

# MOSCARIELLO EQUIPMENT INC

63 POWDERMILL ROAD  
ACTON, MA. 01720  
(978) 897-9273

June 16, 2015

Evan Carloni  
Acton Health Department  
472 Main Street  
Acton, Ma 01720

Dear Evan,

Per your instructions regarding the fee for the Hazardous Material Permit, I am writing this letter to inform the Acton Health Department that Moscariello Equipment, Inc. will be closing; therefore will no longer need this permit.

At this time, our estimated time of closing will be at the end of the summer. If you have any questions please do not hesitate to call me at 978-897-9273.

Sincerely,

Michael Moscariello





**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: Moscariello Equipment Date 4/15/15  
 Address: 63 Powdermill Road  
 Type of Business: Lawnmower sale and repair  
 Telephone: 978-897-9273 Email: Moscarielloequip@yahoo.com  
 Contact Person: Michael Initial Inspection  Re-Inspection

<b>Housekeeping:</b>	<b>Y</b>	<b>N</b>	<b>Comments</b>
Area clean	✓		
Spills present		✓	
Appropriate material storage	✓		
Materials and wastes separate	✓		
Cleanup materials available	✓		
Materials have secondary containment	✓		
Materials and wastes are labeled	✓		
<b>Safety:</b>			
Are MSDS sheets available on site	✓		
Employee personal protective equipment on site	✓		
Employees trained in Haz Mat handling	✓		
Emergency procedures posted	✓		
<b>Site Management:</b>			
Waste removed by licensed hauler		✓	Burned
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		✓	

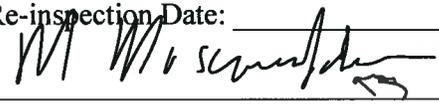
**Action Items:**

1. \_\_\_\_\_
2. All ok
3. \_\_\_\_\_
4. Mike said at the time of inspection that the shop will be closing in a few months.
5. Obtain letter when closed
6. \_\_\_\_\_

Re-inspection required? Yes  No

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





**Inspector Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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

D.H. 4/17/15