

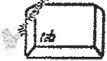


Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Hazardous Waste

For DEP Use:
FMF#

Generator Registration

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Keep a copy for your files

Note: If you do not have a MAD, MAR, or MA5 Number, use MV, followed by your Area Code and Telephone Number.

DEP Region: NE SE CE WE

I am registering as a:

Very small quantity generator of hazardous waste (less than 220 pounds or 27 gallons/month) or

Very small quantity generator of waste oil (less than 220 pounds or 27 gallons/month) or

Small quantity generator of waste oil (220 to 2,200 pounds or 27 to 270 gallons/month)

Name of company Acton truck + equipment Repair

Mailing address 42 Knox trail Rd.

City/town Acton State MA Zip code 01720 E-mail Address _____

Street address where waste is produced 42 Knox trail Rd

City/town Acton State MA Zip code 01720

Type of business truck + equipment repair NAICs code _____

MV 9788976300
Generator Registration Identification Number (12 Characters)

Hazardous Waste Generated (check)	Gallons per Month Prior to Treatment, Recycling or Disposal	Disposal, Storage, Treatment, and/or Recycling (Name of company and address where waste is taken or type of treatment or recycling on site of generation)
<input checked="" type="checkbox"/> Waste Oil	<u>8.3</u>	<u>recycle on site - heat</u>
<input type="checkbox"/> Solvent	_____	_____
<input type="checkbox"/> Acid or Alkali	_____	_____
Other (name):		
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Return the signed original to the appropriate DEP Regional Office, Attn: BWP

I CERTIFY THAT UNDER PENALTY OF LAW I have personally examined and am familiar with the information submitted in this document and all attachments, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete.

THOMAS AMES [Signature] 03-19-12
Name of operator Signed Date

OWNER
Title



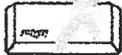
**Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Hazardous Waste
On-Site Class A Recycling Notification Form**

Facility ID (when known)

A. General Information

Please mail to appropriate DEP Regional Office as listed on the last page of this form.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility:

Located in DEP region: Western Central Northeast Southeast

ACTON TRUCK & EQUIPMENT REPAIR

a. Facility Name

42 KNOX TRAIL ROAD

b. Facility Address

ACTON MA

c. City/Town

01720

d. Zip Code

e. EPA or MA Hazardous Waste Generator Number

2. Person on-site responsible for supervising recycling activity:

THOMAS

AMES

a. First Name

b. Last Name

978 897 6300

c. Area Code and Telephone #

3. Mailing address (when different from above facility address):

a. Street Address line 1

b. Street Address line 2

c. City/Town

d. Zip Code

e. On-site Supervisor's E-mail Address

B. Description of Recycling Materials and Activity

Describe Units:
P = pounds
L = liters
K = kilograms
G = gallons

1. a. Waste Oil:

Quantity recycled per calendar year:

b. Hazardous Waste Code

1000 gal

c. Amount

d. Units

e. Waste Oil Space Heater(s):

f. Manufacturer Name

g. Model Number

h. Number of Units

i. Installation Date

f. Fire Dept. Permit #

2. a. Spent Photographic Fixer:

Quantity recycled per calendar year:

b. Hazardous waste code(s)

c. Amount

d. Units

e. Free standing silver recovery unit

Type: 1. Electrolytic 2. Canister steel wool 3. Other

4. Describe other



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Hazardous Waste
On-Site Class A Recycling Notification Form

Facility ID (when known) _____

B. Description of Recycling Material and Activity (cont.)

Describe Units:
P = pounds
L = liters
K = kilograms,
G = gallons

3. a. Spent Solvents:

Quantity recycled per calendar year: _____

b. Amount _____

c. Units (1) _____

d. Free standing distillation unit

e. Manufacturer name

f. Model number

g. Other solvent recycling activity:

h. Describe

i. Recyclable material type (Identify each solvent)

j. Hazardous waste code(s)

k. Recyclable material type (Identify each solvent)

l. Hazardous waste code(s)

m. Recyclable material type (Identify each solvent)

n. Hazardous waste code(s)

o. Recyclable material type (Identify each solvent)

p. Hazardous waste code(s)

4. a. Other on-site recycling activity:

b. Describe materials to be recycled

c. Hazardous waste code

Quantity recycled per calendar year: _____

d. Amount _____

e. Units _____

f. Identify the Class A Material Category(s) that applies to recyclable material (310 CMR 30.212) - check all that apply:

1. (1) (a) Used or reused as an ingredient in an industrial process to make a product without reclamation

2. (1)(b) Substitute for commercial product

3. (1)(c) Substitute for feedstock in original process without reclamation

4. (2) Industrial Ethyl Alcohol being reclaimed

5. (3) Scrap metal that would be hazardous if disposed of

6. (4) Used oil fuel burned at the site of generation for energy recovery in a used oil fuel fired space heater in compliance with 310 CMR 30.222 and 30.256

7. (5) Characteristic sludge being reclaimed

8. (6) Characteristic by-product being reclaimed

9. (7) Unused commercial chemical product being reclaimed

10. (8) Waste oil recycled by other than burning for energy recovery

11. (9) Specification used oil fuel burned for energy recovery in a fossil fuel utilization facility other than a used oil fuel fired space heater and otherwise handled in compliance with 310 CMR 30.250

12. (10) Material recycled in a completely enclosed recycling system at site of generation, except such material recycled at a photo processor or a printer subject to 310 CMR 71.00 (e.g., stand-alone solvent stills, stand-alone silver recovery units)

Describe Units:
P = pounds
L = liters
K = kilograms,
G = gallons



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B. Description of Recycling Material and Activity (cont.)

g. Describe recycling activity (include a detailed and precise description of the process generating the recyclable material. If needed, please continue on a separate sheet)

5. Type of accumulation for recyclable materials (to be completed by all applicants):

<input type="checkbox"/> underground tanks	a. Number of Tanks	b. Total Capacity
<input checked="" type="checkbox"/> above ground tanks	1	250
<input checked="" type="checkbox"/> 55 gallon drums	c. Number of Tanks	d. Total Capacity
<input type="checkbox"/> other containers	2	110
	e. Number of Drums	f. Total Capacity
	g. Number of Containers	h. Total Capacity

C. Pollution Prevention and Toxics Use Reduction

The Massachusetts Toxics Use Reduction Act (TURA, M.G.L. Chapter 21 I), passed in 1989, aims to reduce the use of toxic and hazardous substances in the Commonwealth.

In order to fall under TURA, companies must manufacture or process at least 25,000 pounds or otherwise use 10,000 pounds of the chemicals listed under SARA 313 or CERCLA, with some exceptions for PBT chemicals. Companies must also employ ten or more full time workers and fall within certain SIC Codes.

Facilities subject to the TURA are required to analyze chemical use, submit annual reports, and pay fees based on their use of toxic substance. It may, therefore, benefit a company to reduce their use of toxics so as to avoid reporting requirements and associated fees.

Call (617) 292-5982 to determine if your company must report its chemical use.

D. Certification

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and, that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment. In addition, I understand that any material supplied with this application will not be considered confidential unless I have specifically requested that such material be kept confidential and the Department has made a determination of confidentiality in accordance with 310 CMR 3.00 - Regulations Governing Access for and Confidentiality of Department Records and Files."

THOMAS ADAMS
 1. Authorized signature of owner/operator

OWNER
 2. Title

THOMAS ADAMS
 3. Print name

03-19-12
 4. Date (mm/dd/yyyy)

UNOFFICIAL COPY

527 CMR: BOARD OF FIRE PREVENTION REGULATIONS

4.03: continued

The Commonwealth of Massachusetts
Department of Public Safety

527 CMR 4.00 - Form 1

Application for Permit, Permit, and Certificate of completion for the Installation or
Alteration of Fuel Oil Burning Equipment and the Storage of Fuel Oil

ACTON 12-1-08
(City or Town) (Date)

Permit #'s: FD _____ Elec. _____ FDID _____ Fee Paid: _____

Owner/Occupant Name: PYRRO EQUIPMENT Tel #: 978 897 6300

Installation Address: 42 KNOX TRAIL Serviced Floor or Unit #: _____

Heating Unit Domestic Water Heater Power Vent Other _____
Burner: New Existing Location: _____

Trade Name: CLEAN BURN Mfg: _____

Type: _____ Model # or Size: B2500 Nozzle Size: _____

Fuel Oil Kerosene Waste oil
Storage Tank: New Existing Location: SUSPENDED

Type: CLEAN BURN Capacity: 300 gals. No. of Tanks: 1

Special requirements (c* additional safety devices) _____

OSV Valve Oil line protected Sheet Rock Sprinkler AFUE: yes no EF: yes no
(Furnace and boilers) (Water heater)

Co. Name: _____ Tel # _____

Address: _____ City: _____ Zip: _____

Completion Date: _____

Combustion Test: Gross Stack Temp.: _____ Net Stack Temp.: _____

CO² Test: _____ Breech Draft: _____

Smoke: _____ Overfire Draft: _____ Efficiency rating %: 85%

I, the undersigned certify that the installation of fuel burning equipment has been made in accordance with M.G.L. c. 148 and 527 CMR 4.00 currently in effect. Furthermore, this installation has been tested in accordance with such requirements, is now in proper operating condition and complete instructions as to its use and maintenance have been furnished to the person for whom the installation (or alteration) was made.

Installer: John Giordano 310 88
Print Name Cert of C* Signature (no Stamp)

Address: 2352 Main St. City: Concord

Once signed by the fire department, this is a PERMIT for the storage and use of oil burning equipment.

Approved by: Karen M. Lyons, Deputy Chief Date: 4/3/08
Keep Original as application. Issue duplicate as permit. This form may be photocopied.