



## Instructions and Supporting Materials

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### Introduction

MassDEP *Permit Applications*, as well as *Instructions & Support Materials*, are available for download from the MassDEP Web site at [mass.gov/dep](http://mass.gov/dep) in two file formats: Microsoft Word™ and Adobe Acrobat PDF™. Either format allows documents to be printed.

*Instructions & Support Materials* files in Microsoft Word™ format contain a series of documents that provide guidance on how to prepare a permit application. Although we recommend that you print out the entire package, you may choose to print specific documents by selecting the appropriate page numbers for printing.

*Permit Applications* in Microsoft Word™ format must be downloaded separately. Users with Microsoft Word™ 97 or later may complete these forms electronically.

Permitting packages in Adobe Acrobat PDF™ format combine *Permit Applications* and *Instructions & Support Materials* in a single document. Adobe Acrobat PDF™ files may only be viewed and printed without alteration. *Permit Applications* in this format may not be completed electronically.



# **BWP HW 07** Application for approval to conduct Treatability Studies **Permit Fact Sheet**

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## **1. What is the purpose of this approval?**

This approval authorizes and sets conditions for persons intending to conduct treatability studies using samples of hazardous waste generated on-site or collected from off-site. Treatability studies are conducted to obtain engineering and economic evaluations of treatment processes and equipment.

Treatability studies also include toxicological and health effects studies and studies of a hazardous waste's compatibility with liners or storage material.

The operation of treatment equipment or processes proven to be effective on a specific waste will help prevent the discharge of hazardous waste to the environment.

Legislative authority for these permits is stated in MGL Chapter 21C, sections 4 and 6. Regulatory authority is found at 310 CMR 30.104(3)(b) and 30.104(3)(c).

## **2. Who must apply?**

Any one wishing to conduct a treatability study must apply for this permit. The types of firms that typically apply include manufacturers of treatment equipment, facilities that treat, store or dispose of hazardous waste, laboratories, consulting engineering and research companies, and universities.

## **3. What other requirements should be considered when applying for this approval?**

### **a. What prerequisites should be considered before applying for this approval?**

***Important: The applicant should call 617-292-5580 and request a meeting for guidance in preparing the application.***

### **b. What concurrent applications are related to this approval?**

Depending on the treatment process or equipment, additional permits or approvals may be required from MassDEP or local authorities. For example, air or water permits may be required if the treatment involves potential discharges to the environment.

## **4. What is the application fee?**

The application fee is \$2,195

## **5. What is the Primary Permit Location?**

PRIMARY PERMIT LOCATION (original and 2 copies)  
**Department of Environmental Protection  
Hazardous Waste  
One Winter Street 8<sup>th</sup>. floor  
Boston, MA 02108  
Attention: Permits Administrator**

## **What is the Reserve Copy Location?**

RESERVE COPY LOCATION  
**None**



# **BWP HW 07** Application for approval to conduct Treatability Studies **Permit Fact Sheet**

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## **6. What are the timelines?**

The timelines are available on the MassDEP Website: [www.mass.gov/dep/service/online/fees.htm](http://www.mass.gov/dep/service/online/fees.htm)

## **7. What is the annual compliance fee?**

There is no annual compliance fee for this approval.

## **8. How long is this approval in effect?**

The Department issues an approval letter and the approval remains in effect until the laboratory or testing facility notifies the Department by letter that it is no longer conducting treatability studies. If a new location is proposed, a new application and approval is required. Contact the Department regarding any proposed changes to the approved treatability approval to determine if a new approval is needed.

## **9. How can I avoid the most common mistakes made in applying for this approval?**

- a. The applicant should be sure to obtain an up-to-date edition of the Hazardous Waste Management Regulations (310 CMR 30.000). The provisions governing treatability studies (310 CMR 30.104(3)(b) and 30.104(3)(c)) should be reviewed carefully.
- b. The applicant should request a meeting before the applicant begins to prepare the application. Contact the Department at (617) 292-5580.
- c. The applicant should follow MassDEP's Treatability Studies Application Checklist, which is attached to this application kit.
- d. Submit the fee and *one* page of the MassDEP Transmittal Form <http://mass.gov/dep/service/online/trasmfrm.shtml> to:  
Department of Environmental Protection, P. O. Box 4062, Boston, MA 02211.

## **10. What are the regulations that apply to this approval? Where can I get copies?**

These regulations include, but are not limited to:

- a. Hazardous Waste Regulations, 310 CMR 30.000.
- b. Timely Action and Fee Provisions, 310 CMR 4.00.
- c. Administrative Penalty Regulations, 310 CMR 5.00.

These may be purchased at:

**State House Bookstore**  
Room 116  
Boston, MA 02133  
617-727-2834

**State House West Bookstore**  
436 Dwight Street  
Springfield, MA 01103  
413-784-1376

The above regulations are available for viewing at the Department's web site at [www.mass.gov/dep/](http://www.mass.gov/dep/)



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention – Hazardous Waste –

**BWP HW 07** Application for approval to conduct Treatability Studies  
**Application Completeness Checklist**

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- Meeting held to discuss the application. Call 617-292-5580 to set up a meeting.
- The MassDEP Transmittal Form is completed: <http://mass.gov/dep/service/online/trasmfrm.shtml>
- MassDEP Application Form BWP HW 07 is completed and included with the application package.
- MassDEP Treatability Studies Checklist is completed and included with the application package.

To submit the application package:

- Checklist items have been completed.
- Send an original and two copies of the application along with *one* page from the MassDEP Transmittal Form to:

Department of Environmental Protection  
Hazardous Waste  
One Winter Street, 8<sup>th</sup>. floor  
Boston, MA 02108  
Attn: Permits Administrator

- Send the fee of \$2,195 in the form of a check or money order made payable to *Commonwealth of Massachusetts*, along with *one* page of the MassDEP Transmittal Form to:

Department of Environmental Protection  
P.O. Box 4062  
Boston, MA 02211



# BWP HW07

## Application for Approval to Conduct Treatability Studies

### Treatability Studies Summary

Transmittal Number # \_\_\_\_\_

Facility ID (if known) \_\_\_\_\_

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



## A. Application Information

1. \_\_\_\_\_  
Name of Applicant Company
2. \_\_\_\_\_  
EPA Identification Number (if a number has been applied for, but not yet received, write 'PENDING')
3. Specify the applicant company's business organization:  
 Sole Proprietorship     Corporation     Partnership     Other (specify): \_\_\_\_\_
4. Specify the status of the applicant's business:  
 Private     Public     Other (specify): \_\_\_\_\_

## B. Proposed Activity Summary

1. Provide a complete description of the proposed activity (use additional sheets if necessary).

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## C. Required Attachments

The applicant must complete and submit the information described in the **Treatability Studies checklist**. No application is complete without the information described in the **Treatability Studies checklist**.

Has all the required information been submitted?     Yes     No



**Massachusetts Department of Environmental Protection**  
Bureau of Waste Prevention – Hazardous Waste

# **BWP HW07**

**Application for Approval to Conduct Treatability Studies**

## **Treatability Studies Summary**

\_\_\_\_\_  
Transmittal Number #

\_\_\_\_\_  
Facility ID (if known)

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### **D. Confidentiality Request**

You may request the Department to keep confidential part or all of any documentary material or data submitted to the Department if such material or data, if made public, would divulge a trade secret.

You are advised to read 310 CMR 3.00 carefully before making such a request because only certain material or data may properly be the subject of a request for confidentiality.

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### **E. Certification**

“I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information. I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention – Hazardous Waste

# Treatability Studies Checklist

Application Requirements	310 CMR 30.000 Cross Reference	Subject Requirements	Provided	Page(s) in Application
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**Important:**  
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



30.104(3)(c)1.,a.	n/a	Property Owner	<input type="checkbox"/>	_____
		Address	<input type="checkbox"/>	_____
				Comments and/or Notes
30.104(3)(c)1.,b.	n/a	Owner/Operator	<input type="checkbox"/>	_____
		Address	<input type="checkbox"/>	_____
				Comments and/or Notes
30.104(3)(c)1.,c.	n/a	Name and telephone number of the individual responsible for supervising all treatability studies.	<input type="checkbox"/>	_____
				Comments and/or Notes
30.104(3)(c)1.,d.	n/a	Operations Plan:		_____
		Site Plan/Map Scale, topographic contours or elevations, buildings, normal and emergency roads and access to facility, drainage features - i.e. catch basins, fence and property lines.	<input type="checkbox"/>	_____
				Comments and/or Notes
30.104(3)(c)1.,d.,(i)	n/a	Written description of all:		_____
		Hazardous Waste Storage Areas: Include floor plan, location of floor drains, compatible and incompatible storage areas, berms, safety equipment (fire, telephones, etc.) emergency switches and valves).	<input type="checkbox"/>	_____
				Comments and/or Notes
		Describe materials of construction, i.e. roof, walls, floor.	<input type="checkbox"/>	_____
				Comments and/or Notes
		Describe method and equipment to be used to handle hazardous waste in containers and tanks. (Receive, store, move, ship)	<input type="checkbox"/>	_____
				Comments and/or Notes



# Treatability Studies Checklist

Application Requirements	310 CMR 30.000 Cross Reference	Subject Requirements	Provided	Page(s) in Application
30.104(3)(c)1.,d.,(ii)	n/a	All hazardous waste treatment and sample analysis areas: Include floor plan, location of floor drains, treatment equipment, sample analysis area, safety equipment (fire, telephones, etc.) emergency switches and valves.	<input type="checkbox"/>	_____
				_____
	n/a	Describe materials of construction i.e. roof, walls, floor.	<input type="checkbox"/>	_____
				_____
30.104(3)(c)1.,d.,(iii)	n/a	All hazardous wastes to be stored and treated or analyzed including chemical name and waste codes.	<input type="checkbox"/>	_____
				_____
30.104(3)(c)1.,d.,(iv)	n/a	1. All hazardous waste treatment processes: Include simplified process flow diagram for each treatment unit showing major components and location and types of all safety devices such as relief valves, control valves, etc.	<input type="checkbox"/>	_____
				_____
	n/a	2. Description of the process flow diagram addressing the following:		_____
		a. transfer of hazardous waste from containers or tanks to treatment units.	<input type="checkbox"/>	_____
				_____
		b. function of each major component shown on the process flow diagram. Include the normal and maximum levels of temperature and pressure.	<input type="checkbox"/>	_____
				_____
		c. transfer of recovered effluents and hazardous waste from treatment unit to containers or tanks.	<input type="checkbox"/>	_____
				_____
		d. procedures for emergency shutdown.	<input type="checkbox"/>	_____
				_____



# Treatability Studies Checklist

Application Requirements	310 CMR 30.000 Cross Reference	Subject Requirements	Provided	Page(s) in Application
30.104(3)(c)1.,d.,(v)	n/a	Procedures for obtaining detailed chemical and physical analyses of representative samples of waste prior to receipt of hazardous waste for treatability studies.	<input type="checkbox"/>	_____ _____ Comments and/or Notes
30.104(3)(c)1.,d.,(vi)	n/a	Chemical and physical screening methods used to verify that hazardous waste received from off-site generators is as described in 30.104(3)(c)1.,d.,(v) above.	<input type="checkbox"/>	_____ _____ Comments and/or Notes
30.104(3)(c)1.,e	30.351(8)	Certification of compliance with small quantity generator requirements governing waste accumulation.	<input type="checkbox"/>	_____ _____ Comments and/or Notes
	30.351(9)	Certification of compliance with requirements governing emergency procedures, prevention and response.	<input type="checkbox"/>	_____ _____ Comments and/or Notes
30.104(3)(c)1.,f	30.807(1)	Signature of responsible:		_____
		Corporate Officer	<input type="checkbox"/>	_____ _____ Comments and/or Notes
		Corporate Seal	<input type="checkbox"/>	_____ _____ Comments and/or Notes
	30.009	Required certification	<input type="checkbox"/>	_____ _____ Comments and/or Notes
30.104(3)(c)1.,g	n/a	Listing and status of all required permits or construction approvals for treatability activity.	<input type="checkbox"/>	_____ _____ Comments and/or Notes
30.104(3)(c)1.,h	n/a	1. Description of introductory and continuing training programs. Emphasize hazardous waste management, treatment and emergency procedures.	<input type="checkbox"/>	_____ _____ Comments and/or Notes
	n/a	2. Documentation of all training given and intended to be given to each employee.	<input type="checkbox"/>	_____ _____ Comments and/or Notes



**Massachusetts Department of Environmental Protection**  
 Bureau of Waste Prevention – Hazardous Waste

# Treatability Studies Checklist

Application Requirements	310 CMR 30.000 Cross Reference	Subject Requirements	Provided	Page(s) in Application
30.104(3)(c)1.,i	30.585	Required certification concerning written decontamination procedures for mobile treatment units.	<input type="checkbox"/>	_____
				Comments and/or Notes
30.104(3)(c)1.,j	30.807	Required certification concerning the safety of treatability studies.	<input type="checkbox"/>	_____
				Comments and/or Notes
30.104(3)(c)1.,k	n/a	Documentation of notification to local officials.	<input type="checkbox"/>	_____
				Comments and/or Notes
30.104(3)(c)3.	n/a	Documentation that testing facility conducting treatability study has an EPA ID number	<input type="checkbox"/>	_____
				Comments and/or Notes
	n/a	Briefly, restate in your application the following sections of the regulations listed below, and your intention to comply.	<input type="checkbox"/>	_____
				Comments and/or Notes
30.104(3)(c)4.	n/a	Treatability studies treatment limitations	<input type="checkbox"/>	_____
				Comments and/or Notes
30.104(3)(c)5.	n/a	Treatability storage & accumulation limits	<input type="checkbox"/>	_____
				Comments and/or Notes
30.104(3)(c)6.	n/a	Holding samples no longer than 90 days or one year	<input type="checkbox"/>	_____
				Comments and/or Notes
30.104(3)(c)7.	n/a	Accumulation and Emergency Procedures	<input type="checkbox"/>	_____
				Comments and/or Notes
30.104(3)(c)8.	n/a	No placement on land. No open burning	<input type="checkbox"/>	_____
				Comments and/or Notes
30.104(3)(c)9.	n/a	Maintenance of records	<input type="checkbox"/>	_____
				Comments and/or Notes
30.104(3)(c)10.	n/a	Maintenance of contracts & Record of sample shipments	<input type="checkbox"/>	_____
				Comments and/or Notes



# Treatability Studies Checklist

Application Requirements	310 CMR 30.000 Cross Reference	Subject Requirements	Provided	Page(s) in Application
30.104(3)(c)11.	n/a	Annual Reporting requirements	<input type="checkbox"/>	_____ _____
				Comments and/or Notes _____
30.104(3)(c)12.	n/a	Hazardous waste determination for residuals	<input type="checkbox"/>	_____
				Comments and/or Notes _____
30.104(3)(c)13.	n/a	Closure requirements	<input type="checkbox"/>	_____
				Comments and/or Notes _____
30.104(3)(c)14.	n/a	Notification of cessation of treatability studies & Closure	<input type="checkbox"/>	_____
				Comments and/or Notes _____