

#### **Massachusetts Department of Environmental Protection**

Bureau of Waste Prevention – Hazardous Waste

# HW RDS 01 (for use with HW 21)

Recycling Data Sheet for Class A Permits Involving Transport of **Recyclable Material** 

Facility	ID	/if	known)	١
I acility	יטו	l III	KIIOWIII	

а	. Facility Nam	ne		
b	. Facility Addı	ress		
С	. City/Town		d. State	e. Zip Code
f.	EPA Identific	cation Number or MA Identification Number	er	
<b>D</b>		nary of Recycling Active applicant plan to send Class A re	•	ner person(s)?
	□Yes	□No	(If "Yes" attach RDS	01-1 described below)
2.	☐ Yes  Does the	□ No applicant plan to receive Class A		01-1 described below) any person(s)?
2.	Does the	_	A recyclable material from (If "Yes", attach RDS	any person(s)? 01-1 described below)

#### Attachment: **Brief Description of Information Required**

RDS 01-1: This form should be filled out by generators. Provide the names, addresses and EPA

identification numbers of persons to whom recyclable material will be sent. For any persons located in Massachusetts, specify whether they have applied for, or been granted, a valid recycling permit to receive the recyclable material. Specify the type of

permit. Make additional copies of this form as needed.

RDS 01-2: This form should be filled out by offsite recyclers. Provide the names, addresses and

> EPA identification numbers of persons from whom recyclable material(s) are to be received. For any persons located in Massachusetts, specify whether they have applied for, or been granted, a valid recycling permit to send the recyclable material offsite.

Specify the type of permit. Make additional copies of this form as needed.

If any person listed in Attachments RDS 01-1 is located outside of Massachusetts, they RDS 01-3:

must sign the attached RDS 01-3 certification statement.

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Bureau of Waste Prevention - Hazardous Waste

## **HW RDS 01-1**

(for use with HW 21) Recycling data sheet for generators

If no, complete form HW RDS01-3

Transmittal Number #	
Facility ID (if known)	

#### A. Instructions

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key. This form should be filled out by generators sending Class A regulated recyclable materials to an offsite recycler. Provide the names, addresses and EPA identification numbers of persons to whom recyclable material will be sent. For any persons located in Massachusetts, specify whether they have applied for, or been granted, a valid recycling permit to receive the recyclable material. Specify the type of permit. Make an additional copy of this form for each off-site recycler.

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B. (	Off-Site	Recycl	ing Fa	acility	Informati	ion
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1.	Facility:		
	Name of Facility		
	Address		
	City/Town	State	Zip Code
	EPA Identification Number		
2.	Is the facility located in Massachusetts?		
	☐ Yes ☐ No		
	If <b>yes</b> , has this facility applied for or been granted a valid recycling permit to receive the recyclable material?		
	☐ Applied For ☐ Granted	Type of Permit	

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## **HW RDS 01-2**

(for use with HW 21) Recycling data sheet for offsite recyclers

Transmittal Number #
Facility ID (if known)

#### A. Instructions

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key. This form should be filled out by offsite recyclers receiving Class A regulated recyclable materials. Provide the names, addresses and EPA identification numbers of persons from whom the recyclable materials are to be received. For any persons located in Massachusetts, specify whether they have applied for, or been granted, a valid recycling permit to send the recyclable material offsite to your facility. Specify the type of permit. Make an additional copy of this form for each person sending you recyclable material.





B. Facility Ir	nformation
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1.	Facility:			
	Name of Facility			
	Address			
	City/Town	State	Zip Code	
	EPA Identification Number	_		
2.	If the facility located in Massachusetts?			
	☐ Yes ☐ No			
	If <b>yes</b> , has this facility applied for or been granted a valid recycling permit to send the recyclable material to your facility?			
	☐ Applied For ☐ Granted	Type of Permit		

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# **HW RDS 01-3**

(for use with HW 21)
Class A, Out of State Certification Statement

Transmittal Number #	
Facility ID (if known)	_

### Certification

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





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 the information which relates to my involvement as described herein is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

Further, I certify that the regulated, recyclable materials described in the Class A permit application are materials that

Name of Receiving Facility	
is authorized to process in compliance with applicable s	state and federal laws and regulations.
Name of Applicant	
Print Name	Position/Title
Authorized Signature	Date (MM/DD/YYYY)

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## **HW RDS 05**

(for use with HW 21, HW 23 or HW 25) Recycling Data Sheet For Burning Used Oil for Energy Recovery Under a Class A Presumptive Permit or Class B(3) Permit

Transmittal Number #	
Facility ID (if known)	

### A. Summary of Recycling Activity

mportant: When illing out forms	1.	Does the applicant plan to burn used oil fuel that is generated at the burning site?		
on the computer, use only the tab		☐ Yes ☐ No		
key to move your cursor - do not use the return		(If "Yes", attach RDS 05-1 through RDS 05-5 described below).		
key.	2.	Does the applicant plan to burn used oil fuel that is generated off the burning site?		
tab		☐ Yes ☐ No		
rotura		(If "Yes", attach RDS 05-1 through RDS 05-6 described below).		

### **B. Recycling Data Sheet Attachments**

(Please label all attachments clearly as listed below)

#### Attachment: Brief Description of Information Required

Attachment: E	srier Description of Information Required		
RDS 05-1:	Attach a description of the fuel characteristics determined through satisfactory analysis, including the constituents or properties listed in 310 CMR 30.215 and 30.216. Describe the characteristic variations, if appropriate.		
RDS 05-2:	Attach a description of the procedure for determining the characteristics stated above. If laboratory analysis is used, provide the name of each laboratory used and certification status. Describe the quality assurance procedures in use at the laboratory.		
RDS 05-3:	Attach a copy of the Department's air quality approval to burn the used oil fuel pursuant to 310 CMR 7.00. Describe any conditions in that approval on the specification or type of fuel to be burned and any required air pollution control technology. Also describe how those conditions will be met.		
RDS 05-4:	Attach a description of the facilities for fuel storage showing that they meet the storage requirement stated or referred to in:		
	(1) 310 CMR 30.690 through 30.698 (for applicants planning to burn off-specification used oil generated off the burning site)		
	or		
	(2) 310 CMR 30.253 (for all other applicants).		
RDS 05-5:	Attach a description, if applicable, of the procedure for mixing the used oil fuel with other fuel, demonstrating that it is not subject to licensing pursuant to 310 CMR 30.800.		
RDS 05-6:	If the applicant plans to burn used fuel oil generated by a person(s) other than the applicant, attach		

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persons are "marketers" and provide reference to their permits.