

HAZARDOUS MATERIALS CONTROL PERMIT CERTIFICATION

I hereby certify on behalf of REX LUMBER CO, 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 _____, 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.

Dail Charles

Authorized Signatory

6/10/11

Date

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)
ANTI FREEZE	55 gal. ____ lbs. ____ cu. . ft.	55 gal. ____ lbs. ____ . ft.	
HYDRAULIC FLUID	55 gal. ____ lbs. ____ cu. . ft.	55 gal. ____ lbs. ____ cu. . ft.	
PARTS CLEANER	35 gal. ____ lbs. ____ cu. . ft.	35 gal. ____ lbs. ____ cu. . ft.	
DIESEL FUEL	250 gal. ____ lbs. ____ cu. . ft.	250 gal. ____ lbs. ____ cu. . ft.	
PROPANE	900 gal. ____ lbs. ____ cu. . ft.	1000 gal. ____ lbs. ____ cu. . ft.	
MOTOR OIL	275 gal. ____ lbs. ____ cu. . ft.	275 gal. ____ lbs. ____ cu. . ft.	

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)
PARTS CLEANER	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input checked="" type="checkbox"/> Shipped off-site for recycling/ treatment /disposal	35 gal. ____ lbs. ____ cu. ft.	35 gal. ____ lbs. ____ cu. . ft.	
WASTE OIL	<input checked="" type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	500 gal. ____ lbs. ____ cu. . ft.	50 gal. ____ lbs. ____ cu. . ft.	
WASTE OIL	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input checked="" type="checkbox"/> Shipped off-site for recycling/treatment/disposal	200 gal. ____ lbs. ____ cu. . ft.	20 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.	

EVERY 4 MONTHS

GREEN = WATER SHUTOFF
 BLACK = ELECTRICAL SHUTOFF
 RED = H.M.
 BLUE = GAS SHUTOFF

C. Facility Site Plan/Storage Map

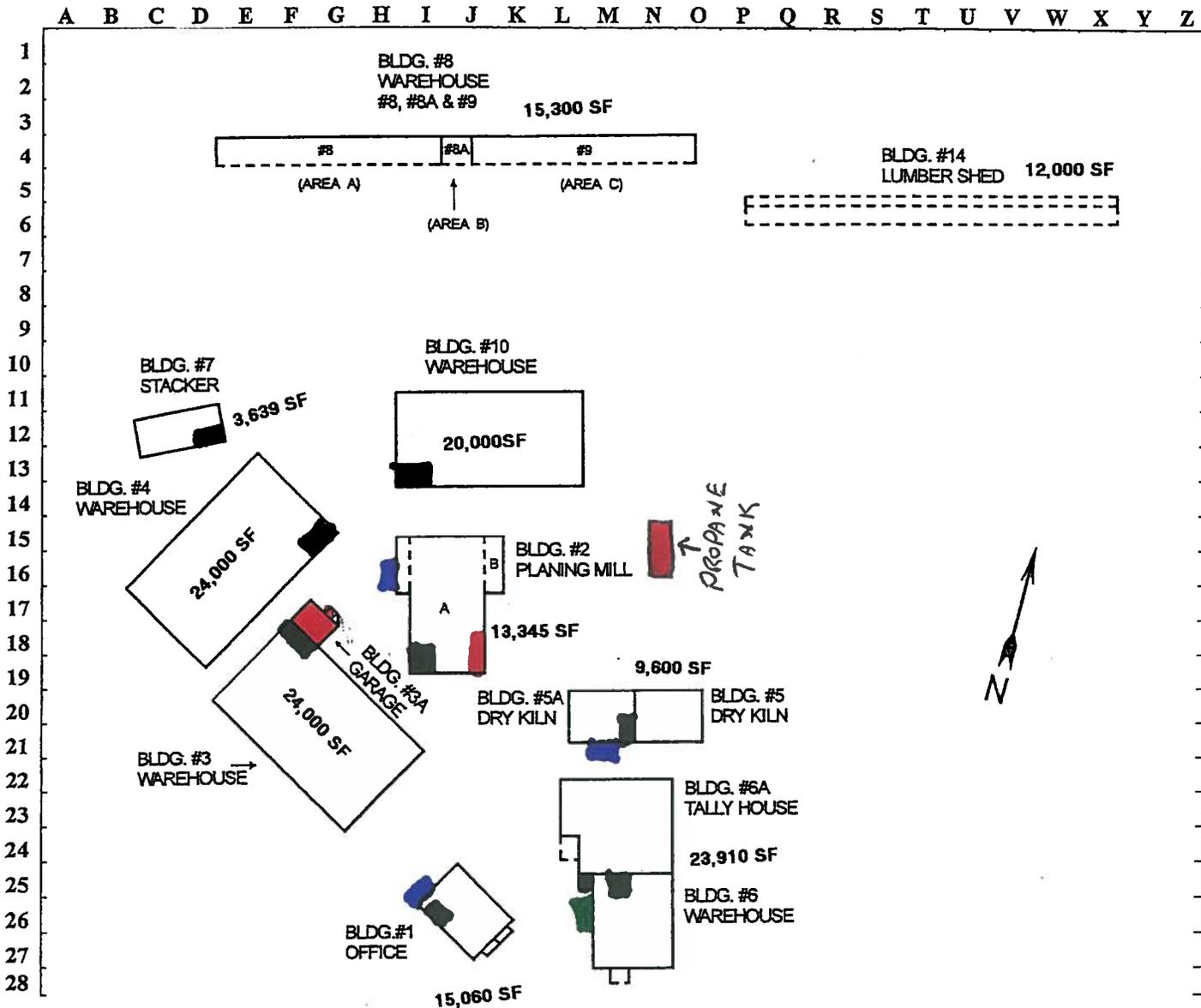
Prepare and submit with this Registration Form a simple site map which shows the following information:

- 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: 840 MAIN ST

City: ACTON MA

Date Map Drawn: 6/10/11



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.

Craig Forester
 Owner/Operator's Name (Print)

[Signature]
 Owner/Operator's Signature

6/10/11
 Date

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

**TOWN OF ACTON
HAZARDOUS MATERIALS CONTROL BYLAW**

April 1, 2011

Due: \$295

Rex Lumber
840 Main Street
Acton, MA 01720

Category: 2,4,9,12

Site Address

840 Main Street Acton, MA 01720

HAZARDOUS MATERIALS CONTROL PERMIT RENEWAL APPLICATION

Categories

- | | |
|--|--|
| 1. Hazardous Waste Generator (\$65) | 2. Sm. 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) |
| 11. Haz. Mat. Storer Small Retail (\$140) | 12. Haz. Waste Storer Sm. Industry (\$45) |
| 13. Haz. Waste Storer Retail (\$45) | 14. Haz. Waste Storer Lge. Industry (\$65) |

Provide the following information under the authority of the General Laws of the Commonwealth of Massachusetts, Chapter 94, Section 305A, and Chapter 3, Section 5.

ESTABLISHMENT NAME: REX LUMBER CO
ESTABLISHMENT ADDRESS: 840 MAIN ST ACTON MA 01720
E-MAIL ADDRESS: DAVE@REXLUMBER.COM
ESTABLISHMENT TELEPHONE: 978-263-0055
OWNERS/CORPORATE OFFICERS: CRAIG FORESTER
ADDRESS: 840 MAIN ST ACTON MA
TELEPHONE: 978-263-0055
ON-SITE MANAGER: CRAIG FORESTER

Maximum Potential Quantity of Materials: Gals/Lbs Stored 1600 Used 1500

Maximum Potential Quantity of Wastes: Gals/Lbs Stored 700 Used 550

Pursuant to the General Laws of Massachusetts, Chapter 62C, Section 49A, I certify under the pains and penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Dave Charles
Signature of Owner/Applicant

06-0667910
F.I.N. Number

Date

4/25/11

RECEIVED

APR 28 2011

ACTON BOARD OF HEALTH

5/1/2011

Expires 5/1/12

Paid: **\$295**

**TOWN OF ACTON
PERMIT
HAZARDOUS MATERIALS CONTROL BYLAW
Rex Lumber,
840 Main Street Acton, MA 01720**

Is hereby granted a permit to store and use Hazardous Materials at **840 Main Street** Acton, MA 01720. This permit is granted with the conditions as noted on the attached list of conditions assigned to your facility.

Permit Categories: **2,4,9,12**

*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	\$140
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:

**Rex Lumber
840 Main Street
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.
9. Floor cleaning procedures and bathroom sanitation products shall use only nontoxic and biodegradable cleaning compounds.
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.
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.