

HAZARDOUS MATERIALS CONTROL PERMIT CERTIFICATION

I hereby certify on behalf of AVALON Acton, 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 1000 AVALON DR., 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.



Authorized Signatory

5-2-11

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) |
|----------------------|--|---|-----------------------------------|
| DIESEL FUEL | 500 gal. ____ lbs. ____ cu. . ft. | 500 gal. ____ lbs. ____ . ft. | |
| | ____ gal. ____ lbs. ____ cu. . ft. | ____ gal. ____ lbs. ____ cu. . ft. | |
| | ____ gal. ____ lbs. ____ cu. . ft. | ____ gal. ____ lbs. ____ cu. . ft. | |
| | ____ gal. ____ lbs. ____ cu. . ft. | ____ gal. ____ lbs. ____ cu. . ft. | |
| | ____ gal. ____ lbs. ____ cu. . ft. | ____ gal. ____ lbs. ____ cu. . ft. | |
| | ____ gal. ____ lbs. ____ cu. . ft. | ____ 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.

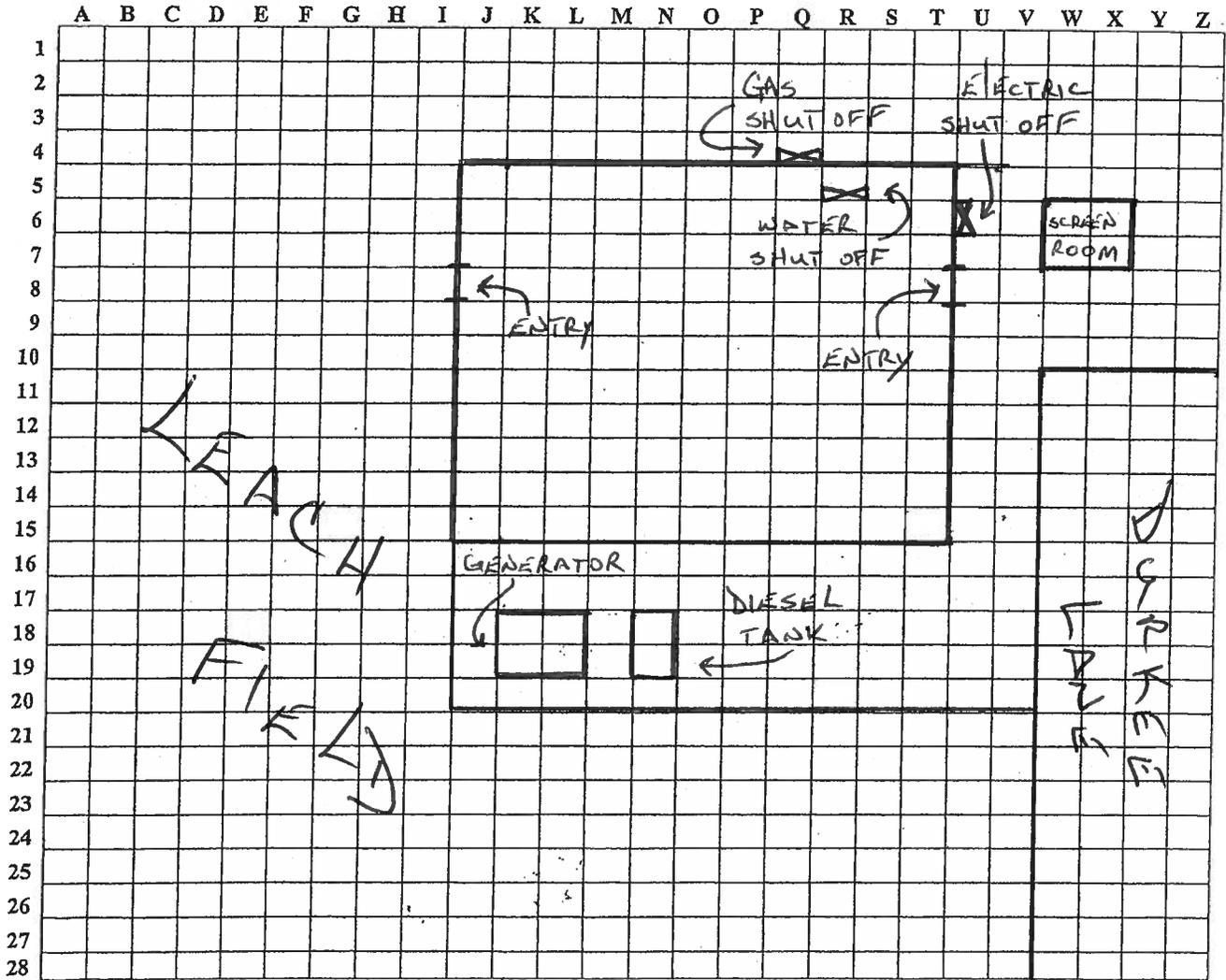
| Name of Hazardous Waste | Treatment/Disposal Method(s) (Definitions provided on bottom of page) | Max. Qty. (at any one time) | Annual Qty. Generated | Location(s) (see Section C) |
|---------------------------------|---|---|--|-----------------------------------|
| GROUND WATER SEWER DISCHARGE | <input type="checkbox"/> Recycled on-site. <input checked="" type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/ treatment /disposal | 40000 gal. ____ lbs. ____ cu. ft. | 14,600,000 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. | |

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: 18 DURKEE LANE City: WEST FORD
 Date Map Drawn: 5-3-11



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.

AVALON ACTON
 Owner/Operator's Name (Print)

[Signature]
 Owner/Operator's Signature

5-3-11
 Date

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