



**Town of Acton**  
**Department of Public Health**  
 472 Main Street, Acton, MA 01720  
 Phone: (978) 929-6632 Fax: (978) 929-6340  
 www.acton-ma.gov

**ANNUAL INSPECTION HAZARDOUS MATERIALS PERMIT HOLDER**

Facility Name: Acton Auto Body Date 7/1/2014  
 Address: 135 Great Road  
 Type of Business: Body shop. Paints.  
 Telephone: 617-304-1298 Email: Sonia@actonautobody.com  
 Contact Person: Sonia Trinh Initial Inspection  Re-Inspection

Housekeeping:	Y	N	Comments
Area clean	✓		
Spills present		✓	
Appropriate material storage	✓		
Materials and wastes separate	✓		
Cleanup materials available		✗	Please provide cleanup kit
Materials have secondary containment	✓		
Materials and wastes are labeled	✓		
Safety:			
Are MSDS sheets available on site	✓		
Employee personal protective equipment on site	✓		
Employees trained in Haz Mat handling	✓		
Emergency procedures posted	✓		Changed health dept phone number
Site Management:			
Waste removed by licensed hauler	✓		Safety kleen
Floor drains present in area of Haz Mat or waste		✓	
Sinks present in area of Haz Mat or waste		✓	
Testing of septic system necessary		✓	
Does site plan on file reflect current arrangement	✓		
Any UST (underground storage tank) present		✓	
If UST present, is it alarmed		✓	

**Action Items:**

1. \_\_\_\_\_ 4. \_\_\_\_\_
2. \_\_\_\_\_ 5. \_\_\_\_\_
3. \_\_\_\_\_ 6. \_\_\_\_\_

Re-inspection required? Yes  No

Re-inspection Date: Via email

Inspector Signature

Date

Facility Representative Signature

Date

*D.H.*  
*7/1/14*

### 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)
Aqua Base P	<u>10</u> gal. ____ lbs. ____ cu. . ft.	<u>1/4</u> gal. ____ lbs. ____ . ft.	
Urethane clear MC161	<u>2</u> gal. ____ lbs. ____ cu. . ft.	<input checked="" type="checkbox"/> gal. ____ lbs. ____ cu. . ft.	
Urethane Primer P505-S11	<u>2</u> gal. ____ lbs. ____ cu. . ft.	<input checked="" type="checkbox"/> gal. ____ lbs. ____ cu. . ft.	
Catalyst for Above Products	<u>1/4</u> gal. ____ lbs. ____ cu. . ft.	<u>1/4</u> gal. ____ lbs. ____ cu. . ft.	
Urethane Reducer DT870	<input checked="" type="checkbox"/> gal. ____ lbs. ____ cu. . ft.	<input checked="" type="checkbox"/> 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)
cleaning solvent	<input checked="" type="checkbox"/> Recycled on-site. ____ Treated on-site. ____ Shipped off-site for recycling/ treatment /disposal	<u>5</u> gal. ____ lbs. ____ cu. ft.	<u>5</u> gal. ____ lbs. ____ cu. . ft.	
Misc clean Paints catalysts	____ Recycled on-site. ____ Treated on-site. <input checked="" type="checkbox"/> Shipped off-site for recycling/treatment/disposal	<u>5</u> gal. ____ lbs. ____ cu. . ft.	<u>20</u> gal. ____ lbs. ____ cu. . ft.	
Water based Basecoat paint	<input checked="" type="checkbox"/> Recycled on-site. <input checked="" type="checkbox"/> Treated on-site. ____ Shipped off-site for recycling/treatment/disposal	<u>50</u> gal. ____ lbs. ____ cu. . ft.	<u>55</u> 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: 135 Great Rd City: ACTON  
Date Map Drawn: \_\_\_\_\_

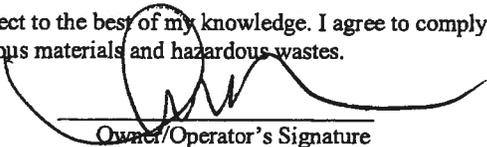
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
1																										
2																										
3																										
4																										
5																										
6																										
7																										
8																										
9																										
10																										
11																										
12																										
13																										
14																										
15																										
16																										
17																										
18																										
19																										
20																										
21																										
22																										
23																										
24																										
25																										
26																										
27																										
28																										

ATTACHED SHEET

### 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.

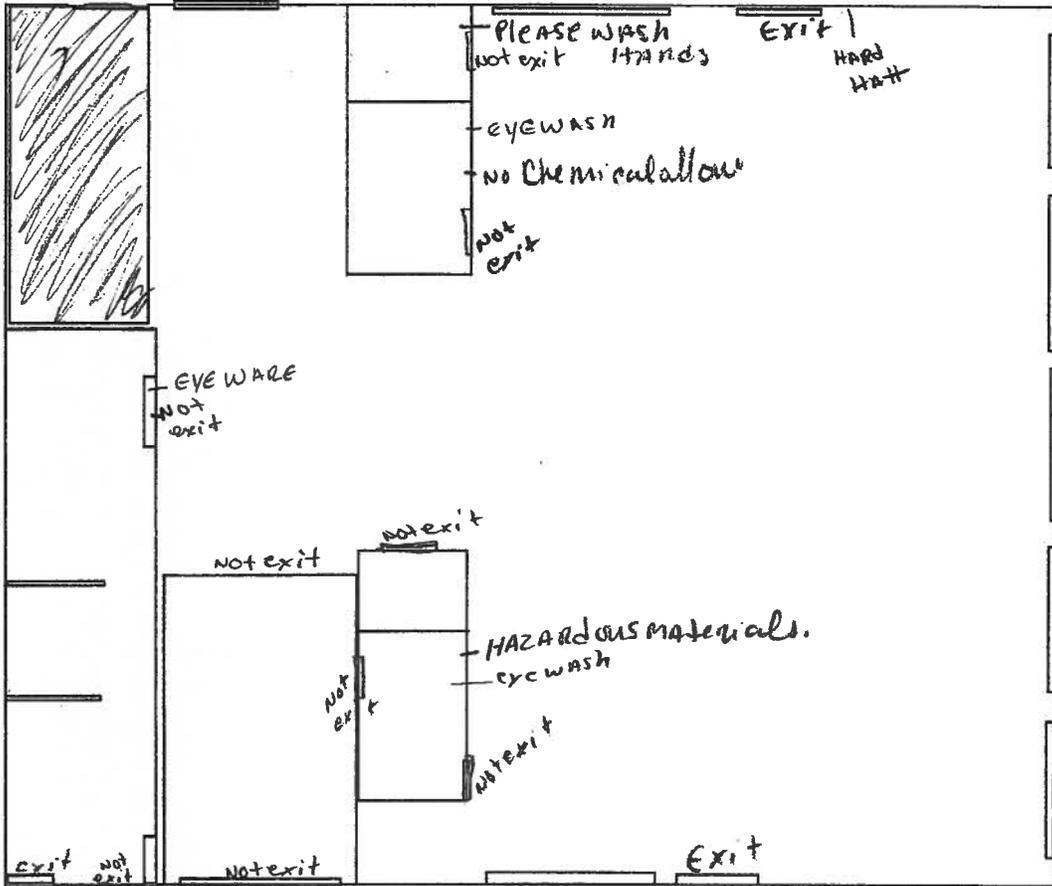
SONIA TRINH  
Owner/Operator's Name (Print)

  
Owner/Operator's Signature

4/31/14  
Date

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

PE  
POST  
EMERGENCY  
LOCATOR



emergency signs location

5/1/2014

Expires 5/1/2015

Fee: \$ 250

**TOWN OF ACTON  
PERMIT  
HAZARDOUS MATERIALS CONTROL BYLAW**

Is hereby granted a permit to store and use Hazardous Materials at **Acton Auto Body, 135 Great Road, Acton MA 01720**. This permit is granted with the conditions as noted on the attached list of conditions assigned to your facility.

Permit Categories: **4, 9, 12, ,**

\*See below explanation of permit categories

**HAZARDOUS MATERIALS CONTROL PERMIT CATEGORIES AND FEES**

<u>Category</u>	<u>Initial</u>	<u>Renewal</u>
1. Large Hazardous Waste Generator	\$160	\$65
2. Small Hazardous Waste Generator	\$60	\$45
3. Hazardous Materials Generator	\$160	\$65
4. Hazardous Materials User	\$50	\$45
5. Remediation Discharge Permit	\$575	\$140
6. Remediation Permit	\$595	\$140
7. Hazardous Waste User	\$160	\$65
8. Hazardous Materials Storer Large Industry	\$510	\$235
9. Hazardous Materials Storer Small Industry	\$360	\$160
10. Hazardous Materials Storer Large Retail	\$430	\$170
11. Hazardous Materials Storer Small Retail	\$305	\$160
12. Hazardous Waste Storer Small Industry	\$160	\$65
13. Hazardous Waste Storer Retail	\$60	\$45
14. Hazardous Waste Storer Large Industry	\$160	\$65

## **HAZARDOUS MATERIALS CONTROL PERMIT**

**List of Conditions:  
Acton Auto Body  
135 Great Road  
Acton, MA 01720**

Pursuant to the authority of Chapter I - Hazardous Materials Control Bylaw - of the Town of Acton's General Bylaws, the Board of Health has considered your application and plans submitted therewith, and has determined that the materials to be stored, used or generated, are within the scope of said bylaw. The Board of Health hereby orders that the following conditions are necessary and all storage, use or generation must be performed in strict conformance herewith:

1. All liquid Hazardous Materials and Wastes shall be stored in a containment area capable of containing 110% of the largest volume stored in the containment area.
2. All Materials Safety Data Sheets (MSDSs) for the Hazardous Materials shall be maintained on site. MSDSs shall be reviewed with employees at the time of their employment and on an annual basis thereafter. MSDS must be made available to all employees upon request.
3. A Contingency Plan, including emergency contact numbers (Telephone numbers of owner, operator, etc.) and a sketch showing clearly all Hazardous Material and Waste locations shall be submitted and updated annually, to the Board of Health, Fire Department, Police Department, and Civil Defense.
4. Emergency procedures and local Emergency Response Telephone Numbers (Health, Fire, Police, D.E.P., Civil Defense, etc.) should a spill occur, shall be posted in clear view of all employees where Hazardous Materials or Wastes are used or stored.
5. All Hazardous Wastes must be disposed of by a Licensed, D.E.P. approved, hauler or be recycled on site.
6. Copies of either all invoices or manifests for any Hazardous Materials or Wastes, received or disposed, shall be submitted to the Board of Health annually.
7. All Hazardous Materials Containers shall be labeled and dated when filling first began.
8. Speedy Dry, or its equivalent, shall be kept in the storage area, in case of a Hazardous Materials or Wastes spill.
10. All floor drains shall be sealed or discharged into a closed system, with the waste disposed of by a D.E.P. approved Hazardous Waste Hauler.
11. Protective equipment, including chemical resistant gloves, eye goggles and (rubber) boots, in addition to soap and water, shall be made available to all employees, at all times, in any Hazardous Materials or Waste storage or use area.
12. No Hazardous Materials or Wastes shall be discharged into a sink or toilet.
14. A fire extinguisher, containing an appropriate fire extinguishing agent, shall be placed in the Hazardous Materials Storage area.
15. No food or drink shall be stored or consumed in any area where Hazardous Materials are stored or used.

17. A leak detector monitor and an over flow alarm shall be installed in the underground storage tank and the tank shall be tested annually for tightness with the results submitted to the Board of Health.
21. Gas cylinders shall not be rolled, even for short distances. They shall be moved by a suitable hand truck, in accordance with an OSHA standard that applies.
25. Prior to any new chemical or processes being used, the Board of Health shall be notified.
26. The operation of this facility shall be in compliance with all present and future regulations of E.P.A. and D.E.P. at all times. Nothing in this permit allows or requires non-compliance with all present and future applicable laws or regulations of the Federal or State Governments.