



RELEASE ABATEMENT MEASURE (RAM)
TRANSMITTAL FORM

Release Tracking Number

3.0 - 13232

Pursuant to 310 CMR 40.0444 - 0446 (Subpart D)

A. SITE LOCATION:

1. Site Name/Location Aid: Former Mass Avenue Firestone Store and Gasoline Station

2. Street Address: 2472-2484 Massachusetts Avenue

3. City/Town: Cambridge 4. ZIP Code: 02139-0000

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

- a. Tier IA
- b. Tier IB
- c. Tier IC
- d. Tier II

6. If a Tier I Permit has been issued, provide Permit Number: _____

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

1. List Submittal Date of Initial RAM Written Plan (if previously submitted): _____
(mm/dd/yyyy)

2. Submit an **Initial Release Abatement Measure (RAM) Plan**.

a. Check here if this RAM Plan received previous oral approval from DEP as a continuation of a Limited Removal Action (LRA).

b. List Date of Oral Approval: _____
(mm/dd/yyyy)

3. Submit a **Modified RAM Plan** of a previously submitted written RAM Plan.

4. Submit a **RAM Status Report**.

5. Submit a **RAM Completion Statement**.

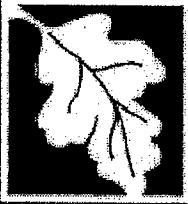
6. Submit a **Revised RAM Completion Statement**.

7. Provide Additional RTNs:

a. Check here if this RAM Submittal covers additional Release Tracking Numbers (RTNs). RTNs that have been previously linked to a Primary Tier Classified RTN do not need to be listed here. This section is intended to allow a RAM to cover more than one unclassified RTN and not show permanent linkage to a Primary Tier Classified RTN.

b. Provide the additional Release Tracking Number(s) covered by this RAM Submittal. - -

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



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

1. Identify Media Impacted and Receptors Affected: (check all that apply)

- a. Air b. Basement c. Critical Exposure Pathway d. Groundwater e. Residence
- f. Paved Surface g. Private Well h. Public Water Supply i. School j. Sediments
- k. Soil l. Storm Drain m. Surface Water n. Unknown o. Wetland p. Zone 2
- q. Others Specify: _____

2. Identify all sources of the Release or Threat of Release, if known: (check all that apply)

- a. Above-ground Storage Tank (AST) b. Boat/Vessel c. Drums d. Fuel Tank
- e. Pipe/Hose/Line f. Tanker Truck g. Transformer h. Under-ground Storage Tank (UST)
- i. Vehicle j. Others Specify: _____

3. Identify Oils and Hazardous Materials Released: (check all that apply)

- a. Oils b. Chlorinated Solvents c. Heavy Metals
- d. Others Specify: Gasoline residuals

D. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply, for volumes list cumulative amounts)

- 1. Assessment and/or Monitoring Only
- 2. Temporary Covers or Caps
- 3. Deployment of Absorbent or Containment Materials
- 4. Temporary Water Supplies
- 5. Structure Venting System
- 6. Temporary Evacuation or Relocation of Residents
- 7. Product or NAPL Recovery
- 8. Fencing and Sign Posting
- 9. Groundwater Treatment Systems
- 10. Soil Vapor Extraction
- 11. Bioremediation
- 12. Air Sparging
- 13. Excavation of Contaminated Soils

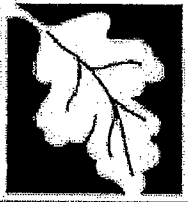
a. Re-use, Recycling or Treatment i. On Site Estimated volume in cubic yards _____

ii. Off Site Estimated volume in cubic yards <1,500 cy + < 20%

ii.a. Receiving Facility: ARC Town: Eliot State: ME

ii.b. Receiving Facility: _____ Town: _____ State: _____

iii. Describe: _____



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D. DESCRIPTION OF RESPONSE ACTIONS (cont.): (check all that apply, for volumes list cumulative amounts)

- b. Store i. On Site Estimated volume in cubic yards _____
 ii. Off Site Estimated volume in cubic yards _____

ii.a. Receiving Facility: _____ Town: _____ State: _____

ii.b. Receiving Facility: _____ Town: _____ State: _____

- c. Landfill
 i. Cover Estimated volume in cubic yards _____
Receiving Facility: _____ Town: _____ State: _____

ii. Disposal Estimated volume in cubic yards _____
Receiving Facility: _____ Town: _____ State: _____

14. Removal of Drums, Tanks or Containers:

a. Describe Quantity and Amount: (3) 6,000 gallon USTs

b. Receiving Facility: Grants Town: Readville State: MA

c. Receiving Facility: _____ Town: _____ State: _____

15. Removal of Other Contaminated Media:

a. Specify Type and Volume: _____

b. Receiving Facility: _____ Town: _____ State: _____

c. Receiving Facility: _____ Town: _____ State: _____

16. Other Response Actions:

Describe: _____

17. Use of Innovative Technologies:

Describe: _____

