



**Hazardous Materials
Permit Application**
Acton Board of Health
Health Dept. Phone: 978-929-6632
www.acton-ma.gov
health@acton-ma.gov

**Form
K-1**

Legal Name of Facility or Establishment:

Site Address:

Mailing Address:

Business Telephone:

Corporate Officers:

Emergency Contact Person:

Emergency Telephone (Day): **Emergency Telephone (Night):**

Type of Business:

***Aquifer Location: *Watershed District:**

Well protection [1] Fort Pond
Recharge protection [2] Nashoba Brook
Aquifer protection [3]
Watershed protection [4] *Maps available at Acton Health Department.

Type(s) of Permits Needed:

Remedial action following a discharge: [# 5 (discharge), al/mo: material or waste):
[generator: # 3 (mat.); # 1 (waste) (lrg.), # 2 (waste) (sm.)] [user: # 4 (mat.), # 7 (waste)]
 Storage (> 25 gal or lb) > 24 hrs: [# 8, # 9 (mat.), # 12, # 13 (waste)]
 Storage, use, generation of *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

Requirements: (Please ensure to include all required material before submission to Acton B.O.H)

Complete Non-Waste and Waste Information (sections A and B)
 M.S.D.S. 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),
 distance to roads or other buildings, unique slopes, arrow indicating north, and location of safety
 equipment. (see section C)
 Copies of disposal manifests (or other documents) showing proper disposal measures of all chemicals listed.
 Evidence of date(s) of purchase for all storage systems
 Copies of all relevant documentation (permits and citations)
 Certifying Endorsement

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)
	____ gal. ____ lbs. ____ cu. . ft.	____ gal. ____ lbs. ____ . 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.	____ 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/dispos al	____ gal. ____ lbs. ____ cu. . ft.	____ gal. ____ lbs. ____ cu. . ft.	
	____ Recycled on-site. ____ Treated on-site. ____ Shipped off-site for recycling/treatment/dispos al	____ gal. ____ lbs. ____ cu. . ft.	____ gal. ____ lbs. ____ cu. . ft.	
	____ Recycled on-site. ____ Treated on-site. ____ Shipped off-site for recycling/treatment/dispos al	____ 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: _____

City: _____

Date Map Drawn: _____

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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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.

Owner/Operator's Name (Print) _____
Owner/Operator's Signature _____
Date _____

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

-----For Internal Use Only-----

**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 (*use enclosed sheet*)

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.

MA Haz. Waste Mgt. Act (MGL ch 21 C) SPCC (Title 40 CFR 109, 110, 112)

MA Clean Water Act (MGL ch 21 S. 26) FIFRA (7 USSI 36)

RCRA (42 USCS 6901) FIFRA (7 USSI 36)

Clean Air Act (42 USCS 1857) Safe Drinking Water Act (42 USCS 300f)

Clean Water Act (33 USCS 1251) TSCA (15 USCS 2601)

Representatives at Board of Health application review hearing (date:)

Recommended Conditions:

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Notes:

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Agent Signature/Date: