

**Town of Weymouth
Massachusetts**

Weymouth Health Department
Daniel McCormack, R.S., C.H.O.
Director of Public Health

Mayor Robert L. Hedlund



75 Middle Street
Weymouth, MA 02189
Tel. (781) 340-5008
Fax. (781) 682-6112
www.weymouth.ma.us/health

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.

Attach a 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.

Attach a 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
Attn: Matthew Brennan
75 Middle St., Weymouth, MA 02189