

**Municipality/Organization:** Tyngsborough

**EPA NPDES Permit Number:** MAR051229

**MassDEP Transmittal Number:** X260825

**Annual Report Number**

**& Reporting Period:**

**No. 10: April 2013- April 2014**

## **NPDES PII Small MS4 General Permit Annual Report**

### **Part I. General Information**

**Contact Person:** Matthew Marro

**Title:** Director of Conservation

**Telephone #:** 978-649-2300 ext. 116

**Email:** mmarro@tyngsboroughma.gov

#### Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**Signature:**

*Michael P. Gilleberto*

**Printed Name:** Michael Gilleberto

**Title:** Town Administrator

**Date:** May 1, 2014

## Part II. Self-Assessment

Two thousand thirteen was a very busy year for the Town of Tyngsborough working hours have been maintained at current levels to the personnel resulting in increased implementation and enforcement. As the Department of Planning and Community Development was dissolved in 2003, all duties set forth in the original permit under the Department of Planning and Community Development have been absorbed by the Conservation Commission whose budget was maintained in 2013 and is on course to be further stabilized in FY 2015. This year, through a regional collaborative, funded by a Community Innovation Grant, the Conservation Director as well as the Assistant Town Administrator participated in several meetings and discussions to further stormwater initiatives in a regional setting for efficiency and depth of impact. As stated in the Memorandum of Understanding for the Northern Middlesex Stormwater Collaborative (NMSC), “the goal of the Collaborative is to effectively manage stormwater and improve water quality, engage in resource sharing among local governments, and improve the quality of service provided to residents”.

1. *Public Education and Outreach:* The Town was successfully complete BMPs 1 and 2. An updated storm water pamphlet is under development and will be ready for Permit Year 10 with distribution through tax bills to reach all residents for permit year 11. Additionally, the school department has developed and executed a storm water poster design program in Year 4, and is still ongoing. This past year, on our annual earth day celebration, a Tyngsborough High School Student set up and maintained an exhibit for the day on ways to keep the Merrimack River clean which included storm water helpful hints. This was part of an ongoing program at the high school level where students create these projects as part of a grade. Articles regarding storm water management were published this outlining the implementation of regulations promulgated under by-law and home owner prevention tips. The Town Conservation Director ran two local cable access specials on storm water and is about to implement a monthly series starting in July 2014 which will involve the appearance of local personalities and officials. The Board of Health continued to distribute pamphlets on household waste disposal and guides for homes, schools, and restaurants on grease traps. In addition to the public education components proposed in our permit, the Conservation Commission has integrated an educational program on storm water management on the cable access channel as stated above.
2. *Public Involvement and Participation:* The Board of Health held their regularly scheduled Hazardous Waste Day in May 2013. The Conservation Commission is in the process of developing a water quality monitoring program with the NMSC and established stream clean-up days implemented this year having in anticipation of the next NPDES permit phase. The NMSC is also working on regional brochures for each participating community as well as holding training days for local officials and board members on storm water issues. In this past year as well, mindful of upcoming requirements for a new storm water permit, the Town in cooperation with the Northern Middlesex Council of Governments (NMCOG) is currently examining updating our aerial data base and the Town continued to explore any

regional solutions with NMCOG as the Merrimack River is a shared and vital regional resource. As a result and as mentioned above, the town is now participating with NMCOG in a northeast regional stormwater collaborative.

3. *Illicit Discharge Detection and Elimination:* The Town contracted with NMCOG to map catch basins and outfalls and other public drainage structures. This mapping is complete and maintained. All departments have fulfilled BMP #14 requiring employee training for spill prevention. In-house training has been comprehensive and been kept up to date. A comprehensive Hazardous Materials Release Plan for the Town was previously completed. The Highway Department has continued wet and dry weather inspections of priority outfalls. I and I studies completed in 2002 and 2009 showed very minor infiltration of storm water into the sewer system. The Sewer Department has developed and distributed a pamphlet for sewer users regarding illicit connections to the sewer system, especially pertaining to sump pumps. The pamphlet is routinely distributed with the sewer bills. There also has been a comprehensive CWWMP completed in 2008. This CWWMP is being followed and updated as fiscal constraints allow. The Board of Health continues to provide a 24/7 hotline for detection of failed septic systems.
4. *Construction Site Storm water Runoff Control:* The Conservation Commission has revised their rules and regulations requiring all filings involving a new storm drain system or connection to an existing storm drain system provide the Commission with a detailed storm water pollution prevention plan for during construction, as well as, for long-term maintenance of the storm water system. This plan shall specify detailed construction methods for erosion control, identify responsible parties and shall include a signed affidavit that all conditions of the pollution prevention plan shall be met. The discharge of any substances into the storm drain system, other than storm water, is strictly prohibited. The Planning Board has revised their Subdivision Rules and Regulations for construction site runoff control to conform to the Massachusetts Department of Environmental Protection Storm water Management Policy Standards and Best Management Practices. The Conservation Commission has implemented and currently holds local storm water permit hearings complete with a local permit form issued to applicants. The Commission also has instituted a fee structure based on promulgated regulations to aid in funding for inspections and the running of the Conservation office. Additionally the Planning Board has instituted construction phasing and bonding schedules to minimize adverse impacts to water quality. These revisions were implemented in 2007 as outline in item 5.
5. *Post-construction Stormwater Management in New Development and Redevelopment:* At the October 2007 town meeting, a By-Law entitled "By-law for the Management of Storm water and Illicit Connections, Obstructions and Illegal Discharges to the Storm Sewer System", was adopted. The By-Law addresses issues to minimize negative impacts of storm water on water quality, control of runoff during and after development, as well as enhanced erosion control. NMCOG, under contract to the Town, assisted the Town with the development of this By-Law. Regulations to promulgate under this by-law were completed in the October of 2010 and are implemented and ongoing.

6. *Pollution Prevention and Good Housekeeping in Municipal Operations:* All BMPs for this requirement have been satisfactorily completed.

### Part III. Summary of Minimum Control Measures

#### 1. Public Education and Outreach

| BMP ID # | BMP Description                                      | Responsible Dept./Person Name                 | Measurable Goal(s)                                                | Progress on Goal(s) – Permit Year 10<br>(Reliance on non-municipal partners indicated, if any) | Planned Activities – Future years                                            |
|----------|------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 1        | Develop pamphlet on stormwater                       | Stormwater Committee, Conservation Department | Distribute with water, sewer, tax bills                           | Completed. Distributed with sewer bills indicated, if any)                                     | Continued dispersal with tax bills. Regional pamphlets under development.    |
| Revised  |                                                      |                                               |                                                                   |                                                                                                |                                                                              |
| 2        | Develop stormwater poster design program             | Stormwater Committee, Conservation Department | Annual contest by students                                        | The school dept held a poster contest One student had his presentation exhibited on earth day. | Annual contest.                                                              |
| Revised  |                                                      |                                               |                                                                   |                                                                                                |                                                                              |
| 3        | Develop pamphlet on household waste disposal         | Board of Health                               | Distribute with Hazardous Waste collection info                   | Completed                                                                                      | Continued distribution at Health Fair and Hazardous Waste Day.               |
| Revised  |                                                      |                                               |                                                                   |                                                                                                |                                                                              |
| 4        | Guide for home, school, restaurant for grease traps. | Board of Health                               | Distribute at Health Fair, with septic approvals and inspections. | Completed                                                                                      | Continue distributing.                                                       |
| Revised  |                                                      |                                               |                                                                   |                                                                                                |                                                                              |
| 5        | Articles in newsletter                               | Conservation Agent                            | Quarterly articles on related topics.                             | Articles were published this year.                                                             | Will continue with bi annual articles on related topics.                     |
| Revised  |                                                      |                                               |                                                                   |                                                                                                |                                                                              |
| 6        | Health Fair                                          | Board of Health                               | Annual booth on Storm water                                       | Completed. Information also distributed by Conservation Director at Earth Day Celebration.     | Will display storm water information at Health Fair next year and Earth Day. |
| Revised  |                                                      |                                               |                                                                   |                                                                                                |                                                                              |
| 7        | Catch basin stencil program                          | Highway Department                            | Stencil catch basins over three years.                            | ALL BASINS STENCILED- stencils inspected by Conservation Director.                             | Will continue stenciling program as new basins are installed and older       |

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| Revised |  |  |  |  |  | ones are maintained. |
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### 1a. Additions

|    |                                    |                         |                                      |                       |                                     |
|----|------------------------------------|-------------------------|--------------------------------------|-----------------------|-------------------------------------|
| 7A | Storm water video on cable access. | Conservation Department | Play a few times throughout the year | Played during Year 10 | Ready to implement commencing yr 11 |
|----|------------------------------------|-------------------------|--------------------------------------|-----------------------|-------------------------------------|

### 2. Public Involvement and Participation

| BMP ID #      | BMP Description                                        | Responsible Dept./Person Name      | Measurable Goal(s)                                | Progress on Goal(s) – Permit Year 10<br>(Reliance on non-municipal partners indicated, if any)                                       | Planned Activities – Permit Year 11                                                                                                                                |
|---------------|--------------------------------------------------------|------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8<br>Revised  | Public hearings on SWMP with annual review and comment | Selectmen, Conservation Commission | One public meetings on SWMP.                      | Two meetings held.                                                                                                                   | Plan is in place and on website.                                                                                                                                   |
| 9<br>Revised  | Create Storm water Advisory Committee                  | Selectmen, Storm water Committee   | Meet twice annually for review of program.        | Due to funding cutbacks, Committee did not meet.                                                                                     | Conservation Commission is assuming roll and continues to administrate this role through regulation and the public meeting process.                                |
| 10<br>Revised | Volunteer water quality monitoring program             | Conservation Department            | Develop program Year 2, annual testing thereafter | A water quality monitoring program has been initiated for Lake Mascouppic, programs for other waterways will be developed in Year 10 | Develop and implement water quality monitoring program for additional water bodies. Currently working with storm water collaborative for regional lab services bid |
| 11<br>Revised | Volunteer stream clean-up days                         | Conservation Department            | Annual cleanup of selected streams                | Adopt-a-stream program has been initiated.                                                                                           | Implement adopt-a-stream program.                                                                                                                                  |
| 12<br>Revised | Hazardous Waste Collection Day                         | Board of Health                    | Annual collection of hazardous materials          | Completed. See Attachment.                                                                                                           | Annual Hazardous Waste Day                                                                                                                                         |

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| Revised |  |  |  |  |  |

## 2a. Additions

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## 3. Illicit Discharge Detection and Elimination

| BMP ID # | BMP Description                                     | Responsible Dept./Person Name               | Measurable Goal(s)                                  | Progress on Goal(s) – Permit Year 10<br>(Reliance on non-municipal partners indicated, if any) | Planned Activities – Permit Year 11                  |
|----------|-----------------------------------------------------|---------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 13       | GIS mapping of outfalls and receiving waters        | Conservation Department, Highway Department | Portions of Town to be done annually                | Completed                                                                                      | New basins or outfalls will be mapped and stenciled. |
| Revised  |                                                     |                                             |                                                     |                                                                                                |                                                      |
| 14       | Employee training on spill prevention               | School, Water, Highway, Sewer Depts.        | Annual Training                                     | Completed                                                                                      | Training will continue on spill prevention.          |
| Revised  |                                                     |                                             |                                                     |                                                                                                |                                                      |
| 15       | Response plan for hazardous spills                  | Local Emergency Management Committee        | Develop and implement plan for employees and public | A Comprehensive Hazardous Materials Release Plan for the Town has been completed.              | Implementation, as needed                            |
| Revised  |                                                     |                                             |                                                     |                                                                                                |                                                      |
| 16       | Wet & dry weather inspections for priority outfalls | Highway and Conservation Director           | Identify likely areas, perform annually             | Continue performing wet and dry inspections                                                    | Continue sampling program.                           |
| Revised  |                                                     |                                             |                                                     |                                                                                                |                                                      |

|         |                                                             |                                                    |                                                        |                                                                                                 |                                                                                          |
|---------|-------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 17      | Modify bylaws to prohibit dumping into storm systems        | Planning Board, Conservation Commission, Selectmen | Develop bylaw for town meeting vote.                   | New By-law adopted in 2007                                                                      | Implement and revise as necessary. Regulations under the by-law currently being drafted. |
| Revised |                                                             |                                                    |                                                        |                                                                                                 |                                                                                          |
| 18      | Monitor illicit discharges into sewer & storm water systems | Sewer                                              | Identify likely portions of town and monitor annually. | The Sewer Superintendent has identified areas of concern and monitors continually               | Continued to monitor and eliminate illicit connections to the sewer systems.             |
| Revised |                                                             |                                                    |                                                        |                                                                                                 |                                                                                          |
| 19      | Detection of failed septic systems                          | Board of Health                                    | Provided Hotline for public                            | Two telephone lines are connected to the Board of Health office 24 hours a day with voice mail. | Continue to provide hotline.                                                             |
| Revised |                                                             |                                                    |                                                        |                                                                                                 |                                                                                          |

### 3a. Additions

|     |                                                                                  |                  |                                    |                           |                                                            |
|-----|----------------------------------------------------------------------------------|------------------|------------------------------------|---------------------------|------------------------------------------------------------|
| 19A | Pamphlet developed and distributed regarding illicit connections to sewer system | Sewer Commission | Distribute yearly with sewer bills | Developed and Distributed | Continue to distribute with sewer bills. Place on website. |
|     |                                                                                  |                  |                                    |                           |                                                            |

### 4. Construction Site Stormwater Runoff Control

| BMP ID # | BMP Description                                 | Responsible Dept./Person Name           | Measurable Goal(s)                         | Progress on Goal(s) – Permit Year 10<br>(Reliance on non-municipal partners indicated, if any) | Planned Activities – Permit Year 11                                                                                          |
|----------|-------------------------------------------------|-----------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| 20       | Enhance zoning for sediment and erosion control | Planning Board, Conservation Commission | Prepare zoning bylaw for town meeting vote | New By-law adopted in 2007.                                                                    | Continue to implement. Revisions on flood plain by-laws proposed and worked on with FEMA approved and now being implemented. |
| Revised  |                                                 |                                         |                                            |                                                                                                |                                                                                                                              |



|    |         |                                                         |                                                    |                                                                     |                                                                                                                                                                                                                                   |                                                                                                                                                                                                      |
|----|---------|---------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 21 | Revised | Revise site plan, subdivision, conservation regulations | Planning Board, Conservation Commission            | Revise to require stormwater pollution prevention plan.             | The Conservation Commission and Planning Board implemented regulations requiring conformance with the Massachusetts Department of Environmental Protection Storm water Management Policy Standards and Best Management Practices. | Completed and Continue Implementation                                                                                                                                                                |
| 22 | Revised | Develop regulations for erosion and sedimentation       | Conservation, Planning Board, Selectmen            | Regulations including control of waste & portable toilets           | The Planning Board and Conservation Commission have developed regulations regarding erosion and sedimentation.                                                                                                                    | Planning Board to develop regulations regarding control of waste and portable toilets. Commission implements erosion and sediment controls through local regulations and the public meeting process. |
| 23 | Revised | Revise site plan & subdivision regulations              | Planning Board, Conservation Commission, Selectmen | Regulations including inspection and enforcement in Bond amount     | Completed                                                                                                                                                                                                                         | Implementation                                                                                                                                                                                       |
| 24 | Revised | Revise site plan & subdivision regulations              | Planning Board, Conservation Commission, Selectmen | Regulations including signed affidavit that conditions will be met. | Completed                                                                                                                                                                                                                         | Implementation                                                                                                                                                                                       |
|    | Revised |                                                         |                                                    |                                                                     |                                                                                                                                                                                                                                   |                                                                                                                                                                                                      |

#### 4a. Additions

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## 5. Post-Construction Stormwater Management in New Development and Redevelopment

| BMP ID #      | BMP Description                                              | Responsible Dept./Person Name                      | Measurable Goal(s)                                        | Progress on Goal(s) – Permit Year 10<br>(Reliance on non-municipal partners indicated, if any) | Planned Activities – Permit Year 11 |
|---------------|--------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------|
| 25<br>Revised | Modify zoning for control of post development runoff         | Planning Board, Highway                            | Prepare zoning bylaw for town meeting vote                | New By-law adopted in 2007                                                                     | Implementation                      |
| 26<br>Revised | Modify site plan & subdivision regulations for maintenance   | Planning Board, Conservation Commission, Selectmen | Regulations including long term maintenance of stormwater | Completed                                                                                      | Implementation                      |
| 27<br>Revised | Modify site plan & subdivision regulations for water quality | Planning Board, Conservation Commission, Selectmen | Regulations including minimizing impacts to water quality | Revisions to By-law under consideration                                                        | Implementation.                     |
| Revised       |                                                              |                                                    |                                                           |                                                                                                |                                     |
| Revised       |                                                              |                                                    |                                                           |                                                                                                |                                     |
| Revised       |                                                              |                                                    |                                                           |                                                                                                |                                     |
| Revised       |                                                              |                                                    |                                                           |                                                                                                |                                     |

### 5a. Additions

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## 6. Pollution Prevention and Good Housekeeping in Municipal Operations

| BMP ID #      | BMP Description                           | Responsible Dept./Person Name                                 | Measurable Goal(s)                                                   | Progress on Goal(s) – Permit Year 10<br>(Reliance on non-municipal partners indicated, if any)                                                                                   | Planned Activities – Permit Year 11                                                                                                                                                                  |
|---------------|-------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 28<br>Revised | Training program for town employees       | School, Water, Highway, Sewer, Emergency Management Committee | Annual training for fertilizer, snow, dumping, maintenance and waste | Completed                                                                                                                                                                        | Continue annual training Working on specialized training sessions with North Middlesex Storm water Collaborative for employees and Board members both elected and appointed.                         |
| 29<br>Revised | Street Sweeping                           | Highway                                                       | Annual sweeping of streets                                           | Street sweeping began the first week in April.                                                                                                                                   | Will continue to sweep streets first chance in the spring.                                                                                                                                           |
| 30<br>Revised | Catch basin cleaning                      | Highway                                                       | Annual cleaning of basins                                            | Catch basin cleaning began the third week in March 2013- total of 1,432 cleaned to date this year                                                                                | Will continue to clean catch basin first chance in the spring                                                                                                                                        |
| 31<br>Revised | Water main flushing with dechlorination   | Water                                                         | Annual flushing after street sweeping                                | Completed after street sweeping completed                                                                                                                                        | Will continue to flush water main first chance in spring after street sweeping completed.                                                                                                            |
| 32<br>Revised | Spill kits at municipal facilities        | All Depts.                                                    | Annual Training                                                      | All municipal buildings have spill kits. Fire, Highway, Board of Health, Conservation, and most of the Police Dept. have had HAZMAT 1 <sup>st</sup> Response Awareness training. | ongoing                                                                                                                                                                                              |
| 33<br>Revised | TV or inspect all sewer lines in 20 years | Sewer, Highway                                                | Develop plan in five years                                           | Sewer Department purchased a camera package to inspect sewer lines. There will be further I/I studies in calendar 2009                                                           | Initiate inspection of possible illegal connections and propose dye testing this summer along with using the camera to insure that all connections are approved and tested for discharge parameters. |

|         |                                               |         |                                   |                                                                                                                   |                                         |
|---------|-----------------------------------------------|---------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 34      | Develop salt alternatives for sensitive areas | Highway | Develop and purchase in two years | Researching alternatives. Uses reduced salt/sand mixture in sensitive areas.                                      | Will continue to research alternatives. |
| Revised |                                               |         |                                   |                                                                                                                   |                                         |
| 35      | Inspect and maintain salt shed                | Highway | Annual inspection                 | Deicing materials storage facility continually monitor with close scrutiny at he end and beginning of each season | Continued monitoring                    |
| Revised |                                               |         |                                   |                                                                                                                   |                                         |

#### 6a. Additions

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#### 7. BMPs for Meeting Total Maximum Daily Load (TMDL) Waste Load Allocations (WLA) <<if applicable>>

| BMP ID # | BMP Description | Responsible Dept./Person Name | Measurable Goal(s) | Progress on Goal(s) – Permit Year 10<br>(Reliance on non-municipal partners indicated, if any) | Planned Activities – Permit Year 11 |
|----------|-----------------|-------------------------------|--------------------|------------------------------------------------------------------------------------------------|-------------------------------------|
| Revised  |                 |                               |                    |                                                                                                |                                     |
| Revised  |                 |                               |                    |                                                                                                |                                     |
| Revised  |                 |                               |                    |                                                                                                |                                     |
| Revised  |                 |                               |                    |                                                                                                |                                     |

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7a. Additions

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7b. WLA Assessment

Part IV. Summary of Information Collected and Analyzed

Flood Plain to River revised per MassDOT major road realignment and Bridge Repair Project. All Storm water utilities updated to bring Major Intersection of Rtes 113, 3A and the River to up-to-date specifications. All information and calculations and planting plans on file.

Part V. Program Outputs & Accomplishments (OPTIONAL)

Programmatic

|                                                 |       |    |
|-------------------------------------------------|-------|----|
| Storm water management position created/staffed | (y/n) | NO |
| Annual program budget/expenditures              | (\$)  | 0  |
|                                                 |       |    |

### Education, Involvement, and Training

|                                                                         |               |               |
|-------------------------------------------------------------------------|---------------|---------------|
| Estimated number of residents reached by education program(s)           | (# or %)      | 70 %          |
| Stormwater management committee established                             | (y/n)         | YES           |
| Stream teams established or supported                                   | (# or y/n)    | NO            |
| Shoreline clean-up participation or quantity of shoreline miles cleaned | (y/n or mi.)  | yes           |
| Household Hazardous Waste Collection Days                               |               |               |
| ▪ days sponsored                                                        | (#)           | 1             |
| ▪ community participation                                               | (%)           | 10%           |
| ▪ material collected                                                    | (tons or gal) | See enclosure |
| School curricula implemented                                            | (y/n)         | YES           |
|                                                                         |               |               |

### Legal/Regulatory

|                                                    | In Place<br>Prior to<br>Phase II | Under<br>Review | Drafted | Adopted |
|----------------------------------------------------|----------------------------------|-----------------|---------|---------|
| Regulatory Mechanism Status (indicate with "X")    |                                  |                 |         |         |
| ▪ Illicit Discharge Detection & Elimination        |                                  |                 |         | x       |
| ▪ Erosion & Sediment Control                       |                                  |                 |         | x       |
| ▪ Post-Development Stormwater Management           |                                  |                 |         | x       |
| Accompanying Regulation Status (indicate with "X") |                                  |                 |         |         |
| ▪ Illicit Discharge Detection & Elimination        |                                  |                 |         | x       |
| ▪ Erosion & Sediment Control                       |                                  |                 |         | x       |
| ▪ Post-Development Stormwater Management           |                                  |                 |         | x       |

## Mapping and Illicit Discharges

|                                        |            |     |
|----------------------------------------|------------|-----|
| Outfall mapping complete               | (%)        | 100 |
| Estimated or actual number of outfalls | (#)        | 138 |
| System-Wide mapping complete           | (%)        |     |
| Mapping method(s)                      |            |     |
| ▪ Paper/Mylar                          | (%)        | 100 |
| ▪ CADD                                 | (%)        | 100 |
| ▪ GIS                                  | (# or %)   |     |
| Outfalls inspected/screened            | (#)        |     |
| Illicit discharges identified          | (#)        |     |
| Illicit connections removed            | (est. gpd) |     |
| % of population on sewer               | (%)        | 30% |
| % of population on septic systems      | (%)        | 70% |
|                                        |            |     |
|                                        |            |     |

## Construction

|                                                                                                   |            |      |
|---------------------------------------------------------------------------------------------------|------------|------|
| Number of construction starts (>1-acre)                                                           | (#)        | 50   |
| Estimated percentage of construction starts adequately regulated for erosion and sediment control | (%)        | 100% |
| Site inspections completed                                                                        | (# or %)   | 100% |
| Tickets/Stop work orders issued                                                                   | (# or %)   | 0    |
| Fines collected                                                                                   | (# and \$) | 0    |
| Complaints/concerns received from public                                                          | (#)        | 60   |
|                                                                                                   |            |      |
|                                                                                                   |            |      |

## Post-Development Stormwater Management

|                                                                                                                          |     |      |
|--------------------------------------------------------------------------------------------------------------------------|-----|------|
| Estimated percentage of development/redevelopment projects adequately regulated for post-construction stormwater control | (%) | 100% |
|--------------------------------------------------------------------------------------------------------------------------|-----|------|

|                                          |          |      |
|------------------------------------------|----------|------|
| Site inspections completed               | (# or %) | 100% |
| Estimated volume of stormwater recharged | (gpy)    |      |
|                                          |          |      |
|                                          |          |      |

### Operations and Maintenance

|                                                                                                |                |                   |
|------------------------------------------------------------------------------------------------|----------------|-------------------|
| Average frequency of catch basin cleaning (non-commercial/non-arterial streets)                | (times/yr)     | 1/yr              |
| Average frequency of catch basin cleaning (commercial/arterial or other critical streets)      | (times/yr)     | 1/yr              |
| Total number of structures cleaned                                                             | (#)            | 1432              |
| Storm drain cleaned                                                                            | (LF or mi.)    | 350 LF            |
| Qty. of screenings/debris removed from storm sewer infrastructure                              | (lbs. or tons) | Not weighed       |
| Disposal or use of sweepings (landfill, POTW, compost, recycle for sand, beneficial use, etc.) |                | Screened for loam |
| Cost of screenings disposal                                                                    | (\$)           | Free              |
|                                                                                                |                |                   |
|                                                                                                |                |                   |

|                                                                                      |                |                   |
|--------------------------------------------------------------------------------------|----------------|-------------------|
| Average frequency of street sweeping (non-commercial/non-arterial streets)           | (times/yr)     | 1/yr              |
| Average frequency of street sweeping (commercial/arterial or other critical streets) | (times/yr)     | 1/yr              |
| Qty. of sand/debris collected by sweeping                                            | (lbs. or tons) | Not weighed       |
| Disposal of sweepings (landfill, POTW, compost, beneficial use, etc.)                | (location)     | Screened for loam |
| Cost of sweepings disposal                                                           | (\$)           | None              |
| Vacuum street sweepers purchased/leased                                              | (#)            | None              |
| Vacuum street sweepers specified in contracts                                        | (y/n)          | No                |
|                                                                                      |                |                   |
|                                                                                      |                |                   |

|                                                                                        |             |          |
|----------------------------------------------------------------------------------------|-------------|----------|
| Reduction in application on public land of: ("N/A" = never used; "100%" = elimination) |             |          |
| ▪ Fertilizers                                                                          | (lbs. or %) | 100 lbs. |
| ▪ Herbicides                                                                           | (lbs. or %) | 4 gals.  |
| ▪ Pesticides                                                                           | (lbs. or %) | N/A      |



|                                                          |                                                                                           |                                    |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------|
|                                                          |                                                                                           |                                    |
|                                                          |                                                                                           |                                    |
| Anti-/De-Icing products and ratios                       | % NaCl<br>% CaCl <sub>2</sub><br>% MgCl <sub>2</sub><br>% CMA<br>% Kac<br>% KCl<br>% Sand | 33%<br><br><br><br><br><br><br>67% |
| Pre-wetting techniques utilized                          | (y/n)                                                                                     | No                                 |
| Manual control spreaders used                            | (y/n)                                                                                     | No                                 |
| Automatic or Zero-velocity spreaders used                | (y/n)                                                                                     | Yes                                |
| Estimated net reduction in typical year salt application | (lbs. or %)                                                                               |                                    |
| Salt pile(s) covered in storage shed(s)                  | (y/n)                                                                                     | Yes                                |
| Storage shed(s) in design or under construction          | (y/n)                                                                                     | No                                 |
|                                                          |                                                                                           |                                    |

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                                           |          |                                                                                                                                                                                              |                                                                                    |                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                                               |                                                                     |                                                                     |                                                                      |                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 1. Generator ID Number<br><div style="border: 1px solid black; padding: 2px;">0000000000</div>                                            |          | 2. Page 1 of <div style="border: 1px solid black; padding: 2px;">1</div>                                                                                                                     |                                                                                    | 3. Emergency Response Phone<br><div style="border: 1px solid black; padding: 2px;">(977) 577-0000</div>                                                                                                                                                                                  |                                                                      | 4. Manifest Tracking Number<br><div style="border: 1px solid black; padding: 2px;">000502837</div> <b>FLE</b> |                                                                     |                                                                     |                                                                      |                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 5. Generator's Name and Mailing Address<br><div style="border: 1px solid black; padding: 2px;">3131 TOWERS DR NW<br/>24 WYOMING AVE</div> |          | Generator's Site Address (if different than mailing address)<br><div style="border: 1px solid black; padding: 2px;">1101 TOWERS DR NW<br/>24 WYOMING AVE<br/>TOWERSVILLE PA 15783-1000</div> |                                                                                    |                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                                               |                                                                     |                                                                     |                                                                      |                                                                      |  |
| 6. Generator's Phone:<br><div style="border: 1px solid black; padding: 2px;">(717) 233-1111</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                       | 6. Transporter 1 Company Name<br><div style="border: 1px solid black; padding: 2px;">ALCO CONTAINERS INC</div>                            |          | U.S. EPA ID Number<br><div style="border: 1px solid black; padding: 2px;">PA000000000</div>                                                                                                  |                                                                                    | <div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; transform: rotate(-5deg);">MAY 28 2013</div> <div style="font-size: 1.5em; font-weight: bold; transform: rotate(-5deg);">BOARD OF HEALTH</div> |                                                                      |                                                                                                               |                                                                     |                                                                     |                                                                      |                                                                      |  |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       | U.S. EPA ID Number                                                                                                                        |          | U.S. EPA ID Number                                                                                                                                                                           |                                                                                    |                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                                               |                                                                     |                                                                     |                                                                      |                                                                      |  |
| 8. Designated Facility Name and Site Address<br><div style="border: 1px solid black; padding: 2px;">HORTON AND ENVIRONMENTAL, LLC<br/>277 ALUMINUM AVENUE<br/>FARMINGTON, PA 15437</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       | Facility's Phone:<br><div style="border: 1px solid black; padding: 2px;">(717) 233-1111</div>                                             |          | U.S. EPA ID Number<br><div style="border: 1px solid black; padding: 2px;">PA000000000</div>                                                                                                  |                                                                                    |                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                                               |                                                                     |                                                                     |                                                                      |                                                                      |  |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))                            |          |                                                                                                                                                                                              | 10. Containers                                                                     |                                                                                                                                                                                                                                                                                          | 11. Total Quantity                                                   | 12. Unit Wt./Vol.                                                                                             | 13. Waste Codes                                                     |                                                                     |                                                                      |                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                                           |          |                                                                                                                                                                                              | No.                                                                                | Type                                                                                                                                                                                                                                                                                     |                                                                      |                                                                                                               |                                                                     |                                                                     |                                                                      |                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1.                                                                                                                                                                                                                    | HAZARDOUS WASTE MATERIALS - FLAMMABLE, CORROSIVE, REACTIVE, TOXIC                                                                         |          |                                                                                                                                                                                              | 6                                                                                  | DRUM                                                                                                                                                                                                                                                                                     | 1200                                                                 |                                                                                                               | D001, P001, U001                                                    |                                                                     |                                                                      |                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2.                                                                                                                                                                                                                    | HAZARDOUS WASTE MATERIALS - FLAMMABLE, CORROSIVE, REACTIVE, TOXIC                                                                         |          |                                                                                                                                                                                              | 14                                                                                 | DRUM                                                                                                                                                                                                                                                                                     | 770                                                                  |                                                                                                               | D001, P001, U001                                                    |                                                                     |                                                                      |                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3.                                                                                                                                                                                                                    | HAZARDOUS WASTE MATERIALS - FLAMMABLE, CORROSIVE, REACTIVE, TOXIC                                                                         |          |                                                                                                                                                                                              | 2                                                                                  | DRUM                                                                                                                                                                                                                                                                                     | 400                                                                  |                                                                                                               | D001, P001, U001                                                    |                                                                     |                                                                      |                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4.                                                                                                                                                                                                                    | HAZARDOUS WASTE MATERIALS - FLAMMABLE, CORROSIVE, REACTIVE, TOXIC                                                                         |          |                                                                                                                                                                                              | 5                                                                                  | DRUM                                                                                                                                                                                                                                                                                     | 250                                                                  |                                                                                                               | D001, P001, U001                                                    |                                                                     |                                                                      |                                                                      |  |
| 14. Special Handling Instructions and Additional Information<br><div style="border: 1px solid black; padding: 2px;">NO SPECIAL HANDLING INSTRUCTIONS</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                       |                                                                                                                                           |          |                                                                                                                                                                                              |                                                                                    |                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                                               |                                                                     |                                                                     |                                                                      |                                                                      |  |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. |                                                                                                                                                                                                                       |                                                                                                                                           |          |                                                                                                                                                                                              |                                                                                    |                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                                               |                                                                     |                                                                     |                                                                      |                                                                      |  |
| Generator's/Officer's Printed/Typed Name<br><div style="border: 1px solid black; padding: 2px;">Cory Scott</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                       |                                                                                                                                           |          |                                                                                                                                                                                              | Signature<br><div style="border: 1px solid black; padding: 2px;">[Signature]</div> |                                                                                                                                                                                                                                                                                          | Month<br><div style="border: 1px solid black; padding: 2px;">5</div> |                                                                                                               | Day<br><div style="border: 1px solid black; padding: 2px;">12</div> |                                                                     | Year<br><div style="border: 1px solid black; padding: 2px;">13</div> |                                                                      |  |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____                                                      |                                                                                                                                           |          |                                                                                                                                                                                              |                                                                                    |                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                                               |                                                                     |                                                                     |                                                                      |                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                |                                                                                                                                           |          |                                                                                                                                                                                              |                                                                                    |                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                                               |                                                                     |                                                                     |                                                                      |                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 1 Printed/Typed Name<br><div style="border: 1px solid black; padding: 2px;">J. MEDERDUS</div>                                                                                                             |                                                                                                                                           |          |                                                                                                                                                                                              |                                                                                    | Signature<br><div style="border: 1px solid black; padding: 2px;">[Signature]</div>                                                                                                                                                                                                       |                                                                      | Month<br><div style="border: 1px solid black; padding: 2px;">5</div>                                          |                                                                     | Day<br><div style="border: 1px solid black; padding: 2px;">10</div> |                                                                      | Year<br><div style="border: 1px solid black; padding: 2px;">13</div> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name                                                                                                                                                                                      |                                                                                                                                           |          |                                                                                                                                                                                              |                                                                                    | Signature                                                                                                                                                                                                                                                                                |                                                                      | Month                                                                                                         |                                                                     | Day                                                                 |                                                                      | Year                                                                 |  |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 18. Discrepancy                                                                                                                                                                                                       |                                                                                                                                           |          |                                                                                                                                                                                              |                                                                                    |                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                                               |                                                                     |                                                                     |                                                                      |                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection |                                                                                                                                           |          |                                                                                                                                                                                              |                                                                                    |                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                                               |                                                                     |                                                                     |                                                                      |                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Manifest Reference Number: _____                                                                                                                                                                                      |                                                                                                                                           |          |                                                                                                                                                                                              |                                                                                    |                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                                               |                                                                     |                                                                     |                                                                      |                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____                                                                                                                                                 |                                                                                                                                           |          |                                                                                                                                                                                              |                                                                                    |                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                                               |                                                                     |                                                                     |                                                                      |                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Facility's Phone: _____ Month _____ Day _____ Year _____                                                                                                                                                              |                                                                                                                                           |          |                                                                                                                                                                                              |                                                                                    |                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                                               |                                                                     |                                                                     |                                                                      |                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18c. Signature of Alternate Facility (or Generator) _____                                                                                                                                                             |                                                                                                                                           |          |                                                                                                                                                                                              |                                                                                    |                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                                               |                                                                     |                                                                     |                                                                      |                                                                      |  |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                                           |          |                                                                                                                                                                                              |                                                                                    |                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                                               |                                                                     |                                                                     |                                                                      |                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1. _____                                                                                                                                                                                                              |                                                                                                                                           | 2. _____ |                                                                                                                                                                                              | 3. _____                                                                           |                                                                                                                                                                                                                                                                                          | 4. _____                                                             |                                                                                                               |                                                                     |                                                                     |                                                                      |                                                                      |  |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                                           |          |                                                                                                                                                                                              |                                                                                    |                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                                               |                                                                     |                                                                     |                                                                      |                                                                      |  |
| Printed/Typed Name<br><div style="border: 1px solid black; padding: 2px;">[Name]</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                                           |          |                                                                                                                                                                                              | Signature<br><div style="border: 1px solid black; padding: 2px;">[Signature]</div> |                                                                                                                                                                                                                                                                                          | Month<br><div style="border: 1px solid black; padding: 2px;">5</div> |                                                                                                               | Day<br><div style="border: 1px solid black; padding: 2px;">10</div> |                                                                     | Year<br><div style="border: 1px solid black; padding: 2px;">13</div> |                                                                      |  |

EPA Form 8700-22A (Rev. 3-05) Previous editions are obsolete.

|                                                                                                                                 |                                                                                                                 |                                         |               |                                              |                     |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------|----------------------------------------------|---------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST<br>(Continuation Sheet)                                                                        |                                                                                                                 | 21. Generator ID Number<br>RIP980906786 | 22. Page<br>3 | 23. Manifest Tracking Number<br>006502837FCE |                     |
| 24. Generator's Name<br>21st Century Env. Mgt. LLC<br>1800 Bryant Lane, Tyngsboro MA 01879 (678) 649-2310                       |                                                                                                                 |                                         |               |                                              |                     |
| 25. Transporter _____ Company Name _____ U.S. EPA ID Number _____                                                               |                                                                                                                 |                                         |               |                                              |                     |
| 26. Transporter _____ Company Name _____ U.S. EPA ID Number _____                                                               |                                                                                                                 |                                         |               |                                              |                     |
| 27a.<br>HM                                                                                                                      | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers<br>No. Type              |               | 29. Total<br>Quantity                        | 30. Unit<br>WT/Vol. |
| X                                                                                                                               | 15. RR. UN2809, Waste mercury, 8. P6 II                                                                         | 01                                      | DF            | 02                                           | P                   |
| X                                                                                                                               | 16. UN3090, Lithium Battery, 9. P6 II                                                                           | 01                                      | DF            | 60                                           | P                   |
| X                                                                                                                               | 17. UN3092, Lithium Battery, 9. P6 II                                                                           | 10                                      | DF            | 4000                                         | P                   |
| <b>RECEIVED</b><br><b>MAY 28 2013</b><br><b>BOARD OF HEALTH</b>                                                                 |                                                                                                                 |                                         |               |                                              |                     |
| 32. Special Handling Instructions and Additional Information (15) REC-46 - 1A05DF (6) REC-07 - 1A15DF                           |                                                                                                                 |                                         |               |                                              |                     |
| 33. Transporter Acknowledgment of Receipt of Materials                                                                          |                                                                                                                 |                                         |               |                                              |                     |
| Printed/Typed Name                                                                                                              |                                                                                                                 | Signature                               |               | Month                                        | Day Year            |
|                                                                                                                                 |                                                                                                                 |                                         |               |                                              |                     |
| 34. Transporter Acknowledgment of Receipt of Materials                                                                          |                                                                                                                 |                                         |               |                                              |                     |
| Printed/Typed Name                                                                                                              |                                                                                                                 | Signature                               |               | Month                                        | Day Year            |
|                                                                                                                                 |                                                                                                                 |                                         |               |                                              |                     |
| 35. Discrepancy                                                                                                                 |                                                                                                                 |                                         |               |                                              |                     |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) |                                                                                                                 |                                         |               |                                              |                     |
|                                                                                                                                 |                                                                                                                 |                                         |               |                                              |                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                                                                                                                            |                             |                                                     |                    |                 |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------|--------------------|-----------------|-----|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 1. Generator ID Number                                                                                         | 2. Page 1 of 3                                                                                                                                                                                             | 3. Emergency Response Phone | 4. Manifest Tracking Number<br><b>006502837 FLE</b> |                    |                 |     |
| 5. Generator's Name and Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                | Generator's Site Address (if different than mailing address)                                                                                                                                               |                             |                                                     |                    |                 |     |
| Generator's Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |                                                                                                                | <div style="font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold;">MAY 28 2013</div> <div style="font-size: 1.5em; font-weight: bold;">BOARD OF HEALTH</div> |                             |                                                     | U.S. EPA ID Number |                 |     |
| 6. Transporter 1 Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                                                                                                                            |                             |                                                     | U.S. EPA ID Number |                 |     |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                                                                                                                            |                             |                                                     | U.S. EPA ID Number |                 |     |
| 8. Designated Facility Name and Site Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                | U.S. EPA ID Number                                                                                                                                                                                         |                             |                                                     |                    |                 |     |
| Facility's Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                                                                                                                            |                             |                                                     |                    |                 |     |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers                                                                                                                                                                                             |                             | 11. Total Quantity                                  | 12. Unit Wt./Vol.  | 13. Waste Codes |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                | No.                                                                                                                                                                                                        | Type                        |                                                     |                    |                 |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1.                                                                                                                                                                                                                    |                                                                                                                |                                                                                                                                                                                                            |                             |                                                     |                    |                 |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2.                                                                                                                                                                                                                    |                                                                                                                |                                                                                                                                                                                                            |                             |                                                     |                    |                 |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3.                                                                                                                                                                                                                    |                                                                                                                |                                                                                                                                                                                                            |                             |                                                     |                    |                 |     |
| 14. Special Handling Instructions and Additional Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                                                                                                                            |                             |                                                     |                    |                 |     |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                                                                                                                            |                             |                                                     |                    |                 |     |
| Generator's/Offeror's Printed/Typed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |                                                                                                                | Signature                                                                                                                                                                                                  |                             |                                                     | Month              | Day             |     |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                | Port of entry/exit: _____                                                                                                                                                                                  |                             |                                                     |                    |                 |     |
| Transporter signature (for exports only):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                                                | Date leaving U.S.: _____                                                                                                                                                                                   |                             |                                                     |                    |                 |     |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                |                                                                                                                |                                                                                                                                                                                                            |                             |                                                     |                    |                 |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 1 Printed/Typed Name                                                                                                                                                                                      |                                                                                                                |                                                                                                                                                                                                            | Signature                   |                                                     |                    | Month           | Day |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name                                                                                                                                                                                      |                                                                                                                |                                                                                                                                                                                                            | Signature                   |                                                     |                    | Month           | Day |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 18. Discrepancy                                                                                                                                                                                                       |                                                                                                                |                                                                                                                                                                                                            |                             |                                                     |                    |                 |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection |                                                                                                                |                                                                                                                                                                                                            |                             |                                                     |                    |                 |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Manifest Reference Number: _____                                                                                                                                                                                      |                                                                                                                |                                                                                                                                                                                                            |                             |                                                     |                    |                 |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator)                                                                                                                                                                                |                                                                                                                |                                                                                                                                                                                                            | U.S. EPA ID Number          |                                                     |                    |                 |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Facility's Phone:                                                                                                                                                                                                     |                                                                                                                |                                                                                                                                                                                                            |                             |                                                     |                    |                 |     |
| 18c. Signature of Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                                                                                                                            |                             |                                                     |                    |                 |     |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                                                                                                                            |                             |                                                     |                    |                 |     |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       | 2.                                                                                                             |                                                                                                                                                                                                            | 3.                          |                                                     | 4.                 |                 |     |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                                                                                                                            |                             |                                                     |                    |                 |     |
| Printed/Typed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |                                                                                                                | Signature                                                                                                                                                                                                  |                             |                                                     | Month              | Day             |     |

|                                                                                                                                 |                                                                                                                 |                         |          |                              |                   |                 |          |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------|----------|------------------------------|-------------------|-----------------|----------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b><br>(Continuation Sheet)                                                                 |                                                                                                                 | 21. Generator ID Number | 22. Page | 23. Manifest Tracking Number |                   |                 |          |
| 24. Generator's Name                                                                                                            |                                                                                                                 |                         |          |                              |                   |                 |          |
| 25. Transporter Company Name                                                                                                    |                                                                                                                 |                         |          | U.S. EPA ID Number           |                   |                 |          |
| 26. Transporter Company Name                                                                                                    |                                                                                                                 |                         |          | U.S. EPA ID Number           |                   |                 |          |
| <b>RECEIVED</b><br><b>MAY 28 2013</b>                                                                                           |                                                                                                                 |                         |          |                              |                   |                 |          |
| 27a.<br>HM                                                                                                                      | 27b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers          |          | 29. Total Quantity           | 30. Unit Wt./Vol. | 31. Waste Codes |          |
|                                                                                                                                 |                                                                                                                 | No.                     | Type     |                              |                   |                 |          |
|                                                                                                                                 | BOARD OF HEALTH                                                                                                 | 1                       |          | 500                          |                   |                 |          |
|                                                                                                                                 |                                                                                                                 | 3                       |          | 400                          |                   |                 |          |
|                                                                                                                                 |                                                                                                                 | 2                       |          | 400                          |                   |                 |          |
|                                                                                                                                 |                                                                                                                 |                         |          |                              |                   |                 |          |
|                                                                                                                                 |                                                                                                                 |                         |          |                              |                   |                 |          |
|                                                                                                                                 |                                                                                                                 |                         |          |                              |                   |                 |          |
|                                                                                                                                 |                                                                                                                 | 1                       |          | 500                          |                   |                 |          |
| X                                                                                                                               | UN1638, waste, ignitable, 6.1, 6.2                                                                              | 01                      | TF       | 06                           |                   | DR3             |          |
| X                                                                                                                               | UN1638, waste, ignitable, 6.1, 6.2                                                                              | 01                      | DF       | 03                           | P                 | DR1             |          |
| X                                                                                                                               | UN1638, waste, ignitable, 6.1, 6.2                                                                              | 01                      | DM       | 02                           | P                 | DR1             |          |
| 32. Special Handling Instructions and Additional Information                                                                    |                                                                                                                 |                         |          |                              |                   |                 |          |
| 33. Transporter Acknowledgment of Receipt of Materials                                                                          |                                                                                                                 |                         |          |                              |                   |                 |          |
| Printed/Typed Name                                                                                                              |                                                                                                                 |                         |          | Signature                    |                   | Month           | Day Year |
| 34. Transporter Acknowledgment of Receipt of Materials                                                                          |                                                                                                                 |                         |          | Signature                    |                   | Month           | Day Year |
| Printed/Typed Name                                                                                                              |                                                                                                                 |                         |          | Signature                    |                   | Month           | Day Year |
| 35. Discrepancy                                                                                                                 |                                                                                                                 |                         |          |                              |                   |                 |          |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) |                                                                                                                 |                         |          |                              |                   |                 |          |

## GENERATOR

TRANSPORTER

**DESIGNATED FACILITY**