Application to Transfer a Solid Waste Permit SW49

MassDEP, Bureau of Air & Waste





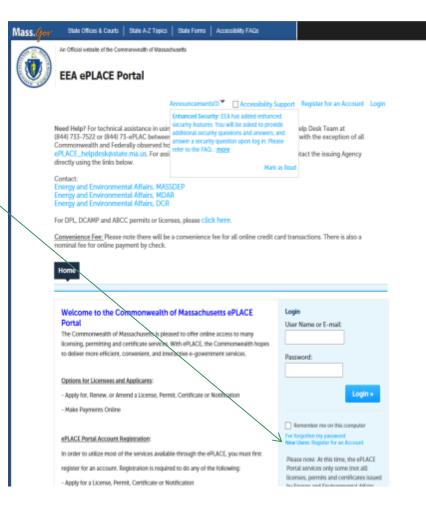
Overview

- 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
- Any time a solid waste permit is transferred from the existing owner (transferor) to a new owner (transferee) the new owner must submit a BWP SW 49 certification.
- This certification must be completed by the Responsible Official for the new owner (Transferee). As defined in 310 CMR 19.006, a Responsible Official is "an individual who is duly authorized to bind the entity (e.g., but not limited to, a corporation, limited liability company, partnership, public entity, sole proprietorship or trust) which is subject to 310 CMR 19.000."



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 the E-Place Quick Guide (<u>https://permitting.state.ma.us/Citi</u> <u>zenAccess</u>) for detailed instructions on setting up an account





Click here to start
Home
Dashboard My Records My Account Advanced Search
My Records My Account Advanced Search
My Records My Account File an Online Application
File an Online Application
Renew a License, Permit or Certificate
Amend License, Permit or Certificate Information



- 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.



Energy and Environmental Affairs (DEP, MDAR, DCR)

Apply for a DEP Authorization
 Apply for a MDAR Authorization
 Apply for a DCR Authorization

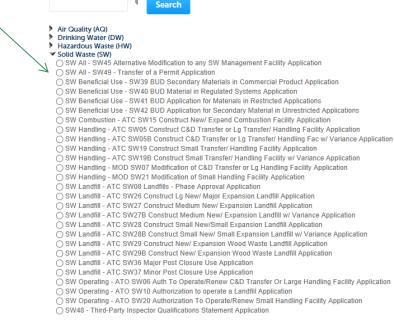
Link Your Account





- Select the SW49 Application
- Click "Continue Application"

Choose one of the following available record types. For assistance or to apply for a record type not listed below please contact us.



Toxic Use Reduction (TUR)



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 Save and 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: https://permitting.state.ma.us/CitizenAccess 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)

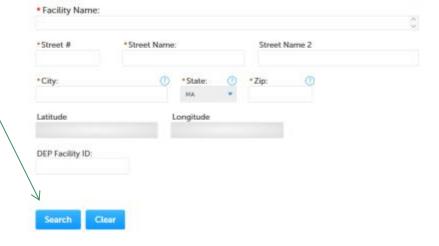


EEA ePLACE Portal

SW All - SW49 - Transfer of a Permit Application

1 Facility Information	2 Application Information	3 Documents	4 Special Fee Provision	5 Applicant and Contributors	6	7
Step 1: Facility	Information > Faci	lity Information		* indicates		d Kud
Facility Informat	1			POSCARES -	require	a nei

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 applicable for 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 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
- A new facility can not be entered for this application

	Fac	ility(s)
	Show	ing 1-8 of 8
		Facility Name Address
	\bigcirc	NATIONAL GRID TRAINING CTR 449 SOUTHWEST CUTOFF MILLBURY MA 01527
	\bigcirc	NATIONAL GRID 0 BERRY ST PLAINVILLE MA 02762
	\bigcirc	NATIONAL GRID 127 WHITES PATH YARMOUTH MA 02664
	\bigcirc	NATIONAL GRID 39 QUINCY AVE BRAINTREE MA 02184
	\bigcirc	NATIONAL GRID LEOMINSTER MGP 36 MILL ST LEOMINSTER MA 01453
	Ŷ	NATIONAL GRID NORWOOD 127 DEAN ST NORWOOD MA 02062
	\bigcirc	NATIONAL GRID USA SERVICE COMPANY INC 40 SYLVAN RD WALTHAM MA 02451
	\bigcirc	NATIONAL GRID WEBSTER MGP 21 MAIN ST WEBSTER MA 01570
	<	
74	Se	lect Cancel



Owner Information

- Add Owner Information
 - Click "Look Up" to find Facility Owners already registered with DEP. Otherwise, click "Add New". The Owner in this section is the Transferor or Existing Owner of the facility.

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.



Continue Application »

Save and resume later



Owner Lookup

• If you chose to look up the owner:

Look Un Contact

- 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

Contact Type: 🕐			
Select 🔻			
First Name:	Middle Name:	Last Name:	
		Contract Domain	
Name Of Organization:	(?	Contact Person:	
			
Telephone #:			
XXX-XXX-XXXX			
E-mail:			
Look Up Clear	Cancel		
ePLACE Porta			

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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



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Middle Name:	Last Name:	
Ext #:		
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•		
ate:	Zip:	
ar Cancel		Ť
	Middle Name:	Middle Name: Last Name:

Owner Information

- You will see a message saying "Contact added successfully"
- Click "Continue Application" to go to the next section.

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.

Contact added successfully.

	Name	Organization Name	Contact Person	Telephone #	E-mail	Action
	Erin Swallow			617-292-5787	erin.swallow@state.ma.us	Edit/View Delete

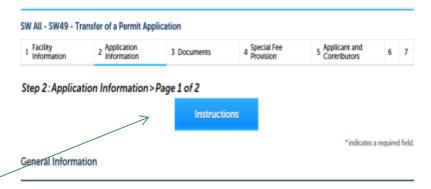


Continue Application »

Save and resume later

Application Information

- The next pages gather information about the permits to be transferred, the transferee and the transferor.
- You can view the Instructions by clicking on the blue Instruction button.
- Please read the General Information Section carefully.
- Select the Type of Facility from a drop-down list



1. This certification is for transferring a valid solid waste management facility permit from the previous owner (Transferor) to the new owner (Transferee).

2. This certification must be completed by the Responsible Official for the new owner (Transferee). As defined in 310 CMR 19.006, a Responsible Official is "an individual who is duly authorized to bind the entity (e.g., but not limited to, a corporation, limited liability company, partnership, public entity, sole proprietorship or trust) which is subject to 310 CMR 19.000."

3. The Responsible Official should make and keep a signed copy of this completed certification for recordkeeping purposes.

4. Be sure to obtain the most recent version of the application and certification form to be attached to this application. The form is available at

https://www.mass.gov/how-to/sw-49-certification-for-transfer-of-a-permit

5. Remember that it is the responsibility of the new owner (Transferee) to maintain the facility (or in the case of a Post Closure Use Permit transfer, the post closure-use Permit) in compliance with environmental protection requirements at all times. You may be subject to enforcement action if you do not comply with the standards.

Type of Facility:

--Select--



Application Information : Transferee

• Provide the identification and contact information for the New Owner as requested.

The New Owner

 Will the name of the facility change after transfer?: ○ Yes ○ No 	
Transferee (New) Facility Responsible Official (Name) :	
• Responsible Official Title :	
Organization Name :	
• Organization Address Line 1 :	
Organization Address Line 2 :	
Country :	
City/Town :	
* State/Province:	
* Postal Code:	
Email Address :	
* Telephone Number:	
* Public or Private Ownership? :	
• Type of Owner : (2)	



Application Information :Operator

- Provide the identification and contact information for the Operator as requested.
- This could be a new or existing Operator if the new owner is NOT going to make a change in operator.

*New Operator Organization Name :
Operator Type :Select
*Operator Address Line 1 :
Operator Address Line 2 :
*City/Town:
* State/Province:
• Postal Code:
Operator Contact Name :
• Operator Contact email :
*Telephone Number:



Application Information : Transferor

- Provide the identification and contact information for the Previous/ Existing Owner (Transferor).
- Click "Continue Application" when done.

reveptione number.		
Telephone Number:		
Email Address :		
Postal Code:		
State/Province:		
City/Town :		
Country :		
Organization Address Line	2:	
Organization Address Lin	÷1:	
Organization Name :		
Responsible Official Title		
	ity Responsible Official (Name) :	



Application Information: Permit Transfer Details

- The next section starts with a table where each permit to be transferred must be listed
- Click "Add a Row" to start.
- For each permit, identify the permit type, the approval or transmittal number and the date the permit was issued.
- Also indicate the effective date of the permit transfer.
- Click "Submit" when done with the first permit and repeat for additional permits.



PERMIT TRA	NSFER DETAILS 0 of 0 Permit Type (e.g. BWP SW#)	Transmittal number or approval number	Date permit was Issued	Effective date of Permi Transfer	ł
PERMIT TRA	NSFER DETAILS				
	ansfer Details	ation > Page 2 of 2		*indicators of	i require
and the	tion ² Informa	tion 5 bocuments	⁴ Provision	² Contributors	
Information		3 Documents	A Special Fee	5 Applicant and Contributors	6

PERMIT TRANSFER DETAILS			
Permit Type (e.g. BWP SW#):	Transmittal number or approval	Date permit was Issued :	
	number :		
Effective date of Permit Transfer:			
			
Submit			

Application Information : Additional Requirements

- The Additional Requirements section asks two questions.
 - If answer is "Yes" to the first question, the notice will be a required attachment.
 - If answer is "Yes" to the FAM question, please provide the name of the issuer, the account number and the amount of the FAM in the space provided

Additional Requirements

* Have you filed notice that the facility is operating in the registry of deeds or if the site is registered land, in the registry (?) section of land court for the district wherein the land lies in accordance with 310 CMR 19.044?:
 (e) Yes () No

* If the facility is required to maintain financial assurance, has the Transferee (new permit holder) obtained financial assurance as required pursuant to 310 CMR 19.051? :

Yes

Financial Assurance mechanism Description: Please include the name of the issuer, the Account number and the amount of the FAM: *



Application Requirements: Transferee Agreements

Select the Agreement that applies and answer yes or no

Transferee Agreements

Important: A transfer of a permit does not relieve previous owners of liability for the site under M.G.L. c. 21E or c. 21H. Please answer either questions #1 or #2 below:

1. For All Permits Except a Post-Closure Use Permit for Solar Panel Installation: Does the Transferee (new permit holder) agree to be responsible to operate and maintain the solid waste management facility in accordance with all applicable laws and regulations; in accordance with conditions of the site assignment, all permits, approvals, and authorizations; and to correct any and all conditions at the site of facility which result in a threat to public health, safety, or the environment or constitute violations of the site assignment laws, regulations, or conditions of the permit, approvals, or authorizations?: \bigcirc Yes \bigcirc No

2. For Post Closure Use Permit for Solar Energy Generation at a Solid Waste Management Facility: Does the Transferee (new permit holder) agree to be responsible to operate and maintain the solar energy generation facility in accordance with all applicable laws and regulations, and in accordance with the conditions of the site assignment, the post-closure use permit(s) and any modifications thereto, and to correct any and all conditions, at the site of the post-closure use permit activity, which result in a threat to public health, safety, or the environment or constitute violations of the laws, regulations, or conditions of any permit, approval, or authorization, and are caused by or related to the activity authorized by the post-closure use permit being transferred?:

○ Yes ○ No

Continue Application »

Save and resume later

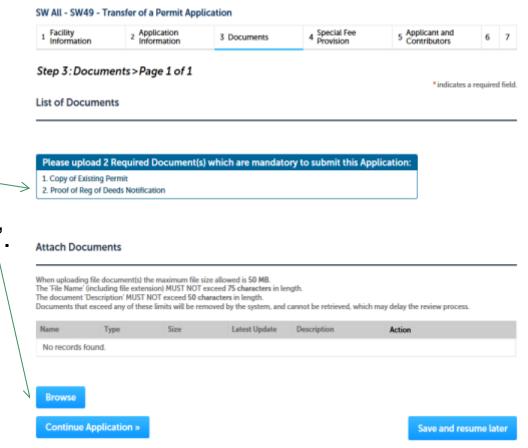




- Be Prepared!
 - The system will list the documents that are required as attachments.
 - Each of those required documents must be attached separately in order to pass validation.
 - This means uploading each required document as a discrete file.
 - Prepare your files in advance and save time during the upload.
- There are additional document types available in the list that you can optionally attach as needed.



- Upload all required documents for your application.
 - The required documents will be listed on the application
- To begin attaching documents, click "Browse".
- You should upload each permit to be transferred individually and note the permit type in the description





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

File Upload	×
When uploading file document(s) the maximum The 'File Name' (including file extension) MUS The document 'Description' MUST NOT exce Documents that exceed any of these limits w retrieved, which may delay the review proces	ST NOT exceed 75 characters in length. ed 50 characters in length. ill be removed by the system, and cannot be
Blank Upload 1.docx	100%
Blank Upload 2.docx	100%
Blank Upload 3.docx	100%
Continue Browse	Remove All Cancel



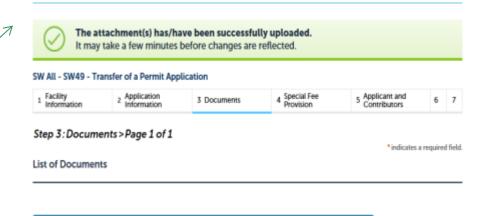
- Indicate the document type
- Provide a description of each document that you uploaded
- Click "Browse" to add more documents
- When all documents are uploaded and described, click "Save"
- Click "Continue Application"
- You must attach the required documents as listed before moving on.



EEA ePLACE Portal

	File: Blank Upload 1.docx 100%			
	Description (Maximum 50 chara	ctorsh		
	A maximum of 50 characters.	consy.	<u>`</u>	
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	Select			
	File: Blank Upload 2.docx			
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	* Type:			Remove
	Select			
	File:			
	Blank Upload 3.docx 100%			
	Description (Maximum 50 chara	ctors):		
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	Save Browse Remo	ove All		
И	Continue Application »			Save and resume later

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



Please upload 2 Required Document(s) which are mandatory to submit this Application: 1. Copy of Existing Permit 2. Proof of Reg of Deeds Notification

Attach Documents

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

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	Туре	Size	Latest Update	Description	Action
hay minions.jpg	Proof of Reg of Deeds Notification	156.41 KB	06/06/2018	b xcbbovbx	Actions -
hardanger.jpg	Copy of Existing Permit	79.88 KB	06/06/2018	sadvfagafgfad	Actions 👻



Continue Application »

Special Fee Provision

- Leave blank and click "Continue Application" if special fees do not apply to your situation.
- If you are eligible for 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	пытылы и горыты поле	
Check if applicable:		
Exemption: ()		
 Exclusion (special agreement or policy): 🕖		
ubstitution (ASP/IRP): ①		
] Jouble Fee for Enforcement: ①		
] Iardship 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 type of authority under 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	2	3 Documents		4 Special Fee Provision	5 Application 5 Contril	ant and butors	6 Review	7 Application Submitted
Ste	ep 5:	Applicant	and Con	tributors > Pa	ge 1 of 1			
								* indicates a required fie
App	plica	tion Contrib	utors					
_								
Shov	wn bel	ow are all registe	ed users that	t have viewed, edite	d and/or signed th	is application.		
Sho	wing (0-0 of 0						
1	Name	Orga Nam	nization	Contact Person	Telephone #	E-mail	Action	
No	o reca	rds found.						
No	o reco	rds found.						
No	o reco	rds found.						
		rds found.						
Sig	nato	ry Authority						
Sig	nato							
Sig • Or	nato	ry Authority						
Sig • Or	nato	ry Authority						
• Or • So	nato	ory Authority ation Name: of Signatory Au						
Sig Or So	ganiz urce	ory Authority ation Name: of Signatory Au						

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 To View your contact, click the View link. Applicant Information:

Laurel Carlson

1 Winter St.

Boston, MA, 02108

Telephone #: 111-111-1111 Email: Laurel.Carlson@massmail.state.ma.us

Edit or View

Continue Application »

Save and resume later



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"

SW All - SW49 - Transfer of a Permit Application 4 Special Fee Provision 7 Application Submitted Applicant and 1 2 3 Documents 5 Contributors 6 Review Step 6: Review Continue Application » Save and resume late Please review all information below. Click the "Edit Application" button to make changes, if needed Review and Certification If you arrive at this Review page after selecting "Resume Application" from your dashboard, (and then select "Pick up where I left 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. Edit Application Facility Information ALLEN AVENUE SCHOOL 10 ALLEN AVE NORTH ATTLEBOROUGH MA 02760 DEP Facility ID: 280323 DEP Region: SE AQ ID: 1203286 Facility Record ID: 15-FAC-008705 Owner Information Showing 1-1 of 1 Contact Organization Name Telephone # E-mail Action

111-111-1111 Laurel.Carlson@massmail.state.ma.us Edit/View

General Information

Type of Facility:

Carls

Landfill



Certification Form

- When the applicant is logged in, the applicants name will appear in the "Applicant Information" box.
- Read the Certification Statement.
- When you check the box stating "I agree to the above certification" the date will be inserted and the application content locked.
- Click on Continue to pay the application fee.



EEA ePLACE Portal

Applicant Information Individua Telephone #:617-348-4095 Laurel J Carlson E-malt Laurel Carlson@state.ma.us Roston 02108 United States Ext # One Winter St 7th Floor "I attest under 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 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 9on behalf of such entity; and d. i am aware that there are significant penalties including but not limited to, administrative and civil penalties I agree that I am the Applicant. If you are not the Applicant then click on 'Save and resume later' Date button. **Continue Application** > Save and resume late

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 All - SW49 - Transfer of a Permit Application

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

- 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 Amoun
DEP/AQ/Restricted Emission Status/Application	17TMP-004180 \$1,900.0
	\$1,900.0
	Total Convenience Fee Due: \$44 Total Amount Due: \$1,944.
Billing Information Enter Company AND/OR First and Last Name below.	Payment Information To pay by electronic check, click the ACH tab.
Enter Company Name	Card Type
	Select Card Type
First Name	Card Number
	Enter Card Number
Last Name	
Enter Last Name	CVV Code
Street	Enter CVV Code
Enter Street	Expiration
	01 2017
City	
Enter City	
State/Territory	Check to accept both the Commonwealth of Massachusetts and nCourt Terms Agreements.
Select State	I Accept
Zip	Commonwealth of Massachusetts Terms Agreement
Enter Zip	
Phone Number	I authorize the charge to my credit card for the amount shown above. I agree to pay the total amount above
()	according to the card issuer agreement. By checking the
	box below, I certify that I am an authorized user for the above referenced credit card account.
Email	
Enter Email Address	a Cauld Tarray Assumption
Confirm Email	nCourt Terms Agreement
Enter Email Address	



Pay by Mail

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

NOTICE DATE: 6/6/2018

Thank you for submitting your online authorization application form for authorization type: SW All - SW49 - Transfer of a Permit Application. Your Application Number is: 18-SW49-000014-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 18-SW49-000014-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 will not begin review of the application 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>#18-SW49-000014-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

		4 Special Fee Provision	5 Applicant and Contributors	6 Review	7 Pay Fees	8 Record Issuance
Ste	p 8: R	ecord Issuance				
	\sim	Successfully Complet	ad			
(\checkmark	successfully complete	eu.			
		for using our online s				
Your	r Recor	d Number is 18-SW49	-000014-APP.			
-						
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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.



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 Public Access Portal 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>https://www.mass.gov/service-details/massdep-regional-offices-bycommunity</u>
- To see a copy of you application, also see <u>https://eeaonline.eea.state.ma.us/EEA/PublicApp/</u>



