



**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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## A. Application Information

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



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): \_\_\_\_\_

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## 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



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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

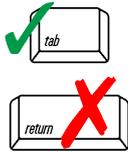


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# Treatability Studies Checklist

Application Requirements	310 CMR 30.000 Cross Reference	Subject Requirements	Provided	Page(s) in Application
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"/>	_____
		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"/>	_____
			<input type="checkbox"/>	_____
Comments and/or Notes				

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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"/>	_____ _____ Comments and/or Notes
	n/a	Describe materials of construction i.e. roof, walls, floor.	<input type="checkbox"/>	_____ _____ Comments and/or Notes
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"/>	_____ _____ Comments and/or Notes
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"/>	_____ _____ Comments and/or Notes
	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"/>	_____ _____ Comments and/or Notes
		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"/>	_____ _____ Comments and/or Notes
		c. transfer of recovered effluents and hazardous waste from treatment unit to containers or tanks.	<input type="checkbox"/>	_____ _____ Comments and/or Notes
		d. procedures for emergency shutdown.	<input type="checkbox"/>	_____ _____ Comments and/or Notes



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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



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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



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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 _____