



Massachusetts Department of Environmental Protection
Bureau of – Waste Prevention – Solid Waste Management

Transmittal Number # _____

BWP SW 14 Special Waste Determination

Facility ID (if known) _____

A. Project Information

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



DIRECTIONS:
1. Specify the page numbers in which the following information is located.

2. Enter NA if information requested is not applicable.

1. Identify the special waste: ☐ Asbestos ☐ Medical/Biological Waste ☐ Sludge

2. General Information about the Solid Waste

Page #

DEP USE ONLY

- a. General description of the waste

- b. Source of the waste

(1) Name of the generator

(2) Address of the generator

- c. Description of the industrial process which produces the waste

- d. Quantity (volume and/or tonnage)

3. Management options evaluation

- a. reduction

(1) physical/chemical

(2) other

- b. reuse

- c. recycling

(1) composting

(2) land application

(3) other

- d. other

(1) incineration

- e. criteria evaluation

(1) protection of public health, safety, and environment

(2) toxicity reduction and volume



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A. Project Information (cont.)

	Page #	DEP USE ONLY
(3) implementability	_____	_____
(4) cost	_____	_____
4. Chemical, Physical and Biological Properties of the Waste		
a. Chemical properties of the waste		
(1) pH	_____	_____
(2) reactivity	_____	_____
(3) leachability (TCLP test)	_____	_____
(4) total metals	_____	_____
(5) VOCs	_____	_____
(6) other appropriate constituents	_____	_____
b. Physical properties of the waste		
(1) particulate size	_____	_____
(2) density	_____	_____
(3) total solids	_____	_____
(4) volatile solids	_____	_____
(5) moisture content	_____	_____
(6) free liquid	_____	_____
c. Biological properties of the waste, if applicable		
(1) pathogens	_____	_____
4. Proposed Disposal Location and Handling Methods		
a. Proposed handling methods		
(1) transportation	_____	_____
(2) storage	_____	_____



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A. Project Information (cont.)

	Page #	DEP USE ONLY
(3) processing	_____	_____
b. disposal site	_____	_____
c. proposed method or methods for disposal	_____	_____

B. Responsible Official Certification: 310 CMR 19.011

I attest under the pains and penalties of perjury that:

- a) I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;
- b) 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;
- c) I am fully authorized to bind the entity required to submit these documents and to make this attestation on behalf of such entity; and
- d) 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 _____

Date (MM/DD/YYYY) _____