



Charles River Watershed Association

By Fax and Mail

August 18, 2009

Ian A. Bowles, Secretary
Executive Office of Energy and Environmental Affairs
100 Cambridge Street, 9th floor
Boston, MA 02114

Attn: Purvi Patel

Re: Former Medfield State Hospital, Medfield, MA, ENF, EOEEA # 14448

Dear Secretary Bowles:

Charles River Watershed Association (CRWA) submits the following comments on the Environmental Notification Form (ENF) for the above-referenced project by the Division of Capital Asset Management. CRWA attended the site visit and has spoken to Jim Okun, the proponent's G.L. c. 21E consultant, Andrea Stiller, the Medfield Board of Selectmen's consultant, the Natural Heritage and Endangered Species Program, and the Department of Environmental Protection.

Because the project will use state funding, MEPA review is broad scope and extends to all aspects of the project that may cause damage to the environment. The project meets or exceeds rare species and wetlands thresholds under MEPA. As currently proposed, the project does not appear to mitigate environmental damage to the greatest extent practicable.

We commend DCAM for beginning the clean up of this G.L. c. 21E site, which contains construction and demolition debris, coal ash, oil and hazardous materials (OHM), including lead in reportable concentrations. Moving the material away from the river will certainly reduce erosion of the river banks and sediment contamination from the site. However, we are concerned that the removal of large chunks of debris with off-site disposal of metal,¹ re-grading the site, and covering with topsoil and will not achieve a condition of no significant risk. The limited funding available appears to be driving a limited cleanup. Other parts of the Medfield State Hospital property are also

¹ According to the proponent's consultant, a car buried on the site will not be removed if it requires excavation equipment in the river.

contaminated and CRWA believes that the entire hospital site should be looked at holistically for remediation. This proposed piecemeal approach (as well as the failure to address the river sediment contamination) also raises segmentation issues under MEPA. While it is our understanding that DCAM hopes to transfer the rest of the hospital grounds² to a private developer for residential construction, the ENF is silent with respect to whether the developer or the state will be responsible for the remediation of the rest of the site.

Given the residential use planned for the majority of the hospital site, the contamination of river sediments and the river bank adjacent to this site, and the site's location within the Zone II of a public water supply well,³ a detailed risk assessment is required. Given the planned residential use of the hospital we are concerned about residents coming in contact with the excavated material. A foot of soil covering the excavated material may not be adequate over time to prevent human or wildlife contact, or to prevent transport of contaminated materials to the river or the wetlands. The proponent acknowledges that under its proposed response actions, the site will require an activity and use limitation.

Based on the sediment sampling and visual inspection, there is no question that there are impacts to the river from this site. We understand that because \$225,000 is available now for remediation, DCAM would like to move forward; however, that fact that river sediment remediation will require permits (and therefore potentially delay the remedial action), does not warrant, nor does the Massachusetts Contingency Plan allow, simply ignoring it. The proponent should commit to cleaning up the contamination to the river.

Based on our review of historic groundwater, surface water, sediment and soil testing results we have the following concerns:

1. Much of the sampling data is outdated and should be updated to accurately characterize current conditions.
2. The 2009 river sediment sampling appears to have taken place at different locations than the 2005 river sediment sampling, although we were unable to locate a map of the 2009 sediment sampling locations in the draft RAM or the ENF. We note, however, the wide variation in contaminant levels between 2005 and 2009. The proponent should commit to sediment sampling at the 2005 sampling locations, and especially at site RIV-SED-7, which registered extremely high levels of contaminants on 11/14/05.
3. Surface water and river sediment monitoring locations are not shown on the existing conditions map. The location of these monitoring sites is important to

² According to the ENF, ownership of this portion of the site will be transferred to the Department of Conservation and Recreation.

³ The ENF does not discuss the public water supply well on the hospital grounds, which was transferred from the state to the Town. The Town is authorized by DEP to withdraw 0.2 million gallons per day from this well.

understanding the spatial distribution of pollutants across the site and should be provided.

4. The amount of lead in soil is extremely high, especially at Test Pit 10 where it is 20 times the state standard. This could pose a potential health risk to future residents near the property if the contaminated soil becomes exposed again via erosion. The proponent should specifically address these lead-in-soil issues and describe in detail how the proposed response action will prevent contaminants from becoming exposed in the future.

We recommend that your certificate on the ENF include the following mitigation commitments by the proponent:

1. Utilize double hay bales during construction to minimize erosion and release of contaminants into the river.
2. Implement post-construction erosion control measures immediately following the application of the organic topsoil. Vegetative matting should be placed on the topsoil and particularly in the bank areas to minimize erosion until the area is well-vegetated.⁴
3. Visually inspect the entire site, including bank, wetlands and the toe of the slope twice a year post-construction to ensure erosion and channelization are not occurring.
4. An approved Storm Water Pollution and Prevention Plan (SWPP) detailing erosion, channelization and sediment control measures.
5. Annual monitoring of groundwater, surface water, soil and sediment testing to ensure contaminants remain capped and there is no release or threat of release.
6. If stormwater runoff from the parking area abutting the site is currently directed to the site it should be controlled so that it does not create erosion.

Lastly, it is our understanding that a survey will need to be conducted for Longs Bullrush. While the proponent is proposing to plant bullrush, we question whether, in the absence of a survey, it can be said that the project will minimize disturbance of the species. Without this survey information, or any other information necessary for NHESP to make a determination, there is little at this point that the public can comment on.

We appreciate that DCAM has decided, in addition to the Public Involvement Process, to create an expanded public meeting for the former Medfield Hospital property with a two-month continuance of the Notice of Intent to permit time for the public to become fully informed about the projects and to provide input. CRWA appreciates the

⁴ We do not recommend that a geotextile barrier be placed over the contaminated material because it can clog over time, hindering infiltration and increasing erosion.

opportunity to comment on this project. Please feel free to call either one of us should you have any questions.

Sincerely,

Margaret Van Deusen
Deputy Director

Danielle Mucciarone
Watershed Scientist

cc: John O'Donnell, DCAM
Mary Gardner, DEP
Medfield Board of Selectmen
Medfield Conservation Commission
Andrea Stiller, LSP