

**INSTRUCTIONS
for obtaining a**

**Permit by Notification
For
Scrap Metal Collection and Recycling Centers**



pursuant to

RSA 149-M and New Hampshire Solid Waste Administrative Rules Env-Sw 311 & Env-Sw 407.04

Read these instructions before completing the attached form. For additional assistance contact the New Hampshire Department of Environmental Services (DES) Permitting & Design Review Section (P&DRS) at (603) 271-2925 or the below noted mailing address or TDD Access: Relay NH 1-800-735-2964.

Note: All references on this form beginning with "Env-Sw" are citations from the New Hampshire Solid Waste Rules. To obtain a copy of the Rules, contact the DES Public Information Center at either (603) 271-2975 or the above noted TDD Access. The Rules are also available on the Internet at <http://www.des.nh.gov>.

Complete the attached form to obtain a "permit-by-notification" to construct and operate a scrap metal collection and recycling center, subject to the siting, operation and closure requirements specified in Env-Sw 407.04.

Before completing this form, verify that your facility is NOT permit-exempt pursuant to Env-Sw 302.03 or Env-Sw 408. Contact the P&DRS at (603) 271-2925 for assistance, if required.

All requested information must be provided as indicated on the attached form. Do **NOT** skip any question, unless instructed to do so. Do **NOT** mark any question "not applicable." If you need more space than available on the form to answer a particular question and are using a paper copy of this form, attach additional pages as necessary; mark each page clearly to show both the applicant name and the question being answered; and indicate on the form that the additional pages are attached.

Submit **FOUR** copies of the completed form, **EACH** bearing **ORIGINAL** signatures, to the following address:

**NH Department of Environmental Services (DES)
Waste Management Division (WMD)
Permitting & Design Review Section (P&DRS)
29 Hazen Drive, PO Box 95
Concord, NH 03302-0095**

Include postage paid legal sized envelopes addressed, in type written or handwritten block letters, to yourself (i.e., the property owner/applicant), the host municipality, and the host solid waste management district. If you require assistance in determining the latter, contact the host town/city offices or the P&DRS at (603) 271-2925.

A permit-by-notification can only be issued based on complete and accurate information. Therefore, failure to follow these instructions as specified shall result in DENIAL of the requested permit.

Following receipt of an application for a permit-by-notification, DES will determine whether all information is provided as specified. Response will be made by returning a copy of the completed form, marked either "granted" or "denied." If marked "granted," a permit number will be assigned and the completed form, bearing the Director's signature and DES dated receipt stamp, will serve as the facility permit. If marked "denied," the deficiencies will be noted on the form. A copy of the processed form will also be sent to the host municipality and host solid waste management district, for their information and use.



For Office Use Only:
 WMD Log # _____
 Date Rec'd: _____
 No. of Copies: _____

RECEIVED
 AUG 15 2013
 DEPARTMENT OF ENVIRONMENTAL SERVICES
 SOLID WASTE MANAGEMENT BUREAU

Permit by Notification For Scrap Metal Collection and Recycling Centers

pursuant to
 RSA 149-M and New Hampshire Solid Waste Administrative Rules Env-Sw 311 & Env-Sw 407.04

FOR DES OFFICE USE ONLY DO NOT WRITE IN THIS SHADED BOX

The requested permit is hereby granted and assigned permit number DES-SW-PN-_____ - _____.

This completed form, bearing a DES dated receipt stamp and signature, shall serve as the permit for this facility. The approval applies only to constructing and operating the facility as described herein on this completed form, subject to all applicable statutes and rules, including RSA 149-M and the New Hampshire Solid Waste Rules, as amended. This permit shall expire one year from the date of signature, below, if facility construction has not commenced. This permit is non-transferable. Issuance of this permit is based solely on representations by the applicant/permittee. No liability is incurred by the state of New Hampshire by reason of this approval. This approval shall not affect the permittee's obligation to obtain all requisite federal, state, district or local approvals and to comply with all other applicable statutes and rules.

 Michael J. Wimsatt, P.G., Director, WMD _____
 Date

The requested permit is hereby denied due to:

- incomplete, conflicting or ambiguous information, as indicated by highlighting
- insufficient copies
- no signature or failure to provide original signatures on all copies filed
- other (specify): _____

Denial shall not preclude the applicant from later obtaining a permit by submitting a new application, which corrects the above noted deficiency(s). Questions may be directed to the person whose business card is stapled to this form. Rights of appeal exist pursuant to RSA 21-O:9.V.

 Michael J. Wimsatt, P.G., Director, WMD _____
 Date

SECTION I. FACILITY IDENTIFICATION

The information provided below shall constitute the approved facility location, if a permit is issued based on this application.

(1)	Facility name: <u>Benoit Salvage</u>
(2)	Facility location, by street address and municipality: <u>600 MAIN ST LANC NH 03584</u>
(3)	Facility mailing address: <u>Same</u>
(4)	Facility status (Check which ONE of the following applies):
	<input type="checkbox"/> Proposed Facility (i.e., a facility not yet constructed or operating)
	<input checked="" type="checkbox"/> Unauthorized Facility (i.e., an existing facility without a permit) that DES has instructed to apply for this permit. (Attach a copy of the DES document that specifically instructs you to file this application). <u>LOD</u> Note: An unauthorized facility must comply with all requirements applicable to a PROPOSED facility. Complete the remainder of this form on that basis.
	<input type="checkbox"/> Existing Facility holding Temporary Permit #DES-SW-TP- _____ (fill in permit #)
	<input type="checkbox"/> None of the above. (If "one of the above" DO NOT CONTINUE. A permit-by-notification can only be issued to a facility, which is one of the above. Contact the DES Solid Waste Compliance Bureau at (603) 271-2925 for further assistance).

(5)	Local tax map and lot numbers: R01-Lot 046
(6)	Deed reference by county, volume and page numbers:
(7)	Latitude and longitude of a known fixed point on the site:
(8)	Written directions from a known point of reference in the vicinity of the facility site: From LAN FAIR Grounds 1/4 mile
(9)	Plot the facility site on a United States Geological Survey (USGS) topographic map, or copy thereof, prepared at a scale of 1:24,000 or 1:25,000. Mark and submit as "Attachment I(9)." on left side

SECTION II. FACILITY OWNER/OPERATOR IDENTIFICATION

If a permit is issued, the information provided below shall constitute the identity of the permittee. The permittee and the facility owner shall be one in the same. Further, the permittee/facility owner shall be in responsible charge of facility operations, closure, and post closure monitoring and maintenance.

(1)	Applicant/owner/operator name: Benoit Salvage	
(2)	Applicant/owner/operator mailing address: 600 MAIN ST (Arceuta NH 03584)	
(3)	Applicant/owner/operator telephone number: 603-631-0730 (3a)	E-mail:
(4)	If different than above, identify the individual associated with and designated by the applicant/owner/operator to be the contact individual for matters concerning this facility:	
	(a) Name: Daniel Benoit	(b) Title: owner
	(c) Mailing address: 600 MAIN ST	
	(d) Telephone number: 603-631-0730	(e) E-mail:
(5)	If the facility applicant/owner/operator is an individual, provide date of birth and go to Section III: 12-15-62	
(6)	If the facility applicant/owner/operator is a corporation, partnership or other association, provide all of the following information as specified:	
	(a) The facility is owned by a: <input checked="" type="checkbox"/> corporation <input type="checkbox"/> partnership <input type="checkbox"/> other association	
	(b) State of incorporation/formation	
	(c) Principal business address:	
	(d) Provide, on separate paper and attach/mark as "Attachment II(6)(d)," the names and addresses of all directors, officers and shareholders (*), if for a corporation; all partners (whether general or limited), if for a partnership; or all principals, members or participants, if for another type of association.	
	(*) For a privately held corporation, identify all shareholders. For a publicly traded corporation, identify all shareholders owning 10% or more of the corporation's equity or debt.	

SECTION III. FACILITY LIFE

Identify, by answering questions (1)-(3) below, the anticipated life expectancy of the facility. A permit-by-notification is issued for one of two operating scenarios: either for operating 90 days or less or operating longer than 90 days. If operated longer than 90 days, the facility must meet certain long-term operating obligations, as specified in Env-Sw 1100, including operator certification requirements pursuant to Env-Sw 1600 and annual reporting requirements.

For a facility having an active life of 90 days or less, the dates provided below shall constitute the approved active life of the facility, if a permit is issued (i.e., the facility shall not be authorized to operate outside these dates).

For a facility having an active life longer than 90 days, the future dates specified below shall be target dates only. The actual dates for commencing construction, operation and closure shall be provided by the permittee (following permit issuance) by filing a "Notice of Intent to Construct" pursuant to Env-Sw 1104, a "Notice of Intent to Operate" pursuant to Env-Sw 1105, and a "Notice of Intent to Close" pursuant to Env-Sw 1106. "Notice of Intent" forms may be obtained from the P&DRS at (603) 271-2925.

(1)	For a proposed facility, date facility construction is scheduled to commence:	1
	OR	
	For an existing temporary permit or unauthorized facility, date facility construction first commenced:	1-12-05
(2)	For a proposed facility, date facility operations are scheduled to commence:	
	OR	
	For an existing temporary permit or unauthorized facility, date facility operations first commenced:	1-12-05
(3)	Total life expectancy of facility (check one only):	
	<input type="checkbox"/> 90 days or less (specify date by which the facility shall cease receiving waste):	
	<input type="checkbox"/> Longer than 90 days (answer (a) or (b) below as applicable):	
	(a) If date of facility closure is known, so indicate:	OR
	(b) If date of facility closure is unknown, specify total years the facility will most likely operate:	50 years.



SECTION IV. FACILITY OPERATIONS

Complete this section to generally describe facility operations.

(1)	Type of processed scrap metal material your facility will receive (check all that apply):		
	<input checked="" type="checkbox"/> Ferrous Metal		
	<input checked="" type="checkbox"/> Non-Ferrous Metal		
	<input checked="" type="checkbox"/> Copper	<input checked="" type="checkbox"/> Aluminum	
	<input checked="" type="checkbox"/> Brass	<input type="checkbox"/> Other (specify):	
(2)	Identify key types of waste items the facility intends to receive:		
	<input checked="" type="checkbox"/> Washers, dryers, refrigerators, and other appliances/white goods		
	<input checked="" type="checkbox"/> Pipes and fittings		
	<input checked="" type="checkbox"/> Empty storage tanks, drums and other containers that have been cleaned of residues in accordance with state and federal rules and regulations.		
	<input checked="" type="checkbox"/> Aluminum beverage cans/containers		
	<input checked="" type="checkbox"/> Aluminum window frames, chair frames and other aluminum		
	<input checked="" type="checkbox"/> Cable/wire (indicate whether stripped: <input checked="" type="checkbox"/> stripped <input checked="" type="checkbox"/> unstripped)		
	<input type="checkbox"/> Metal shavings, not mixed or coated with cutting oils		
	<input checked="" type="checkbox"/> Cast iron radiators, boilers and other cast iron components		
	<input checked="" type="checkbox"/> Motor vehicle parts that have not and do not contain fluids or lubricants. For example, body panels, frames, and tire rims.		
<input checked="" type="checkbox"/> Other (specify): <i>Cardboard</i>			
(3)	Prohibited wastes (this facility shall not be permitted to receive any of the following types of solid waste):		
	<input checked="" type="checkbox"/> Asbestos	<input checked="" type="checkbox"/> Infectious waste	
	<input checked="" type="checkbox"/> Explosives	<input checked="" type="checkbox"/> Tires	
	<input checked="" type="checkbox"/> Contained gaseous waste		
	<input checked="" type="checkbox"/> Contaminated soils		
	<input checked="" type="checkbox"/> Out-of state waste, except for recycling		
	<input checked="" type="checkbox"/> Parts of motor vehicles that contain or have contained fluids or lubricants, not including lead acid batteries managed in accordance with Env-Hw 809.		
	<input checked="" type="checkbox"/> Free draining oil or lubricants, including cutting oils mixed with or coating metal shavings.		
	<input checked="" type="checkbox"/> Municipal solid waste or scrap metal mixed with other municipal solid waste		
	<input checked="" type="checkbox"/> Scrap metal mixed with other demolition or construction debris		
	<input type="checkbox"/> Other (specify):		
	(4)	Identify all allowable processing activities that will be undertaken at this facility:	
		<input checked="" type="checkbox"/> Sorting (describe):	
<input type="checkbox"/> Cutting (describe):			
<input type="checkbox"/> Crushing (describe):			
<input checked="" type="checkbox"/> Baling (describe): <i>BALING CARDBOARD, + ALUMINUM</i>			
<input type="checkbox"/> Smelting (*) (describe):			
(*) Allowed only when done in units not requiring a permit under Env-A 600.			
(5)	Is the facility equipped and staffed properly to allow identification and segregation of scrap metal that contains chlorofluoro carbons (CFC's), polychlorinated biphenyls (PCB's), mercury containing switches and other devices, batteries, and other regulated substances, materials and wastes?		
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No (Stop - read caution note below)	
Note: This facility must operate in a manner that manages PCB's, CFC's, mercury-containing switches and other devices, batteries, and all other regulated substances, materials and wastes in accordance with applicable state and federal rules and regulations, either at the facility or by transfer to another facility that provides such proper management. Proceed no further until you are able to answer "Yes" to the above.			

SECTION V. FACILITY CAPACITY

The information provided by answering questions (1)-(2) below shall constitute the approved facility capacity if a permit is issued.

(1)	Average quantity of scrap metal the facility is designed to receive daily: <i>2</i> tons per day (*) (*) This number shall not to exceed 30 tons per day (TPD), averaged over active life of facility and on average annually
(2)	Maximum quantity of unprocessed scrap metal the facility is designed to store: <i>100</i> tons
(3)	Maximum quantity of residual waste the facility shall be authorized to store: <i>5</i> cubic yards (*) (*) If this number exceeds 30 cubic yards, provide an approved financial assurance plan pursuant to Env-Sw 1400 to guarantee the cost of disposing of the residual waste. Contact the DES financial assurance program coordinator at (603) 271-2925 for assistance. Attach a copy of the plan to this application and mark as "Attachment V (3)".

