

To: Mr. Robert Bird, LSP

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From: Neighbors of Southwood PIP Petitioners (neighborsofsouthwood@gmail.com)

Executive Summary:

Please find below the PIP Petitioners' comments related to the Draft PIP Presentation made via Zoom on June 9, 2021, for the Southwood Hospital Disposal Area at 111 Dedham Street, Norfolk, MA under the main RTN 2-3001694. The once thriving hospital campus needs a new vision based on developer, town, and community support. We look forward to the site's new life, but first we have substantial environmental and safety concerns stemming from the risks posed by the current conditions, known and unknown, at the property. Through researching public documents, we have identified areas of severe deficiencies in the site assessment which are preliminarily summarized in this document, but which are much more extensive than what is included below.

The 30-year history of documented hazardous waste and spills at the former Southwood Hospital has only identified what is likely not a complete and accurate assessment of contamination at the property. Furthermore, the nearly 100-year history of the property use, and documentation that the hospital campus was significantly larger than it is today, requires additional assessment and investigation in areas that may be currently heavily wooded.

Those known and reported hazardous releases have truly floundered due to inaction by the previous owners. The remediation strategy of waiting for a new buyer is an undefendable remediation strategy under the MCP. Inaction by the previous owners has likely exacerbated the environmental conditions. The obvious releases of Number 6 oil are emphasized in nearly all the reports to a point of deflection and distraction from other environmental issues at the site that have never been addressed.

The Draft PIP presentation and other reports prepared by previous consultants do not address the likelihood of Radium use and disposal on the property. None of the previous reports document the use of a Geiger counter. The issue of radioactive waste was barely touched upon during the Draft PIP presentation. A limited due diligence effort would have uncovered the various documents (***see below for various references and links***) about the hospital taking possession of Radium for medical use and research.

Some fundamental questions are: How was radioactive material handled, stored and disposed of? Was the discharge from the wastewater plant operation ever screened for radioactivity? It is basic common knowledge that wastewater plant technology does not remove radioactivity from human waste.

The vast collection of reports available at the DEP are limited in nature and, in some cases, ignore many of the areas that truly need investigation due to common disposal practices of old state agencies and financially strapped operations which discarded various materials into isolated areas that could now be contaminated. Specifically, the old access roads heading north of the existing buildings were ideal for illicit dumping. The poorly documented demolition of former buildings that were destroyed over 20 years ago, the lack of operational records of the landfill and wastewater treatment plant, along with the illicit dumping, all raise valid concerns that warrant further investigations.

Site operations that are known only from recent conversations with former employees were not addressed in the PIP presentation. The Draft PIP was limited and lacking in how the history of the site operation will drive additional and required assessment. The following list of deficiencies is developed based on historical knowledge of the site.

Operational records from Southwood, Caritas, Steward Health Care should be reviewed as they apply to the disposal of wastes on the site. There should be records available to GFI from the previous owners. William Fleming, senior official at the time for the Caritas Health network, was a key contact for the Town of Norfolk during past work and listed in Conservation Commission filings. Public records are at the Norfolk Town Hall.

The use of two on-site incinerators is documented from recent conversations with former employees. There is no mention in the reports of this operation and there is no mention of the disposal of the incinerated wastes. The use of incinerators was the primary means to dispose of biological materials. In the case of Southwood Hospital, this means tumors, bones, and other body parts were effectively destroyed to prevent any disease from spreading. However, Southwood was a cancer hospital and the presence of radioactive materials within those biological materials was not destroyed and likely remains active within any ash and incinerated wastes.

Again, information on the contents of the landfill suggests that some regulated wastes were discarded there. It is also expected that incinerated waste was discarded in the wooded area north of the current buildings (visual evidence of odd-looking piles and recent statements for former employees) and elsewhere on the property. There are references to the presence of cobalt used in implants, radioactive tracing, and other bloodwork. The DEP correspondence suggests that disposal of cobalt was not a problem due to a short half-life. However, again, there has been no screening with Geiger counters of any samples collected and analyzed during the previous MCP work. The landfill has never been adequately investigated; monitoring wells located down gradient are only part of the monitoring of a landfill. There are no records on the construction of the landfill. Investigations should determine if there is a liner, (probably not), or a barrier underneath it. The visible evidence of the tires, construction debris, medical supplies and medical equipment including an X-ray machine, strongly suggests that anything and everything was dumped there. The comments made by GFI representatives in the December 2020 presentation to the Town about a steep slope and ravine pertain to the steep slope which is the side of the landfill. The landfill covers at least 4 acres and dates back at least 75 years and probably closer to 100 years. The various reports cite possible actions to relocate the stream, cut back the slope of the landfill to prevent flooding from cutting into the debris and landfill side slope, and even a proposed course of action of removing material and building a barrier to protect the intermittent stream. These actions were never completed.

The use of the property as a cancer hospital raises many environmental concerns about the disposal of waste products, discarding old equipment, etc. The processes involved with the wastewater treatment plant and the simple fact that various pharmaceuticals and radioactive materials are not removed or treated from the human waste requires a detailed investigation of the filter beds. While the filter beds are listed in various reports as an "Area of Concern," that concern is limited to petroleum and visual evidence of debris. Again, a Geiger counter was never used at the site for screening materials in the filter beds. The configuration of the beds, based on the time period of construction, suggest that some of the beds were used for sludge drying and infiltration of secondary treated water. Historical information collected by the PIP group documents the dried sludge removed from beds was dumped on the property. The need to periodically clean the sludge beds is a normal process. Where was the disposal location of dried sludge? This sludge will contain radioactive materials expelled by patients during treatment. Investigations should also look for other pharmaceuticals.

Waste practices at the hospital have historically been a concern. Records indicate that in 1988 the Mass DEQE (now MassDEP) requested that the hospital disclose waste disposal practices and a description of the kinds of research conducted at the facility. The DEQE also requested the types and amounts of chemicals and radioactive materials used to treat patients. However, the hospital's response did not disclose the practices or amounts of radioactive materials or their disposal. No reports of Geiger counter readings at the site are documented in the previous investigations done as part of the MCP process. (See pg. 8/138 <https://eeaonline.eea.state.ma.us/EEA/fileviewer/Scanned.aspx?id=300386>). The next steps in assessment must include locating where the radium was stored, used and discarded on site and checking for radioactivity. There were no regulations directing these activities in the early 1900s as the Atomic Energy Commission and the Nuclear Regulatory Commission were formed decades later. The half-life of Radium-226 is 1600 years. These early years of experimentation and treatment with radium on lab animals and patients at the hospital gives reasonable justification to return to Phase II. We understand human waste disposal was not separated from institutional waste and on-site incinerators were used even for human body parts. The early cancer patients' waste stream also went through the sewer filtration beds which emptied into the environment on site. A thorough understanding of historic waste disposal and assessment is warranted.

The historical data collected during various response actions is likely to be used in assessing site conditions. The MCP requires that the LSP of record validate and qualify this old data. Admittedly, much of the data was obtained before the Compendium of Analytical Methods was required. How will this old data be vetted? In addition, the means of some sample collection, specifically tank removal data, failed to follow common sense and readily accepted practices. Excavation limit samples for tank removals were composited and bottom samples were not collected from the excavation due to heavy visual contamination. Yet, subsequent work to assess site conditions that suggested there is no risk were questionable at best, as observations by the then consultants performing work clearly noted visible petroleum contamination.

None of the reports completed an assessment of abandoned underground tanks. Reports by the past consultants do not complete a due diligence effort and review of the Fire Department files or State Building Department Records. In addition, colonies of original structures were never researched and located by previous work. These must be investigated. Building demolition was likely limited to dropping the building into the foundation and burying the debris. These sites could contain high levels of

contaminants such as lead, mercury, PCBs and asbestos. In addition, a thorough investigation of existing structures for other toxins like black mold and asbestos, analysis of the soils at the foundations for metals and PCBs, and mapping of the floor drain systems with targeted testing, should also be done prior to demolition.

The MCP process to achieve the condition of “No Significant Risk” needs to be done before the site is redeveloped to guarantee the safety of future users of the property. Petitioners noted that Draft PIP did not specify at which Phase the process will begin and when questioned at the meeting, the answer was not specific to the MCP defined Phase Reports. Since not all areas have been investigated and there remains gaps in data collection, the site should be moved back to a Phase II site assessment. Nothing documented in the previous Phase III and Phase IV reports was undertaken. Inadequate due diligence was done on the property looking at historical usage and on-site disposal of hazardous or regulated materials.

Petitioners wish to note that parts of the property lie in the Zone II Wellhead Protection District with regulations prohibiting the use of Area and Use Limitations (AUL). In addition, an AUL cannot be used to negate the requirement to meet applicable standards. Wetland buffer zones must also be investigated with up-to-date wetlands delineations for the parcels. Some of the contaminated soil remaining on-site lies in the intermittent stream buffer zone.

These are just a few of the concerns Petitioners have to ensure that there are “No Significant Risks” associated with the development and future use of the site. The expectation of getting approved permits prior to assessment and clean-up is unrealistic since not all the contamination is documented. Summarizing our main concerns:

- Will Phase II be reinitiated?
- Will the contents of the Dumping Ground/Landfill be assessed?
- Will the disposal from on-site incinerators and the years’ worth of ashes that were thrown into the woods, be investigated and assessed?
- Will radioactive waste disposal practices be investigated, and the site/waste cleared of radioactivity?
- Will the documented use of Radium at the hospital be investigated to find out if the Radium and contaminated items were dumped onsite or properly removed from the property?
- Will all current and former building structures be located and investigated for contamination?
- What are the limitations of AULs in ZONE II and Wetland Buffer Zones?
- Approved Permits for development prior to disposal site definition, remedial action plan and likelihood of Permanent Solution is unrealistic.

Administrative Comments:

The Zoom platform for the meeting during the State of Emergency (which was lifted on June 15, 2021), was acceptable. However, not all the necessary information was made available in the notification to Petitioners.

The Bureau of Waste Site Cleanup provided detailed guidance for the State of Emergency PIP meetings' additional measures including *"In a meeting notice, providing a link to the video conference, a telephone number for those who wish to participate by telephone rather than video, and a contact name with email, phone number and address. The notice should also indicate how to request copies of the documents and visual presentation materials to be covered at the meeting (the option to receive hard copies of materials should be given to those who can't access electronic copies) and how to submit comments."* ([MCP Q&A: COVID-19 Edition | Mass.gov](#)). Petitioners had to request the phone number to participate by telephone. In addition, copies of presentation materials were not made available to the public until after the meeting had started. Electronic copies were not posted on the MassDEP website until 6:23 pm for a 6:00 pm meeting. No hard copies were available.

For future meetings, **Petitioners ask that hard copies and electronic copies be made available** 24 hours prior to the start of meetings to allow for ample time to review and print documents. Not all attendees could simultaneously be on Zoom and view the documents that were posted on the MassDEP website while the meeting was already in progress. **Petitioners would like, in addition to hard copy repositories at the public libraries** (which may have limited hours), that documents also be linked in a dedicated webpage repository to make access as easy as possible. This additional repository is suggested in the above MCP Q&A that *"Providing online access to the documents on a website created for the site"* may provide reasonable access. With unknown pandemic limitations in the coming months and years, this additional repository may become the main access point for the public who may find the MassDEP portal challenging to access or experience delays in postings.

The last administrative comment is that **Petitioners ask to retain the option to attend meetings online if meetings return to in-person (as pandemic allows), so that Petitioners have a choice that works best healthwise for them.**

Content Comments:

Below are additional comments regarding the Draft PIP Document content and materials Petitioners have shared as requested at the June 9th, 2021 presentation. Thank you for considering these concerns as you prepare for the next steps in site assessment, remediation, and development. Note: Page numbers will refer to the electronic page sequence as posted on the DEP website, not the document itself page numbering.

1. Emailed to Mr. Bird Previously on June 15, 2021. Reference of historical value mentioned at the draft PIP meeting: *"Pondville Hospital 1927-1969"* by Dr. Ernest M. Daland, which discusses use of Radium. [Pondville Hospital 1927-1969 0001.pdf \(walpolelibrary.org\)](#)

2. Emailed to Mr. Bird Previously on June 15, 2021. Alternate RTNs mentioned at the meeting other than RTN 2-3001694, 2-3013115, 2-3020899:

- a. Here is the supporting document link under **RTN 3-0010697**:

<https://eeaonline.eea.state.ma.us/EEA/fileviewer/Rtn.aspx?rtn=3-0010697>. 1 file **OHM RELEASE LOG FORM**, 3/17/1994, 2 page form that logs the incident and dismisses it as an oil transfer discrepancy that was resolved. Suggest further investigation of location to rule out possible source of oil in the Kelly sump:

<https://eeaonline.eea.state.ma.us/EEA/fileviewer/Scanned.aspx?id=8306916>

- b. RTN 2-3001684 Mis-numbered supporting document link:

<https://eeaonline.eea.state.ma.us/EEA/fileviewer/Rtn.aspx?rtn=2-3001684>

1 file **RAM Plan**, 7/9/1997, 20 page report can be found here:

<https://eeaonline.eea.state.ma.us/EEA/fileviewer/Scanned.aspx?id=300378>

3. **Draft PIP Document 27 Pages: Comments refer to DEP online page numbers in the Draft PIP document:**

<https://eeaonline.eea.state.ma.us/EEA/fileviewer/Default.aspx?formdataid=0&documentid=607421>

p1/27, Cover Page: Please include the *“name, address and telephone number of the Licensed Site Professional (LSP) and the Potentially Responsible Party (PRP) on the cover page.”*

as dictated by the MCP Q & A: Public Involvement - Subpart N (310 CMR 40.1400) document found here: [MCP QA - Public Involvement Subpart N.pdf \(mass.gov\)](#)

4. **p4/27 Section 1.0** The introduction should include statements about LSPs and their role in the MCP process with citation to the public involvement section of the MCP **40.1400** as per [MCP QA - Public Involvement Subpart N.pdf \(mass.gov\)](#)

5. **p7/27, Section 2.1:** Please add to site history in the last sentence after *“housing for hospital staff”*: *“Additional historic property uses included on-site housing for hospital staff, two on-site incinerators and ash disposal, (one in the Bigelow/Kelly Building near the labs and one near the garage), and the use of radium for cancer research and treatment.”*

6. **P8/27 Section 2.1.1:** The location of contamination that is the subject of RTN 2-3013115 is listed as Area of Concern #8 in the Class 2 RAO Statement: *“AOC #8 has been assigned to this release area for the purpose of this report and was referred to in the Phase II report without an AOC*

designation as "petroleum contamination in the former Maintenance Garage area." (Pg20/126 <https://eeaonline.eea.state.ma.us/EEA/fileviewer/Scanned.aspx?id=300387>). Since this area remains contaminated above S-1 soil standards and needs further assessment, continuing to refer to this location as AOC #8 is suggested. Please include this Area of Concern and its location on Figure 3 on page 23/27 in the Draft PIP document.

The statement in Section 2.1.1 of the Draft PIP describing this RTN 2-3013115 **"An IRA Completion Report was submitted to MassDEP in February 1996 documenting IRA activities completed and concluding that concentrations of contaminants of concern remain above the Method 1 Soil Category S-1 Risk Characterization standards and that an RAO cannot be submitted without an AUL,"** is not sufficient to understand the future of contamination at this location. **Petitioners ask that further details be included to determine the source of what remains in the soil and how this area will be assessed and remediated.**

In addition, an AUL cannot be used to justify a conclusion of *"No Significant Risk"* when using Method 1 if an applicable standard is exceeded. The IRA Completion Report for this RTN raises many concerns: (<https://eeaonline.eea.state.ma.us/EEA/fileviewer/Scanned.aspx?id=255648>). The Report states on page 21/81 that this area is **"within a delineated 100 foot wetland buffer zone (containing an intermittent stream and bordering vegetated wetlands)."** This area is considered ecologically sensitive and may not be appropriate for an AUL. Groundwater would be expected to move towards the intermittent stream. **Will there be additional sampling points (soil, groundwater and sediment) between the subsurface contamination remaining and the stream to evaluate the risks posed by the contamination left in the soil?** The vertical extent was never determined for this excavated area. After the groundwater at the base of Excavation 1 was skimmed to remove approximately **"165 gallons of an oil/water mixture from the groundwater surface within EXC-1"**, (p25/81) the excavation area was then **"backfilled with clean sand and gravel and compacted in place at grade."** (p26/81). This is just one example of an area of concern on the property which Petitioners believe warrant a return to Phase II. The horizontal and vertical extent of contamination needs to be determined. Petitioners would like to further document their concerns regarding data gaps at the site during the comment period for the Phase II Scope of Work. **Will assessments be restarted at Phase II?**

- 7. p11/27 Section 3.0 Addressing Public Concerns:** The interview process before developing the Draft PIP presented on June 9, 2021, is required by the MCP. However, the Draft PIP does not mention that any interviews or outreach took place. Requirements for interviews are specified here: [MCP QA - Public Involvement Subpart N.pdf \(mass.gov\)](#) and in 40.1405.6a: **"When should PIP interviews be conducted and who should be interviewed? Before developing a Draft Public Involvement Plan, interviews must be conducted to identify community concerns and to obtain information and feedback from community members on topics such as: What information they would like to receive and in what format (e.g. fact sheets, public meetings, direct mailings, electronic mailings). What are the most useful sources of information about the site? (e.g. individuals, groups, media sources). What would be the most convenient and accessible location for a site information repository? Community concerns are then summarized and listed in the Draft PIP according to the following categories. Nature and extent of**

contamination, Neighborhood health issues, Routes of exposure, The site remediation process, Opportunities for public involvement during the remedial response action process, and Other Concerns. Where and when in the site cleanup process these concerns will be addressed must be noted in the Public Involvement Plan, Section 3.0 Addressing Public Concerns. At a minimum, the key petitioner, Chief Municipal Officer, Board of Health Chairman and Conservation Commission Chairman of the community in which the site is located must be interviewed. Other people or organizations who may be contacted for interviews include: other petitioners; site abutters; neighborhood representatives including school, business, and local residents; community organizations; local Department of Public Works; hazardous waste coordinator; fire chief; and local environmental organizations.” This required step is part of the public involvement process. **How will MCP required interviews be incorporated into the Public Involvement Plan and what will be the timeline?**

8. **p14/27 Section 4.1.3 Notification to Local Officials and Residents of Major Milestones and Events** should be Section 4.3 as per [MCP QA - Public Involvement Subpart N.pdf \(mass.gov\)](#). Please add under **Major Milestones and Events** these items: **Release Notifications, Phase Reports, including, but not limited to the following: Phase II Scope of Work, Phase III Remedial Action Plans, Phase IV Remedy Implementation and Monitoring Plans, Phase V Status and Remedial Monitoring Report.** All Phase Reports are specified in the MCP.

9. **p16/27 Section 4.2.1 Please include for public comment the Phase II Scope of Work.** The MCP in 40.0835(4) dictates that the site investigations Phase II Report will include among important data and site characteristics a ***“Detailed Disposal Site Map(s), updated, as necessary, from the base map(s) provided in the Phase I Report, and depicting all investigatory and sampling points relevant to the Comprehensive Site Assessment, the boundaries of the disposal site in plan view, and, as appropriate, the vertical extent of contamination at the disposal site.”*** Since the site has contaminated soil remaining in several locations based on testing standards that are outdated, a dumping ground/landfill with unknown boundaries and a series of sewer system settling ponds that have not been thoroughly investigated, the disposal site boundary and the vertical extent have not been established. The sewer filter beds were also periodically cleaned out and contents dumped into the woods. These are only a few of the data gaps that Petitioners would like to document. Many more concerns exist and the Phase II Scope of Work is the appropriate report for Petitioner input. The results of the Phase II investigations are needed to determine the nature and extent of contamination and to identify the risks to human health and the environment posed by the site.

10. **Process and Timeline: Will the Town and residents have a complete understanding about the nature and extent of contamination at the site, as well as definitive remediation levels**

obtained in the areas to be developed before any necessary approvals are voted on at Town Meeting? Mr. Bird stated in the Draft PIP presentation that ***“Once the development process is finalized and there’s a plan and everyone’s on board and the permits are obtained, obviously the buildings are going to be demolished... all the buildings, and that then exposes and makes it very cost effective to go in and do any remediation.”*** Shortly thereafter he stated that, ***“Once we get to the point that there are approved permits, we can begin the demolition and then the remediation aspects will be likely conducted after that.”*** What are ***“approved permits”*** to which Mr. Bird was referring? The permits for demolition of the buildings or the permits to develop the site? Until the horizontal and vertical extent is specified, and remediation efforts have met MCP standards for cleanup, the future of the site cannot be defined and supported. Placement of new structures may be dictated by environmental limitations and Activity Use and Limitations. Approving permits, lifting deed restrictions, or altering zoning without fully understanding the conditions at the site is not a reasonable expectation.

- 11. Protecting Zone II:** At the presentation, Mr. Bird stated that capping the landfill/dumping ground, with a monitoring program and Activity and Use Limitation (AUL) area is *“probably the most likely alternative”*. However, parts of 111 Dedham Street lie in a ZONE II Water Protection District. Specifically, the landfill/dumping ground and some of the sewer filtration beds fall within the Zone II. Considering that the landfill area was used as a dumping ground since the early 1900s, not only by the hospital, but by the State Department of Corrections, the contents of this disposal site remain unknown. MassDEP drinking water regulations (310 CMR 22.00) prohibit the siting of landfills and open dumps in wellhead protection ZONE II areas. A closure utilizing an AUL raises significant environmental and human health concerns since there is no documentation of a liner under the dumped contents. In addition, the current fencing that was mentioned during the Draft PIP presentation has been damaged by a fallen tree, allowing access to the area. The intermittent stream at the base of the landfill receives waste and debris, such as red bio bags, which is also a concern. **Please cite the regulations that would allow an unlicensed historic landfill/dump, of unknown contents and possible contaminants above reportable concentrations, to remain in the ZONE II into perpetuity as an AUL. Please specify the plans to investigate the contents and determine the current disposal boundary of this area.** In addition, the Phase II Comprehensive Site Assessment Investigation Report of 1998 gives rise to additional concerns on pages 68-75/519. The limited scope of groundwater monitoring through Borings/Monitoring Wells B103-B104/MW 103-104 were not representative of landfill leachate because they were 200-500 feet away from the edge of the landfill. Even so, as evaluated against MassDEP 1995 standards, the lifetime cancer risk for future residents exceeded Massachusetts benchmarks. This needs to be evaluated further. Assumptions in this Phase II Report regarding leachate plumes cannot be justified based on the limited data. **Will there be a more representative series of monitoring wells closer to and surrounding the dumping ground included in future site assessments to determine current conditions and risks?** (<https://eeaonline.eea.state.ma.us/EEA/fileviewer/Scanned.aspx?id=300385>)

12. **Investigations on Impacts to Private Wells:** What assessments and information will you review for consideration of nearby private wells? How will nearby private wells be protected moving forward?

13. **Environmental Receptors:** How will you consider environmental receptors?

14. **On-Site Incinerators:** Reference *PHASE II - COMPREHENSIVE SITE ASSESSMENT INVESTIGATION REPORT*, 9/8/98: (See pg 32/519) <https://eeaonline.eea.state.ma.us/EEA/fileviewer/Scanned.aspx?id=300385>) *“Concerning former waste disposal practices, the writer was told that Pondville Hospital landfilled their waste on the premises until the early 70's when they built the on-site incinerator.”* A former employee’s recent verbal accounts describe two on-site incinerators used on the premises. Some of the ash remains were disposed of in the woods. **Please specify how the incinerators and ash disposal practices will be researched and investigated.**

15. **Radium and Radioactivity:** Historical documents, including DEP Correspondence documents under the RTN 2-3001694, state that radium was used on the premises for medical treatments of cancer. **What investigations will be made to determine where radium was stored and wastes deposited on the site? Will there be a check for radioactivity in the buildings, dumping ground, settling ponds and debris piles in the woods? What will be the criteria used to evaluate the property/buildings for radioactivity and the regulations followed to dispose of any contaminated items, if found?** The book, *“Pondville Hospital 1927-1969”* by Dr. Ernest M. Daland, Massachusetts Department of Public Health states, *“The actual use of radium in this hospital has been carried out mostly by surgeons, gynecologists, and urologists, with consultations by the radiologists.”* (p11/27). There is also a section called *Radium* which states, *“Before the hospital was opened the legislature authorized a purchase of a gram of radium. About 875 mg. was purchased in the form of radium bromide in solution. This was installed in a safe in a special room.”* (p12/27).

Another reference that documents the use of radium at the hospital is the *Handbook of Physicians, 1947*, published by the State of Massachusetts Department of Public Health accessed from the U.S. National Library of Medicine Digital Collections. *“One gram of radium is held at the Pondville Hospital”* (p92/190).

<https://collections.nlm.nih.gov/bookviewer?PID.nlm:nlmuid-30530640R-bk#page/92/mode/2up>. Thus, Petitioners have documented a minimum of two decades, from 1927-1947, of Radium use at the hospital. The hospital at one point was known as the Pondville Cancer

Hospital and was one of a select group of hospitals to receive radium starting in the 1920s to treat cancer patients. The use of radium was not initially regulated as the dangers were not yet understood. **What are the lingering environmental effects of the Radium use at Pondville Hospital? How was the Radon Plant disassembled and what happened to the Radium that was used at the site? Did the Massachusetts Department of Public Health regulate the final disposal of the Radium when it was no longer deemed safe to use?**

16. Investigation of Structures, Foundations and Utilities: The various buildings that served as housing, offices, and storage that were demolished have no documentation as to how the buildings were managed for disposal. The likelihood of the buildings being demolished and dropped within their foundations and simply covered must be investigated and addressed. Asbestos, lead paint, PCB shedding materials and petroleum associated with individual small oil tanks at this point are unknown, but are likely contaminants that need to be investigated and addressed. These areas are not included in the “Areas of Concern” listed in various DEP documents. Additionally, buildings in the area known as “The Oval” were demolished with no documentation on how the materials were disposed of.

In closing, the Neighbors of Southwood PIP Petitioners have presented these comments in response to the Draft Public Involvement Plan classified as a Tier 1 disposal site, presented on June 9, 2021 and we hope to be able to share more collective site history as the process continues with a revised Phase II Scope of Work. Our team of residents and neighbors would like to assist in any way we can to help make sure future residents and users of the site will experience **“No Significant Risk”** and that the environment is protected.

Thank you,

Neighbors of Southwood,

PIP Petitioners Group for 111 Dedham Street: NeighborsofSouthwood@gmail.com