

# Weymouth Health Department

**Director**  
**Daniel McCormack,**  
**R.S., C.H.O**

**Mayor**  
**Robert L. Hedlund**



**Health Department**  
**75 Middle Street**  
**Weymouth, MA 02189**  
**Tel. (781) 340-5008**  
**Fax. (781) 682-6112**

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## **Hazardous Materials Registration** **Process Letter**

In accordance with Weymouth Town Ordinances Section 7-401, any business that stores greater than 50 Gallons or 25 Pounds of **hazardous materials** or **hazardous wastes** must obtain a permit from the Health Department.

Completed application packets must be mailed or dropped off at the Health Department. Applications cannot be submitted electronically. Contact our office at 781-340-5008 with any questions.

All documents requiring signature must be signed and each section completed in full. Incomplete applications will be returned. Your application must include the following documentation:

To obtain a permit, you must complete the Hazardous Material Registration Form and submit it along with the annual fee.

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## HAZARDOUS MATERIALS REGISTRATION FORM

### Section I

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### Section II

Type of Business: \_\_\_\_\_  
List Principal Products or Services: \_\_\_\_\_

### Section III

#### Hazardous Materials Inventory

Please express quantities in gallons or pounds, consumption or generation rate on a monthly basis and use the following abbreviation for type of container:

**P** = Plastic      **G** = Glass      **M** = Metal      **F** = Fiber

**A.** In the table below, list all **hazardous materials** used or stored on the premises. Please attach a *Materials Safety Data Sheet* for all chemicals listed.

Hazardous Materials	Type of Container	Container Size	Maximum # of Containers	Consumption Rate	Hazardous Characteristics

• **NOTE:** If additional space is needed, attach a separate sheet of paper following the same format.

**B.** In the table below, list all **hazardous wastes** generated on the premises:

Material Name	Type of Containers	Container Size	Maximum # of Containers	Generation Rate	Hazardous Characteristics

**Section IV**

**Underground Storage/Aboveground Storage Tanks**

**A.** In the table below, please fill in information if there are **Underground Storage Tanks (UST's)** on the premises.

	UST 1	UST 2	UST 3	UST 4	UST 5
Contents					
Tank Size (gallons)					
Date of Installation					
Date of Most Recent Test					
Type of Tank					
Protection Devices?					

**B.** In the table below, please fill in information if there are **Aboveground Storage Tanks (AST's)**

	AST 1	AST 2	AST 3	AST 4	AST 5
Contents					
Tank Size (gallons)					
Date of Installation					
Date of Most Recent Test					
Type of Tank					
Inside or Outside?					
Is the Tank Diked?					

**Section V.**

Below sketch/map showing the locations of buildings and any outside storage of hazardous materials and/or waste. Identify any storage using symbols UST, AST, C (for container or drum).

**Section VI.**

Below sketch/map of floor plan of the buildings. Locate where hazardous materials and/or wastes are handled, used or stored.

**Section VII.**

Attach any process flow diagrams available for your facility.

**Section VIII.**

Please answer the following:

If you generate hazardous wastes, please indicate your EPA waste generator #. Please indicate also if you are a very small quantity generator (VSQG), small quantity generator (SQG), or large quantity generator (LQG).

1. Is there a Right-to-Know coordinator at your facility?
  
2. Do you discharge hazardous materials to the Town sewer system? If so, please indicate your discharge permit #. Attach a copy of the discharge permit to this registration form.
  
3. What are your waste disposal methods? Do you recycle any of your wastes?
  
4. Do you discharge any waste to the air? If so, explain how and any air pollution control devices which exist at your facility? Also, attach any air discharge permits issued to your facility.
  
5. Are there any floor drains in your facility? If so, where are they and what are they connected to?
  
6. Is there an MDC gas trap or oil/water separator on the premises? If so, who maintains it? When was the last time it was cleaned out?
  
7. Are there any monitoring wells on the property?

Name of individual completing this form: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

Please return completed form, and the thirty dollar (\$30.00) registration fee to:

**Weymouth Health Department  
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