



**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): 11/22/2004  
(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)

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Assessment and/or Monitoring Only                | <input type="checkbox"/> 2. Temporary Covers or Caps                        |
| <input type="checkbox"/> 3. Deployment of Absorbent or Containment Materials | <input type="checkbox"/> 4. Temporary Water Supplies                        |
| <input type="checkbox"/> 5. Structure Venting System                         | <input type="checkbox"/> 6. Temporary Evacuation or Relocation of Residents |
| <input type="checkbox"/> 7. Product or NAPL Recovery                         | <input type="checkbox"/> 8. Fencing and Sign Posting                        |
| <input type="checkbox"/> 9. Groundwater Treatment Systems                    | <input type="checkbox"/> 10. Soil Vapor Extraction                          |
| <input type="checkbox"/> 11. Bioremediation                                  | <input type="checkbox"/> 12. Air Sparging                                   |
| <input checked="" type="checkbox"/> 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 202

ii.a. Receiving Facility: American Reclam. Corp.   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 \_\_\_\_\_

    iia. Receiving Facility: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_

    iib. 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: \_\_\_\_\_  
\_\_\_\_\_

    b. Receiving Facility: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_

    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: Construction RAM-Movement, placement of on-site soils during construction; off-site disposal of soils due to contamination or excess materials

- 17. Use of Innovative Technologies:
  - Describe: \_\_\_\_\_

