



**Massachusetts Department of Environmental Protection**  
*Bureau of Waste Site Cleanup*

**BWSC103**

**RELEASE NOTIFICATION & NOTIFICATION  
RETRACTION FORM**

Release Tracking Number

**3**

**- 518**

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

**A. RELEASE OR THREAT OF RELEASE LOCATION:**

1. Release Name/Location Aid: **GENERAL ELECTRIC CO FMR**

2. Street Address: **50 FORDHAM RD**

3. City/Town: **WILMINGTON**

4. ZIP Code: **018870000**

5. UTM Coordinates: a. UTM N: **4714302** b. UTM E: **324731**

**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:  Time:  ☐ AM ☐ PM  
mm/dd/yyyy hh:mm

2. Date and time you obtained knowledge of the Release or TOR: **9/10/2008** Time: **10:00** ☒ 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**

- ☐ a. Sudden Release
- ☐ b. Threat of Sudden Release
- ☐ c. Oil Sheen on Surface Water
- ☐ d. Poses Imminent Hazard
- ☐ e. Could Pose Imminent Hazard
- ☐ f. Release Detected in Private Well
- ☐ g. Release to Storm Drain
- ☐ h. Sanitary Sewer Release (Imminent Hazard Only)

**5. 72 HOUR REPORTING CONDITIONS**

- ☐ a. Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/2 Inch
- ☐ b. Underground Storage Tank (UST) Release
- ☐ c. Threat of UST Release
- ☐ d. Release to Groundwater near Water Supply
- ☐ e. Release to Groundwater near School or Residence
- ☐ f. Substantial Release Migration

**6. 120 DAY REPORTING CONDITIONS**

- ☒ a. Release of Hazardous Material(s) to Soil or Groundwater Exceeding Reportable Concentration(s)
- ☐ b. Release of Oil to Soil Exceeding Reportable Concentration(s) and Affecting More than 2 Cubic Yards
- ☐ c. Release of Oil to Groundwater Exceeding Reportable Concentration(s)
- ☐ d. Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/8 Inch and Less than 1/2 Inch



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**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.

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)
ARSENIC IN GROUNDWATER		HM	84.4	UG/L	RCGW-1

☐ 8. Check here if a list of additional Oil and Hazardous Materials subject to reporting 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: **LOCKHEED MARTIN**

3. Contact First Name: **ROBERT S.**

4. Last Name: **PHILLIPS**

5. Street: **6801 ROCKLEDGE DR MP CCT 246**

6. Title: **PROJECT LEAD**

7. City/Town: **BETHESDA**

8. State: **MD**

9. ZIP Code: **208170000**

10. Telephone: **817-763-7629**

11. Ext.:

12. FAX: **817-762-4884**

☐ 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:**

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

☒ e. Other RP or PRP Specify: **PRP GENERIC OF NON-SPECIFIC**

☐ 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:



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**F. CERTIFICATION OF PERSON REQUIRED TO NOTIFY:**

1. I, **Robert S. Phillips**, 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: **Robert S. Phillips**

Signature

3. Title: **PROJECT LEAD**

4. For: **LOCKHEED MARTIN**

(Name of person or entity recorded in Section D)

5. Date: **01/08/2009**

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. FAX: \_\_\_\_\_

**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 (DEP USE ONLY:)

**1/8/2009 2:19:10 PM**