



October 17, 2014

Tina Quagliato
Deputy Director of Neighborhood Stabilization
36 Court Street
Springfield, Massachusetts 01103

Cardno ATC

73 William Franks Dr.
West Springfield, MA 01089

Phone +1 413 781 0070
Fax +1 413 781 3734
www.cardno.com

RE: Limited Removal Action

Chestnut Street Middle School
495 Chestnut Street
Springfield, Massachusetts 01107-2007

www.cardnoatc.com

Ms. Quagliato:

Cardno ATC is submitting a bill of lading associated with waste removal at the above-referenced site. Soil characterization information is attached. Approximately 30 cubic yards of soil contaminated with No. 2/No. 4 fuel oil will be removed as part of Immediate Response Actions to address a fuel oil release. The soil will be transported to Ted Ondrick Company, Inc., of Chicopee, Massachusetts, for disposal.

Should you have any questions regarding the information provided, please do not hesitate to contact either of the undersigned at (413) 781-0070.

Sincerely,

Cardno ATC

Robert E. Smith, LSP
Division Manager – Environmental Services
Cardno ATC
Phone: (413) 781-0070 ext 101
Email: rob.smith@cardno.com

Elizabeth O'Connor
Environmental Scientist
Cardno ATC
Phone: (413) 781-0070 ext 108
Email: elizabeth.oconnor@cardno.com

Enclosure

58 INDUSTRY ROAD
CHICOPEE, MA 01020



Tel: 413-592-2566
Fax: 413-592-7451

PREQUALIFICATION INFORMATION
PETROLEUM CONTAMINATED SOILS (PCS)

The following information shall accompany all requests/submittals concerning the transport and recycling of PCS, as governed by DEP policies in order for the facility to confirm that the PCS meets its acceptance criteria:

I. GENERATOR INFORMATION

Name: Springfield Office of Housing Contact: Tina Quagliato
Street: 36 Courth Street Phone: (413) 750-2114
City/Town: Springfield State/Zip: Massachusetts, 01103

II. SITE INFORMATION

Name: Former Chestnut Middle School Contact: Tina Quagliato
Street: 495 Chestnut Street Phone: (413) 750-2114
City/Town: Springfield State/Zip: Massachusetts 01107-0070

III. ENVIRONMENTAL CONSULTANT'S PERTINENT INFORMATION

Name: Cardno ATC Contact: Robert Smith
Street: 73 William Franks Drive Phone: (413) 781-0070
City/Town: West Springfield State/Zip: Massachusetts 01089

IV. ESTIMATED VOLUME OF PCS: _____ Tons 30 _____ Cubic Yards

V. BILLING INFORMATION

Name: Associated Building Wreckers Contact: Fred Vanderhoof
Street: 352 Albany Street Phone: (413) 734-6224
City/Town: Springfield State/Zip: Massachusetts 01105

Purchase Order # _____

VI. DESCRIPTION OF THE PCS:

Sand Gravel Fill Clay Other

Physical description of the PCS – In addition please indicate the presence of any construction debris, veg. matter, ash, etc.

Grey - brown, dry. fine to medium grain sand with visible impact of #4 fuel oil.

Specify type of contamination:

Gasoline Diesel #2 #4 #6

Lub. Oil Waste Oil Jet Fuel Kerosene

Other: _____

VII. SITE HISTORY:

Please include at a minimum the following information:

Current & Former usage of site, description of release (known dates, source), sampling method used (grab, composite, etc.), analytical parameters selected and any other pertinent information.

**** Sufficient information must be provided in the Site History to justify the limiting of the analytical requirements necessary for recycling.****

VIII. Please forward a diagram which includes the following information:

At least one street reference, any adjacent structures, excavation area, stockpile location, location where samples were taken from, name of individual preparing diagram, reference the site name and location and any other pertinent information.

IX. GENERATOR / LSP / QEP STATEMENTS:

- a. I, the generator/LSP/QEP, using due diligence have determined that there is no reason to Suspect or believe the PCS has been impacted by any release of oil or hazardous materials other than that of the known source or I have identified the additional oil and hazardous materials that are suspected or known to be present in the PCS, in addition to those associated with the known release including any anthropogenetic contaminates.
- b. I, the generator/LSP/QEP, realize that due diligence shall consist of a search of information and records reasonably available to the generator of the PCS sufficient to make the determination. Such records and information may include, but are not limited to, those of the generator, location of the generation (Facility if not the generator) the Department Bureau of Waste Site Cleanup, and the municipality (Board of Health, Fire Department) within which the site is located.

c. I, the generator/LSP/QEP, have included sufficient information justifying the limiting of the analytical requirements as part of the Site History Information accompanying the 21E Bill of Lading and Material Shipping Record. This includes at a minimum the following:

- i. Analytical Parameters Selected
- ii. Screening Data (i.e.: Total date for TCLP, Headspace)
- iii. Laboratory Analytical Data
- iv. Description of the Release
- v. Physical description of the soil including the classification method used.
- vi. Description of the site location with regards to former and current usage.
- vii. Complete Site History.
- viii. Site Diagram

Generator (Print or Type Name) : _____

Generator Signature: _____ Date: _____

LSP/QEP (Print or Type Name) : _____

LSP/QEP Signature: _____ Date: _____

.....
ORIGINAL BILL OF LADING OR MATERIAL SHIPPING RECORD MUST BE AT THE FACILITIES OFFICE BEFORE THE SOIL IS SHIPPED.
.....

_____ ACCEPTED _____ REFUSED _____
Facility Representative

Reasons for Acceptance/Refusal: _____

Site Background and Description

The Site is situated northeast of the intersection of Chestnut Street and Prospect Street in the Memorial Square neighborhood of Springfield, Massachusetts. The lot encompasses an area of approximately 3.18 acres and is improved with a brick school building. The Site most recently operated as the Chestnut Middle School and previously the Springfield Academy when the building was constructed in 1901. The school burned down on September 3, 2003 and has been demolished. Sanborn maps from 1886 indicate that the site was undeveloped land prior to the 1901 construction. The surrounding area usage is light commercial and residential. The Site and adjacent properties are zoned Residence C.

The building was formerly serviced by two 10,000 gallon #2/#4 fuel oil underground storage tanks (USTs). A 120-day reportable condition was noted adjacent to the northeast UST during a baseline assessment performed by a potential buyer prompting the removal of the UST. The 120-day reportable condition was encountered during a subsurface investigation conducted by O'Reilly, Talbot and Okun (OTO) of Springfield, Massachusetts in March 2008 and presented in a report titled "*ASTM Phase I Site Assessment dated May 7, 2008*". On October 6, 2014 Cardno ATC oversaw the removal of the remaining 10,000 gallon fuel oil tank. Field screenings of the excavation area yielded results of no higher than 88.5 ppm and #4 fuel oil impacts were observed. The approximately 30 cubic yards of contaminated soil was excavated from the site and stockpiled on site in polyethylene sheeting prior to removal under a Limited Removal Action.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC112

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

-

A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:

1. Release Name/Location Aid:

2. Street Address:

3. City/Town: 4. Zip Code:

5. Check here if a Tier Classification Submittal has been provided to DEP for this disposal site:

- a. Tier I b. Tier II

B. THIS FORM IS BEING USED TO: (check one: B1-B4):

1. Submit a **Bill of Lading (BOL)** to transport Remediation Waste to Temporary Storage or a Receiving Facility.

Response Actions associated with this BOL (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> a. Immediate Response Action (IRA) | <input type="checkbox"/> e. Comprehensive Response Actions |
| <input type="checkbox"/> b. Release Abatement Measure (RAM) | <input checked="" type="checkbox"/> f.. Limited Removal Action (LRA):
(must be retained pursuant to 310 CMR 40.0034(6); can't be submitted via eDEP) |
| <input type="checkbox"/> c. Downgradient Property Status (DPS) | <input type="checkbox"/> g. Other: <input type="text"/> |
| <input type="checkbox"/> d. Utility Release Abatement Measure (URAM) | |

2. Submit an Attestation of Completion of **Shipment to Temporary Storage** (Sections C, F and J are not required):

3. Submit an Attestation of Completion of **Shipment to a Receiving Facility** (Sections C, F and J are not required):

4. Certify that Remediation Waste Was **Not Shipped, and the Bill of Lading is Void.** (Sections C, D, E, and F are not required)

5. Date Bill of Lading submitted to the Department: b. eDEP Transaction ID:
(mm/dd/yyyy)

6. Period of Generation Associated with this Bill of Lading to
(mm/dd/yyyy) (mm/dd/yyyy)

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

The Bill of Lading is not considered complete until the Attestation of Completion of Shipment is received by the Department.

C. DESCRIPTION OF WASTE AND WASTE SOURCE:

1. Contaminated Media /Debris (check all that apply):

- | | | | | |
|---|---|---|--------------------------------------|--|
| <input checked="" type="checkbox"/> a. Soil | <input type="checkbox"/> b. Groundwater | <input type="checkbox"/> c. Surface Water | <input type="checkbox"/> d. Sediment | <input type="checkbox"/> e. Vegetation or Organic Debris |
| <input type="checkbox"/> f. Demolition/Construction Waste | <input type="checkbox"/> g. Inorganic Absorbent Materials | <input type="checkbox"/> h. Other: <input type="text"/> | | |

2. Uncontainerized Waste (check all that apply):

- a. Inorganic Absorbent Materials b. Other:



-

C. DESCRIPTION OF WASTE AND WASTE SOURCE (cont.):

3. Containerized Waste (check all that apply):

- a. Tank Bottoms/Sludges b. Containers c. Drums d. Engineered Impoundments
 e. Other:

4. Estimated Quantity: Tons Cu. Yds. Gallons

5. Contaminant Source (check one):

- a. Transportation Accident b. Underground Storage Tank c. Brownfields Redevelopment
 d. Other:

6. Type of Contaminant (check all that apply):

- a. Gasoline b. Diesel Fuel c. #2 Fuel Oil d. #4 Fuel Oil e. #6 Fuel Oil f. Jet Fuel
 g. Waste Oil h. Kerosene i. Chlorinated Solvents j. Urban Fill k. Other:

7. Constituents of Concern (check all that apply):

- a. As b. Cd c. Cr d. Pb e. Hg f. EPH/TPH g. VPH
 h. PCBs i. VOCs j. SVOCs k. Other:

8. If applicable, check the box for the Reportable Concentration Category of the site:

- a. RCS-1 b. RCS-2 c. RCGW-1 d. RCGW-2

9. Remediation Waste Characterization Documentation (check at least one):

- a. Site History Information b. Sampling Analytical Methods and Procedures c. Laboratory Data
 d. Field Screening Data e. Characterization Documentation previously submitted to the Department

i. Date submitted: ii. Type of Documentation:
(mm/dd/yyyy)

D. TRANSPORTER OR COMMON CARRIER INFORMATION:

1. Transporter/Common Carrier Name:

2. Contact First Name: 3. Last Name:

4. Street: 5. Title:

6. City/Town: 7. State: 8. Zip Code:

9. Telephone: 10. Ext: 11. Email:



BILL OF LADING (pursuant to 310 CMR 40.0030)

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E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:

1. Operator/Facility Name: **Ondrick Materials + Recycling, LLC**

2. Contact First Name: **Dave** 3. Last Name: **Costanzo**

4. Street: **22 Industry Drive** 5. Title: **Environmental Manager**

6. City/Town: **Chicopee** 7. State: **MA** 8. Zip Code: **01020-0000**

9. Telephone: **(413) 592-2566** 10.Ext: 11.Email:

12. Type of Facility: (Check one)

a. Temporary Storage i. Period of Temporary Storage: to
(mm/dd/yyyy) (mm/dd/yyyy)

ii. Reason for Temporary Storage:

b. Asphalt Batch/Hot Mix c. Landfill/Disposal d. Landfill/Structural Fill e. Landfill/Daily Cover

f. Asphalt Batch/Cold Mix g. Thermal Processing h. Incinerator i. Other:

13. Division of Hazardous Waste/Class A Permit Number: **X258844**

14. Division of Solid Waste Permit Number:

15. EPA Identification Number: **MV4135922081**

F. LSP SIGNATURE AND STAMP:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal 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 309 CMR 4.03(2), and (iii) the provisions of 309 CMR 4.03(3), to the best of my knowledge, information and belief, the assessment action(s) undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described 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.

1. LSP #: **7839**

2. First Name: **Robert E** 3. Last Name: **Smith**

4. Telephone: **(413) 781-0040** 5. Ext.

6. Email:

7. Signature: _____

8. Date:
(mm/dd/yyyy)

9. LSP Stamp:



BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

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G. PERSON SUBMITTING BILL OF LADING:

1. Check all that apply: a. change in contact name b. Change of address c. change in person undertaking response actions
2. Name of Organization: **Springfield Office of Housing**
3. Contact First Name: **Tina** 4. Last Name: **Quagliato**
5. Street: **36 Court Street** 6. Title: **Deputy Director of Neighborhood Stabilization**
7. City/Town: **Springfield** 8. State: **MA** 9. Zip Code: **01003-0000**
10. Telephone: **(413) 750-2114** 11. Ext: 12. Email:

H. RELATIONSHIP TO SITE OF PERSON SUBMITTING BILL OF LADING:

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 Undertaking Response Actions: Specify Relationship:

I. REQUIRED ATTACHMENTS AND SUBMITTALS :

1. 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 approvals issued by DEP or EPA. If the box is checked, you must attach a statement identifying the applicable provisions thereof.
2. Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP@state.ma.us
3. Check here to certify that the LSP Opinion containing the material facts, data, and other information is attached.

J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING :

1. I, _____, attest under the pains and penalties or 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: 3. Title:

4. For 5. Date:
(Name of person or entity recorded in Section H) (mm/dd/yyyy)



BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number

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J. CERTIFICATION OF PERSON SUBMITTING BILL OF LADING (cont.) :

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

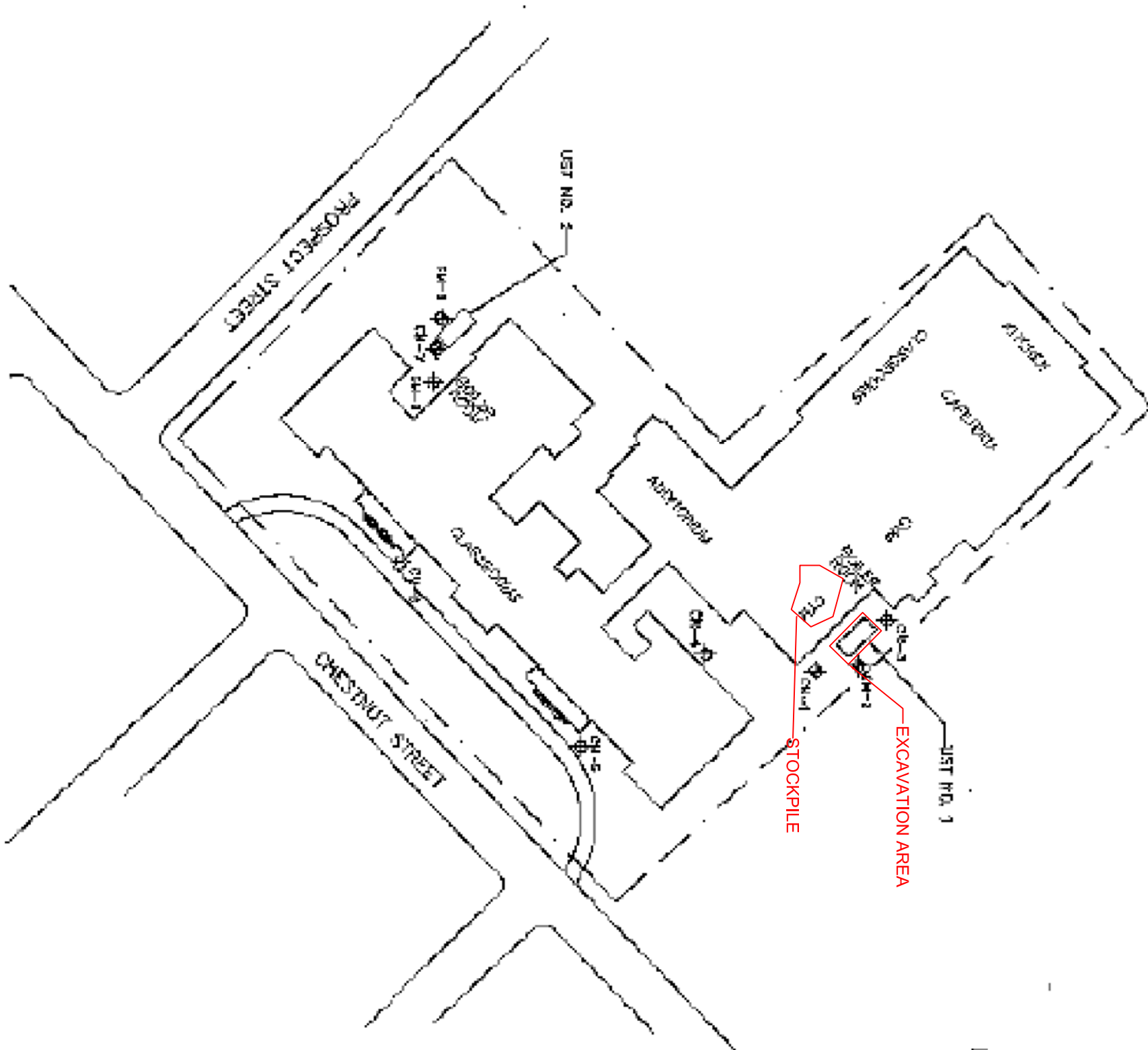
7. Street:

8. City/Town: 9. State: 10. Zip Code:

11. Telephone: 12. E: 13. Email:

YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. 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 (MassDEP USE ONLY):



LEGEND:
 ⊕ MONITORING WELL LOCATION
 ⊕ SOIL BORING LOCATION



DIAGRAM: 1

Cardno
ATC
 Shaping the Future
 73 WILLIAM FRANKS DRIVE
 WEST SPRINGFIELD, MA

FORMER CHESTNUT MIDDLE SCHOOL
 CITY OF SPRINGFIELD OFFICE OF HOUSING AND NEIGHBORHOOD SERVICES
 495 CHESTNUT STREET
 SPRINGFIELD, MASSACHUSETTS

SOURCE: O'REILLY, TALBOT AND OKUN PHASE I
 ENVIRONMENTAL SITE ASSESSMENT (5/7/2008)

LIMITED REMOVAL ACTION	DRAFTSMAN MCW
DRAWING NUMBER: 1	CKD BY: RS
DATE: 10/17/2014	APPD BY: RS
SCALE: NOT TO SCALE	CKD, DATE: 10/16/2014