



**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: Colorworks Date 4/2/2014  
 Address: 425 Great Road  
 Type of Business: Paint  
 Telephone: 978-263-3374 Email: Colowrks1@comcast.net  
 Contact Person: Donnie Initial Inspection  Re-Inspection

Housekeeping:	Y	N	Comments
Area clean	<input checked="" type="checkbox"/>		
Spills present		<input checked="" type="checkbox"/>	
Appropriate material storage	<input checked="" type="checkbox"/>		
Materials and wastes separate	<input checked="" type="checkbox"/>		
Cleanup materials available	<input checked="" type="checkbox"/>		
Materials have secondary containment	<input checked="" type="checkbox"/>		
Materials and wastes are labeled	<input checked="" type="checkbox"/>		
<b>Safety:</b>			
Are MSDS sheets available on site	<input checked="" type="checkbox"/>		
Employee personal protective equipment on site	<input checked="" type="checkbox"/>		
Employees trained in Haz Mat handling	<input checked="" type="checkbox"/>		
Emergency procedures posted	<input checked="" type="checkbox"/>		
<b>Site Management:</b>			
Waste removed by licensed hauler		<input checked="" type="checkbox"/>	
Floor drains present in area of Haz Mat or waste		<input checked="" type="checkbox"/>	
Sinks present in area of Haz Mat or waste		<input checked="" type="checkbox"/>	
Testing of septic system necessary		<input checked="" type="checkbox"/>	
Does site plan on file reflect current arrangement	<input checked="" type="checkbox"/>		
Any UST (underground storage tank) present		<input checked="" type="checkbox"/>	
If UST present, is it alarmed		<input checked="" type="checkbox"/>	

**Action Items:**

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

Re-inspection required? Yes  No

Re-inspection Date: \_\_\_\_\_

*[Signature]*  
 Inspector Signature \_\_\_\_\_ Date \_\_\_\_\_

Facility Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

D. H. 4/2/14

82  
140.-  
✓

**TOWN OF ACTON  
HAZARDOUS MATERIALS CONTROL  
ANNUAL PERMIT APPLICATION**



Site Address	Mailing Address
Colorworks Paint Centers, Inc. <sup>425</sup> <del>38</del> Great Road Acton, MA 01720	425 Great Road Acton, MA 01720
Category: 11, , , ,	Fee: \$160 140.-

**Hazardous Materials Permitting Categories (Renewal)**

- |  |  |
|--|--|
| 1. Hazardous Waste Generator (\$65)              | 2. Small Hazardous Waste Generator (\$45)  |
| 3. Hazardous Materials Generator (\$65)          | 4. Hazardous Materials User (\$45)         |
| 5. Discharge Permit (\$140)                      | 6. Remediation Permit (\$140)              |
| 7. Hazardous Waste User (\$65)                   | 8. Haz. Mat. Storer Large Industry (\$235) |
| 9. Haz. Mat. Storer Small Industry (160)         | 10. Haz. Mat. Storer Large Retail (\$170)  |
| <u>11. Haz. Mat. Storer Small Retail (\$140)</u> | 12. Haz. Waste Storer Industry (\$65)      |
| 13. Haz. Waste Storer Retail (\$45)              |  |

- Are MSDS's readily available on-site? Yes  No  INTERNET
- Is employee personal protective equipment available on site? Yes  No
- Are emergency procedures posted? Yes  No
- Do all hazardous materials have 110% secondary containment? Yes  No
- Are all materials and wastes clearly labeled? Yes  No
- Are spill cleanup materials available? Yes  No
- Do you have a copy of the Hazardous Materials Control Bylaw on site? Yes  No
- Are you contracting with a DEP licensed waste hauler (if applicable)? Yes  No

Name of hauler: N/A

Address of hauler: \_\_\_\_\_

- Can you provide copies of waste shipping manifests if necessary? Yes  No
- Contact person for the site is DON FETTERKOF

I hereby certify on behalf of Colorworks, the applicant for a permit or permit renewal from the Acton Board of Health pursuant to Chapter I of the Town of Acton General By-laws (the "Permit Application") that (a) the information contained in the Permit Application is true, accurate and complete, and (b) the facility located/operating at the above noted site address, Acton, MA and that is the subject of the Permit Application complies with the requirements for Approval of Hazardous Material Waste and Special Waste Permits as defined in section 3.5 of Chapter I of the Town of Acton General By-laws, Hazardous Materials Control, as amended.

Joel Robey

9-23-14

Authorized Signatory

Date

### 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)
<i>Print thinner / Mineral Spirits</i>	<i>12 gal</i>	<i>1 gal</i>	
<i>Denatured Alcohol / Methanol</i>	<i>2-3 gal.</i> ____ lbs. ____ cu. ft.	<i>1 gal.</i> ____ lbs. ____ cu. ft.	<i>A</i>
<i>Lacquer thinner</i>	<i>2-3 gal.</i> ____ lbs. ____ cu. ft.	<i>1 gal.</i> ____ lbs. ____ cu. ft.	<i>A</i>
<i>VM + P Naphtha</i>	<i>2-3 gal.</i> ____ lbs. ____ cu. ft.	<i>1 gal.</i> ____ lbs. ____ cu. ft.	<i>A</i>
<i>Turpentine</i>	<i>2-3 gal.</i> ____ lbs. ____ cu. ft.	<i>1 gal.</i> ____ lbs. ____ cu. ft.	<i>A</i>
<i>Wil-Bond / toluene</i>	<i>2-3 gal.</i> ____ lbs. ____ cu. ft.	<i>1 gal.</i> ____ lbs. ____ cu. ft.	<i>A</i>
<i>Acetone</i>	<i>2-3 gal.</i> ____ lbs. ____ cu. ft.	<i>1 gal.</i> ____ lbs. ____ cu. ft.	<i>A</i>

### 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)
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/ treatment /disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	

# A. Hazardous Material

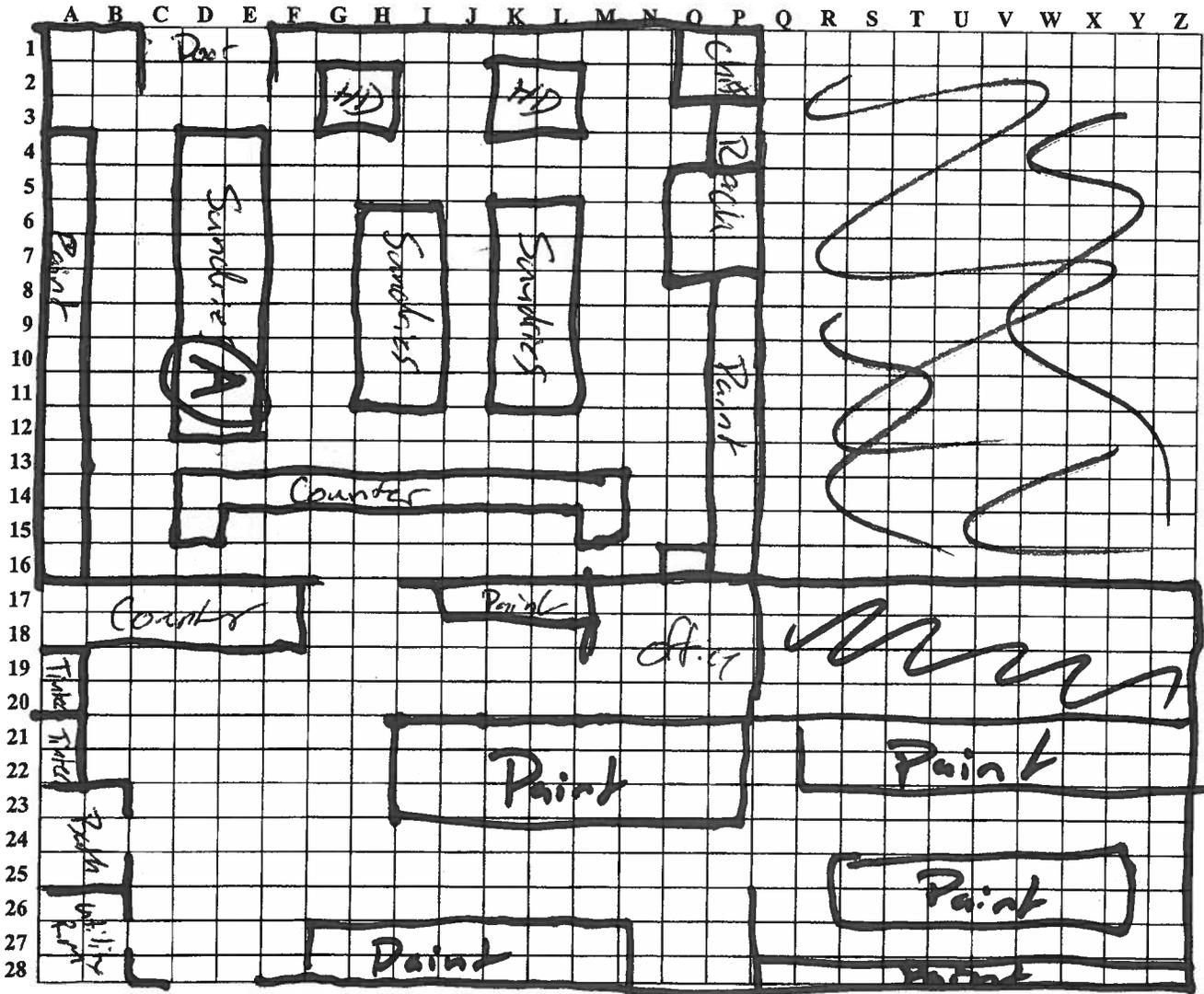
<u>Name</u>	<u>Max Qty</u>	<u>Container Size</u>	<u>Location</u>
5F5 / Toluene, Butoxyethanol, Methylene Chloride	3	1	A
Dad's Remover/ Methylene Chloride, Ethylene glycol	3	1	A
Reactor	3	1	A

### 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: 425 Great Rd City: Acton  
 Date Map Drawn: 4-28-14



### 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 -----

5/1/2014

Expires 5/1/2015

Fee: 140.00

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

Is hereby granted a permit to store and use Hazardous Materials at **Colorworks Paint Centers, Inc., 425 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: 11,,,

\*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:**  
**Colorworks Paint Centers, Inc.**  
**425 Great rd**  
**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.
8. Speedy Dry, or its equivalent, shall be kept in the storage area, in case of a Hazardous Materials or Wastes spill.
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.
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.