|  | Massachusetts Department of Environmental Protection  Bureau of Air and Waste – Hazardous Waste  BWP HW RDS 08 (for use with HW 25)  Recycling Data Sheet For Class C Permit | | | Facility ID (if known) |
| --- | --- | --- | --- | --- |
| **Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.  keys | A. Summary of Recycling Activity | | | |
| 1. Does the applicant plan to recycle Class C recyclable material generated at the site of recycling? | | | |
| Yes  No | | (If “Yes”, attach RDS 08 – 3 described below) | |
| 2. Does the applicant plan to accept Class C recyclable material not generated at the site of recycling and recycle that material without storing it prior to recycling? | | | |
| Yes  No | | (If “Yes”, attach RDS 08 – 3 through RDS 08 – 5 described below) | |
| B. Recycling Data Sheet Attachments | | | |
|  | (Please label all attachments clearly as listed below) | | | |
|  | **Attachment** | **Brief Description of Information Required** | | |
|  | **RDS 08-1:** Attach a detailed description of the recycling process. Explain why the process cannot be made completely enclosed so as to qualify for a Class A permit.  **RDS 08-2:** Attach a detailed description of the management and record-keeping procedures to be used to assure the Department the recyclable material is being accumulated rather than stored.  **RDS 08-3:** Attach additional information the Department will need to determine that the recycling does not pose a significant hazard to the public health, safety, welfare, and the environment.  **RDS 08-4:** Attach a detailed description of the process for receiving recyclable materials for processing without prior storage.  **RDS 08-5:** Attach all information as required by 310 CMR 30.804(l) through (5), (24), and (25). | | | |

**C. Certification**

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| 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 (MM//DD/YYYY) |