

April 8, 2024
Project 2403038

RECEIVED
CITY CLERKS OFFICE

2024 APR 24 P 4: 19

BOSTON, MA



Consulting
Engineers and
Scientists

Mayor Michele Wu
Boston City Hall
One City Hall Plaza
Boston, MA 02201

Dear Mayor Wu:

**Re: Release Notification and Immediate Response Action Plan
250-256 Dudley Street
Boston (Roxbury) Massachusetts
MassDEP RTN 3-38579**

On behalf of Boston Housing Authority (BHA), we are hereby notifying your office that a Release Notification Form (RNF) and Immediate Response Action Plan to evaluate a potential Critical Exposure Pathway (CEP) is being submitted to the Massachusetts Department of Environmental Protection (MassDEP) for the above-referenced site. This notification is being made in fulfillment of the notification requirements of the Massachusetts Contingency Plan (MCP; 310 CMR 40.1403[3][b,h]). A copy of the RNF is enclosed.

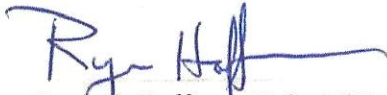
The RNF was prepared for the detection of chlorinated volatile organic compounds (VOCs) in indoor air of an eight-unit condominium building in Boston (Roxbury), Massachusetts. The IRA consists of assessment-only; mitigation will be performed if necessary.


The RNF was submitted to MassDEP Northeast Regional Office in Wilmington, Massachusetts. The report was submitted via eDEP and is available for review online. Public officials may request additional public involvement activities under 310 CMR 40.1403(9) and upon tier classification under 310 CMR 40.1404.

Please contact Mr. Ryan Hoffman at 781-721-4091 or rhoffman@geiconsultants.com, if you have any questions.

Sincerely,

GEI CONSULTANTS, INC.


Ryan S. Hoffman, P.G., LSP
Vice President


Heen S. Gladstone, P.E., LSP, LEED AP
Senior Vice President

Enclosure
MEF/RSB

c: Bureau of Waste Site Cleanup, MassDEP Northeast Regional Office
Raul Leon, BHA

B:\Working\BOSTON HOUSING AUTHORITY\2403038 250-256 Dudley St MCP Compliance\01_ADMIN\IRA Plan\App B - Public Notice Letters\Pub Not Ltrs.docx



RELEASE NOTIFICATION & NOTIFICATION
RETRACTION FORM

Release Tracking Number

3 - 38579

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: APARTMENT BUILDING
2. Street Address: 250-256 DUDLEY STREET
3. City/Town: ROXBURY 4. ZIP Code: 021190000
5. Coordinates: a. Latitude: N 42.32868 b. Longitude: W 71.07946

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: 2/8/2024 Time: 12:00 AM PM
mm/dd/yyyy hh:mm
2. Date and time you obtained knowledge of the Release or TOR: 2/8/2024 Time: 12:00 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 5. 72 HOUR REPORTING CONDITIONS 6. 120 DAY 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)
- a. Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/2 Inch (.04 feet)
- b. Underground Storage Tank (UST) Release
- c. Threat of UST Release
- d. Release to Groundwater near Water Supply
- e. Substantial Release Migration
- 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 (.01 feet) and Less than 1/2 Inch (.04 feet)



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

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.

Check here if an amount or concentration is unknown or less than detectable.

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)
1,1,2,2-TETRACHLOROETHANE	00079-34-5	HM	0.061	UG/M3	N/A
TETRACHLOROETHYLENE	00127-18-4	HM	0.6	UG/M3	N/A

Check here if a list of additional Oil and Hazardous Materials subject to reporting, or any other documentation relating to this notification 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: BOSTON HOUSING AUTHORITY

3. Contact First Name: KENZIE 4. Last Name: BOK

5. Street: 52 CHAUNCY STREET 6. Title: ADMINISTRATOR

7. City/Town: BOSTON 8. State: MA 9. ZIP Code: 021110000

10. Telephone: 617-988-4000 11. Ext.: _____ 12. Email: kenzie.bok@bostonhousing.org

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: Check here to change relationship

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

e. Other RP or PRP Specify: NON-SPECIFIED PRP

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

F. CERTIFICATION OF PERSON REQUIRED TO NOTIFY:

1. I, PRISCILLA MACKENZIE BOK, 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 : PRISCILLA MACKENZIE BOK 3. Title: ADMINISTRATOR
Signature
4. For: BOSTON HOUSING AUTHORITY 5. Date : 4/8/2024
(Name of person or entity recorded in Section D) 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. Email: _____

YOU ARE SUBJECT TO ANNUAL COMPLIANCE ASSURANCE FEES FOR EACH BILLABLE YEAR FOR TIER CLASSIFIED DISPOSAL SITES. 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:)

Received by DEP on 4/8/2024 8:55:19 AM