

**ACTON BOARD OF HEALTH
ANNUAL INSPECTION HAZARDOUS MATERIALS PERMIT HOLDER**

Facility Name: ACTON SEWER PUMP STATION #4
 Type of Business: WW CONVEYANCE
 Address: 386 MASS AVE
 Telephone: 978-897-8211
 Contact Person: BRIAN BOURQUE

Housekeeping:

Is area clean:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are spills present:	<input type="radio"/> yes	<input checked="" type="radio"/> no
Is there appropriate storage of materials:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are materials and wastes kept separate:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are spill cleanup materials available:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Materials have secondary containment:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are materials and wastes labeled:	<input checked="" type="radio"/> yes	<input type="radio"/> no

Safety:

Are MSDSs available on site:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Is employee personal protective equipment available on site:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are employees trained in hazardous materials handling:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are emergency procedures posted:	<input checked="" type="radio"/> yes	<input type="radio"/> no

Site Management:

Are wastes removed by a licensed hauler:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are floor drains present in any area with hazardous materials or waste:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are sinks present in any area with hazardous materials or waste:	<input type="radio"/> yes	<input checked="" type="radio"/> no
Is testing of septic system necessary:	<input type="radio"/> yes	<input checked="" type="radio"/> no
Does site plan on file reflect current arrangement:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Any UST (underground storage tank) present:	<input checked="" type="radio"/> yes	<input type="radio"/> no
If UST present, is it alarmed:	<input checked="" type="radio"/> yes	<input type="radio"/> no

Action Items

Update Emergency Contact Sheet in file ✓ BUR 6/2/06

Update Emergency Contact Sheet @ site ✓ BUR 6/2/06

Reinspection required? Yes No Date: _____

Brian Bourque
 Representative Signature

[Signature]
 Inspector Signature

D.H
 6/2/06

ACTON BOARD OF HEALTH ANNUAL INSPECTION HAZARDOUS MATERIALS PERMIT HOLDER

Facility Name: Acton PS #4
Type of Business: ~~390 MASS AVE~~ GW PS
Address: 390 Mass Ave
Telephone: 897-8111
Contact Person: Brian Bourque

Housekeeping:		
Is area clean:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are spills present:	<input type="radio"/> yes	<input checked="" type="radio"/> no
Is there appropriate storage of materials:	<input type="radio"/> yes	<input type="radio"/> no
Are materials and wastes kept separate:	<input type="radio"/> yes	<input type="radio"/> no
Are spill cleanup materials available:	<input type="radio"/> yes	<input type="radio"/> no
Materials have secondary containment:	<input type="radio"/> yes	<input type="radio"/> no
Are materials and wastes labeled:	<input type="radio"/> yes	<input type="radio"/> no

Safety:		
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Are emergency procedures posted:	<input type="radio"/> yes	<input type="radio"/> no

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Are sinks present in any area with hazardous materials or waste:	<input type="radio"/> yes	<input type="radio"/> no
Is testing of septic system necessary:	<input type="radio"/> yes	<input checked="" type="radio"/> no
Does site plan on file reflect current arrangement:	<input type="radio"/> yes	<input type="radio"/> no
Any UST (underground storage tank) present:	<input type="radio"/> yes	<input checked="" type="radio"/> no
If UST present, is it alarmed:	<input type="radio"/> yes	<input checked="" type="radio"/> no

Action Items

Reinspection required? Yes No Date: _____

Brian Bourque
Representative Signature

[Signature]
Inspector Signature



**ACTON BOARD OF HEALTH
APPLICATION for HAZARDOUS MATERIALS PERMIT**

Legal Name of Facility or Establishment: ACTON WASTEWATER PUMPING STATION #4

Site Address: 386 MASSACHUSETTS AVENUE

Mailing Address: 20 ADAMS STREET, ACTON

Business Telephone: (978) 897-8211

Corporate Officers:

Emergency Contact Person: JIM GAGLIARD

Emergency Telephone (Day): 781-858-0219 Emergency Telephone (Night): 781-858-0219

Type of Business: WASTEWATER PUMP STATION

***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 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):

- | | |
|---|---|
| <input type="checkbox"/> MA Haz. Waste Mgt. Act (MGL ch 21 C) | <input type="checkbox"/> SPCC (Title 40 CFR 109, 110, 112) |
| <input type="checkbox"/> MA Clean Water Act (MGL ch 21 S. 26) | <input type="checkbox"/> FIFRA (7 USCI 36) |
| <input type="checkbox"/> RCRA (42 USCS 6901) | <input type="checkbox"/> FIFRA (7 USCI 36) |
| <input type="checkbox"/> Clean Air Act (42 USCS 1857) | <input type="checkbox"/> Safe Drinking Water Act (42 USCS 300f) |
| <input type="checkbox"/> Clean Water Act (33 USCS 1251) | <input type="checkbox"/> TSCA (15 USCS 2601) |

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

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

Recommended Conditions:.....

Signature/Date:.....

**INFORMATION TO BE INCLUDED
WITH THE HAZARDOUS MATERIALS PERMIT APPLICATION:**

- Copies of the Material Safety Data Sheets (MSDSs) for all chemicals listed on the Annual Throughput Sheet
- An Emergency or Contingency Plan in case of any accidental spill
- A site plan of the premises, including the area where all chemicals are stored
- The presence of a representative from your company at the Board of Health meeting during the application review is required
- Copies of all hazardous waste transport manifests to demonstrate that proper disposal measures are being taken. If manifests are not required by state or federal law, some other proof of proper disposal shall be submitted.

Comprehensive Emergency Management Plan Town of Acton ANNEX R

HAZARDOUS MATERIALS FACILITY PROFILE

FACILITY INVENTORY

FACILITY NAME: Pump Station # 4

ADDRESS: 386 Massachusetts Avenue

TELEPHONE: (978) 897-8211

FACILITY EMERGENCY COORDINATORS

Prime Contact Name: Jim Gagliardi **Title:** Plant Manager
Business Phone: (978) 897-8211
Home Address: 298 Taunton Street
City: Wrentham, MA 02093 **Residence Phone:** (508) 384-0752
cell ~~(508) 736-8497~~ 781-858-029

Alternate Contact Name: Bill Luksha **Title:** Sr. Project Manager
Business Phone: (800) 426-4262 x 3244
Home Address: 86 Upper Methodist Road
City: Cumberland, ME **Residence Phone:** (207) 632-1578
04021

Alternate Contact Name: Shannon Eyler **Title:** Health & Safety Manager
Business Phone: (800) 426-4262 x 3360
Home Address: 74 Wilson Street
City: Portland, ME 04101 **Residence Phone:** (207) 773-0226

Comprehensive Emergency Management Plan Town of Acton ANNEX R

HAZARDOUS MATERIALS FACILITY PROFILE

FACILITY INVENTORY

I. Fire Suppression (Equipment and Personnel)

A. Hydrants (Hose Size and Locations*):

None

B. Vehicles (Type, Capability and Capacity):

None

C. Equipment (Type, Capability and Locations*):

Fire Extinguisher - ABC
Smoke Detectors
Fire Pull Boxes

D. Trained Personnel (Number and Level of Training):

Jim Gagliard - First Responder awareness level

***You may use a map to provide locations.**

II. Law Enforcement (Security Equipment and Personnel)

A. Equipment (Number and Type):

Intrusion alarm to be tied into the treatment plant alarm system

B. Trained Personnel (Number and Level of Training):

N/A

Comprehensive Emergency Management Plan Town of Acton ANNEX R

HAZARDOUS MATERIALS FACILITY PROFILE

FACILITY INVENTORY

III. Construction (Equipment and Personnel)

A. Equipment (Number and Type):

N/A

B. Operators (Number and Type):

N/A

IV. Transportation (Vehicles)

A. Buses (Number and Capacity):

N/A

B. Special Vehicles (Number and Capacity):

N/A

V. Medical (Facilities, Equipment and Personnel)

A. Infirmary/First Aid Room (Capacity and Equipment):

N/A

B. Trained Personnel (Number and Level of Training):

N/A

