#### Authorization to Construct (ATC) SW27/ SW27B- Construct Small Transfer/ Handling Facility MassDEP, Bureau of Air & Waste





#### Overview

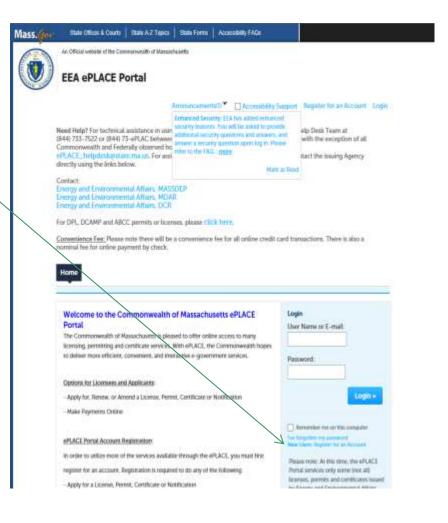
- This presentation will take you screen by screen through the ePLACE online permitting application process.
- This presentation does not cover the technical requirements of 310 CMR 17.00 and 19.00 with regards to Solid Waste Management
- You are encouraged to schedule a pre-application meeting with the appropriate regional office before starting this application.
- Select the SW27 Application form in ePLACE if you do NOT require a variance for the proposed project.
- Select the SW27B application if a variance is required for your proposed project.



# How to Apply

- Create or log into your account in ePlace
- First time users click here
- Be sure to provide full name, address and contact information when you set up your account.
- See <u>https://www.mass.gov/how-</u> to/sw-05-08-15-19-26-29-<u>construct-a-new-or-expanded-</u> <u>facility</u> for detailed instructions on setting up an account





lome	
Dashboard My Records My Account Advanced Search	
Welcome You are now logged in to the Commonwealth's eLicensing and ePlace Portal.	File an Online Application
What would you like to do?	Application
- File an Online Application	
- Renew a License, Permit or Certificate	



- Read and accept the Terms and Conditions
- Click the checkbox and click "Continue"

#### **File an Online Application**

#### **Online Applications and Record Authorization Form**

Welcome to the Commonwealth of Massachusetts eLicensing and ePermitting portal. In order to continue, you must review and accept the terms outlined as set forth below. Click the "Continue" button in order to proceed with the online submission process.

In order to perform licensing and permitting transactions online, you were required to register for the eLicensing and ePermitting Portal. All registered users of the eLicensing and ePermitting Portal are required to agree to the following:

1. Use of the Commonwealth of Massachusetts eLicensing and ePermitting Portal is subject to federal and state laws, which may be amended from time to time, including laws governing unauthorized access to computer systems. Online inquiries and transactions create electronic records that in some instances might

I have read and accepted the above terms.

#### Continue »



 Click on "Energy and Environmental Affairs" and "Apply for a DEP Authorization"

Home

File an Online Application

#### eLicensing and ePermitting Online Services

New Applicants and Consumers

The Commonwealth of Massachusetts eLicensing and ePermitting portal provides the ability to file applications for licensure & permits and submit complaints. From the listing below, please select the service you would like to use and click the continue button.

#### Existing Licensees or Permit Holders:

Click Home and use the "My Records" tab to renew or amend a license or permit. If your license or permit is not listed under the "My Records" tab, please select the "Link your account" option found in section below. You will be prompted for a "record identification code" and "authorization code." from the Account Link notification you received. If you have not received a notification letter, please contact the ePLACE Help Desk Team at (844) 733-7522 or (844) 73-ePLACE between the hours of 7:30 AM - 5:00 PM Monday-Friday.

Search

#### Finergy and Environmental Affairs (DEP, MDAR, DCR)

Apply for a DEP Authorization
 Apply for a MDAR Authorization

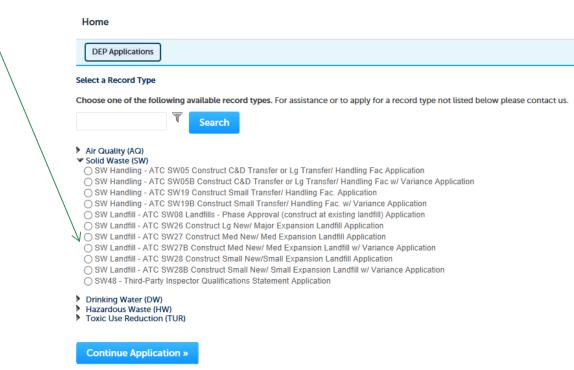
O Apply for a DCR Authorization

Link Your Account



#### Continue »

- Select the SW27 or SW27B Application
- Click "Continue Application"





#### **General Navigation**

- Always Click Continue Application » to move to the next page.
- Do NOT use the Browser Back Button as this will take you out of the system
- Any field with a red asterisk is required before you can move off the page.
- Click Severand resume later to save your work but also to create a PIN letter that can be shared with another user. This is important if the application is being prepared by a consultant. See the ePLACE Quick Guide at: <a href="https://www.mass.gov/how-to/sw-05-08-15-19-26-29-construct-a-new-or-expanded-facility">https://www.mass.gov/how-to/sw-05-08-15-19-26-29-construct-a-new-or-expanded-facility</a> for instruction on how to share a PIN and allow other people to access the draft application while in development.



# Start the Application – Facility Info

- Across the top of each screen you will see the "steps" to completing this application.
- The first step is to identify the facility. Search for an existing facility by entering the name or address and click on "Search".
- If not found, click on "Clear" and search different or fewer criteria (such as address only).
- Search results will be provided in a list (see next screen)

1 Facility Information	2 Application Information	3 Documents	4 Special Fee Provision	5 Applicant and Contributors	6	7
---------------------------	------------------------------	-------------	----------------------------	---------------------------------	---	---

\* indicates a required field

**Facility Information** 

You must identify the facility for which you are completing this application. Enter the facility name, or portion of the name, in the "Name" box and click on "Search". Your search will return a list of facilities and addresses that meet your search criteria. If your facility is on this list, select it by clicking the button to the left of the name. If your facility is not on the list, you may search again, by pressing "Clear" and using different criteria. For example, try a new search using street address. If your know your DEP Facility ID, you may enter it in the applicable box and click on "Search". The facility information will populate the boxes. If this is a new facility, press the "Clear" button, and enter the information for the facility into the boxes with an asterisk are required), and continue to the next section without clicking on "Search".

*City: (?) *S			
N		Zip: (	D
Latitude Long	itude		



## **Facility Information Search**

- Based on what you have searched for, a list will be returned with all possible matches.
- Click on the button to the right of the facility you are seeking and click "Select" or
- Click "Cancel and search again

	Fac	lity(s)
	Show	ing 1-8 of 8
		Facility Name   Address
	0	NATIONAL GRID TRAINING CTR   449 SOUTHWEST CUTOFF MILLBURY MA 01527
	$\bigcirc$	NATIONAL GRID   0 BERRY ST PLAINVILLE MA 02762
L	$^{\circ}$	NATIONAL GRID   127 WHITES PATH YARMOUTH MA 02664
	0	NATIONAL GRID   39 QUINCY AVE BRAINTREE MA 02184
	$^{\circ}$	NATIONAL GRID LEOMINSTER MGP   36 MILL ST LEOMINSTER MA 01453
	X	NATIONAL GRID NORWOOD   127 DEAN ST NORWOOD MA 02062
	$^{\circ}$	NATIONAL GRID USA SERVICE COMPANY INC   40 SYLVAN RD WALTHAM MA 02452
	0	NATIONAL GRID WEBSTER MGP   21 MAIN ST WEBSTER MA 01570
	<	



# **Facility Information**

- If still not found, add a new Facility by typing in the facility information as required
- The red asterisk here and throughout the application indicates a required field.

Step 1: Facility Information > Facility Information

\* indicates a required field.

**Facility Information** 

You must identify the facility for which you are completing this application. Enter the facility name, or portion of the name, in the "Name" box and click on "Search". Your search will return a list of facilities and addresses that meet your search criteria. If your facility is on this list, select it by clicking the button to the left of the name. If your facility is not on the list, you may search again, by pressing "Clear" and using different criteria. For example, try a new search using street address. If you know your DEP Facility ID, you may enter it in the applicable box and click on "Search". The facility information will populate the boxes. If this is a new facility, press the "Clear" button, and enter the information for the facility into the boxes provided (boxes with an asterisk are required), and continue to the next section without clicking on "Search".

# Facility Name: Street Name: Street Name 2 City: O \*State: O \*Zip: O Eaclity ID: O Search Clear



#### **Owner Information**

- Add Owner Information
  - Click "Look Up" to find Facility Owners already registered with DEP. Otherwise, click "Add New".

#### **Owner Information**

To add an owner, click the "Add New" button. You will have the option of using your login information, if applicable. You can also "Look Up" a previously entered contact, and select as the owner. If an owner is incorrect or has changed, you need to add the new/correct owner first, and then you can remove the incorrect/previous owner. Note that at least one owner is required to be entered.

Add New	Look Up					
owing 0-0 of	0					
Name	Organization Name	Contact Person	Telephone #	E-mail	Action	
o records fo	und.					



## Facility Information: Owner Lookup

- If you chose to look up the owner:
  - Search for the owner by adding the name or other information then clicking "Look up"
  - ▶ If your owner does not come up, click "Clear" and try again

First Name:	Middle Name:	Last Name:
nist Name.	Middle Marie.	Last Wallie.
Name Of Organizatio	n:	?) Contact Person:
Telephone #:		
xxx-xxx-xxxx		
E-mail:		

# Facility Owner: Add Owner

- If you clicked "Add Owner"
  - If the owner information matches your login information, check the "Use Login Information" box.
  - Indicate if the owner is an individual or an organization.
  - Provide all information in the new window that opens.
  - Click "Continue" when done.



Use Login Information			
Individual/Organization:			
Select			
First Name:	Middle Name:	Last Name:	
/			
Suffix:			
*Telephone #:	Ext #:		
3006-3006-3000			
• E-mail:			
*P.O. Box / Address Line:		0	
1.0. DOX / Houress care.			
Country:			
United States	*		
*City: *S	tate:	•Zip: ()	
	Select		

#### **Owner Information**

- You will see a message saying "Contact added successfully".
- Click "Continue Application".

	a ti	lso "Look Up" a	previously enter	ed contact, an	d select as the ow	ner. If an owner is incom	rect or has	ion, if applicable. You can changed, you need to add east one owner is required to
$\bigvee$	s	Add New Contact add howing 1-1 of 1	Look Up ed successfully.					
		Name	Organization Name	Contact Person	Telephone #	E-mail	Action	
	1	Erin Swallow			617-292-5787	erin.swallow@state.ma.us	Edit/View	Delete
1	$\mathbf{V}$							
	1	Continue Ap	plication »					Save and resume later

# **Application Information**

- The next pages gather information about the application starting with facility owner type, operator contact information and information about the engineer of record.
- You can view the Instructions by clicking on the blue Instruction button.

Step 2 : Application Information > Page 1 of 2	
Instructi	ons
7	* indicates a required field.
Owner Type	
Owner Type:	
Italint V	
General Information	
Operator Company Name:	
Operator Type:	
Operator Contact Name:	
Operator Contact Email:	
Operator Contact Phone (no hyphens or parentheses):	
Operator Contact Phone the hypnens or parentheses)	
Engineer of Record (Name):	
Massachusetts PE License Number:	
Massachusetts PE License Expiration Date:	
Massachusetts PE License Expiration Date:	



# **Application Information**

Project Description:
Provide answer to the questions

provided,If this project is subject to MEPA

Review, you are required to provide the EEA ID# and attach the MEPA Certificate in the documents section

* Project Description:
^
~
* Is the Project Subject to MEPA Review?: ● Yes ○ No
If Yes, Provide the MEPA file number: *
* Proposed New Waste Disposal Capacity: ⑦
Size of Proposed Waste Handling Area in Acres or Square feet: 🕐
* Site Assigned Area (In acres): ⑦
Size of Property/Parcels containing the Site Assigned Area (in acres):



# **Application Information**

 If you are completing an SW19B application where the project requires a variance, you will also be asked to identify the criteria for which you are requesting the variance.

A triangle with an exclamation point / indicates a required field that you may have skipped. You cannot proceed to the next page until you have completed that field

A* Project Description:	_
	^
	~
Please identify the criteria for which you are requesting a variance	
	~
	~
Is the Project Subject to MEPA Review?: ○ Yes ○ No	
Proposed New Waste Disposal Capacity :	C
Size of Proposed Waste Handling Area in Acres or Square feet :	C
Site Assigned Area (In acres):	C
Size of Property/Parcels containing the Site Assigned Area (in acre	~~



## **Previous Approvals**

- Provide a list of any previous permits issued by the Town or MassDEP for this project
- Click "Add a row" to start
  - Provide information in the window that opens including
  - Application Type
  - Transmittal number
  - Description and Approval date
- If there are no previous approvals, enter "None" or "na"



0-0 of 0			
Application Type T	ramunsittal Number	Description	Approval Date
rðs found			
w - Eds Seincand Delet	a Selected		
States and states and states			

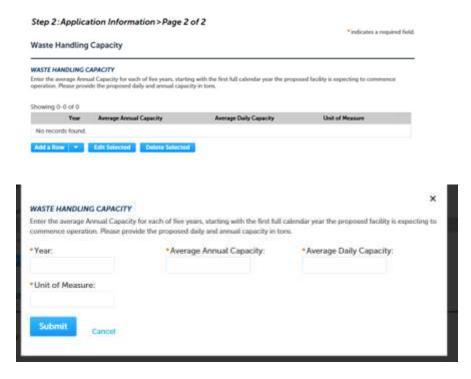
PREVIOUS PERMIT APPROVALS		* Description:	×
<ul> <li>Application Type:</li> </ul>	<ul> <li>Transmittal Number:</li> </ul>	<ul> <li>Description:</li> </ul>	
			^
			$\sim$
1 Annual Data			
Approval Date:			
Submit Cancel			

# Anticipated Waste Handling Capacity

- The application has a second table that asks for a projection of how much waste will be handled by the proposed project for the first five years of operation
- Click "Add a Row" to start
  - Provide information in the window that opens including
  - Year
  - Average Annual Capacity
  - Average Daily Capacity
  - Unit of measure for the capacity figures provided (make sure they are both in the same unit of measure such as Tons or CuYds)







You can insert 5 rows at once by clicking the down button next to "Add a row" and selecting "5 rows"

# Waste Types

- Indicate which waste types are proposed to be accepted at this site.
- You may select more than one waste type.
- If "Other" or "Special Waste" is selected, a box will appear where you are asked to provide more detail.

ISW:	
1	
uðr:	
1	
Construction and Demolition:	
1	
oit	
1	
vedge Spoils:	
1	
ines/ Residuals:	
1	
ludge:	
1	
Vood Waster	
lineral Waste:	
1	
pecial Waster	
Other:	
2	
Special Waste or Other, please specify:	



- Upload all required documents for your application
  - The required documents will be listed on the application
- To begin attaching documents, click
   "Browse"

 Step 3: Documents > Page 1 of 1
 \*indicates a required field.

 List of Documents
 Please upload 5 Required Document(s) which are mandatory to submit this Application:

 0. Copy of Current Site Assignment
 Current Permit Application Form with PE Certification and Applicant Certification completed

 0. MPA Certificate
 Report Narrative

 0. Site Plans
 Attach Documents

 When uploading file document(s) the maximum file size allowed is 50 M8.

 The File Name (including file extension) MUST NOT exceed 75 characters in length.

 The document 'Description' MUST NOT exceed 50 characters in length.

 Documents that exceed any of these limits will be removed by the system, and cannot be retrieved, which may delay the review process.

 Name
 Type

 Size
 Latest Update
 Description

 Action

 No records found.



- A "File Upload" window opens.
- Click "Browse".
- Choose the file(s) you want to attach.
- When all files reach 100%, click "Continue".

The 'File Name' (including file exten The document 'Description' MUST N	e maximum file size allowed is 100 MB. sion) MUST NOT exceed 75 characters in length. NOT exceed 50 characters in length. e limits will be removed by the system, and cannot be ew process.
Blank Upload 1.docx	100%
Blank Upload 2.docx	100%
Blank Upload 3.docx	100%
Continue Brow	rse Remove All Cancel

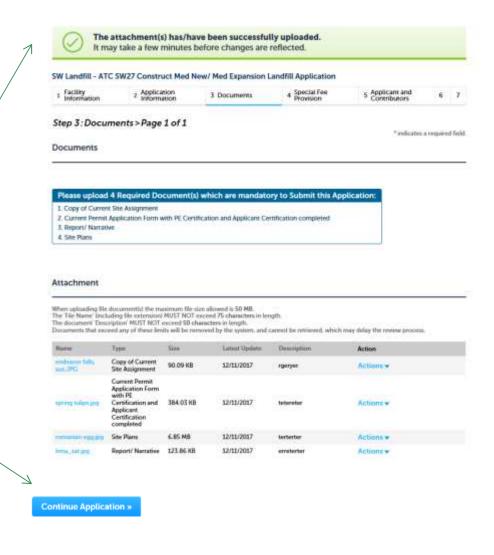


- Indicate the document type
- Provide a description of each document that you uploaded
- Click "Browse" to add more documents
- When all documents are uploaded and described, click "Save"
- Click "Continue Application"
- You must attach the required documents as listed before moving on.



File: Blank Upload 1.docx 100%		
<ul> <li>Description (Maximum 50 characters):</li> </ul>		
A maximum of 50 characters.	^	
	~	
Type: Select		Remove
File: Blank Upload 2.docx 100%		
* Description (Maximum 50 characters):		
A maximum of 50 characters.	^	
	~	
*Type:		Remove
Select		
File: Blank Upload 3.docx 100%		
*Description (Maximum 50 characters):		
A maximum of 50 characters.		
	^	
	$\sim$	
Save Browse Remove All		
Continue Application »		Save and resume later

- You should see a message that you have successfully attached documents
- Review the list of attached documents
- When ready, click "Continue Application"





# **Special Fee Provision**

- Leave blank and click "Continue Application" if special fees do not apply to your situation.
- If you have a Special Fee Provision (e.g., the applicant is a municipality), check the appropriate box and provide requested information.
- Click "Continue Application".



Step 4: Special Fee Provisions > Page 1 of 1	*indicates a required field
Special Fee Provisions	
Check if applicable:	
Exemption: 🕖	
Exclusion (special agreement or policy):	
Substitution (ASP/IRP): ()	
Double Fee for Enforcement:	
Hardship payment extension request:	
Continue Application >	Save and resume later

# **Applicant Contributors**

- This pages shows the list of individuals who have viewed, edited or signed this application.
- This is also where the applicant identifies the authority by which they can sign the application as the Responsible Official.
  - Input the Organization Name
  - Type of Organization
  - Title of person who will be submitting the applicant

1 5 11	Documents	4 Special Fee Provision	5 Applicant and Contributors	6 Review	7 Application Submitted
Step 5:Ap	plicant and Co	ntributors > Pa	ge 1 of 1		• indicates a required field
Application	Contributors				
To add new con	tacts, click the Select f	rom Account or Add N	ew button. To edit a cont	act, click the Edit link.	
Showing 0-0 o	e o				
Name	Organization Name	Contact Person	Telephone II E-m	al Action	
No records fo	ound.				
Signatory A	uthorities				
Signatory A	uthorities				
				-	
Organization					
Organization	n Name:				
	n Name:				



# **Applicant Contributors**

- Whoever is logged in will see their name in the "Applicant Information".
- If you are NOT the applicant, please share this application with the responsible official and once they log in, their name will be in the applicant information box.





Applicant Information

## **Review the Certification**

- The entire application is shown on a single page for your review
- If you note something you want to change, click "Edit Application"
- Otherwise, continue to the bottom of the page.
- If you are NOT the applicant, click "Save and Resume Later"

#### Step 6: Review **Continue Application** Save and resume later a review all information below. Click the "Edit Application" button to make changes, if needed **Review and Certification** I you arrive at this Review page after selecting "Resame Application" from your dashboard, land then select "Pick up where Heft off"), you will need to click on the "Applicant and Contributors" tab at the top of this page, and then click "Continue" to finish submitting this application. Edin Application **Facility Information** FAUNTON LANDFILL | 330 EAST BRITANNIA ST TAUNTON MA 02780 DEP Facility (D: 19792) DEP Region: SE AQ ID: 1200710 HW ID: MAR000509349 Facility Record ID: 15-FAC-012963 Owner Information Showing 0-0 of 6 Organizatio Naren Contact Person Telephone # - E-mail Action No records found.



Owner Type

# **Certification Form**

- When the applicant is logged in, the applicants name will appear in the "Applicant Information" box.
- Read the Certification Statement.
- When you click "I Agree that I am the Applicant"- the date will be inserted and the content of the application locked down.
- Click on Continue to pay the application fee.



EEA ePLACE Portal

#### Applicant Information

Individual Laurel J Carlson Boston, 02108 United States Ext.#:One Winter St 7th Floor

Telephone #:617-348-4095 E-mail:Laurel Carlson@state.ma.us

The stress under pairs 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 the 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 9 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 largree that I am the Applicant. If you are not the Applicant then click on Save and resume later

 Continue Application >

## **Application Fee**

- Both online payment and pay by mail are available.
- Online payment will require a service charge.
- Click the appropriate box to begin.

#### SW Landfill - ATC SW27 Construct Med New/ Med Expansion Landfill Application

1 2 3	4 Special Fee Provision	5 Applicant and Contributors	6 Review	7 Pay Fees	8 Application Submitted

\$28,555.00

#### Step 7: Pay Fees

Listed below is the fee for the authorization that you are applying for. The following screen will display your total fees.

Payment may be made by electronic check or credit card for a nominal processing fee. The electronic check fee is \$0.35 per transaction. Credit card payments are 2.35% per transaction. Clicking on the PAY ONLINE button will bring you to the secure online payments portal. Once you have made payment, you will be returned to your application for submittal.

Payment may also be made by mall. However, review of your permit will not begin until payment is received. By clicking on the Pay by Mail button, you will have submitted your application. You will receive a notification email with the location and address to send your payment. That information is also available in the instructions for this authorization.

#### Application Fees

Pay Online >

Fees	Amount
SW27 Application Fee	\$28,555.00

Pay by Mail :

💓 EEA e

# Pay Online

- If you choose "Pay Online", you will be brought to this screen
- Provide all payment and billing information
- Accept the terms and conditions
- You will be e-mailed a receipt



Description		Reference ID	Amount
DEP/AQ/Restricted Emission Status/Application		17TMP-004180	\$1,900.00
			\$1,900.00
			enience Fee Due: \$44.6 Amount Due: \$1,944.6
Billing Information Enter Company AND/OR First and Last Name below. Company Name	Ра	yment Information bay by electronic check, click the ACH t Credit/Debit Card	ab.
Enter Company Name	Card	d Type	_
First Name	Se	elect Card Type	~
Enter First Name	Car	d Number	
		iter Card Number	
ast Name			
Enter Last Name		Code	
Street	En	ter CVV Code	
Enter Street	Exp	iration	
	01	✓ 2017 ✓	
City Enter City			
	Che	eck to accept both the Commonwe	ealth of Massachusetts
State/Territory	and	InCourt Terms Agreements.	
Select State		I Accept	
Zip	Co	mmonwealth of Massac	husetts Terms
Enter Zip	Ag	reement	
	17	authorize the charge to my credit	card for the amount
Phone Number		nown above. I agree to pay the tot ccording to the card issuer agreen	
<u></u>	b	ox below, I certify that I am an aut	horized user for the
Email	al	bove referenced credit card accou	int.
Enter Email Address			
Confirm Email	nCo	ourt Terms Agreement	
Enter Email Address			

## Pay by Mail

#### If you chose pay by mail, check your e-mail for instructions

NOTICE DATE: 12/11/2017

Thank you for submitting your online authorization application form for authorization type: SW Landfill - ATC SW27 Construct Med New/ Med Expansion Landfill Application. Your Application Number is: 17-SW27-000010-APP.

Payment online: If you have paid online by credit or ACH you will receive an additional notification from the epayment vendor that your payment is complete. Review of your application will begin. That notification will include a Reference ID # for your records.

Pay by Mail: If you chose the "Pay by Mail" option, please make your payment in the form of a check or money order made payable to the Commonwealth of Massachusetts. Do not send cash. You must include your Application Number 17-SW27-000010-APP on the check or money order that must be sent to the address below.

Department of Environmental Protection PO Box 4062 Boston, MA 02211

Review of your application will not begin until after your payment has been received and processed.

Fee Exempt Status or Hardship Status Requested: If your application indicated a Fee Exempt Status, MassDEP will review your request. If your fee exempt status is not approved you will be contacted with instructions for paying the fee. If your application indicated a request for hardship status, your request will be reviewed and you will be contacted with the final determination.

You can track the progress of your submission through the review process at the following link: https://permitting.state.ma.us/citizenaccess/.

Please email any questions or concerns about this notification or this application to: EIPAS@massmail.state.ma.us

MassDEP review of the application will not start until the permit fee has been paid



#### **EPA Electronic Signatory Verification**

- USEPA requires that electronic signatures be validated. At the bottom of the email indicating a successful submission, you will see instructions on how to complete the validation process.
- Please print, sign and mail the below section of the email as instructed.

To meet Federal Reporting requirements for EPA's Cross-Media Electronic Reporting Rule (CROMERR), you are required to print this entire email, and to sign the below certifying that you have submitted the Application identified in this email.

This form must be signed and mailed to the address below. Failure to complete this step may result in delay of review of your application.

I certify that I have submitted application <u>#17-SW27-000010-APP</u>

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return signed document to: MassDEP ePLACE Confirmations One Winter Street Boston, MA 02108



## Submission Successful!

- When you submit your certification you will receive this notice.
- You will also received a Record ID so you can track the status of your application on line.
- Go to your "My Records" page in ePLACE to see the status of an application.

#### 1 Z 3 4 Special Fee Applicant and Contributors # Review 7: Pay Fees 8 Record Issuance Step 8: Record Issuance Successfully Completed. Thank you for using our online services. Your Record Number is 17-SW27-000010-APP Conditions Showing 1-4 of 4 Documents - 4 Uploaded Required Documents Copy of Current Site Assignment Regulied Documents Uploaded | | 17/11/2017 Current Permit Application Form with PE Certification and Applicant Certification completed **Required Documents** Upicaded | | 12/11/2017 Report/ Narrative Required Documents Uploaded [ | 12/11/2017 Gie Plans Required Documents Upicaded | | 12/11/2017 You will need this number to check the status of your application.

SW Landfill - ATC SW27 Construct Med New/ Med Expansion Landfill Application



#### Proof of Record (POR)/ Public Viewer

• Approximately 5 minutes after submittal of the application, the Applicant will receive a POR which is a copy of the Application minus attachments.

From:	EIPAS (ENV) <eipas@massmail.state.ma.us> Sent: Mon 12/11/2017 10:22 A</eipas@massmail.state.ma.us>	м
To:	Carlson, Laurel (DEP)	
Cc:		
Subject:	Proof of Record for 17-SW27-000010-APP	
🖂 Message	T2 SW27-POR_20171211_102204.pdf (59 KB)	
Number i applicatio	u for submitting your online application form for authorization type: Auth to Construct Med New/Med Expansion Landfill (DEP/SW/SW27/Application) Your Application s: 17-SW27-000010-APP Your Proof of Record (POR) for this application is attached. The Proof of Record is a printable version of the information you entered on your permit n. Please email any questions or concerns about this notification or this application to: <u>EIPAS@massmail.state.ma.us</u> track the progress of your submission through the review process at the following link: <u>https://permitting.state.ma.us/citizenaccess/</u>	

• Also see the link below for a copy of both the application and attachments:

https://eeaonline.eea.state.ma.us/EEA/PublicApp/

 EEA ePLACE
 An Initiative of the

 Massachusetts Energy and Environment

 Information Public Access System

 An Official website of the Commonwealth of Massachusetts





#### Questions?

- For technical assistance, contact the ePlace Help Desk Team at (844) 733-7522 or <u>ePLACE\_helpdesk@state.ma.us</u>
- For other questions, contact your regional office. You can lookup your regional office and their contact information at: <u>http://www.mass.gov/eea/agencies/massdep/about/contacts/find-the-massdep-regional-office-for-your-city-or-town.html</u>
- To see a copy of you application, also see <u>https://eeaonline.eea.state.ma.us/EEA/PublicApp/</u>



