



Acton Board of Health

472 Main St.
Acton, MA 01720
Phone: (978) 929-6632
Fax: (978) 264-9630
Email: health@acton-ma.gov
iroberts@acton-ma.gov

Doug Halley, Health Director



Public Health
Prevent. Promote. Protect.

November 14, 2011

Acton Highway Department
14 Forest Rd
Acton, MA 01720

Dear Hazardous Materials Permit Holder:

Thank you for allowing the Acton Health Department to carry out the inspectoral training at your site. Upon this inspection a few minor violations were identified that need to be addressed.

1. Label all secondary containment with capacity amount e.g. maximum 150 gallons.
2. All hazardous materials should remain in its original container, if not, the new container should be clearly labeled with the contents.
3. All Material Safety Data Sheets should be readily available and up to date.
4. Ensure the "Emergency Contact List" is accurate and up to date.
5. All hazardous waste should be labeled "waste" and "toxic".
6. Secondary containment of 110% shall be provided for all hazardous material and waste.

All minor violations must be corrected within 90 days from the date of receipt of this notice.

Should you have any questions please call the Health Department at 978-929-6632.

Sincerely,

Isabel Roberts
Health Agent

HAZARDOUS MATERIALS CONTROL PERMIT CERTIFICATION

I hereby certify on behalf of Town of 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 14 FOREST ROAD, 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

JUNE 10, 2011

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)
RAZOR PRO HERBICIDE	10 gal. ____ lbs. ____ cu. ft.	2.5 gal. ____ lbs. ____ . ft.	POST-CON TRAILER BCK
PATHWAY HERBICIDE	10 gal. ____ lbs. ____ cu. ft.	2.5 gal. ____ lbs. ____ cu. ft.	V1
	____ 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.

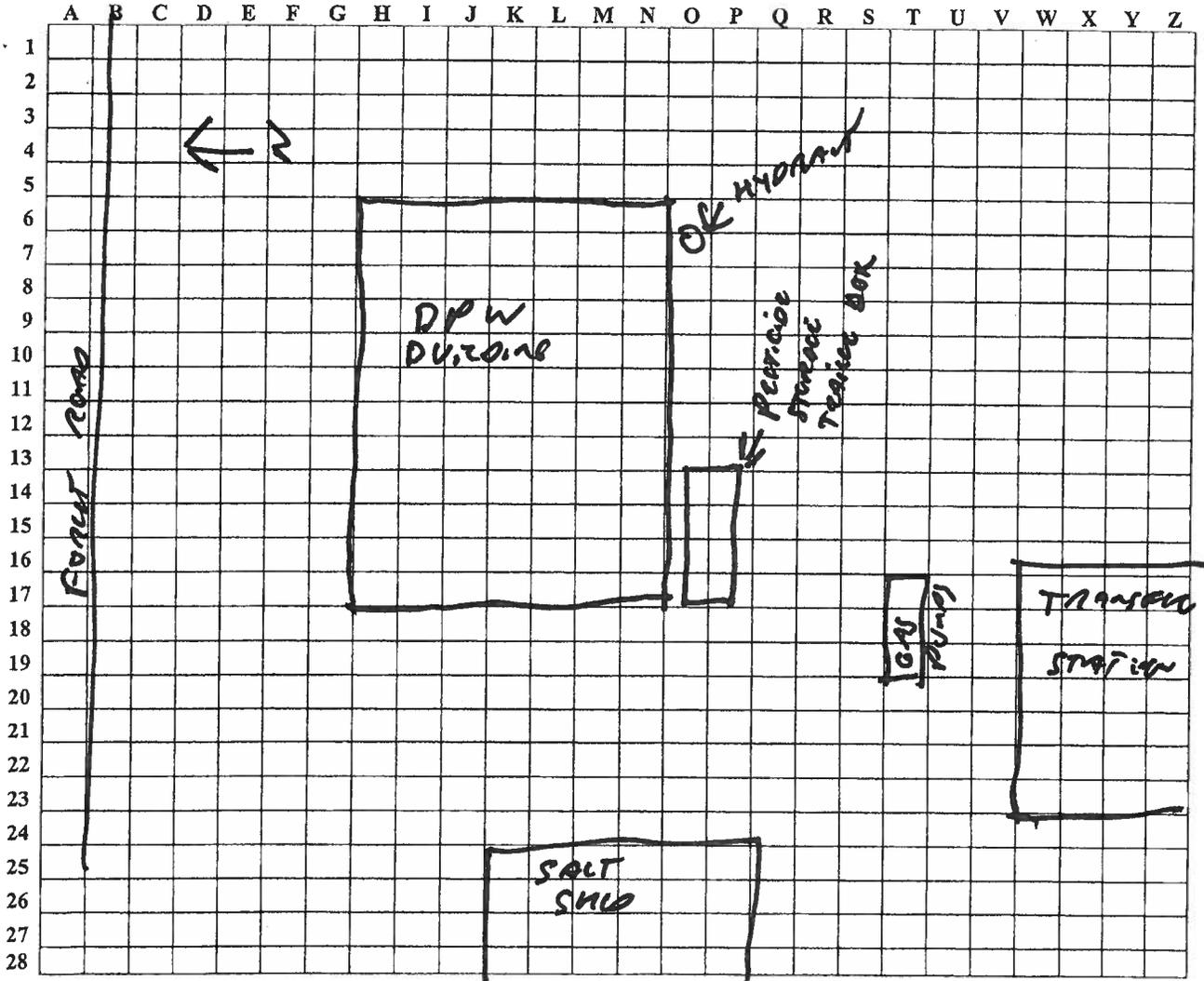
Name of Hazardous Waste	Treatment/Disposal Method(s) (Definitions provided on bottom of page)	Max. Qty. (at any one time)	Annual Qty. Generated	Location(s) (see Section C)
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for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

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: 14 FOREST ROAD City: ACTON
 Date Map Drawn: JUNE 10, 2011



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.

DEAN A. CHARTE
 Owner/Operator's Name (Print)

[Signature]
 Owner/Operator's Signature

6/10/2011
 Date

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

HAZARDOUS MATERIALS CONTROL PERMIT CERTIFICATION

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Russell W. Robinson

Authorized Signatory

May 3 2011

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	20,000 gal. ____ lbs. ____ cu. ft.	20,000 gal. ____ lbs. ____ . ft.	D
Gasoline	29,000 gal. ____ lbs. ____ cu. ft.	29,000 gal. ____ lbs. ____ cu. ft.	G
Oil Room	500 gal. ____ lbs. ____ cu. ft.	275 gal. ____ lbs. ____ cu. ft.	O
	____ 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.

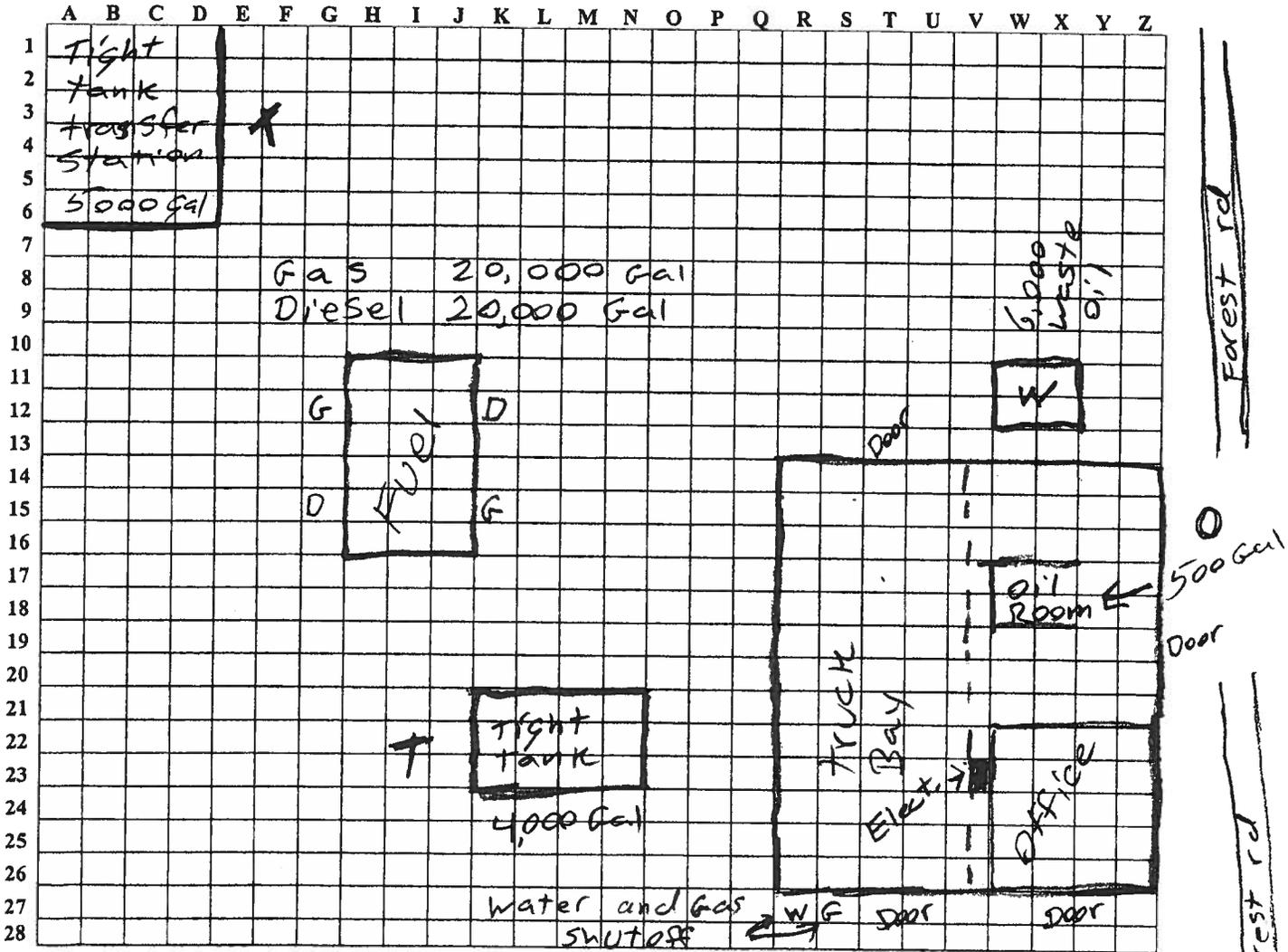
Name of Hazardous Waste	Treatment/Disposal Method(s) (Definitions provided on bottom of page)	Max. Qty. (at any one time)	Annual Qty. Generated	Location(s) (see Section C)
Waste oil	<input checked="" type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/ treatment /disposal	6,000 gal. ____ lbs. ____ cu. ft.	2,600 gal. ____ lbs. ____ cu. ft.	W
Tight tank	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input checked="" type="checkbox"/> Shipped off-site for recycling/treatment/disposal	5,000 gal. ____ lbs. ____ cu. ft.	5,000 gal. ____ lbs. ____ cu. ft.	T
	<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: 14 Forest rd City: Acton
 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.

Russell Robinson
 Owner/Operator's Name (Print)

Russell W Robinson
 Owner/Operator's Signature

5/3/11
 Date

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

**TOWN OF ACTON
HAZARDOUS MATERIALS CONTROL BYLAW**

April 1, 2011
Acton Highway Dept.
14 Forest Road
Acton, MA 01720

Due: \$370-Waived
Category: 2,4,8,12

Site Address
14 Forest Road Acton, MA 01720

HAZARDOUS MATERIALS CONTROL PERMIT RENEWAL APPLICATION

Categories

- | | |
|--|--|
| 1. Hazardous Waste Generator (\$65) | 2. Sm. 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 Sm. Industry (\$45) |
| 13. Haz. Waste Storer Retail (\$45) | 14. Haz Waste Storer Lge. Industry (\$65) |

Provide the following information under the authority of the General Laws of the Commonwealth of Massachusetts, Chapter 94, Section 305A, and Chapter 3, Section 5.

ESTABLISHMENT NAME: Acton Highway Dept
ESTABLISHMENT ADDRESS: 14 Forest Rd, Acton, MA 01720
E-MAIL ADDRESS: highway@acton-ma.gov
ESTABLISHMENT TELEPHONE: 978-929-7740
OWNERS/CORPORATE OFFICERS: Town of Acton
ADDRESS: 472 Main St, Acton, MA 01720
TELEPHONE: 978-929-
ON-SITE MANAGER: Russell W. Robinson

Maximum Potential Quantity of Materials: Gals/Lbs Stored 40,500 Used 40,500

Maximum Potential Quantity of Wastes: Gals/Lbs Stored 15,000 Used 6,000

Pursuant to the General Laws of Massachusetts, Chapter 62C, Section 49A, I certify under the pains and penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Russell W. Robinson
Signature of Owner/Applicant

04-6001062
F.I.N. Number

4/8/11
Date

5/1/2011

Expires 5/1/12

Paid: \$370-

Waived

**TOWN OF ACTON
PERMIT
HAZARDOUS MATERIALS CONTROL BYLAW
Acton Highway Dept.,
14 Forest Road Acton, MA 01720**

Is hereby granted a permit to store and use Hazardous Materials at **14 Forest 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: **2,4,8,12**

*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	\$140
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:

Acton Highway Department

14 Forest Road

Acton, MA 01720

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.
9. Floor cleaning procedures and bathroom sanitation products shall use only nontoxic and biodegradable cleaning compounds.
10. All floor drains shall be sealed or discharged into a closed system, with the waste disposed of by a D.E.P. approved Hazardous Waste Hauler.
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.
12. No Hazardous Materials or Wastes shall be discharged into a sink or toilet.
13. A safety eye wash station shall be installed where any Hazardous Materials or Wastes are handled or used.
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.
21. Gas cylinders shall not be rolled, even for short distances. They shall be moved by a suitable hand truck, in accordance with an OSHA standard that applies.
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.
31. An emergency shower head shall be installed in the Hazardous Materials Storage area.
 - No exchange of automotive fluids on bare soil
 - No storing of batteries, engine parts or fuel tanks on bare soil.