Application for Collection CenterFor Hazardous Products

A. Identification Information

	1.	Name of applicant/sponsor: Na center:	me of municipality or	entity which will have overall responsibility for the	
Important: When filling out forms on the computer, use only the tab key		Service area – List municipalities to be served and number of households in:			
to move your cursor - do not use the return key.		Municipality		# of households	
return	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 2	Zip	E-mail Address	
	5.	Name of Hazardous Waste Ge	nerator:		

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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	9				
	Telephone number					
7.	Hazardous Waste Transporter(s) – Licensed transporter waste:	e Transporter(s) – Licensed transporter who is contracted to remove hazardous				
	Name EP/	A Identification Number				
	Transporter who is contracted to remove universal waste:					
8. B.	Physical description of the center: a. Provide USGS map showing location, in context of a supply wells or surface water bodies with in 500ft b. Describe in a schematic the lay out of the site, show access and egress	ving versal waste ge				
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?	es, what is the fee?				

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В.	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.

"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.

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."

Print name

Authorized signature

Position/title

Date

Please mail forms to the Compliance & Enforcement Section Chief at the MassDEP regional office for the community in which the collection center will be located. Find your region: http://mass.gov/dep/about/region/findyour.htm

MassDEP Northeast Region 205B Lowell Street Wilmington, MA 01887

MassDEP Central Region 627 Main Street Worcester, MA 01605 MassDEP Southeast Region 20 Riverside Drive Lakeville, MA 02347

MassDEP Western Region 436 Dwight Street Springfield, MA 01103