

RELEASE NOTIFICATION & NOTIFICATION  
RETRACTION FORM

Release Tracking Number

-

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:

2. Street Address:

3. City/Town: \_\_\_\_\_ 4. ZIP Code: \_\_\_\_\_

5. UTM Coordinates: a. UTM N:  b. UTM E:

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:  Time:   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)

- |   |   |  |
|---|---|--|
| <p>4. 2 HOUR REPORTING CONDITIONS</p> <ul style="list-style-type: none"><li><input type="checkbox"/> a. Sudden Release</li><li><input type="checkbox"/> b. Threat of Sudden Release</li><li><input type="checkbox"/> c. Oil Sheen on Surface Water</li><li><input type="checkbox"/> d. Poses Imminent Hazard</li><li><input type="checkbox"/> e. Could Pose Imminent Hazard</li><li><input type="checkbox"/> f. Release Detected in Private Well</li><li><input type="checkbox"/> g. Release to Storm Drain</li><li><input type="checkbox"/> h. Sanitary Sewer Release (Imminent Hazard Only)</li></ul> | <p>5. 72 HOUR REPORTING CONDITIONS</p> <ul style="list-style-type: none"><li><input type="checkbox"/> a. Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/2 Inch</li><li><input type="checkbox"/> b. Underground Storage Tank (UST) Release</li><li><input type="checkbox"/> c. Threat of UST Release</li><li><input type="checkbox"/> d. Release to Groundwater near Water Supply</li><li><input type="checkbox"/> e. Release to Groundwater near School or Residence</li><li><input type="checkbox"/> f. Substantial Release Migration</li></ul> | <p>6. 120 DAY REPORTING CONDITIONS</p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> a. Release of Hazardous Material(s) to Soil or Groundwater Exceeding Reportable Concentration(s)</li><li><input type="checkbox"/> b. Release of Oil to Soil Exceeding Reportable Concentration(s) and Affecting More than 2 Cubic Yards</li><li><input type="checkbox"/> c. Release of Oil to Groundwater Exceeding Reportable Concentration(s)</li><li><input type="checkbox"/> d. Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/8 Inch and Less than 1/2 Inch</li></ul> |
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3 - 518

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7. List below the Oils (O) or Hazardous Materials (HM) that exceed their Repor

ARSENIC IN GROUNDWATER		HM	84.4	UG/L	RCGW-1

LOCKHEED MARTIN

ROBERT S.

PHILLIPS

6801 ROCKLEDGE DR MP CCT 246

PROJECT LEAD

BETHESDA

MD

208170000

817-763-7629

817-762-4884

✓

PRP GENERIC OF NON-SPECIFIC

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

1. I, \_\_\_\_\_, 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: \_\_\_\_\_ 3. Title: \_\_\_\_\_  
Signature

4. For: \_\_\_\_\_ 5. Date: \_\_\_\_\_  
(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. FAX: \_\_\_\_\_

**YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER  
BILL 31UAL381 31R000 PER**