

Massachusetts Department of Environmental Protection
 Bureau of Waste Prevention
**Application for Collection Center
 For Hazardous Products**

A. Identification Information

1. Name of applicant/sponsor: Name of municipality or entity which will have overall responsibility for the center:

Service area – List municipalities to be served and number of households in:

Municipality	# of households
_____	_____
_____	_____

Important:
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



2. Contact person (the person to be contacted if MassDEP has questions about this application):

Name		Street address	
City/town	Zip	Telephone Number	

3. Site information:

Name of collection center		
Street address		
City/town	Zip	
Site Owner:		
Name		Contact name (if different from owner name)
Telephone number	Fax	E-mail Address

4. Name of operator – the person or company designated by the applicant for on-site management of hazardous products, including manifest signing:

Name (if company)	Name(s) (if person)	
Telephone Number	Title/affiliation	
Address		
City/town	Zip	E-mail Address

5. Name of Hazardous Waste Generator:

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A. Identification Information (con't)

Hazardous Waste Generator ID Number (or date of application if not yet assigned):

6. Emergency Coordinator:

Name

Title

Telephone number

7. Hazardous Waste Transporter(s) – Licensed transporter who is contracted to remove hazardous waste:

Name

EPA Identification Number

Transporter who is contracted to remove universal waste:

8. Physical description of the center:

- a. Provide USGS map showing location, in context of at least 1 mile, any public or private water supply wells or surface water bodies within 500ft
- b. Describe in a schematic the lay out of the site, showing
 - access and egress
 - parking for users
 - security
 - location of drains (floor, storm)
 - receiving area, sorting area
 - work area surface
 - storage areas for hazardous waste, universal waste
 - related activity areas – product exchange

B. Collection Center Operation Information

1. Service plan:

a. List types of waste, universal waste and recyclable materials to be collected

b. Months, days and times when collection center will open

c. Will hazardous wastes be accepted for VSQG's? Yes No

If yes, will there be a user fee for VSQG's?

If yes, what is the fee?

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B. Collection Center Operation Information (con't)

d. Will there be any user fee for residents? Yes No

If yes what is the fee?

e. Will the center collect wastes from other municipal agencies which qualify as VSQG's?
 Yes No

f. Will the center be a consolidation point for mobile one-day events in the area? Yes No

If yes, list communities served?

2. Education Plan – Describe your plan to educate the service area about the collection program, appropriate handling of materials, and waste minimization, such as purchasing only the amount needed and using non-hazardous products.

The plan should include the location, tours, and dates of the collection and what will be accepted and not accepted.

3. Financial assurance plan – Describe your budget and funding sources for the staffing of the center, public education, capital equipment, shipping of materials, both hazardous and non-hazardous, and closure. Funding may come from a combination of public and private sources, including fees.
4. Operation plan – Describe the jobs of persons working for the operator (section A, number 4). Describe how wastes (ignitables, reactives, incompatibles) will be stored.
5. Emergency prevention plan – List equipment and materials at the center for emergency response, e.g. absorbent cleanup material, tarps for work area, covers for storm drains or manholes, portable fire extinguisher, telephone to summon emergency personnel, eye wash.
6. Training verification – Describe training/preparation of the operator (on-site manager). Include the individual's regular job experience, general education, haz-mat training, and any specialized training such as paint sorting. The operator may have other responsibilities within the community or may be a qualified third part contracted by the sponsor to manage the program. A field chemist must be on site during a collection of hazardous waste.

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C. Certification

To be completed by an authorized representative of the applicant.

Print name

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Authorized signature

Position/title

Date

I understand that a collection center for hazardous waste from households or VSQG's must be managed in accordance with all applicable environmental laws and regulations and that MassDEP may inspect this center to verify compliance."

Please mail forms to the appropriate MassDEP regional staff person. Find your region:
<http://mass.gov/dep/about/region/findyour.htm>

Northeast: John Keating
MassDEP Northeast Region
205B Lowell Street
Wilmington, MA 01887

Southeast: Carl Natho
MassDEP Southeast Region
20 Riverside Drive
Lakeville, MA 02347

Central: John Regan
MassDEP Central Region
627 Main Street
Worcester, MA 01605

Western: John Downes
MassDEP Western Region
436 Dwight Street
Springfield, MA 01103