

**HAZARDOUS MATERIALS CONTROL PERMIT CERTIFICATION**

I hereby certify on behalf of Global Companies LLC, 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 553 Massachusetts Ave, 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

Steven D. Charron  
781-697-1253

5-10-11

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)
Automotive fluids in retail-size containers (oil, antifreeze, brake fluid, etc)	5-10 gal. ____ lbs. ____ cu. ft.	1 gal. ____ lbs. ____ ft.	A on map
Gasoline in storage tanks	40,000 gal. ____ lbs. ____ cu. ft.	10,000 gal. ____ lbs. ____ cu. ft.	B on map
Oil in quart containers	25 gal. ____ lbs. ____ cu. ft.	0.25 gal. ____ lbs. ____ cu. ft.	C on map
Cleaning supplies, paint	5-10 gal. ____ lbs. ____ cu. ft.	1 gal. ____ lbs. ____ cu. ft.	D on map
Window washer fluid <del>De-icing fluid</del> for re-sale	75 gal. ____ lbs. ____ cu. ft.	1 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)
Spent absorbents for minor spills	____ Recycled on-site. ____ Treated on-site. ____ Shipped off-site for recycling/ treatment /disposal	~200 gal. ____ lbs.* ____ cu. ft.  * drum capacity	250 gal. ____ lbs. ____ cu. ft.	E on map
*	____ Recycled on-site. ____ Treated on-site. ____ Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	E on map
**	____ Recycled on-site. ____ Treated on-site. ____ Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	E on map
	____ 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.	

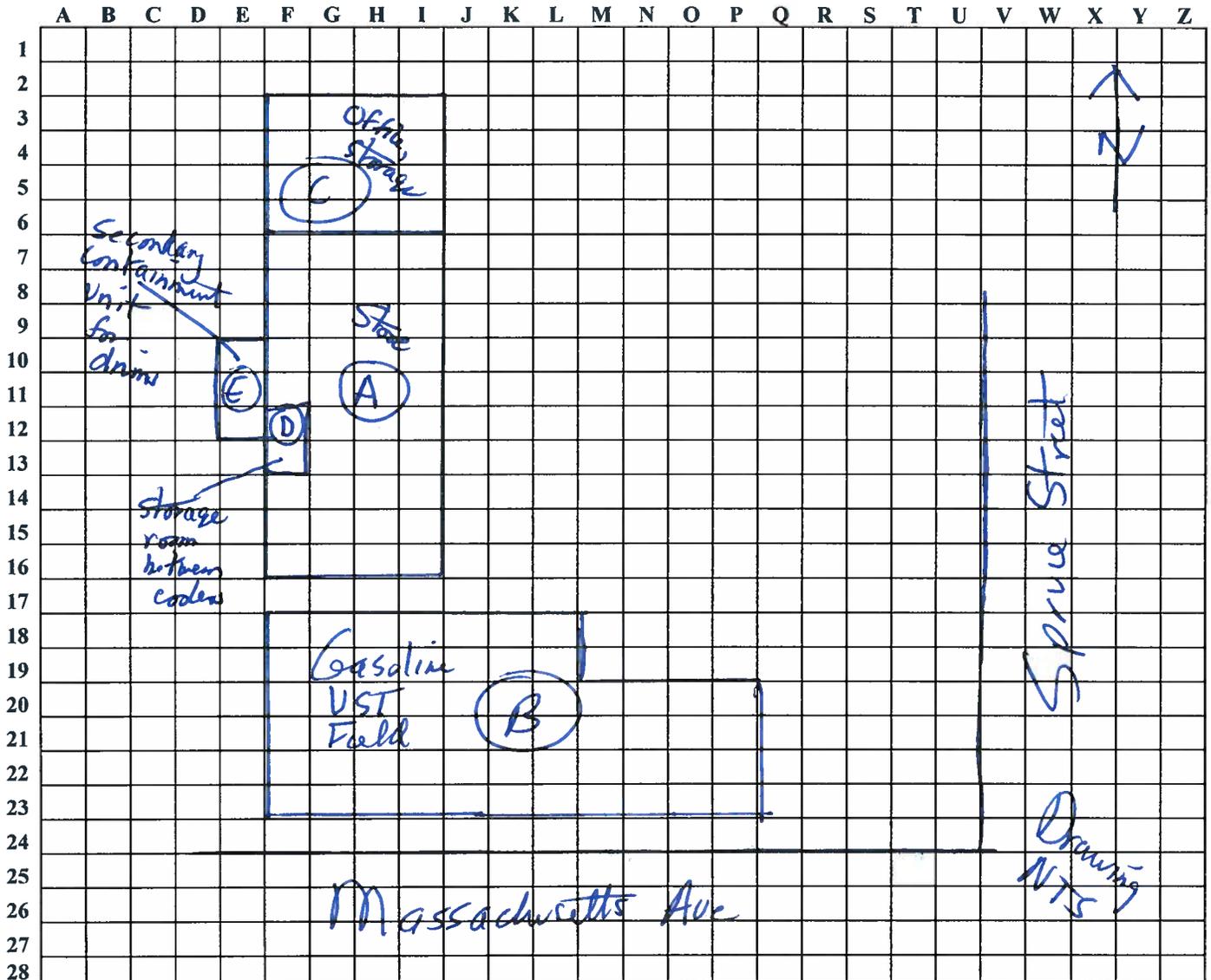
\* drum on-site for waste oil collection per state requirements, however,  
no waste oil generated or dropped off  
\*\* drum on-site for gas/water collection from UST sumps, but not a hazardous  
waste per 310 CMR 30.000.

### 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: 553 Massachusetts Ave. City: Acton  
 Date Map Drawn: 5-5-11



### 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.

Steven Charron  
 Owner/Operator's Name (Print)

[Signature]  
 Owner/Operator's Signature

5-10-11  
 Date

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

**TOWN OF ACTON  
HAZARDOUS MATERIALS CONTROL BYLAW**

April 1, 2011  
W. Acton Mobil  
553 Mass Avenue  
Acton, MA 01720

Due: \$280  
Category: 8, 13, ..

Site Address  
553 Mass Avenue 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: WEST ACTON MOBIL  
ESTABLISHMENT ADDRESS: 553 MASS AVE  
E-MAIL ADDRESS: WAM01720@MSN.COM  
ESTABLISHMENT TELEPHONE: 978-263-9901  
OWNERS/CORPORATE OFFICERS: PAUL LANG  
ADDRESS: 26 Bob White Cir  
TELEPHONE: 617-513-1924  
ON-SITE MANAGER: DAVE SCHAEFFER

Maximum Potential Quantity of Materials: Gals/Lbs Stored <u>40K</u> Used <u>18K</u>
Maximum Potential Quantity of Wastes: Gals/Lbs Stored <u>110 GAL</u> Used <u>0</u>

Pursuant to the General Laws of Massachusetts, Chapter 208 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.

Signature of Owner/Applicant [Signature]

Date 4-19-11

**RECEIVED**

APR 25 2011

57-1173040  
ACTON BOARD OF HEALTH  
F.I.N.A. Number

5/1/2011

Expires 5/1/12

Paid: \$280

**TOWN OF ACTON  
PERMIT  
HAZARDOUS MATERIALS CONTROL BYLAW  
W. Acton Mobil,  
553 Mass Avenue Acton, MA 01720**

Is hereby granted a permit to store and use Hazardous Materials at **553 Mass Avenue** Acton, MA 01720. This permit is granted with the conditions as noted on the attached list of conditions assigned to your facility.

Permit Categories: **8,13,,**

\*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:

W. Acton Mobil  
553 Mass. Ave.  
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.
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.
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.
16. Within thirty (30) days after issuance of this permit and prior to the next pumping of the septic tank, a sample shall be taken from the liquid layer of the septic tank and analyzed for volatile organic compounds by EPA Method 624. A sample shall be taken each time prior to pumping the septic tank. Each sample shall be analyzed by a DEP certified testing lab. The results of all tests shall be submitted to the Board of Health within thirty (30) days after testing. The septic tank shall be tested annually unless otherwise requested by the Board of Health.
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.
35. All reports sent to D.E.P. or E.P.A., in regards to a waste site clean up, shall also be submitted to the Board of Health.
36. The on-site remediation shall use two stage charcoal filtration system prior to any discharge.
37. The remediation discharge shall meet, or exceed, the Acton Water District standards for drinking water at all times.
- Bacteriological testing for total, fecal, and standard plate count shall be conducted in the influent and effluent of the remediation system every six months.