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COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOUTHEAST REGIONAL OFFICE

MARGARET M. CELLUCCI  
Governor

COPY

TRUDY COXE  
Secretary  
DAVID B. STRUHS  
Commissioner

URGENT LEGAL MATTER: PROMPT REPLY NECESSARY

February 4, 1998

Mr. Robert Graves  
Post Office Box 1417  
Oak Bluffs, Massachusetts 02557

RE: OAK BLUFFS-BWSC/SMP#4-0734  
Graves Texaco Station  
Uncas Avenue  
M.G.L. c.21E and 310 CMR 40.0000  
NOTICE OF NONCOMPLIANCE  
NON-SE-98-3P-001

NOTICE OF NONCOMPLIANCE  
M.G.L. c. 21E, 310 CMR 40.0000

**This is an Important Notice. Failure to Respond to This Notice Could Result in Serious Legal Consequences.**

Dear Mr. Graves:

The Department of Environmental Protection, Bureau of Waste Site Cleanup (the Department), as a result of completing its technical review of your Tier IC Permit Application, submitted on your behalf by D'Amore Associates, Inc., and review of the record file indicates that response actions at the above-referenced site are not in compliance with one or more laws, regulations, orders, licenses, permits, or approvals enforced by the Department. Therefore, the Department cannot process your permit application until these noncompliant issues as described herein are addressed.

Attached hereto is a written description of: (1) each activity referred to above, (2) the requirements violated, (3) the action the Department now wants you to take, and (4) the deadline for taking such action.

If you fail to come into compliance by the prescribed deadline(s), or if you otherwise fail to comply in the future with requirements applicable to you, you could be subject to legal action.

The Department is authorized to take any one or more of the following actions against you for failure to comply with the requirements imposed by M.G.L. c. 21E and the Massachusetts Contingency Plan, 310 CMR 40.0000:

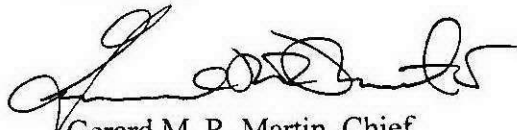
- Imposition of double the amount of permit fees otherwise owed;
- Assessments of up to three (3) times the amount of all response action costs incurred by the Department (refer to the Notice of Responsibility for additional information), plus sanctions for failure to perform response actions under the MCP;
- Assessment of interest on costs incurred at the rate of twelve percent (12%), compounded annually;
- Assessments for damage to natural resources;
- Placement of liens on all property located in the Commonwealth, with authority to foreclose;
- Initiation of civil judicial action brought by the Attorney General; and/or
- Initiation of criminal action prosecuted by the Attorney General.

In addition to the above list of prospective legal actions, the Department may assess a civil administrative penalty for every day from now on that you remain out of compliance with the requirements described in this Notice of Noncompliance.

If performance of the necessary response actions is beyond your technical, financial or legal ability, you should promptly notify the Department in writing of your inability in accordance with Chapter 21E, subsection 5(e), and 310 CMR 40.0172. An adequate demonstration of technical, legal, or financial inability could provide you with a limited defense to an action by the Commonwealth for recovery of two to three times the Department's response action costs, as well as a limited defense to the Department's assessment of civil administrative penalties.

Questions regarding this matter should be directed to Mark Jablonski at the letterhead address or at (508) 946-2819.

Sincerely,



Gerard M. R. Martin, Chief  
Site Management & Permits Section

CERTIFIED MAIL NO. Z 333 584 050  
RETURN RECEIPT REQUESTED

Attachments - Notice of Noncompliance

cc: Town of Oak Bluffs  
Board of Health  
Town Hall  
Oak Bluffs, MA 02557

Town of Oak Bluffs  
Board of Selectmen  
Town Hall  
Oak Bluffs, MA 02557

D'Amore Associates, Inc.  
148 Ponakin Road  
Lancaster, MA 01523

DEP-BWSC-SERO  
ATTN: Kevin Kiernan, Deputy Regional Counsel  
Jonathan Hobill, Regional Engineer

NONCOMPLIANCE SUMMARY

**NON-SE-98-3P-001**

**NAME OF ENTITY IN NONCOMPLIANCE:**

Mr. Robert Graves  
Graves Texaco Station  
Uncas Avenue  
Post Office 1417  
Oak Bluffs, MA 02557

**LOCATION WHERE NONCOMPLIANCE OCCURRED OR WAS OBSERVED:**

Site # RTN 4-0734  
Graves Texaco Station  
Uncas Avenue  
Oak Bluffs, Massachusetts 02557

**DATE WHEN NONCOMPLIANCE OCCURRED OR WAS OBSERVED:**

August 2, 1996

**DESCRIPTION OF NONCOMPLIANCE AND OF THE REQUIREMENTS NOT COMPLIED WITH:**

On July 23, 1996, the Department received a Tier IC Permit Application. As specified in the Massachusetts Contingency Plan, 310 CMR 40.0703(1)(a) and (d), a completed transmittal form for Permit Application and Payment and the applicable permit application fee must be included within the Tier I Permit Application for the Department to process the application. Since you did not submit the Permit Application Fee at the time you submitted your application, the Department has determined that you have failed to properly tier classify your disposal site in accordance with 310 CMR 40.0501 (5).

In addition, Non-Aqueous Phase Liquid (NAPL) equal to or greater than 1/2 inch in thickness exists on-site. This is a condition that requires an Immediate Response Action pursuant to 310 CMR 40.0412(2).

**ACTIONS TO BE TAKEN, AND THE DEADLINE FOR TAKING SUCH ACTION:**

Submit to the Department the applicable permit application fee (\$3550) and the associated transmittal form by March 5, 1998.

Submit to the Department by April 5, 1998, an Immediate Response Action Plan in accordance with 310 CMR 40.0414 to address the NAPL.



For the Department of Environmental Protection:

DATE: 2/4/98

NAME:   
Gerard M. R. Martin, Chief  
Site Management & Permits Section

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*Frontier*

ADJUSTERS of Brockton / Plymouth, Massachusetts

16 Central Square

P.O. Box 814 • Bridgewater, Massachusetts 02324

(508) 697-5115 • FAX (508) 697-0445

George A. Berard, Jr.

Owner-Operator

July 13, 1995

The Commonwealth of Massachusetts  
 Department of Environmental Protection  
 20 Riverside Park  
 Lakeview, MA 02347

Attn: Rob Roy

RE: Our Insured: Bill Andrade & Son  
 Claimant: Robert Packer  
 Date of Loss: 5/25/95  
 Ins. Co.: Scottsdale Ins. Co.  
 Their File: 391112-175  
 Our File: 336-95260

Dear Mr. Roy,

We have been retained by the Scottsdale Insurance Co. to investigate an environmental loss involving some gasoline tanks located at the Packer Gas Tank Terminal at Oak Bluffs in Martha's Vineyard. Apparently this loss occurred as a result of a cement truck backing over the concrete encasement which surrounds the gasoline tanks at that aforementioned facility.

It is my understanding that you have a file set up in your office concerning this particular incident.

The file you have is listed under Dock Side-Oak Bluffs and has a file number of 4-000092. 0922

I would like to come down to your office as soon as possible and review that particular file and its contents.

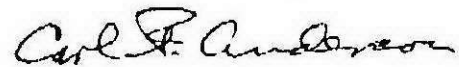
I would also like to have a copy of the file made so that I can supply the insurer with the information contained within that particular file.

Would you kindly contact me at 1-508-697-5115 so that I can set up an appointment to come down and review the file and obtain the information necessary to complete my investigation of this case.

Page 2.

Thank you very much for your anticipated cooperation in this matter.

Yours very truly,

A handwritten signature in cursive script, appearing to read "Carl F. Anderson".

Carl F. Anderson  
Frontier Adjusters

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOUTHEAST REGIONAL OFFICE  
LAKEVILLE HOSPITAL  
LAKEVILLE, MASSACHUSETTS 02347

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FAX # 508-947-6557 Telephone # 508-946-2700

DATE: 4-14-92FROM: Richard PackardPLEASE DELIVER TO: WAYNE HENDERSONCOMPANY NAME: Boyd, MacCallish & WheelerADDRESS: 75 Federal St.Boston, Ma. 02110TELECOPIER NUMBER: 617 426-8364TOTAL NUMBER OF PAGES: 5 (INCLUDING THIS COVER PAGE).

PLEASE CALL IF YOU DON'T RECEIVE A COMPLETE FAX.

REMARKS:

Wayne,

Attached are all phone log records  
for 2-3-89 + 3-14-89, hope these  
are useful.

Thanks

Rich Packard



**Commonwealth of Massachusetts**

**SCANNED**

DUKES, ss.

SUPERIOR Court

ROBERT L. GRAVES, JR.

Docket No. 91-0052

Plaintiff(s)

vs.

R. M. PACKER CO., INC.

**M. R. C. P.  
Rule 30(a) &  
Rule 45**

Defendant(s)

To: Richard Packard  
Department of Environmental Protection  
Lakeville Hospital  
Lakeville, MA 02346

Greetings:

YOU ARE HEREBY COMMANDED in the name of the Commonwealth of Massachusetts in accordance with the provisions of Rule 45 of the Massachusetts Rules of Civil Procedure to appear and testify on behalf of the plaintiffs

before a Notary Public of the Commonwealth, at the office of Boyd, MacCrellish & Wheeler  
Attorney Wayne S. Henderson, No. 75 Federal Street,  
in the City of Boston, MA, on the 15th day of  
April, 19 92, at 10:00 o'clock A. M., and

to testify as to your knowledge, at the taking of the deposition in the above-entitled action.

\* And you are further required to bring with you

the documents described in the attached Schedule A.

Please contact attorney Henderson at (617) 426-2600 upon receipt of this subpoena.

4/10/92  
A TRUE COPY, ATTEST  
CONSTABLE  
*Russell [Signature]*

Hereof fail not as you will answer your default under the pains and penalties in the law in that behalf made and provided

Wayne S. Henderson, Esq.,  
Attorney for Plaintiffs  
Boyd, MacCrellish & Wheeler  
Address 75 Federal Street  
Boston, MA 02110

City or Town

Dated April 9, 1992

*Joanne M. Jenkham*

Notary Public

My Commission expires May 15, 1998

\*Strike out the words "And you are further required to bring with you" unless the subpoena is to require the Production of Documents or tangible things, in which case production of document or tangible things should be designated in the space provided.

DUKES, ss.

SUPERIOR COURT  
CIVIL ACTION  
NO. 91-0052

ROBERT L. GRAVES, JR., and  
SHIRLEY H. GRAVES,  
Plaintiffs,

vs.

R. M. PACKER CO., INC.,  
Defendant.

NOTICE OF DEPOSITION

To: Lisa D. Campolo, Esq.  
Hill & Barlow  
One International Place  
Boston, MA 02110

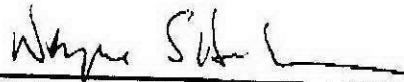
Please take notice that at 10:00 A.M. on Wednesday, April 15, 1992, at the offices of Boyd, MacCrellish & Wheeler, 75 Federal Street, Boston, MA 02110, the plaintiffs in this action, by their attorneys, will take the deposition upon oral examination of Richard Packard, pursuant to Rule 30 of the Massachusetts Rules of Civil Procedure.

The deponent is requested to bring to the deposition the documents described in the attached "Schedule A," in original form, to be produced at the start of the deposition.

The examination will take place before Doris M. Jones & Associates, Inc., professional shorthand reporters, or before some other officer authorized by law to administer oaths, and will continue from day to day until completed.

You are invited to attend and cross-examine.

By their attorneys,



---

Wayne S. Henderson  
Boyd, MacCrellish & Wheeler  
75 Federal Street  
Boston, Massachusetts 02110  
(617) 426-2600

Dated: April 6, 1992.

cc. Doris M. Jones & Associates, Inc.

### SCHEDULE A

The deponent is requested to bring the following described documents within your care, custody, or control:

All records -- both in final and, if in existence, in draft form -- including without limitation all correspondence, notes, memoranda, permits or permit applications, photographs, sketches, drawings, environmental assessments, reports, invoices, bills of sale, records of payments, telephone logs, calendars, diaries, and documents of every other sort which concern, reflect, or in any way relate to:

1. The Graves Texaco site in Oak Bluffs, Martha's Vineyard;
2. Any site that involves or in any way relates to R. M. Packer Co., Inc., or Campbell Oil;
3. Any site that involves or in any way relates to underground fuel storage tanks on Martha's Vineyard, Massachusetts;



HILL  
&  
BARLOW

A PROFESSIONAL CORPORATION

ONE INTERNATIONAL PLACE  
BOSTON • MASSACHUSETTS 02110-2807  
TELEPHONE (617) 439-3555 FACSIMILE (617) 439-3580

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July 31, 1991

Massachusetts Department of  
Environmental Protection  
Southeast Regional Office  
Lakeville Hospital  
Main Street  
Lakeville, MA 02346

Re: Graves Texaco Station, Uncas Avenue, Oak Bluffs,  
Dukes County, Massachusetts

Dear Sir or Madam:

This is a request under the Massachusetts Freedom of Information Act, G.L. c.66, §10, for disclosure of all documents in the possession or control of the Massachusetts Department of Environmental Protection ("DEP") or any official, employee or agent thereof, which pertain, refer or relate to the property owned by Robert L. Graves and Shirley H. Graves and located on Uncas Avenue in Oak Bluffs, Dukes County, Massachusetts, which was formerly operated as a retail Texaco gasoline station (the "Site"). By way of example but not limitation, the following particular categories of documents are requested:

1. All documents relating to any release or threat of release of oil or hazardous materials at or from the Site.
2. All documents relating to any assessment, containment or removal actions taken in response to a release or threat of release of oil or hazardous material at or from the Site.
3. All documents relating to any work performed by any waste management, environmental or engineering expert or consultant, or any response action contractor, concerning the Site.
4. All reports, studies, surveys or analyses concerning the Site.
5. All documents relating to any actions taken by DEP in connection with the Site.

Department of Environmental Protection  
July 31, 1991  
Page 2

6. All documents relating to any notices, permits, approvals or authorizations given to or issued by DEP concerning the Site.
7. All correspondence between DEP and Mr. and Mrs. Graves or any other person or entity concerning the Site.
8. All documents relating to the condition and status of the Site.
9. All documents relating to the liability of any person or entity for response costs or damages in connection with any release or threat of release of oil or hazardous materials at or from the Site.
10. All documents relating to the actual and anticipated costs of response actions in connection with any release or threat of release of oil or hazardous materials at or from the Site.
11. All documents relating to any administrative proceedings, claims or litigation brought by the DEP or any other federal, state, municipal or local government agency or authority in connection with the Site.

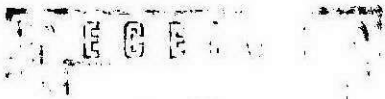
I agree to pay the reasonable costs of searching and copying the requested records. If you anticipate that such costs will exceed \$500, however, please notify me before incurring any additional charges in connection with this request.

If you have any questions, please do not hesitate to call. Thank you for your prompt attention to this matter.

Sincerely,

  
Lisa D. Campolo

4-0734



MAY 3 1989

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Robert Graves  
Graves Texaco  
Uncas Avenue  
P. O. Box 1417  
Oak Bluffs, MA 02557

April 27, 1989

Mr. Richard Packard  
DEQE, Southeast Region  
Lakeville Hospital  
Lakeville, Massachusetts 02347

K 5/11

RE: Release of Petroleum - Graves Texaco - ER# SE 89-088

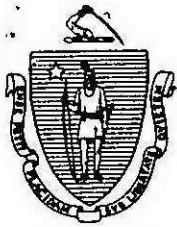
Dear Mr. Packard:

In response to your letter of April 13, 1989, I wish to inform you that I intend to take the necessary response actions regarding the release of gasoline on my property. I have also, per your request, contracted Saunders Associates to address further investigations and remediation at the site. He will be sending you the completed classification and preliminary assessment report forms, as well as his stated opinion of possible imminent hazards from the release.

Yours sincerely,

A handwritten signature in cursive script that reads 'Robert Graves'.

Robert Graves



Daniel S. Greenbaum  
Commissioner

Gilbert T. Joly  
Regional Director

# The Commonwealth of Massachusetts

## Executive Office of Environmental Affairs Department of Environmental Quality Engineering Southeast Region

Lakeville Hospital, Lakeville, Massachusetts 02347

(508) 947-1231, Ext. 680-684

SCANNED

April 13, 1989

Graves Texaco  
P.O. Box 1417  
Oak Bluffs, Massachusetts 02557

RE: OAK BLUFFS—OIR/ERB-SE-89-088  
Release of Petroleum,  
Graves Texaco, Uncas Avenue  
NOTICE OF RESPONSIBILITY, and  
Request for Information, M.G.L.,  
Chapter 21E and 310 CMR 40.000  
(Massachusetts Contingency Plan)

ATTENTION: Mr. Robert Graves

Gentlemen:

The Department of Environmental Quality Engineering, on February 13, 1989, received notification on your behalf from Mr. Craig Saunders, that a release of gasoline had occurred at the above referenced location.

Mr. Saunders reported that he had been engaged by you to conduct a "21E" site investigation of the above location. The investigation which consisted of soil vapor analysis of the underground storage tank area and installation of monitoring wells revealed the presence of gasoline contaminated soils and free phase petroleum product on the ground water.

Mr. Saunders indicated that he believed the release was on-going and may be from the tank storage and distribution system which is greater than 30 years old. A Department representative advised Mr. Saunders to conduct hydrostatic tank testing to locate the source and abate the leak or to empty all tanks of the product. Mr. Saunders indicated he would advise his client to empty all tanks.

These conditions constitute a release of oil at or from the site. The prevention and/or mitigation of such a release is governed by M.G.L., Chapter 21E, the "Massachusetts Oil and Hazardous Material Release, Prevention and Response Act," and 310 CMR 40.000, "Massachusetts Contingency Plan" (MCP).

On February 23, 1989, this office received the above referenced 21E investigation concerning the Graves Texaco, Uncas Avenue property. A review of the site investigation report submitted indicates that the report substantially fulfills the requirements of a Phase I - Limited Site Investigation and identifies that an imminent hazard may exist at this site.



This letter is to inform you that:

1. Based on information available to the Department of Environmental Quality Engineering, the Department has reason to believe that Graves Texaco is a responsible party with liability under M.G.L., Chapter 21E, Section 5(a)(1). The nature of this liability is joint and several without regard to fault; and
2. The Department is authorized, pursuant to M.G.L., Chapter 21E, Section 4, and 310 CMR 40.171, MCP, to arrange for or to take actions which it deems necessary to respond to the release should you fail to perform response actions in an appropriate and timely manner.

Your liability noted in one (1) above may include:

- a. Administrative costs incurred by the Department in handling this matter (in simple spill cases, administrative costs incurred by the Department prior to formal legal action are at least \$1,000);
- b. Interest charges on the total liability at the statutory rate of 12% compounded annually;
- c. Treble costs (i.e., three (3) times the total amount of response costs the Department incurs); and
- d. All damages for the injury, destruction or loss of natural resources due to the release.

The liability constitutes a debt to the Commonwealth. The debt, together with interest, creates a lien on all of your property in the Commonwealth. In addition to the foreclosure remedy provided by the lien, the Attorney General of the Commonwealth may recover that debt or any part of it in an action against you. You may also be liable under M.G.L., Chapter 21E, Section 11, for up to \$100,000 in fines or penalties for each violation of Chapter 21E as well as for additional penalties or damages pursuant to other statutes or common law.

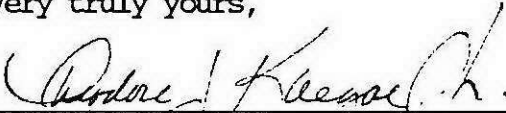
The Department requires a written response within fourteen (14) days of your receipt of this letter indicating whether you intend to take the necessary response actions in lieu of the Department. The Department also requires that you contract with a consultant knowledgeable in the area of hydrogeological investigation and uncontrolled hazardous waste site assessment and abatement. The Department hereby requests that, within 30 days of your receipt of this letter, your consultant submit to this office a report identifying whether an imminent hazard as defined in 310 CMR 40.542 actually exists at this site and detailing the actions necessary to contain, remove or otherwise abate the imminent hazard which may be present.

If an imminent hazard is identified, any and all necessary actions must be initiated within sixty (60) days of your receipt of this letter and with the prior written or verbal approval of this office. You are also requested to complete the enclosed Interim Site Classification and Preliminary Assessment Forms and return them with the above referenced report.

If the Department does not hear from you within the times specified above, or if persons acting in your behalf fail to act within the prescribed times, the Department will commence response actions and expect to recover from you to the extent of liability set forth above.

Please direct all correspondence and questions to Mr. Richard Packard, referring to DEQE ER# SE 89-088

Very truly yours,

  
Theodore J. Kaegael, Jr., Chief  
Emergency Response Section

K/RP/rr

Enclosure

CERTIFIED MAIL #P806 656 374  
RETURN RECEIPT REQUESTED

cc: OIR - Boston  
ATTN: Frank Sciannameo

Board of Health  
P.O. Box 1327  
Oak Bluffs, MA 02557

Fire Chief Nelson W. Amaral  
P.O. Box 413  
Oak Bluffs, MA 02557

Saunders Association  
P.O. Box 2646  
Vineyard Haven, MA 02568

SAUNDERS ASSOCIATES

P.O. BOX 2646 • VINEYARD HAVEN • MASSACHUSETTS 02568 • 508 693-1578

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May 11, 1989



Mr. Richard Packard  
Emergency Response Section  
Department of Environmental Quality Engineering  
Lakeville Hospital  
Lakeville, Massachusetts 02347

D. E. Q. E.  
SOUTHEAST REGION

RE: OIR/ERB-SE-89-088 Graves Texaco Site - Preliminary  
Report, Site Classification and Identification of  
Imminent Hazards

Dear Rich:

Please find enclosed completed copies of the Preliminary Assessment Report and the Interim Site Classification Form for the Graves Texaco Site. It is not possible, at this time, to describe the extent of product release on or off site, and consequently I have not attempted to classify the site.

In way of review, the following procedures have taken place on site since your March visit:

1. A Hydrostatic test of the underground storage tanks was conducted during the last week of March, and these tests indicated substantial leakage from one of the 1000 gallon tanks.
2. The two (2) 1000 gallon gasoline tanks and the 2000 gallon diesel tank were removed during the first week of April, 1989. The 1000 gallon tank nearest the pump island contained a large hole at its base.

If there is any additional information that you require please don't hesitate to contact me.

Yours sincerely

*Craig E. Saunders*  
Craig E. Saunders

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## Commonwealth of Massachusetts Department of Environmental Quality Engineering

### Potential Oil/Hazardous Material Release Site PRELIMINARY ASSESSMENT REPORT

For DEQE Use Only

Case No. \_\_\_\_\_

File Name \_\_\_\_\_

Date Listed \_\_\_\_\_

Disposition \_\_\_\_\_

#### I. PROPERTY NAME AND LOCATION (See Supplementary Instructions)

Property Name: GRAVES TEXACO  
Address: P.O. Box 1417, Uncas Avenue

UTM Coordinates:

N \_\_\_\_\_ M

E \_\_\_\_\_ M

Latitude/Longitude

\_\_\_\_ N

\_\_\_\_ W

Municipality:

OAK BLUFFS

Zip Code

02557

USGS Quad(s):

EDGARTOWN

#### II. OWNERS/OPERATORS

Present Owner: Robert Graves  
Address: P.O. Box 1417  
Oak Bluffs, MA 02557  
Contact: \_\_\_\_\_

Tel. 508-693-5070

Date  
Acquired

9-84

Specific Property Use/Activity:

SIC # \_\_\_\_\_ ☒ Active ☐ Inactive

Present Operator:

Address: SAME

Contact: \_\_\_\_\_

Tel. \_\_\_\_\_

Date  
Started

Specific Property Use/Activity

SIC # \_\_\_\_\_ ☒ Active ☐ Inactive

Previous Owner: Kenneth Rose  
Address: Off County Road  
Oak Bluffs, MA  
02557

Tel. 508-693-3562

From/To  
Dates

Specific Property Use/Activity

SIC # \_\_\_\_\_

Previous Operator:

Address: \_\_\_\_\_

Tel. \_\_\_\_\_

From/To  
Dates

Specific Property Use/Activity

SIC # \_\_\_\_\_

Additional Owner/Operator Information is: ☐ Attached ☐ Unknown ☐ Not Pertinent

#### III. GENERAL PROPERTY/AREA INFORMATION

Site Locus Map Attached? ☐

Property/Area Use:	Property Present	Property Past	Surrounding Area
Industrial	_____	_____	_____
Commercial	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Residential	_____	_____	<input checked="" type="checkbox"/>
Agricultural	_____	_____	_____
Undeveloped	_____	_____	_____

Check if property is or ever was a known:

☐ Refuse/Waste Disposal Area

☒ Gasoline (Service) Station

☐ Fuel Storage Depot

☐ Industrial Manufacturing Facility

☐ Check if Property is Planned for Development

#### IV. REVIEW OF AVAILABLE RECORDS/INFORMATION

Municipal: Date Reviewed 1-28-89 By Craig E. Saunders or Saunders Associates

Information Source(s): Assessor's Office, Board of Health, Highway Department

Contact Person(s): Herbert Coimbra, Roger Jvey Telephone: \_\_\_\_\_

State: Date Reviewed 2-89 By Craig Saunders or Saunders Associates

Information Source(s): Site List January 89

Contact Person(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

Owner/Operator: Date Reviewed 1-28-89 By Craig Saunders or Saunders Associates

Information Source(s): Interview - Site Assessment

Contact Person(s): Robert Graves Telephone: 508-693-5070

Other: Date Reviewed \_\_\_\_\_ By \_\_\_\_\_ or \_\_\_\_\_

Information Source(s): \_\_\_\_\_

Contact Person(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

Additional Information/Information Sources are attached: ☒ Yes ☐ No. See 27E Report



# IV. SURVEY OF AVAILABLE RECORDS/INFORMATION (Continued.)

Based upon records and available information, have petroleum products or hazardous materials been used, treated, stored, or disposed of, on the property?

☒ Yes ☐ No ☐ Petroleum ☐ Hazardous Materials

Underground Storage Tanks: <sup>13</sup> Records/Evidence of Present/Former Use: ☒ Yes ☐ No

	Gasoline	Fuel Oil	Waste/Other Oil	Hazardous Materials	Unknown
Indicate Number of Tanks:	1	2			
Presently On-site	3				
Removed					
With Capacity 1100 Gallons					
Over 10 Years Old					
Total Number:					

Wastewater: <sup>14</sup> Generated? ☒ Yes ☐ No ☐ Unknown Composition: ☒ Sanitary ☐ Industrial Disposal: ☐ Municipal Sewer ☒ On-site ☐ Other

Comments: \_\_\_\_\_

Is there currently an on-site water supply well? ☒ Yes ☐ No ☐ Unknown. Active? ☐ Yes ☐ No.

Indicate Present or Past Federal/State Environmental Permits/Regulations at the Property.

☐ N.P.D.E.S. ☐ Groundwater Discharge ☐ R.C.R.A. Generator ☐ R.C.R.A. TSD ☐ Air Quality ☐ Other

Comments: Tank Permits

Is/are there any record(s) of Criminal, Civil, or Administrative Actions, at the property due to (alleged) violations of environmental statute or regulation? ☐ Yes ☒ No Comments: \_\_\_\_\_

## V. PROPERTY RECONNAISSANCE

Property Reconnaissance by Owner/Operator/Consultant <sup>16</sup> (Circle one.) SAUNDERS ASSOCIATES

Date 1-28-2-5-89 By Craig Saunders

Evidence of a Release of Oil or Hazardous Materials? ☒ Yes ☐ No ☐ Potential

If Yes/Potential, Based upon: ☐ visual ☐ olfactory ☒ analytical/screening

Comments: 1 21 E Site Report reviews evidence of releases found on site. Investigative techniques utilized include soil gas survey, monitoring well installation and water quality testing.

## FOR DEQE USE ONLY:

On-site Reconnaissance ☐ Off-site Reconnaissance ☐ By EPA/DEQE/Contractor: (Circle one.)

Date \_\_\_\_\_ By \_\_\_\_\_ Of \_\_\_\_\_

Evidence of a Release of Oil or Hazardous Materials? ☐ Yes ☐ No ☐ Potential

Comments: \_\_\_\_\_

# VI. PRELIMINARY ASSESSMENT SUMMARY/REPORTING MATRIX

Based upon a review and evaluation of available records, information, and field observations, indicate and summarize applicable property conditions. Abbreviations and table headings are explained at the bottom of the page; additional guidance is contained in direction section. Please note that responses are mandatory in shaded columns.

SOURCE	Past/Present Existence "		Test Data Available "		Evidence of OIIM		COMMENTS "
	Yes	No	Information Source (f)	Describe (g)	Rec. Obs. Test	None	
On-Site (Non-Liquid) Waste Disposal (e)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Surface OIIM Discharge or Spillage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	oil (waste) spilled on east. side of road	water quality (200601-602) soil gas	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	All test data summarized in 21 E Report
Surface Wastewater Discharge (b)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Subsurface OIIM Discharge (c)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	gasoline tank leak 21 E Report	soil gas water quality	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Subsurface Wastewater Discharge (d)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Underground Storage Tank(s) - Oil - (e)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	gasoline leakage 21 E Report	soil gas water quality	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Underground Storage Tank(s) - Haz. Materials -	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no
Above-Ground Oil/Haz. Material Storage Tank(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no leakage		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no leakage observed
Other:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Unknown Source but Evidence of Contamination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

FOOTNOTES: (e) Includes refuse, demolition wastes, sludges, hazardous wastes; (b) Includes domestic or industrial sewage, surface impoundments; (c) via dry wells, leach fields, injection wells, etc.; (d) Includes domestic or industrial sewage leach fields/pits; (e) note: waste oil is considered a "hazardous material"; (f) records, field observation, etc.; (g) Includes tank testing data, geophysical data, analytical data, etc.

ABBREVIATIONS: Rec = Records; Obs = Observations; OIIM = Oil or Hazardous Material

ADDITIONAL COMMENTS: "

Property Access: " ☐ Restricted ☒ Unrestricted ☐ Partially Restricted

Property Ownership: ☒ Private ☐ Governmental ☐ Military

# VII. CONCLUSIONS AND CERTIFICATIONS

Based upon all available information and data, pursuant to MGL Chapter 21E, is there evidence that a release of oil or hazardous materials has or is occurring at the property? ☒ Yes ☐ No ☐ Unknown at this time

Do property conditions constitute a threat of release? ☒ Yes ☐ No ☐ Potential

If either of above is "Yes", are immediate site actions necessary to abate an imminent hazard to public health, safety, welfare, or the environment, due to:

<input type="checkbox"/> Proximity to known potable water supplies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Potential for direct human contact and exposure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Potential for fire or explosion?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Proximity to fisheries/critical habitats?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If a release has been confirmed, are immediate actions necessary to initiate abatement, containment, or recovery actions, in order to avoid a situation where a delay in remedial actions will substantially decrease the efficiency and/or degree of ultimate cleanup?

☐ Yes ☒ No

Have remedial actions already been taken at the site?

☐ Yes ☒ No

NOTE: If immediate actions are needed, or if remedial actions have already been taken at the site, append complete details on nature of problem and proposed/completed site actions.

Owner/Operator/Private Party (Circle one.)  
 Name Robert Graves  
 Title owner/operator  
 Company Graves Tekaco  
 Date 5-11-89  
 Property Affiliation \_\_\_\_\_

Professional Environmental Consultant  
 Name Craig Saunders  
 Title hydrogeologist  
 Firm Saunders Associates  
 Date 5-11-89  
☐ Additional Information attached to Form

Indicate Name(s) of Environmental Assessment Report(s) prepared for Property:  
21E Site Assessment - Graves Tekaco February 1989

If Form completed by Private Party and/or Professional Environmental Consultant, please sign:

I hereby certify that the information furnished in and with this Form, to the best of my knowledge, is true, accurate, and complete.

Signature: \_\_\_\_\_  
 (Owner/Operator/Private Party)

Signature: Craig Saunders  
 (Consultant)

## VIII. DISPOSITION OF CASE

### FOR DEQE USE ONLY:

Form completed by: PRP/Consultant/DEQE/DEQE Contractor/Other (Circle one.) Date Received: \_\_\_\_\_

If not compiled by DEQE, is provided information: ☐ Adequate ☐ Insufficient ☐ Inaccurate

Conclusions: ☐ No Evidence of Release ☐ Release Confirmed ☐ Potential Release - Further Investigation Required

Disposition of Case: ☐ No Action ☐ Re-do P.A. ☐ Perform S.I. ☐ Perform IRM ☐ Other

Enforcement Position: ☐ N.A. ☐ Send N.O.R. ☐ N.O.R. sent \_\_\_\_\_ ☐ Other

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DEQE STAFF:

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

# INTERIM SITE CLASSIFICATION FORM

DISPOSAL SITE NAME Graves Texasco      Completed by: Craig Saunders      Company: Saunders Associates  
 SITE ID NUMBER 012/ERB-SE-89-088      Name: Craig Saunders  
 STREET Uncas Avenue      Street: P.O. 2646      City/Town: Vineyard Haven  
 CITY/TOWN Cock Bluffs      State: MA      Zip Code: 02568

## CLASSIFICATION SUMMARY

Complete following pages of form and summarize classification below:

Criterion	Met	Not Met	Insufficient Information
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommended Site Classification:

☐ Priority      ☐ Non-Priority      ☒ Insufficient Information to Classify

Signature: Craig Saunders      Date: 5-11-89

## FOR DEQE USE

	DEQE Concurrence		Comment
	Yes	No	
1	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	

Department's Determination on Site Classification: ☐ Priority      ☐ Non-Priority      ☐ Insufficient Information to Classify

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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INTERIM SITE CLASSIFICATION

Note:

Check appropriate box for each criterion indicating whether a criterion is met or not met or if information is inadequate to determine whether a criterion is met. Only one of these three boxes should be checked for each criterion. A disposal site cannot be classified as a non-priority disposal site if information is inadequate for any criterion.

Met ☐ Not Met ☒

1. Criterion 1 is met if conditions at the disposal site provide the opportunity for direct contact with oil or hazardous materials via open lagoons, drum storage areas and sludges, or

If conditions at the disposal site provide the opportunity for direct contact with surface oil or hazardous materials and there is evidence of, or data that indicate, surface contamination at concentrations that could adversely affect human or environmental receptors.

**Supporting Information and Source:**

☐

Additional information is required to determine if Criterion 1 is met.  
Describe:

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Met ☐

Not Met ☐

2. Criterion 2 is met if there is evidence of or data that indicate the presence of uncontained migrating oil or hazardous materials which exist as a separate phase in groundwater or surface water.

**Supporting Information and Source:**

Monitoring well on-site shows 3 inches of gasoline. Extent of migration of product off-site is not known.

Source: 21E Site Investigation



Additional information is required to determine if Criterion 2 is met.  
Describe:

Met ☐

Not Met ☒

3. Criterion 3 is met if there are data that indicate groundwater contamination with oil or hazardous materials at levels exceeding state or federal drinking water standards/guidelines (or detectable levels of contaminants for which there are not state/federal standards or guidelines) and

the data is based on samples taken from a location that:

- i. is within 2640 feet of a municipal water supply well(s), or
- ii. is within a mapped cone of influence of a municipal water supply well(s), or
- iii. is a private water supply well(s) or potentially affects a private water supply well,

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unless there are data which indicate:

- i. that a hydrogeologic connection does not exist between the groundwater containing oil or hazardous materials and the municipal water supply well, or
- ii. that the identified concentrations of oil or hazardous materials, for which there are no drinking water standards or guidelines, are not and are not likely to be harmful to those drinking the water, or
- iii. that the oil or hazardous materials have not migrated to and are not likely to migrate to public or private water supply well(s).

**Supporting Information and Source:**

21E Report Page 9, Figure 6



Additional information is required to determine if Criterion 3 is met.  
Describe:



Met ☐

Not Met ☒

4. Criterion 4 is met if there is evidence of, or data that indicate that, a release of oil or hazardous materials at or from the disposal site into surface water has occurred and that the release is upstream of a potable surface water supply intake structure or of the recharge area of a municipal well(s),

unless there are data that indicate:

- i. that a hydrogeologic connection between the release of oil or hazardous materials into surface water and the recharge area does not exist, or
- ii. that concentrations of oil or hazardous materials at the surface water supply intake or the municipal well have not and are not likely to exceed State or Federal drinking water standard/guidelines, or
- iii. that concentrations of oil or hazardous materials at the surface water supply intake or the municipal well(s), for which there are no drinking water standards or guidelines, are not and are not likely to be harmful to those drinking the water.

**Supporting Information and Source:**

Additional information is required to determine if Criterion 4 is met.  
Describe:

☐

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Met ☐

Not Met ☒

5. Criterion 5 is met if there is evidence of, or data that indicate that, a release of oil or hazardous materials at or from the disposal site to surface water has resulted or could result in a concentration which exceeds Ambient Water Quality Criteria for the protection of aquatic life or human health.

**Supporting Information and Source:**

☐

Additional information is required to determine if Criterion 5 is met.  
Describe:

Met ☐

Not Met ☐

6. Criterion 6 is met if there is evidence of, or data that indicate that, the disposal site poses a threat of fire or explosion.

**Supporting Information and Source:**

No cellars or crawlspace are found immediately adjacent to site.  
Several houses within 500 feet of site were checked with PID.  
Future threat unknown.

☒

Additional information is required to determine if Criterion 6 is met.  
Describe:

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**Met**

☐

**Not Met**

☐

9. Criterion 9 is met if there are data or any other information that indicate that the disposal site may pose a significant or otherwise unacceptable risk of harm to health, safety, public welfare, or to the environment if left in its present state for several years. Note: This criterion is to be used only if none of the previous eight criteria were met, and no additional information is required.

**Supporting Information and Source:**

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Met ☐ Not Met ☒

7. Criterion 7 is met if there is evidence, or data that indicate that there are or there could be air emissions at or from the disposal site which could adversely impact human or environmental receptors.

**Supporting Information and Source:**

☐

Additional information is required to determine if Criterion 7 is met.  
Describe:

Met ☐ Not Met ☒

8. Criterion 8 is met if there is evidence of, or data that indicate that, releases of oil or hazardous materials at or from the disposal site have affected or could affect the human food chain.

**Supporting Information and Source:**

☐

Additional information is required to determine if Criterion 8 is met.  
Describe:

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  
1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery  
↓ (Extra charge) ↓  
↓ (Extra charge) ↓

3. Article Addressed to:

Graves Texaco  
P.O. Box 1417  
Oak Bluffs, MA 02557  
ATTN: Mr. Robert Graves

4. Article Number  
# P 806 656 374

Type of Service:

☐ Registered  
☒ Certified  
☐ Insured  
☐ COD  
☐ Express Mail

Always obtain signature of addressee  
or agent and DATE DELIVERED.

8. Addressee's Address (ONLY if  
requested and fee paid)

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

PS Form 3811, Mar. 1983  
U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE  
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

- Print your name, address, and ZIP Code in the space below.
- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

APR 20 1989

D.E.O.E.  
SOUTHEAST REGION

Print Sender's name, address, and ZIP Code in the space below.

RETURN  
TO

RP/OIR/rv

DEOE/SERO  
Lakeville Hospital  
Lakeville, MA 02347

PENALTY FOR PRIVATE  
USE, \$300



**DEQE OIL AND HAZARDOUS MATERIAL SPILL/RELEASE INCIDENT  
NOTIFICATION AND INSPECTION REPORT**

1. RESPONSE: INITIAL FIELD ☐ TELEPHONE ☐ FOLLOW-UP ☐ AMENDED ☐  
2. MUNICIPALITY: \_\_\_\_\_ 21E NOTIFICATION ☐

3. ADDRESS: \_\_\_\_\_ 4. INCIDENT 1ST REPORTED:  
Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM  
5. INCIDENT OCCURRED:  
Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

6. PERSON WHO 1ST NOTIFIED DEQE:  
Name/Address \_\_\_\_\_ Tel. # \_\_\_\_\_

7. OIL OR HAZARDOUS MATERIAL RELEASED: \_\_\_\_\_  
a. Name: \_\_\_\_\_ CAS # \_\_\_\_\_ b. Amount Reported: \_\_\_\_\_ Actual: \_\_\_\_\_  
c. Oil/Not Oil \_\_\_\_\_ Virgin/Waste \_\_\_\_\_ Non-PCB/PCB \_\_\_\_\_ ppm \_\_\_\_\_ Soil Contamination Y/N  
d. Source: vehicle fuel tank \_\_\_\_\_ drum \_\_\_\_\_ tanker truck \_\_\_\_\_ boat \_\_\_\_\_ railroad tank/engine  
above-ground tank \_\_\_\_\_ below-ground tank \_\_\_\_\_ transformer \_\_\_\_\_ pipe \_\_\_\_\_ hose \_\_\_\_\_ other  
e. Samples Obtained: Yes No f. Drums Retained: Yes No (if yes, specify where sent) \_\_\_\_\_

g. Release Type: Leak \_\_\_\_\_ Overfill \_\_\_\_\_ Rupture \_\_\_\_\_ Tank Removal \_\_\_\_\_ Spill \_\_\_\_\_ Dumping \_\_\_\_\_ Other \_\_\_\_\_

8. BRIEF DESCRIPTION OF INCIDENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. POTENTIALLY RESPONSIBLE PERSON IDENTIFIED BY DEQE:  
a. PRP notified Department \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
b. Name/Address \_\_\_\_\_ Tel. # \_\_\_\_\_  
Name/Address \_\_\_\_\_ Tel. # \_\_\_\_\_  
c. PRP received Notice of Responsibility: Verbal: Date \_\_\_\_\_ Time \_\_\_\_\_;  
Field: Date \_\_\_\_\_ Time \_\_\_\_\_; Office: Date \_\_\_\_\_ Time \_\_\_\_\_;  
d. Responsibility accepted and proper actions taken by responsible person: Yes No  
e. Name of cleanup contractor hired by responsible person: \_\_\_\_\_

10. REGIONAL RESPONSE ACTIONS:  
a. State-cleanup contractor: \_\_\_\_\_ Service Category: SC SSC SSI HM  
b. Contractor arrived on-scene: Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM  
c. Further field response actions needed: Yes No (if yes, specify) \_\_\_\_\_  
d. Enforcement actions taken/recommended: Yes No (if yes, specify) \_\_\_\_\_  
e. Cost recovery recommended: Yes No Maybe

11. INTRA-AGENCY NOTIFICATION/REFERRAL:  
a. Name(s) of DEQE employee(s) notified: \_\_\_\_\_  
b. Case referred within DEQE to: \_\_\_\_\_

12. OTHER AGENCIES NOTIFIED BY DEQE OF SPILL/RELEASE INCIDENT:  
Name: \_\_\_\_\_ Date: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Contact: \_\_\_\_\_

Report prepared by: \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_



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SAUNDERS ASSOCIATES

P.O. BOX 2646 • VINEYARD HAVEN • MASSACHUSETTS 02568 • 617 693-1578

RECEIVED

FEB 23 1989

February 17, 1989  
D.C.Q.E.  
SOUTHEAST REGION

Mr. Richard Packard  
DEQE, Southeast Region  
Lakeville Hospital  
Lakeville, Massachusetts 02346

RE: Hydrocarbon Release at Graves Texaco,  
Uncas Avenue, Oak Bluffs

Dear Richard:

Please find enclosed a copy of the 21-E Report, as you requested. It is our intention that this report serve as a Phase I report. If there is any information lacking, please let me know and I will make sure you receive it.

The two 1,000-gallon tanks were pumped dry on Tuesday morning, February 14, 1989. The 3,000-gallon tank is now being emptied. We are awaiting a decision by the former tank owner regarding removal of the tanks.

Yours sincerely,

*Craig E. Saunders*  
Craig E. Saunders

CC: Robert Graves

Draft - Mon - Written 3/8/89  
Date 2-13-89 Region

Case: CLOSED ☐ PENDING ☒

Case No. SE-89-088

DEQE OIL AND HAZARDOUS MATERIAL SPILL/RELEASE INCIDENT  
NOTIFICATION AND INSPECTION REPORT

AMENDED ☐

1. RESPONSE: INITIAL FIELD ☐ TELEPHONE ☒ FOLLOW-UP ☐ 21E NOTIFICATION ☒
2. MUNICIPALITY: Oak Bluffs
3. ADDRESS: Graves Texas  
UNCAS AVE
4. INCIDENT 1ST REPORTED:  
Date 2-13-89 Time 2:58 AM/PM
5. INCIDENT OCCURRED:  
Date UNK Time (508) AM/PM  
Tel. # 693-1578
6. PERSON WHO 1ST NOTIFIED DEQE:  
Name/Address Craig Saunders
7. OIL OR HAZARDOUS MATERIAL RELEASED:  
a. Name: Gasoline CAS # \_\_\_\_\_ b. Amount Reported: \_\_\_\_\_ Actual: \_\_\_\_\_  
c. Oil/Not Oil Virgin/Waste Non-PCB/PCB \_\_\_\_\_ ppm Soil Contamination Y/N  
d. Source: vehicle fuel tank \_\_\_\_\_ drum \_\_\_\_\_ tanker truck \_\_\_\_\_ boat \_\_\_\_\_ railroad tank/engine  
above-ground tank \_\_\_\_\_ below-ground tank \_\_\_\_\_ transformer \_\_\_\_\_ pipe \_\_\_\_\_ hose \_\_\_\_\_ other \_\_\_\_\_  
e. Samples Obtained: Yes No \_\_\_\_\_ f. Drums Retained: Yes No (if yes, specify where sent) \_\_\_\_\_  
g. Release Type: Leak Overfill Rupture Tank Removal Spill Dumping Other \_\_\_\_\_
8. BRIEF DESCRIPTION OF INCIDENT:  
21E conducted - Soil gas + M.W. installed - 3" product found in M.W. Report to follow.  
Area has Municipal Water. Also areas of oil dumping.
9. POTENTIALLY RESPONSIBLE PERSON IDENTIFIED BY DEQE:  
a. PRP notified Department \_\_\_\_\_ Date: 2-13-89 Time: 2:58 508  
b. Name/Address Bob Graves - Graves Texas Tel. # 693-5070  
Name/Address UNCAS Ave, Oak Bluff 02557 Tel. # \_\_\_\_\_  
c. PRP received Notice of Responsibility: Verbal: Date 2-13-89 Time \_\_\_\_\_ ;  
Field: Date \_\_\_\_\_ Time \_\_\_\_\_ ; Office: Date \_\_\_\_\_ Time \_\_\_\_\_ ;  
d. Responsibility accepted and proper actions taken by responsible person: Yes No  
e. Name of cleanup contractor hired by responsible person: Craig Saunders
10. REGIONAL RESPONSE ACTIONS:  
a. State-cleanup contractor: \_\_\_\_\_ Service Category: SC SSC SSI HM  
b. Contractor arrived on-scene: Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM  
c. Further field response actions needed: Yes No (if yes, specify) \_\_\_\_\_  
d. Enforcement actions taken/recommended: Yes No (if yes, specify) \_\_\_\_\_  
e. Cost recovery recommended: Yes No Maybe
11. INTRA-AGENCY NOTIFICATION/REFERRAL:  
a. Name(s) of DEQE employee(s) notified: \_\_\_\_\_  
b. Case referred within DEQE to: \_\_\_\_\_
12. OTHER AGENCIES NOTIFIED BY DEQE OF SPILL/RELEASE INCIDENT:  
Name: \_\_\_\_\_ Date: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Contact: \_\_\_\_\_

Report prepared by: RFP

Signature Richard F. Parkard Title EE-IV

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