

TIGHE & BOND, INC.



Shelby Miller Marokhovsky
Project Environmental Scientist



Gary Hedman, LSP
Senior Project Manager

Enclosures:
BWSC Form 103

CC: Debi Joyce, Principal Clerk, Holbrook Health Department, Holbrook Town Hall, 50 North Franklin Street, Holbrook, MA 02343



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

RELEASE NOTIFICATION & NOTIFICATION
RETRACTION FORM

Pursuant to 310 CMR 40.0335 and 310 CMR 40.0371 (Subpart C)

BWSC 103

Release Tracking Number

4 - 29007

A. RELEASE OR THREAT OF RELEASE LOCATION:

1. Release Name/Location Aid: POWERLINE EASEMENT

2. Street Address: 300 PINE STREET

3. City/Town: HOLBROOK 4. ZIP Code: _____

5. Coordinates: a. Latitude: N 42.16760 b. Longitude: W 70.99733

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

- ☒ 1. Submit a **Release Notification**
- ☐ 2. Submit a **Revised Release Notification**
- ☐ 3. Submit a **Retraction of a Previously Reported Notification** of a release or threat of release including supporting documentation required pursuant to 310 CMR 40.0335 (Section C is not required)

(All sections of this transmittal form must be filled out unless otherwise noted above)

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

1. Date and time of Oral Notification, if applicable: 9/30/2021 Time: 12:33 ☐ AM ☒ PM
mm/dd/yyyy hh:mm

2. Date and time you obtained knowledge of the Release or TOR: 9/30/2021 Time: 12:30 ☐ AM ☒ PM
mm/dd/yyyy hh:mm

3. Date and time release or TOR occurred, if known: _____ Time: _____ ☐ AM ☐ PM
mm/dd/yyyy hh:mm

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

4. 2 HOUR REPORTING CONDITIONS 5. 72 HOUR REPORTING CONDITIONS 6. 120 DAY REPORTING CONDITIONS

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> a. Sudden Release | <input type="checkbox"/> a. Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/2 Inch (.04 feet) | <input type="checkbox"/> a. Release of Hazardous Material(s) to Soil or Groundwater Exceeding Reportable Concentration(s) |
| <input type="checkbox"/> b. Threat of Sudden Release | <input type="checkbox"/> b. Underground Storage Tank (UST) Release | <input type="checkbox"/> b. Release of Oil to Soil Exceeding Reportable Concentration(s) and Affecting More than 2 Cubic Yards |
| <input type="checkbox"/> c. Oil Sheen on Surface Water | <input type="checkbox"/> c. Threat of UST Release | <input type="checkbox"/> c. Release of Oil to Groundwater Exceeding Reportable Concentration(s) |
| <input type="checkbox"/> d. Poses Imminent Hazard | <input type="checkbox"/> d. Release to Groundwater near Water Supply | <input type="checkbox"/> d. Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/8 Inch (.01 feet) and Less than 1/2 Inch (.04 feet) |
| <input type="checkbox"/> e. Could Pose Imminent Hazard | <input type="checkbox"/> e. Substantial Release Migration | |
| <input type="checkbox"/> f. Release Detected in Private Well | | |
| <input type="checkbox"/> g. Release to Storm Drain | | |
| <input type="checkbox"/> h. Sanitary Sewer Release (Imminent Hazard Only) | | |



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Bureau of Waste Site Cleanup

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BWSC 103

Release Tracking Number

4

29007

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

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

☐ Check here if an amount or concentration is unknown or less than detectable.

O or HM Released	CAS Number, if known	O or HM	Amount or Concentration	Units	RCs Exceeded, if Applicable (RCS-1, RCS-2, RCGW-1, RCGW-2)
DIESEL FUEL		O	60	GAL	N/A

☐ Check here if a list of additional Oil and Hazardous Materials subject to reporting, or any other documentation relating to this notification is attached.

D. PERSON REQUIRED TO NOTIFY:

1. Check all that apply: ☐ a. change in contact name ☐ b. change of address ☒ c. change in the person notifying

2. Name of Organization: EVERSOURCE

3. Contact First Name: TIMOTHY 4. Last Name: MONTAGUE

5. Street: 1165 MASSACHUSETTS AVENUE 6. Title: _____

7. City/Town: BOSTON 8. State: MA 9. ZIP Code: 021250000

10. Telephone: 978-471-0495 11. Ext.: _____ 12. Email: timothy.montague@eversource.com

☐ 13. 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).

E. RELATIONSHIP OF PERSON TO RELEASE OR THREAT OF RELEASE: ☐ Check here to change relationship

☒ 1. RP or PRP ☒ a. Owner ☐ b. Operator ☐ c. Generator ☐ d. Transporter

☐ e. Other RP or PRP Specify: _____

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

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

☐ 4. Any Other Person Otherwise Required to Notify Specify Relationship: _____



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

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F. CERTIFICATION OF PERSON REQUIRED TO NOTIFY:

I, TIMOTHY MONTAGUE, 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.

2. By : TIMOTHY MONTAGUE 3. Title: _____
Signature
4. For: EVERSOURCE 5. Date : 11/29/2021
(Name of person or entity recorded in Section D) mm/dd/yyyy

☐ 6. Check here if the address of the person providing certification is different from address recorded in Section D.

7. Street: _____
8. City/Town: _____ 9. State: _____ 10. ZIP Code: _____
11. Telephone: _____ 12. Ext.: _____ 13. Email: _____

YOU ARE SUBJECT TO ANNUAL COMPLIANCE ASSURANCE FEES FOR EACH BILLABLE YEAR FOR TIER CLASSIFIED DISPOSAL SITES. YOU MUST LEGIBLY 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.

Date Stamp (DEP USE ONLY:)

Received by DEP on 11/29/2021 8:10:23 PM
