



Town of Acton
Department of Public Health
472 Main Street
Acton, MA 01720
Telephone: (978) 929-6632
Fax: (978) 929-6340

4/30/2014

Great Road Condo's
380C Great Road
Acton, MA 01720

Dear Hazardous Material Permit Holder,

You are receiving this letter because we at the Acton Health Department do not have record of payment for the 2013 permit year. You must submit payment for the enclosed amount to the Acton Health Department within fourteen (14) days of your receipt of this letter to avoid fines.

You may request a hearing before the Acton Board of health by filing a written petition to the Board within seven (7) days of your receipt of this order. At the hearing, you will be given an opportunity to be heard and to present witnesses and documentary evidence as to why this order should be modified or withdrawn. You may be represented by an attorney. You have the right to inspect and obtain all relevant documents relating to this matter from the Acton Board of Health Office, 472 Main Street, Acton, MA 01720 from 8:00 a.m. to 5:00 p.m. Monday through Friday. Any adverse party has the right to appear at the hearing.

Respectfully,

Acton Health Department

Debbie called
→ In database as "Great Road"
→ All set
→ check # 2441



D.H.
3/10/14

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: Great Road Condominiums WWTF Date 3/10/2014
 Address: 380 Great Road
 Type of Business: WWTF and pool closet
 Telephone: 978-263-5159 Email: Grctrust@gmail.com
 Contact Person: Debra or Bill Initial Inspection Re-Inspection

Housekeeping:	Y	N	Comments
Area clean	✓		
Spills present		✓	
Appropriate material storage	✓		
Materials and wastes separate	✓		
Cleanup materials available	✓		
Materials have secondary containment	✓		
Materials and wastes are labeled	✓		
Safety:			
Are MSDS sheets available on site	✓		
Employee personal protective equipment on site	✓		In RH White trucks
Employees trained in Haz Mat handling	✓		
Emergency procedures posted		✓	Methanol room completely contained and handled by RH White
Site Management:			
Waste removed by licensed hauler		✓	No waste
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		✓	

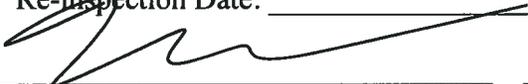
Action Items:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Re-inspection required? Yes No

Re-inspection Date: _____


 Inspector Signature _____ Date _____


 Facility Representative Signature _____ Date _____

**TOWN OF ACTON
HAZARDOUS MATERIALS CONTROL
ANNUAL PERMIT APPLICATION**

205



Site Address	Mailing Address
Great Road Condos Treatment Plant 48 Great Road Acton, MA 01720	380C Great Road Acton, MA 01720
Category: 4, 9, , ,	Fee: \$ 205

Hazardous Materials Permitting Categories (Renewal)

- | | |
|---|--|
| <ul style="list-style-type: none"> 1. Hazardous Waste Generator (\$65) 3. Hazardous Materials Generator (\$65) 5. Discharge Permit (\$140) 7. Hazardous Waste User (\$65) 9. Haz. Mat. Storer Small Industry (160) 11. Haz. Mat. Storer Small Retail (\$140) 13. Haz. Waste Storer Retail (\$45) | <ul style="list-style-type: none"> 2. Small Hazardous Waste Generator (\$45) 4. Hazardous Materials User (\$45) 6. Remediation Permit (\$140) 8. Haz. Mat. Storer Large Industry (\$235) 10. Haz. Mat. Storer Large Retail (\$170) 12. Haz. Waste Storer Industry (\$65) |
|---|--|

1. Are MSDS's readily available on-site? Yes No
2. Is employee personal protective equipment available on site? Yes No
3. Are emergency procedures posted? Yes No
4. Do all hazardous materials have 110% secondary containment? Yes No
5. Are all materials and wastes clearly labeled? Yes No
6. Are spill cleanup materials available? Yes No
7. Do you have a copy of the Hazardous Materials Control Bylaw on site? Yes No
8. Are you contracting with a DEP licensed waste hauler (if applicable)? Yes No

Name of hauler: Ratz

Address of hauler: 81 A Westford Rd. Ayer, Ma. 01432

9. Can you provide copies of waste shipping manifests if necessary? Yes No
10. Contact person for the site is Debra Llerenois, property Mgr.

I hereby certify on behalf of Great Rd. Condos, 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 the above noted site address, 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.

Debra Llerenois
Authorized Signatory

4/21/14
Date

A. 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	150 gal. ____ lbs. ____ cu. ft.	150 gal. ____ lbs. ____ . ft.	WWTP
Methanol	110 gal. ____ lbs. ____ cu. ft.	55 gal. ____ lbs. ____ cu. ft.	WWTP
Propane	200 gal. ____ lbs. ____ cu. ft.	100 gal. ____ lbs. ____ cu. ft.	WWTP
Chlorine	100 gal. ____ lbs. ____ cu. ft.	50 gal. ____ lbs. ____ cu. ft.	Utility Garage
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	

B. Hazardous Waste Inventory Information

(Hazardous Waste Generator Permit Application/Amendment)

Complete the table below for all waste inventory. Use additional pages if needed.

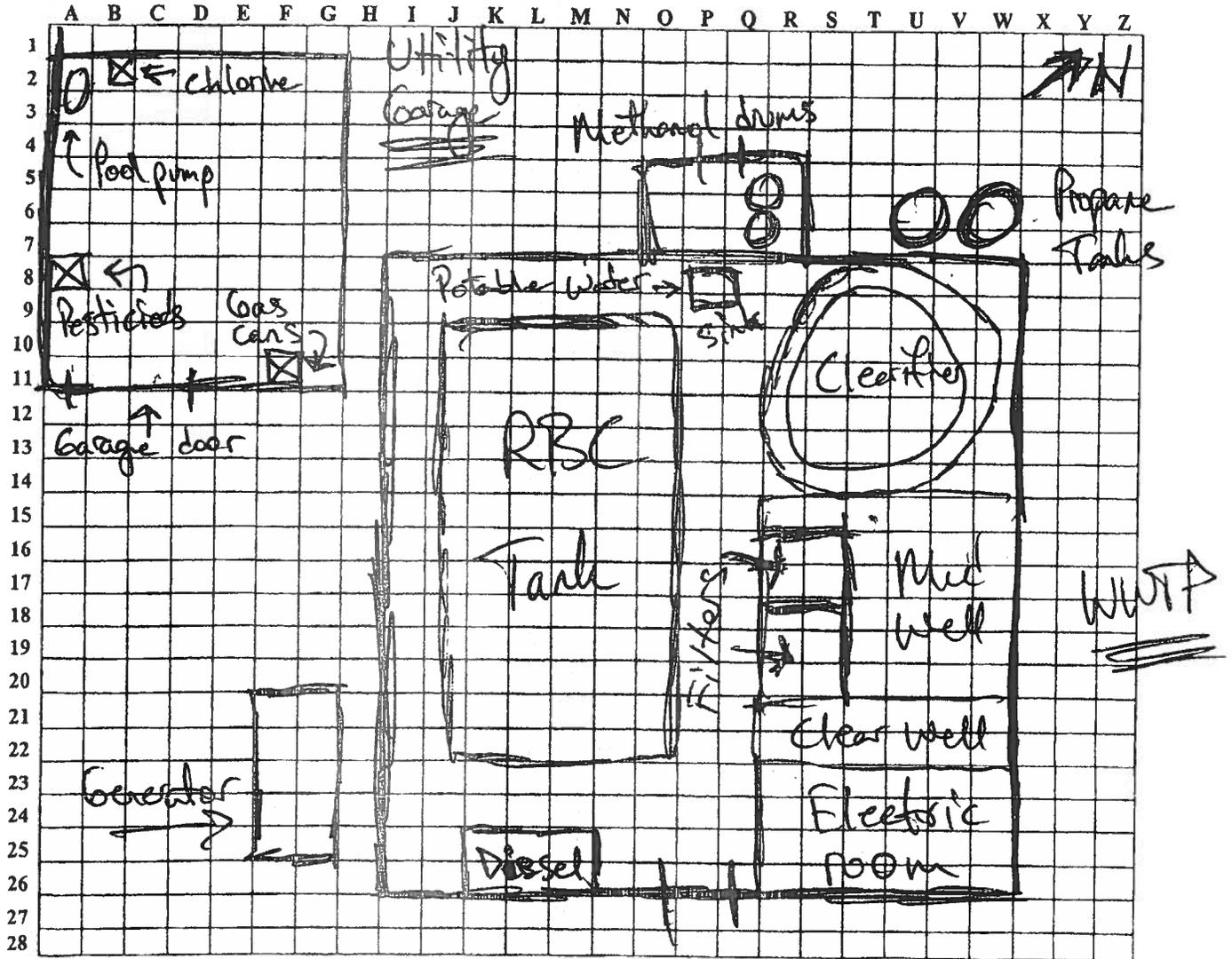
Name of Hazardous Waste	Treatment/Disposal Method(s) (Definitions provided on bottom of page)	Max. Qty. (at any one time)	Annual Qty. Generated	Location(s) (see Section C)
	____ Recycled on-site. ____ Treated on-site. ____ Shipped off-site for recycling/ treatment /disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ Recycled on-site. ____ Treated on-site. ____ Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ Recycled on-site. ____ Treated on-site. ____ Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ Recycled on-site. ____ Treated on-site. ____ Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ Recycled on-site. ____ Treated on-site. ____ 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: 380 Great Rd City: Acton
 Date Map Drawn: ~~4/21/14~~ 4/21/14



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.

William (Bill) Blocher
 Owner/Operator's Name (Print)

[Signature]
 Owner/Operator's Signature

4/21/14
 Date

Debra Livernois

Do Not Complete below This Line

5/1/2014

Expires 5/1/2015

Fee: 205.00

**TOWN OF ACTON
PERMIT
HAZARDOUS MATERIALS CONTROL BYLAW**

Is hereby granted a permit to store and use Hazardous Materials at **Great Road
Condos Treatment Plant, 380 Great Road, Acton, MA 01720**. This permit is granted with the conditions as noted on the attached list of conditions assigned to your facility.

Permit Categories: 4,9,,

*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	\$170
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:
Great Road Condos
Treatment Plant
380 48 Great Road
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.
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.
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.
18. D.E.P. Generator Registration shall be provided annually upon renewal of the Hazardous Materials Storage Permit.
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.