



ACTON BOARD OF HEALTH
APPLICATION for INITIAL HAZARDOUS MATERIALS PERMIT

Legal Name of Facility or Establishment:
Site Address:
Mailing Address:
Business Telephone:
Corporate Officers:
Emergency Contact Person:
Emergency Telephone (Day): **Emergency Telephone (Night):**
Type of Business:

***Aquifer Location:**

- Well protection [1]
- Recharge protection [2]
- Aquifer protection [3]
- Watershed protection [4]

***Watershed District:**

- Fort Pond
- Nashoba Brook

**Maps available at Acton Health Department.*

Type(s) of Permits Needed:

- ___ Remedial action following a discharge: [# 5 (discharge), # 6 (remediation)]
- ___ Small or large scale generator (or > 100 kg/220 lbs/25 gal/mo: material or waste):
 [generator: # 3 (mat.); # 1 (waste) (lrg.), # 2 (waste) (sm.)] [user: # 4 (mat.), # 7 (waste)]
- ___ Storage (> 25 gal or lb) > 24 hrs: [# 8, # 9 (mat.), # 12, # 13 (waste)]
- ___ Storage, use, generation of *extremely* hazardous material
- ___ Storage of hazardous material or waste *overnight in trucks*
- ___ Storage of prepackaged hazardous material (> 50 gal or lb): [# 10 (lrg.), # 11 (sm.)]
- ___ UST storage of flammable or combustible materials
- ___ Change in material stored
- ___ Removal of underground tank

Requirements: *(Please ensure to include all required material before submission to Acton B.O.H)*

- ___ Complete Non-Waste and Waste Information (*sections A and B*)
- ___ M.S.D.S. for all chemicals listed on application
- ___ Emergency or contingency plan for an accidental spill
- ___ Site plan of premises showing areas where chemicals are stored (including tanks and piping), distance to roads or other buildings, unique slopes, arrow indicating north, and location of safety equipment. (*see section C*)
- ___ Copies of disposal manifests (or other documents) showing proper disposal measures of all chemicals listed.
- ___ Evidence of date(s) of purchase for all storage systems
- ___ Copies of all relevant documentation (permits and citations)
- ___ Certifying Endorsement

A. Hazardous Material (Non-Waste) Inventory Information

Complete the table below for all non-waste inventory. Use additional pages if necessary.

Chemical/Common Name	Max. Qty (at any one time)	Container Size (single largest container)	Location(s) (see section C)
	_____ gal. _____ lbs. _____ cu. . ft.	_____ gal. _____ lbs. _____ . ft.	
	_____ gal. _____ lbs. _____ cu. . ft.	_____ gal. _____ lbs. _____ cu. . ft.	
	_____ gal. _____ lbs. _____ cu. . ft.	_____ gal. _____ lbs. _____ cu. . ft.	
	_____ gal. _____ lbs. _____ cu. . ft.	_____ gal. _____ lbs. _____ cu. . ft.	
	_____ gal. _____ lbs. _____ cu. . ft.	_____ gal. _____ lbs. _____ cu. . ft.	
	_____ gal. _____ lbs. _____ cu. . ft.	_____ gal. _____ lbs. _____ cu. . ft.	

B. Hazardous Waste Inventory Information

(Hazardous Waste Generator Permit Application/Amendment)

Complete the table below for all waste inventory. Use additional pages if needed.

Name of Hazardous Waste	Treatment/Disposal Method(s) (Definitions provided on bottom of page)	Max. Qty. (at any one time)	Annual Qty. Generated	Location(s) (see Section C)
	_____ Recycled on-site. _____ Treated on-site. _____ Shipped off-site for recycling/ treatment /disposal	_____ gal. _____ lbs. _____ cu. ft.	_____ gal. _____ lbs. _____ cu. . ft.	
	_____ Recycled on-site. _____ Treated on-site. _____ Shipped off-site for recycling/treatment/disposal	_____ gal. _____ lbs. _____ cu. . ft.	_____ gal. _____ lbs. _____ cu. . ft.	
	_____ Recycled on-site. _____ Treated on-site. _____ Shipped off-site for recycling/treatment/disposal	_____ gal. _____ lbs. _____ cu. . ft.	_____ gal. _____ lbs. _____ cu. . ft.	
	_____ Recycled on-site. _____ Treated on-site. _____ Shipped off-site for recycling/treatment/disposal	_____ gal. _____ lbs. _____ cu. . ft.	_____ gal. _____ lbs. _____ cu. . ft.	
	_____ Recycled on-site. _____ Treated on-site. _____ Shipped off-site for recycling/treatment/disposal	_____ gal. _____ lbs. _____ cu. . ft.	_____ gal. _____ lbs. _____ cu. . ft.	

C. Facility Site Plan/Storage Map

Prepare and submit with this Registration Form a simple site map which shows the following information:

- North direction
- Street(s) adjacent to facility
- Electrical, water, and gas shutoff valves
- Basic floor plan for each building containing hazardous materials/wastes which indicates building entrance(s) and hazardous material/waste storage locations (use grid locations or assign a code - A, B, C, etc. - to clearly identify each storage location for use in the above inventories).

Site Address: _____ City: _____

Date Map Drawn: _____

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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D. Endorsement

I declare that the above information is true and correct to the best of my knowledge. I agree to comply with all applicable regulations regarding storage, handling, and disposal of hazardous materials and hazardous wastes.

Owner/Operator's Name (Print)

Owner/Operator's Signature

Date

----- Do Not Complete below This Line -----

INFORMATION TO BE INCLUDED

WITH THE HAZARDOUS MATERIALS PERMIT APPLICATION:

_____Copies of the Material Safety Data Sheets (MSDSs) for all chemicals listed on the Annual Throughput Sheet

_____An Emergency or Contingency Plan in case of any accidental spill

_____A site plan of the premises, including the area where all chemicals are stored (*use enclosed sheet*)

_____The presence of a representative from your company at the Board of Health meeting during the application review is required

_____Copies of all hazardous waste transport manifests to demonstrate that proper disposal measures are being taken. If manifests are not required by state or federal law, some other proof of proper disposal shall be submitted.

- | | |
|---|---|
| <input type="checkbox"/> MA Haz. Waste Mgt. Act (MGL ch 21 C) | <input type="checkbox"/> SPCC (Title 40 CFR 109, 110, 112) |
| <input type="checkbox"/> MA Clean Water Act (MGL ch 21 S. 26) | <input type="checkbox"/> FIFRA (7 USSI 36) |
| <input type="checkbox"/> RCRA (42 USCS 6901) | <input type="checkbox"/> FIFRA (7 USSI 36) |
| <input type="checkbox"/> Clean Air Act (42 USCS 1857) | <input type="checkbox"/> Safe Drinking Water Act (42 USCS 300f) |
| <input type="checkbox"/> Clean Water Act (33 USCS 1251) | <input type="checkbox"/> TSCA (15 USCS 2601) |

_____ Representatives at Board of Health application review hearing (date:)

Recommended Conditions:

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Notes:

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Agent Signature/Date: