



# Massachusetts Department of Environmental Protection

Bureau of Waste Prevention – Solid Waste Management

**BWP SW 07 Modification of a Large Handling Facility**

**BWP SW 11 Landfills - Major Modification**

**BWP SW 16 Combustion Facilities**

**BWP SW 21 Modification of a Small Handling Facility**

**BWP SW 22 Landfills - Minor Modification**

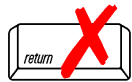
**BWP SW 45 Any Facility – Presumptive Approval**

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

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

## Application for Solid Waste Management Facility Modification

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



**Directions:**  
Specify the plan/report and page numbers in which the following information is located.

### A. Project Information (all applicants must complete this section)

1. Which permit category are you applying for?

☐ BWP SW 07 ☐ BWP SW 11 ☐ BWP SW 16 ☐ BWP SW 21 ☐ BWP SW 22 ☐ BWP SW 45

2. Is MEPA review required for this project? ☐ Yes ☐ No

3. Permit Modification (310 CMR 19.029(2))

a. General Description

(1) Effect on Current Operation

(2) Effect on Capacity

(3) Effect on Operating Life

b. Effect on Public Health, Safety or the Environment

4. Currently Valid Department Approvals

Plan/Report #

Page #

DEP USE ONLY

**Note:**  
Complete only sections applicable to requested modification. Enter NA if not applicable.

### B. Project Information

**Important Note:**  
Engineering Plans must be stamped by a Registered Professional Engineer (PE). Property Line Location must be stamped by a Registered Land Surveyor (RLS).

1. Plan/Report Modifications and/or Revisions

a. Waste Ban Plans (310 CMR 19.017)

b. Facility Plan (310 CMR (19.030(2)(d))

(1) Site Plan (310 CMR 19.030(2)(d)1)

(2) Facility Design Plan (310 CMR 19.030(2)(d) 3.)

Plan/Report #

Page #

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<b>B. Project Information</b> (cont.)	<b>Plan/Report #</b>	<b>Page #</b>	<b>DEP USE ONLY</b>
(4) Operation and Maintenance (310 CMR 19.030(2)(d) 4.)	_____	_____	_____
(5) Closure/Post-Closure Plan (310 CMR 19.030(2)(d) 5.)	_____	_____	_____
(6) Hydrogeological Study (310 CMR 19.104(3))	_____	_____	_____
(7) Class II Recycling Program (310 CMR 19.303) (Engineer's Supervision sign-off not required)	_____	_____	_____

## C. Permit Review Documentation and Criteria

**Note:**  
Complete all sections applicable to requested modification. Refer to referenced regulation citation for applicability. Enter NA if not applicable.

	<b>Plan/Report #</b>	<b>Page #</b>	<b>DEP USE ONLY</b>
1. Documentation			
a. Site Assignment Documentation (310 CMR 19.030(2)(f))	_____	_____	_____
b. MEPA Status (310 CMR 19.030(2)(g))	_____	_____	_____
c. Wetlands Order of Conditions	_____	_____	_____
d. Waste Disposal Contract (Transfer Station)	_____	_____	_____
e. Financial Assurance Estimate and Mechanism (310 CMR 19.051)	_____	_____	_____
2. Permit Criteria (310 CMR 19.038(1)(d))			
a. MEPA Compliance	_____	_____	_____
b. Site Assignment Limits	_____	_____	_____
c. Compliance with Facility Specific Regulations	_____	_____	_____
d. Health & Environmental Impact Assessment	_____	_____	_____
e. Compliance with other applicable laws and regulations	_____	_____	_____



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### C. Permit Review Documentation and Criteria (cont.)

	Plan/Report #	Page #	DEP USE ONLY
f. Compliance with Waste Bans	_____	_____	_____
g. Enforcement Status	_____	_____	_____
h. Bird Hazard	_____	_____	_____
i. Structural Support	_____	_____	_____
j. Wildlife Endangerment	_____	_____	_____
k. Capacity Utilization (N/A to Handling Facilities)	_____	_____	_____

### D. Certification & Engineer's Supervision: 310 CMR 19.011

#### Engineer's Supervision:

All papers pertaining to design, operation, or engineering of this site or facility shall be completed under the supervision of a Massachusetts registered professional engineer knowledgeable in solid waste facility design, construction and operation, and shall bear the seal, signature and discipline of said engineer. The soils, geology, air monitoring and groundwater sections of the application or monitoring report shall be completed by competent professionals experienced in the fields of soil science and soil engineering, geology, air monitoring and groundwater, respectively, under the supervision of a Massachusetts registered professional engineer. All mapping and surveying shall be completed by a registered surveyor.

Print Name

Authorized Signature

Position/Title

Company

P.E. #

Date (MM/DD/YYYY)

#### Responsible Official Certification:

I attest under the pains and penalties of perjury that:

- I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;
- Based on my inquiry of those persons responsible for obtaining the information, the information contained in this submittal is, to the best of my knowledge, true, accurate and complete;
- I am fully authorized to bind the entity required to submit these documents and to make this attestation on behalf of such entity; and
- I am aware that there are significant penalties including, but not limited to, administrative and civil penalties for submitting false, inaccurate or incomplete information, and possible fines and imprisonment for knowingly submitting false, inaccurate or incomplete information.

Print Name

Authorized Signature

Position/Title

(MM/DD/YYYY)