# ACTON BOARD OF HEALTH
# APPLICATION for HAZARDOUS MATERIALS PERMIT

**Legal Name of Facility or Establishment:** Suburban Manor
**Site Address:** 1 Great Rd
**Mailing Address:** Acton, MA 01720
**Business Telephone:** (978) 263-9101
**Corporate Officers:** TENN
**Emergency Contact Person:** Carl H. Anderson
**Emergency Telephone (Day):** (978) 263-9101 **Emergency Telephone (Night):** 978-263-9101
**Type of Business:** Skilled Nursing Facility

***Aquifer Location:**
- ☐ well protection [1]
- ☐ recharge protection [2]
- ☐ aquifer protection [3]
- ☐ watershed protection [4]

***Watershed District:**
- ☐ Fort Pond
- ☐ Nashoba Brook

**Maps available at Acton Health Department.*

**Type(s) of Permits Needed:**
- ☐ remedial action following a discharge: [# 5 (*discharge*), # 6 (*remediation*)]
- ☐ small or large scale generator (or > 100 kg/220 lbs/25 gal/mo: material or waste):
  [generator: # 3 (*mat.*); # 1 (*waste*) (*lrg.*), # 2 (*waste*) (*sm.*)]
  [user: # 4 (*mat.*), # 7 (*waste*)]
- ☐ storage (> 25 gal or lb) > 25 hrs: [# 8, # 9 (*mat.*), # 12, # 13 (*waste*)]
- ☐ storage, use, generation or *extremely* hazardous material
- ☐ storage of hazardous material or waste *overnight in trucks*
- ☐ storage of prepackaged hazardous material (> 50 gal or lb): [# 10 (*lrg.*), # 11 (*sm.*)]
- ☐ UST storage of flammable or combustible materials
  - ☐ change in material stored
  - ☐ removal of underground tank

**Other Requirements:**
- ✓ MSDSs for all chemicals listed on application
- ✓ emergency or contingency plan for an accidental spill
- ✓ site plan of premises showing areas where are chemicals are stored (including tanks and piping)
- _____ copies of all disposal manifests (or other documents) showing proper disposal measures
- _____ evidence of date(s) of purchase for all storage systems
- _____ all relevant documentation (permits and citations):

- ☐ MA Haz. Waste Mgt. Act (MGL ch 21 C)
- ☐ MA Clean Water Act (MGL ch 21 S. 26)
- ☐ RCRA (42 USCS 6901)
- ☐ Clean Air Act (42 USCS 1857)
- ☐ Clean Water Act (33 USCS 1251)
- ☐ SPCC (Title 40 CFR 109, 110, 112)
- ☐ FIFRA (7 USSI 36)
- ☐ FIFRA (7 USSI 36)
- ☐ Safe Drinking Water Act (42 USCS 300f)
- ☐ TSCA (15 USCS 2601)

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

☐ representatives at Board of Health application review hearing (date:) .....

**Recommended Conditions:** .....
**Signature/Date:** .....

HAZARDOUS MATERIAL PERMIT APPLICATION (CONT.)

Please include the following information with the chemicals listed:

1-Copies of all the Material Safety Data Sheets for all chemicals listed on the application

2-An emergency or contingency plan in case of any accidental spill.

3-A site plan of the premises, including the area where all chemicals are stored.

4-The presence of a representative from your company at the Board of Health meeting during the application review, is required.

5-Copies of all hazardous waste transport manifests to demonstrate that proper disposal measures are being taken. If manifest are not required by state or federal law some other proof of proper disposal shall be submitted. X

## HAZARDOUS MATERIALS FACILITY PROFILE

ME: Suburban Manor

DRESS: 1 Great Rd
Acton, MA 01720

LEPHONE: (978) 263-9101

CILITY EMERGENCY COORDINATORS

IME CONTACT NAME: House Supervisor TITLE: House Supervisor

USINESS PHONE: (978) 263-9101

OME ADDRESS: Same as above.

ITY: RESIDENCE PHONE:

TERNATE CONTACT NAME: Carl H. Anderson TITLE: Executive Director.

USINESS PHONE: (978) 263-9101

OME ADDRESS: 1 Great Rd

ITY: Acton, MA 01720 RESIDENCE PHONE: (978) 263-9101

LTERNATE CONTACT NAME: Sharon Staley TITLE: Director of Nursing

USINESS PHONE: (978) 263-9101

OME ADDRESS: 1 Great Rd.

ITY: Acton, MA RESIDENCE PHONE: 545-3077 Beeper.

LTERNATE CONTACT NAME: Wayne Reikunen TITLE: Director of Maintenance

USINESS PHONE: (978) 263-9101

OME ADDRESS: 1 Great Rd

ITY: Acton, MA 01720 RESIDENCE PHONE: 1(978) 433-8501

AZARDOUS MATERIALS AT FACILITY:

| ame of Substance | General Characteristics | Evacuation Distance | MSDS Submitted |
|---|---|---|---|
| | | | |

X

## FACILITY INVENTORY

### FIRE SUPPRESSION

| | | | |
|---|---|---|---|
| A. HYDRANTS - HOSE SIZE | | 0 | LOCATION |
| B. VEHICLES - TYPE | | 0 | CAPABILITY & CAPACITY |
| C. TRAINED PERSONNEL | NO. | 0 | CAPABILITY |
| D. EQUIPMENT | NO. | 0 | CAPABILITY |

### LAW ENFORCEMENT (SECURITY)

| | | | |
|---|---|---|---|
| A. TRAINED PERSONNEL | NO. | 0 | CAPABILITY |
| B. EQUIPMENT | NO. | 0 | TYPE |

### I. CONSTRUCTION

| | | | |
|---|---|---|---|
| A. EQUIPMENT | NO. | 0 | TYPE |
| B. OPERATORS | NO | 0 | CAPABILITY |

### TRANSPORTATION

| | | | |
|---|---|---|---|
| A. BUSES | NO. | 1 | CAPACITY 16 people |
| B. SPECIAL VEHICLES | NO | 0 | TYPE |

### MEDICAL

| | | | |
|---|---|---|---|
| A. INFIRMARY/FIRST AID | CAPACITY | | CAPABILITY |
| B. TRAINED PERSONNEL (TYPE) | | NO. | SPECIALITY ① Registered Nurses ② Therapists |

ecial Needs Facilities located within hazard zones of above
terials:

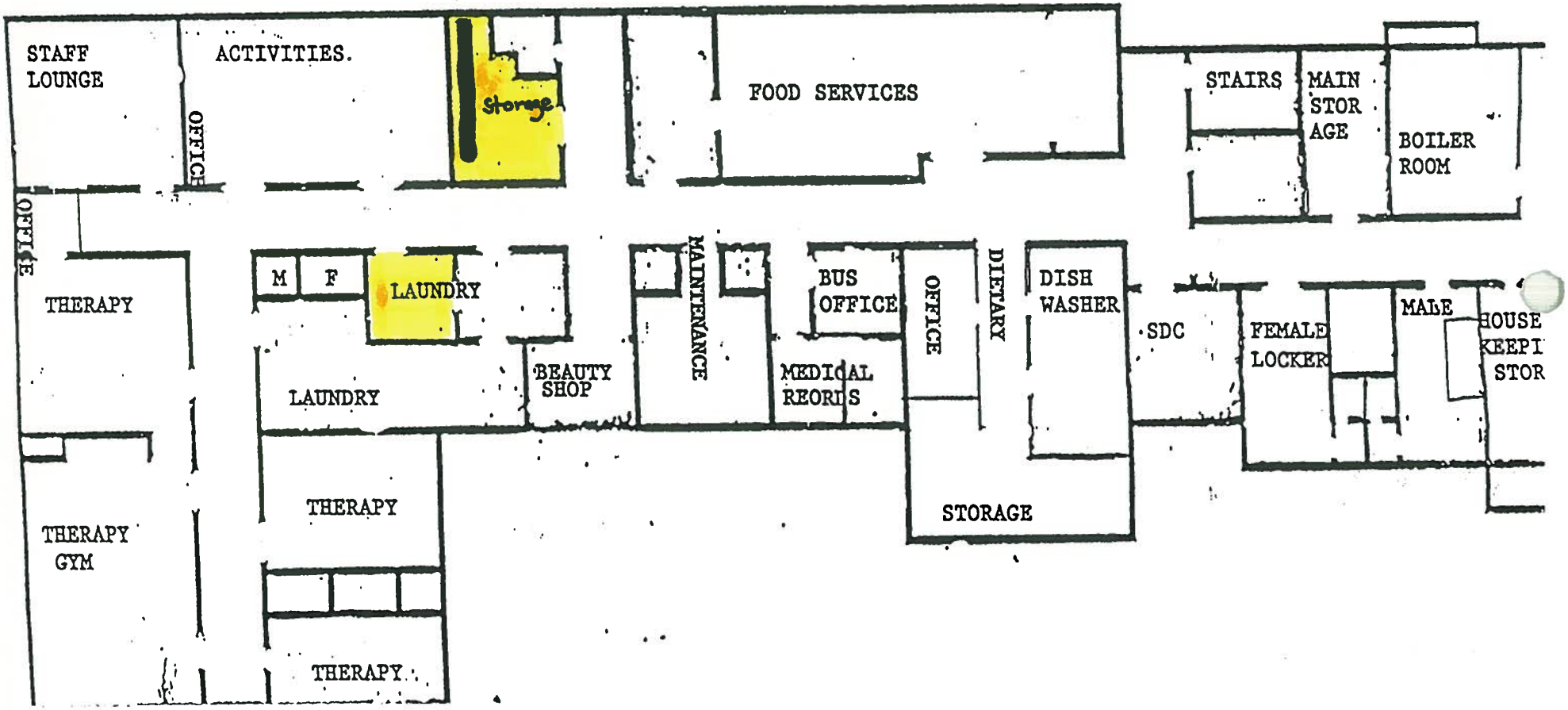
| lex | Special Needs Facility | Address | Telephone # |
|---|---|---|---|

ES/COMMENTS:

X

LIST OF HAZARDOUS MATERIALS

| Material Stored | B. True Vapor Pressure at 68°F | C. Annual Thruput in Gallons Jan-Dec | D. Container Type, eg Tank, Drum | E. Container Capacity | F. Location of Container | G. Above or underground Type Cover or Roof | H. Tank Age | I. Type of Tank Construction | J. Tank Diameter | K. Tank Color | L. Installation Date of Tank |
|---|---|---|---|---|---|---|---|---|---|---|---|
| oap | | x | bucket | 5 gal | Room (Laundry) | N/A | N/A | N/A | N/A | N/A | N/A |
| oftener | | | bucket | 5 gal | Laundry | N/A | N/A | N/A | N/A | N/A | N/A |
| iesel fuel | | | tank | 2000 gal | Waste Treatment Plant | AST | 3 yr | double wall | N/A | N/A | 1995 |
| log stripper lleanus | | | bucket | 5 gal | Housekeep. Storage | N/A | N/A | N/A | N/A | N/A | N/A |
| xyles | | | bucket | 5 gal | Housekeep. Storage | N/A | N/A | N/A | N/A | N/A | N/A |
| ise cleaning ems. | | | bucket | 5 gal | Housekeep. Storage | N/A | N/A | N/A | N/A | N/A | N/A |
| | | | | | | | | | | | |
| ster tank | | | tank | 75 gal | Generator Room | AST | 3 yrs | double wall | N/A | N/A | 1995 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

# LOWER LEVEL

SUBURBAN MANOR NURSING HOME--ACTON, MA.