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# TOWN OF ACTON HAZARDOUS MATERIALS CONTROL ANNUAL PERMIT APPLICATION

Site Address	Mailing Address
Acton Sunoco/421 Gas Inc. 427 Mass Ave. <u>421 Mass Ave</u> Acton, MA 01720	C/O Vincent Cuttone 205 Willow St Waltham, MA 02453
Category: 2, 8, 12, ,	Fee: \$ 345

### Hazardous Materials Permitting Categories (Renewal)

- |   |  |
|---|--|
| 1. Hazardous Waste Generator (\$65)       | 2. Small Hazardous Waste Generator (\$45)  |
| 3. Hazardous Materials Generator (\$65)   | 4. Hazardous Materials User (\$45)         |
| 5. Discharge Permit (\$140)               | 6. Remediation Permit (\$140)              |
| 7. Hazardous Waste User (\$65)            | 8. Haz. Mat. Storer Large Industry (\$235) |
| 9. Haz. Mat. Storer Small Industry (160)  | 10. Haz. Mat. Storer Large Retail (\$170)  |
| 11. Haz. Mat. Storer Small Retail (\$140) | 12. Haz. Waste Storer Industry (\$65)      |
| 13. Haz. Waste Storer Retail (\$45)       |  |

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

Name of hauler: N/A

Address of hauler: \_\_\_\_\_

- Can you provide copies of waste shipping manifests if necessary? Yes  No

10. Contact person for the site is Vincent Cuttone

I hereby certify on behalf of 421 Gas Inc., 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.

[Signature] Pres.  
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)
Motor Oil	20 gal. ____ lbs. ____ cu. ft.	25 gal. ____ lbs. ____ cu. ft.	Q/13
Antifreeze	12 gal. ____ lbs. ____ cu. ft.	1 gal. ____ lbs. ____ cu. ft.	Q/13
Gasoline	10,000 gal. ____ lbs. ____ cu. ft.	10,000 gal. ____ lbs. ____ cu. ft.	H/27
Gasoline	10,000 gal. ____ lbs. ____ cu. ft.	10,000 gal. ____ lbs. ____ cu. ft.	L/27
Gasoline	10,000 gal. ____ lbs. ____ cu. ft.	10,000 gal. ____ lbs. ____ cu. ft.	R/27
	____ 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.

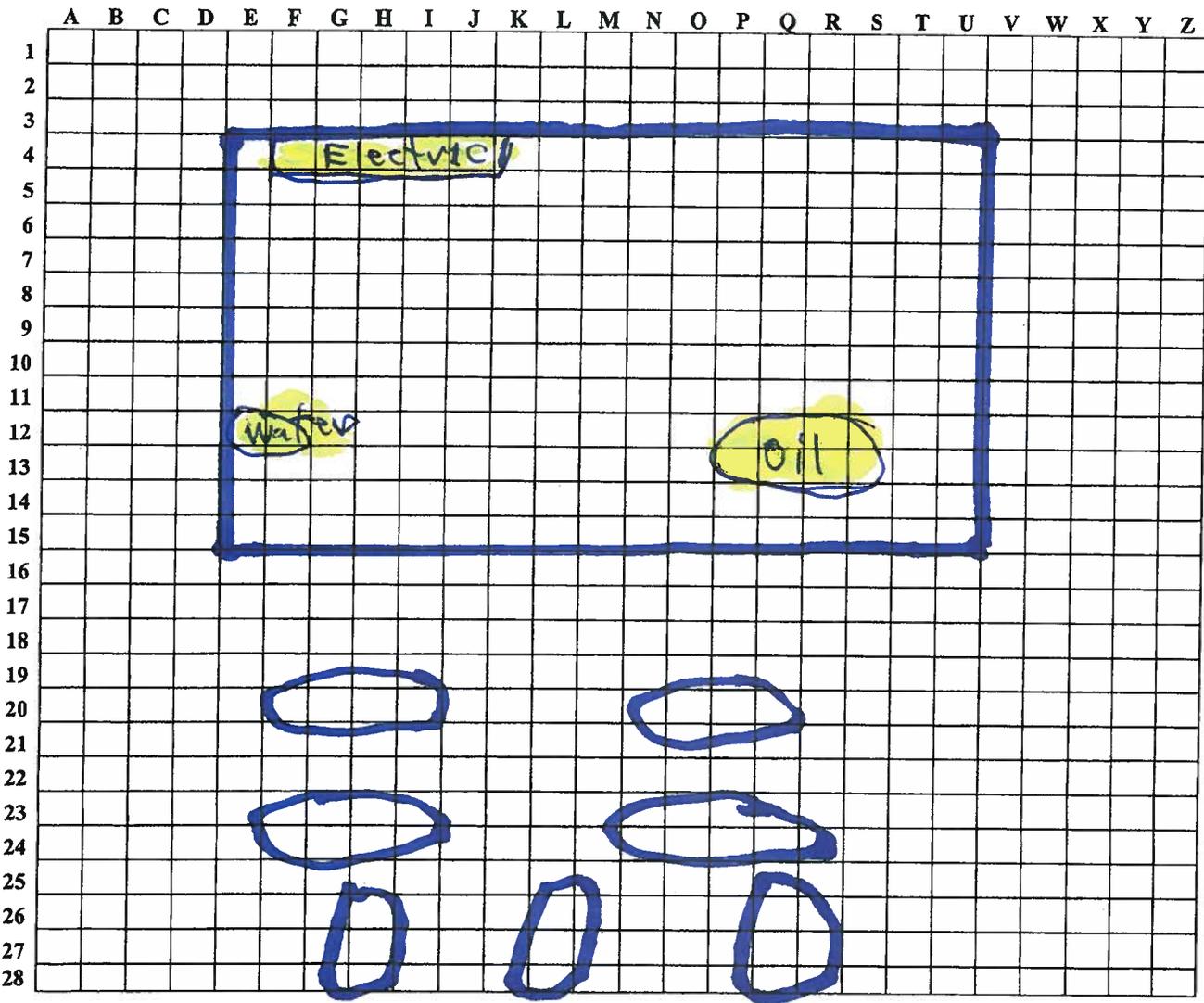
Name of Hazardous Waste	Treatment/Disposal Method(s) (Definitions provided on bottom of page)	Max. Qty. (at any one time)	Annual Qty. Generated	Location(s) (see Section C)
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for 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.	
	<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.	

### C. 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: 421 Mass Ave ~~Acton~~ City: Acton  
 Date Map Drawn: 4/21/14



### D. 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.

421 Gar, Inc Vincent Cuffone  
 Owner/Operator's Name (Print)

[Signature] Pres.  
 Owner/Operator's Signature

4/21/14  
 Date

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