



Massachusetts Department of Environmental Protection Bureau of Waste Prevention / Solid Waste Management

Third-Party Inspection Report – 310 CMR 19.018(8)
Operation & Maintenance

Important: When completing this form on a computer, use only the Tab key to move your cursor – not the Return key.



Instructions

Use this form to record and report the results of a Third-Party Operation and Maintenance Inspection conducted pursuant to 310 CMR 19.018. Be sure to obtain the most recent version of this form. All applicable sections of the submitted form must be completed to be accepted by MassDEP.

Pursuant to 310 CMR 19.018(8)(a), the third-party inspector and facility owner/operator must sign this Third-Party Inspection Report form and submit the completed report to the appropriate MassDEP regional office and one copy of each completed report to the board of health of the municipality in which the facility is located.

In the event that this inspection report contains a recommendation for corrective action(s), the owner/operator shall also submit the information required by 310 CMR 19.018(8)(c)2.

Forms and instructions are available online:

<http://www.mass.gov/eea/agencies/massdep/recycle/approvals/solid-waste-applications-and-forms.html#8>

Note: This form does not identify all of the requirements applicable to each solid waste management facility; other requirements and/or policies may apply to the operation, maintenance and monitoring for each facility.

| MassDEP Use Only | |
|------------------|--|
| Rec'd Date: | |
| FMF # | |
| RO # | |
| Reviewer: | |
| Comments: | |

I. Facility Information

Facility Type (check one):

- Transfer Station/Handling Facility
 C&D Waste Processor or C&D Waste Transfer Station
 Municipal Waste Combustor
 Active Landfill
 Closed Landfill
 Other: _____
 Specify

Facility:

Mount Washington Transfer Station

Facility Name

Mount Washington

City/Town

413-528-2839

Telephone Number

MA

State

01258

ZIP Code

Regulated Object Account Number

FMF Number

Operator:

Town of Mount Washington

Operator Name (Doing Business As/Company Name)

413-528-2839

Telephone Number

118 East Street

Mailing Address

Mount Washington

City/Town

MA

State

01258

ZIP Code

Email Address

Permittee:

Mount Washington

Permittee Name (Entity Identified on Facility Permit)

118 East Street

Mailing Address

Mount Washington

City/Town

MA

State

01258

ZIP Code

Responsible Official for the Facility:

Tom Gregory

Responsible Official Name (Individual)

Mount Washington

Responsible Official Company Name

dovesavon@aol.com

Responsible Official Email Address

413-528-2839

Responsible Official Telephone Number



**Massachusetts Department of Environmental Protection
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II. Third-Party Inspector

Jamie Cahillane
Third-Party Inspector Name
X261531
MassDEP Third-Party Inspector Identification Number
413-445-4556
Telephone Number
112 Elm Street
Mailing Address
Pittsfield
City/Town

Center for EcoTechnology
Company Name
06/12/2019
MassDEP Third-Party Inspector Expiration Date (MM/DD/YYYY)
Jamie.Cahillane@cetonline.org
Email Address
MA
State
01201
ZIP Code

Construction and Demolition Waste (C&D Waste) Processing Facility or C&D Waste Transfer Station Only:
Identify the qualified individual that conducted the observation of incoming waste loads and collection of samples of suspect asbestos-containing materials during the inspection [pursuant to 310 CMR 19.018(6)(f)]. If the entire inspection was conducted by the third-party inspector listed above, then check the box and enter only the Asbestos Inspector Certification Number.

Same as above. Provide Asbestos Certification Number ►

MA Dept. of Labor Standards Asbestos Inspector Certification Number

Asbestos Inspector Name
Telephone Number
Mailing Address
City/Town

Company Name
Email Address
State
ZIP Code

III. Inspection Details

A. FREQUENCY

Indicate the scheduled inspection frequency for this facility as required by 310 CMR 19.018(6)(b), or a more frequent schedule set forth in the Facility Permit/Other Approval:

- Bi-Monthly Quarterly Semi-Annual Annual Biennial
 Other (include permit/approval type and date of issuance):

B. DATE, TIME & PERSONNEL

Inspection Date (MM/DD/YYYY): 11/28/17
Inspection Start Time: 12:20 AM PM
Facility Representatives in Attendance During Inspection: Gail Garrett, Selectboard Chair and Pete Beckwith, Highway Superintendent

C. CONDITIONS

| | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------|-----------------------------|----------------------------|-------------|----------------------------|-----------------------------|----------------------------|-----------------------------|
| Air Temperature: <i>Approximately 40 degrees F.</i> | Wind Direction (direction from which the wind is blowing): | | | | | | | | | |
| Weather: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Rain <input type="checkbox"/> Snow | <table border="1"> <tr> <td><input type="checkbox"/> NW</td> <td><input type="checkbox"/> N</td> <td><input type="checkbox"/> NE</td> </tr> <tr> <td><input type="checkbox"/> W</td> <td>Wind</td> <td><input type="checkbox"/> E</td> </tr> <tr> <td><input type="checkbox"/> SW</td> <td><input type="checkbox"/> S</td> <td><input type="checkbox"/> SE</td> </tr> </table> | <input type="checkbox"/> NW | <input type="checkbox"/> N | <input type="checkbox"/> NE | <input type="checkbox"/> W | Wind | <input type="checkbox"/> E | <input type="checkbox"/> SW | <input type="checkbox"/> S | <input type="checkbox"/> SE |
| <input type="checkbox"/> NW | <input type="checkbox"/> N | <input type="checkbox"/> NE | | | | | | | | |
| <input type="checkbox"/> W | Wind | <input type="checkbox"/> E | | | | | | | | |
| <input type="checkbox"/> SW | <input type="checkbox"/> S | <input type="checkbox"/> SE | | | | | | | | |
| Wind Speed: <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Breeze <input type="checkbox"/> Moderate <input type="checkbox"/> Strong | | | | | | | | | | |



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IV. Pre-Inspection Preparation

A. FACILITY-SPECIFIC O&M REQUIREMENTS

During each third-party inspection, the third-party inspector shall examine and evaluate the facility's solid waste activities, equipment, operations, practices, procedures, and records relevant to the type of third-party inspection being conducted in order to determine the facility's compliance with all applicable requirements as set forth in 310 CMR 19.018(6)(a)1.

Therefore, pursuant to 310 CMR 19.018(6)(a)1, prior to conducting a third-party facility operation and maintenance inspection, the third-party inspector shall, without limitation, complete all of the following:

- Review and become familiar with the regulations set forth at 310 CMR 19.000 – *Massachusetts Solid Waste Regulations*.
- Identify, review and become familiar with all solid waste permits, plans, approvals, and orders (or other enforcement documents issued to the facility by the Department), and the solid waste requirements applicable to the operation and maintenance of the facility.

Relevant requirements may include, without limitation, specific practices and procedures for the operation, maintenance and monitoring of the facility, waste acceptance/storage limits, and other requirements related to the facility's solid waste activities. Without limitation, these facility-specific requirements may be contained in the Facility Permit, Authorization to Construct, Authorization to Operate, Operation and Maintenance Plan, Closure/Post-Closure Plans and Approvals, Facility Modification Approvals, Beneficial Use Determinations, Administrative Consent Orders, and other determinations, authorizations or enforcement actions issued by the Department.

**I, James Cahillane, have identified, reviewed and understand all of the aforementioned requirements that ► JC
are applicable to this facility and the following are my observations and recommendations related to the facility-specific requirements.** Inspector Initials

B. SOLID WASTE PERMITS, PLANS, APPROVALS & ORDERS

List all relevant solid waste permits, plans, approvals, orders or other enforcement actions issued to the facility by the Department that contain specific practices, procedures and other requirements still in effect for the operation, maintenance and monitoring or closure/post-closure of the facility. Where applicable, provide the plan or issue date for each item. For enforcement actions, include the document number, effective date, and status of implementation by the facility.

Discussion: Certification for the Operation of a Transfer Station-December 12, 2014
Waste Ban Compliance Plan-On file at transfer station and town hall but not at MADEP.
Authorization to Operate-March 16, 2015



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V. Performance Standards

Examine and evaluate the facility's solid waste activities, equipment, operations, practices, procedures and records relevant to the type of solid waste facility.

Using the tables below, identify all areas evaluated by the inspector during the inspection by checking the box in the first column. Describe all deviations noted during the inspection in the third column. Provide recommendations for corrective action to return to compliance with the applicable performance standard in the fourth column.

| Facility Type | Performance Standards |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Transfer Station/Handling Facility (Including C&D Facility) | Complete Section A. If C&D Handling/ Processing Facility, then also complete Section B. |
| Municipal Waste Combustor | Complete Section A. |
| Active Landfill | Complete Sections C. and F. If active ash landfill, then also complete Section D. |
| Closed Landfill | Complete Sections E. and F. |

A. TRANSFER STATION, HANDLING FACILITY, OR MUNICIPAL WASTE COMBUSTOR (INCLUDING C&D FACILITY)

| Evaluated | Performance Standard | Deviation(s) | Comments/Observations and Recommended Corrective Action(s) |
|-------------------------------------|--------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | 19.205(1) Storm Water Controls. | | OK |
| <input checked="" type="checkbox"/> | 19.205(2) Equipment. | | Compactor, Paper Dumpster and Bottle/Can Dumpster are in good shape. |
| <input checked="" type="checkbox"/> | 19.205(3) Weighing Facilities. | | N/A |
| <input checked="" type="checkbox"/> | 19.207(1) General. | Discuss in Section VI. | Discuss in Section VI. |
| <input checked="" type="checkbox"/> | 19.207(2) Supervision of Operation. | | Staff are trained to use equipment |
| <input checked="" type="checkbox"/> | 19.207(3) Access to Facilities. | | Transfer station sits along road. |
| <input checked="" type="checkbox"/> | 19.207(4) Security. | | The transfer station has no fence or gate. They do lock their compactor and recycling bins to prevent use when no one is staffing it. |
| <input checked="" type="checkbox"/> | 19.207(5) Posting of Handling Facility. | | Signs are up to date and in good shape. |
| <input checked="" type="checkbox"/> | 19.207(6) Unloading of Refuse. | | Staff monitor residents when they unload MSW and recyclables. |
| <input checked="" type="checkbox"/> | 19.207(7) Special Wastes. | | N/A |
| <input checked="" type="checkbox"/> | 19.207(8) Banned/Restricted Wastes. | | Sorted and rejected |
| <input checked="" type="checkbox"/> | 19.207(9) Hazardous Waste. | | Not Accepted |



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| Evaluated | Performance Standard | Deviation(s) | Comments/Observations and Recommended Corrective Action(s) |
|-------------------------------------|--------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | 19.207(10) Household Hazardous Waste and Waste Oil Collections. | | Participate in regional collection program with access to nine collections per year. |
| <input checked="" type="checkbox"/> | 19.207(11) Bulky Waste. | | Twice per year they hold collections. No dumpster was present during inspection. |
| <input checked="" type="checkbox"/> | 19.207(12) Liquid Wastes. | | N/A |
| <input checked="" type="checkbox"/> | 19.207(13) Bird Hazards. | | N/A |
| <input checked="" type="checkbox"/> | 19.207(14) Dust Control. | | Highway Department will treat area as necessary. |
| <input checked="" type="checkbox"/> | 19.207(15) Vector Control. | | N/A |
| <input checked="" type="checkbox"/> | 19.207(16) Control of Wind-blown Litter. | | There was no litter observed. |
| <input checked="" type="checkbox"/> | 19.207(17) Staffing. | | One staff person present when open on weekends. |
| <input checked="" type="checkbox"/> | 19.207(18) Employee Facilities. | | All necessary facilities are available to transfer station attendant. Highway Garage is next door and that is where bathroom is located. |
| <input checked="" type="checkbox"/> | 19.207(19) Accident Prevention/Safety. | | First Aid Kit available. |
| <input checked="" type="checkbox"/> | 19.207(20) Fire Protection. | | Fire extinguisher available |
| <input checked="" type="checkbox"/> | 19.207(21) Recycling Operations. | | Paper and Containers are sorted from trash compactor. |
| <input checked="" type="checkbox"/> | 19.207(22) Records for Operational and Plan Execution. | | Records are kept at town hall. |
| <input checked="" type="checkbox"/> | 19.207(23) Screening and/or Fencing. | | N/A |
| <input checked="" type="checkbox"/> | 19.207(24) Open Burning. | | N/A |
| <input checked="" type="checkbox"/> | 19.207(25) Inspections. | | Annual inspections are up to date. |
| <input checked="" type="checkbox"/> | 19.207(26) End-of-Life Mercury-added Products. | | N/A |

B. CONSTRUCTION AND DEMOLITION (C&D) WASTE PROCESSING FACILITY OR C&D WASTE TRANSFER STATION



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VI. Inspection Observations

A. FACILITY CONDITION AND OPERATIONS

Examine and evaluate the facility condition and operations as observed during the inspection, including the following:

- Describe any evidence of the following conditions observed at the time of the inspection:
 - Unpermitted discharges to air, water, land or other natural resources of the Commonwealth; and
 - Dust, odors, litter, and/or other nuisance conditions.
 - Document and discuss all deviations from any specific requirements for the facility that are not addressed in the previous section (*Section V. – Performance Standards*), including without limitation, the requirements set forth in the facility's operation and maintenance plan, orders or other enforcement documents, and other solid waste permits, approvals, and authorizations issued to the facility by MassDEP.
 - List the types and estimated quantities of all waste and materials stored at the facility at the time of the inspection.
 - Provide a narrative that describes the overall status of the general condition, operation and performance of the facility as observed at the time of the inspection.
- ⇒ Attach photographs taken during the inspection that depict the general condition and operation of the facility. At a minimum, include photographs, as applicable, of the waste unloading (tipping) area, waste storage areas, recyclable material storage and, for transfer stations, the waste reloading activity.

Discussion: See attached.

B. RECORD REVIEW

Examine and evaluate the facility's record-keeping. Without limitation, document the status of the facility's compliance with, and any deviations from, the record-keeping required by 310 MCR 19.000; the facility's operation and maintenance plan; orders or other enforcement documents issued to the facility; and other solid waste permits, approvals, determinations and authorizations issued to the facility by the Department, including the following:

- Discuss the evaluation of the Facility's "daily log" such as, daily tonnage records.
- List and discuss any special incidents that have occurred since the previous inspection such as exceedances of the facility's permitted waste acceptance limits, nature and outcome of complaints reported to the facility operator (including the identity of the complainant, if known), fires, emergencies, or other disruptions to the routine operation of the facility.

Discussion: Municipal transfer station that accepts less than 50 tpd. Records are kept at Selectmen's office.



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VII. Summary and Recommendations

Pursuant to 310 CMR 19.018(6)(a)4., where a third-party inspector observes that the operation or maintenance of the facility deviates from the aforementioned applicable requirements, he or she shall document all such deviations and recommend corrective actions for the facility to take to return to compliance.

A. INSPECTION RESULTS

Based on the examinations and evaluations conducted in Sections V. and VI., please summarize the inspection results by checking one of the following determinations:

No deviations from the applicable performance standards or additional requirements listed at 310 CMR 19.018(6) were identified during this inspection.

If no deviations were identified during the inspection, check this box and proceed to Section VII.B.

Deviations from the applicable performance standards or additional requirements listed at 310 CMR 19.018(6) were identified during this inspection and are discussed further in this report.

If deviations were identified during the inspection, check this box and ensure that each deviation and the recommended corrective actions are discussed in the applicable section(s) below.

B. STATUS OF PREVIOUS RECOMMENDATIONS FOR CORRECTIVE ACTION

If a previous inspection report identified deviations with recommendations for corrective action, please describe the action(s) taken since the last inspection to return the facility to compliance with the applicable requirements.

Discussion: Town mailed Certificate of Operation to MA DEP and it was received November 1, 2016.

C. RECOMMENDATIONS FOR CORRECTIVE ACTION

Based on the results of this inspection, please list all deviations noted during the inspection and provide recommendations for corrective action to return to compliance with the applicable requirement.

Recommendations:

D. ADDITIONAL COMMENTS

Comments:

VIII. Additional Information Checklist

Attach the following additional information, as applicable, to complete the inspection report.*

Attach photographs taken during the inspection that depict the general condition and operation of the facility, as required in Section VI.A.

For C&D Waste facilities only, attach the analytical results, as required in Section V.B.

*Note: Pursuant to 310 CMR 19.018(8), MassDEP may request additional information.

Continue to Certification Statement on Next Page ►



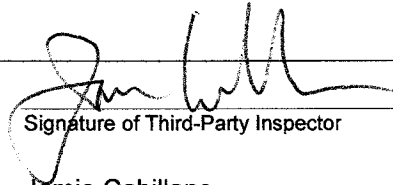
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IX. Certification – THIRD-PARTY INSPECTOR

"I attest under the pains and penalty of perjury that:

1. I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;
2. Based on my inquiry of those persons responsible for obtaining the information, the information contained in this submittal is, to the best of my knowledge, true, accurate and complete;
3. I have been able to conduct the third-party inspection and prepare the third-party inspection report without being influenced by the facility owner or operator and, (if I am a municipal employee) without being influenced by my municipal employer, by any coworker or by any elected or appointed official of the municipality; and
4. I am aware that there are significant penalties, including, but not limited to, possible administrative and civil penalties for submitting false, inaccurate, or incomplete information and possible fines and imprisonment for knowingly submitting false, inaccurate, or incomplete information."


Signature of Third-Party Inspector

Jamie Cahillane
Print Full Name

Center for EcoTechnology
Company Name

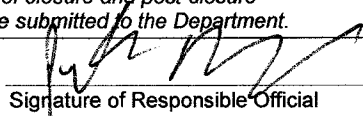
4/28/17
Date (MM/DD/YYYY)

X. Certification – FACILITY OWNER/OPERATOR

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Does the facility maintain a Financial Assurance Mechanism (FAM) pursuant to 310 CMR 19.051? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes: • Enter the amount of the current FAM: | \$ |
| • Enter the date of the last revision of the FAM amount, pursuant to 310 CMR 19.051(6): | |
| <i>As a reminder, pursuant to 310 CMR 19.051(6), the estimate of the cost of closure and post-closure maintenance must be revised every year, and every second year shall be submitted to the Department.</i> | |

"I certify under the penalty of law:

1. That I have personally examined and am familiar with the information submitted in this third-party inspection report, including but not limited to the statements above concerning the financial assurance mechanism in place in accordance with any facility permit and 310 CMR 19.051, and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties both civil and criminal for submitting false information including possible fines and imprisonment.
2. That, in the event that this inspection report contains a recommendation for corrective action(s), I have completed and attached to this report a Corrective Action Plan and Schedule*, pursuant to 310 CMR 19.018(8)(c)2."


Signature of Responsible Official

Pete Beckwith Sr
Print Full Name

Highway Foreman
Title

4/28/2017
Date (MM/DD/YYYY)

► Pursuant to 310 CMR 19.018(8)(c), a copy of each third-party inspection report shall be maintained at the facility in accordance with the requirements of 310 CMR 19.000. The owner and operator shall make third-party inspection reports available to personnel or authorized representatives of the Department for review at the facility upon request.

**Note: The owner or operator may elect to correct deviations identified in the Third-Party Inspection Report in a manner that is different than that recommended by the Third-Party Inspector, so long as the facility is brought back into compliance with applicable requirements.*

| | | |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Within 30 days of the inspection date: | <ul style="list-style-type: none"> • Mail this completed form to the MassDEP Regional Office that serves the municipality in which the facility is located. (Attention: Solid Waste Management) • Send one copy to the local board of health for the municipality in which the facility is located. | <p>A list of municipalities and MassDEP Regional Offices is available online at: http://www.mass.gov/eea/agencies/massdep/about/contacts/find-the-massdep-regional-office-for-your-city-or-town.html</p> |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|