

Toxics Use Reduction Act 2015 Online Filing Instructions

MassDEP Contacts

- Email questions to Walter.Hope@state.ma.us
- **eDEP System Help (& username)**
 - Help Desk 617-626-1111
 - Passwords & Usernames?
 - ONLY YOU have access to Passwords
- **TURA Online Filing:**
 - Walter Hope 617-292-5982
- **TURA policy related questions**
 - Lynn Cain 617-292-5711

Other Contacts

- Office of Technical Assistance and Technology (OTA)
 - Confidential On-Site Technical Assistance
 - 617-626-1080 or <http://www.mass.gov/envir/ota/>
- Toxics Use Reduction Institute (TURI)
 - Research and Training
 - 978-934-3275 or <http://www.turi.org/>
- U.S. Environmental Protection Agency (EPA)
 - 202-564-9554 or tri.us@epa.gov
 - <http://www.epa.gov/tri/>

Basic Orientation

- What information to have available
- Overview of the Form Structure
- Overview of the System Navigation

**Have the following materials on hand
before you begin your online filing:**

- Online Filing Tips
- Previous year's filing with changes noted
- Form S Instructions and Appendices
- Form R instructions
- EMS/RC/TUR Plans
- Payment Info (checking account # and bank routing information &/or "check #")

The process is linear

**Steps in the
Online
TURA
Reporting
Process
Each step is
a separate
screen**

- 1) **Log In and Access TURA Reporting Forms**
 - a) *Access DEP web page click on eDEP Online Filing*
 - b) *Login Get User Name & Password*
 - c) *Click on <Forms> then <Toxics and Hazards> then Toxics Use Reduction Act (TURA) Reporting*
- 2) **Pre-form START**
- 3) **Form S Cover Sheet (Sections 1-2: General Information and FTEs)**
- 4) **Form S Cover Sheet (Section 3: Chemicals no longer reported)**
- 5) **Form S Cover Sheet (Section 4/Production Unit Information)**

**Steps in the
Online
TURA
Reporting
Process.
Each step is
a separate
screen.**

- 6) **Form S (Facility-wide use of chemicals, Sections 1-3: chemical use amounts, materials accounting and waste treatment chemicals)**
- 7) **Form S (Production Unit Use of Chemicals, Section 4 :production unit chemical use**
- 8) **Form S Section 4:(notes)**
- 9) **State ONLY Form R/A (Sections 1,4,5,6,7,8)**
- 10) **Plan Summary Submittal Selection**
- 11) **EMS/RC/TUR, TUR/RC Update**

**Steps in the
Online
TURA
Reporting
Process.
Each step is
a separate
screen.**

- 12) Fee Invoice (you print for payment)**
- 13) Screen – Signatures**
- 14) Payment Screens**
 - 1) Pay by check (input a #, print fee)**
 - 2) EFT transfer from checking acct**
 - 3) PRINT Payment Receipt**
- 15) Receipt**
- 16) Submittal**
- 17) Printing**
- 18) Paying the fee - END**

The system is
FORWARD
Built, or **NOT**
built for going
'backwards'



If a you input information that was not required (enters in 4 chemicals, but only intended to enter 3, deleting chemicals will create “orphans” in the coding behind the scenes.) This will cause issues and *may corrupt* the file/submission. There is no easy way to correct this on the database ‘end’.

Solution: be sure to enter in **ONLY** chemicals that **MUST** be entered.

... Deleting, or changing a form that is connected to another can affect the entire submittal.

Warning: JavaScript Window -

 You have asked to validate data that was validated previously. If this form contains any related forms (i.e., any child forms), those forms will be invalidated or marked for deletion.

- * If a form is invalidated, you must go back and re-validate it, making any necessary changes to the data.
- * If a form is marked for deletion, you no longer need the form to complete your submittal. eDEP retains it, however, until such time as you do complete the submittal. If you later change your data in such a way that you again need a form that has been marked for deletion, the form will be re-activated with your previous data.

This process ensures the integrity of the data that you are submitting to DEP.

Do you want to validate this form?

Navigating in the NEW TURA/eDEP

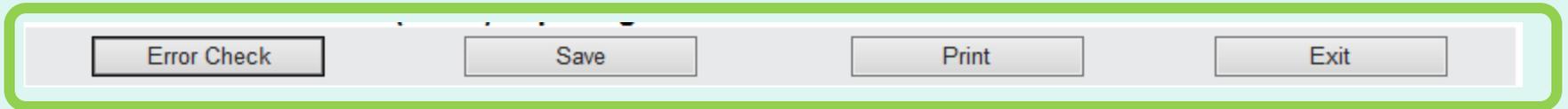
1. The New eDEP/TURA system works on any browser
2. The NEW eDEP/TURA system uses a Combination of screens and “blocks” to build your submittal
3. The Navigation Keys have changed

Screens and Blocks

- The TURA report is divided into **screens**: each of the steps listed previously is its own screen
- **Screens** have required data elements. Some data elements will be arranged in **blocks**. This is to accommodate companies that need to provide the data on more than one chemical, production unit, treatment process, etc.
 - The first block is always provided. Select “edit” to enter the information, and “update” to save it
 - To add an additional block click the <add> button
 - Blocks may have sub blocks
- When all of the required data for the screen (and all blocks) has been entered, click on “error check and next” to save the data and move to the next screen.
- The next form/screen will be offered once you have corrected all errors



Navigation Buttons Used in eDEP



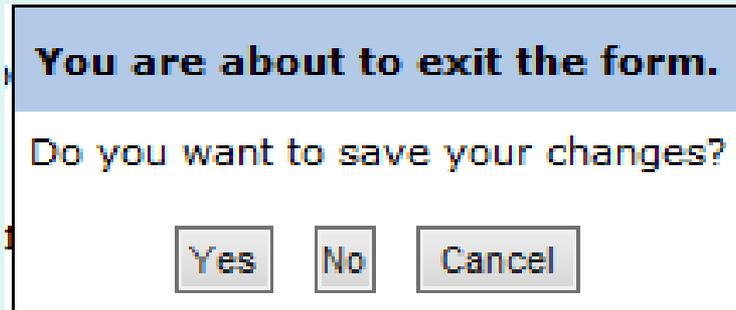
Error Check: Does what “Validate” previously did – but for the entire screen / family of forms

Save: Saves entries to the page you are viewing.

Print: Prints only the page that you are viewing.

Exit: Exits the screen you are on without affecting any prior input – does NOT save any data that has been added/changed.

Navigation Buttons Used in eDEP



Yes will save changes and will affect the relationships to all other screens that follow

No will NOT save any changes

Cancel will Exit the form and NOT save any changes

Logging In and Accessing the TURA Reporting Forms

Mass.gov State Offices & Courts | State A-Z Topics | State Forms No Active Alerts Skip to main content | English

The Official Website of the Executive Office of Energy and Environmental Affairs

Energy and Environmental Affairs

Search... in Energy & Environment SEARCH

Agriculture Energy & Utilities Environmental Protection Fisheries, Wildlife & Habitats Recreation & Conservation Services & Assistance **Agencies**

EEA Home > Agencies > Department of Environmental Protection

Department of Environmental Protection

- About MassDEP
- News, Events & Hearings
- Climate & Clean Energy
- Air Quality
- Water Resources
- Waste & Recycling
- Toxics & Hazards
- Cleanup of Sites & Spills
- Service Center

A to Z Quick Links

Contacts & Locations



MassDEP MassDEP Regulatory Evaluation for Executive Order 562

Contacts & Services

- [NEW! Snow Disposal Guidance](#)
- [Contact Us](#)
- [eDEP Online Filing](#)
- [Permitting and Fees](#)
- [File Review](#)
- [Public Records](#)
- [Permit Transmittal Numbers](#)
- [Waste Sites and Releases](#)
- [Regulations and Policies](#)
- [My Community](#)

News & Views

- [Commissioner's Corner: Martin Suuberg](#)
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Commissioner Martin Suuberg

News Releases

February 18, 2016



Log in screen

https://edep.dep.mass.gov/DEPlogin.aspx

Customize Links Free Hotmail Google Windows Windows Marketplace Windows Media

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eDEP MassDEP's Online Filing System

Login or Get Username & Password

Note: eDEP is unavailable from 9:00PM Friday through 3:00AM Saturday for backup purposes.

New eDEP Features: [Preview](#)

Log into eDEP

Username:

Password:

[Forgot your Password?](#)

Log in Screen – New user

The screenshot shows the eDEP login interface. At the top left is the eDEP logo with the tagline 'MassDEP's Online Filing System'. At the top right are navigation links: 'MassDEP Home | Contact | Feedback | Tour | Privacy Policy'. Below the header is a green bar. The main content area is titled 'Login or Get Username & Password'. It contains a note about system availability, a link for 'New eDEP Features: Preview', and a welcome message. A list of links is provided: 'What is eDEP & other FAQ's?', 'What forms can I file in eDEP?', 'Instructions for eDEP Forms', and 'eDEP Contacts & Feedback'. On the right is a 'Log into eDEP' form with fields for 'Username:' and 'Password:', a 'Login' button, a 'Forgot your Password?' link, and a 'New User' button. A red circle highlights the 'New User' button with the text 'NO MORE ADOBE!'. An arrow points from the text 'New Facility/User (never filed with eDEP before?)' to the 'New User' button.

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eDEP
MassDEP's Online Filing System

Login or Get Username & Password

Note: eDEP is unavailable from 9:00PM Friday through 3:00AM Saturday for backup purposes.

New eDEP Features: [Preview](#)

Welcome to eDEP, a secure site for submitting environmental permits, transmittals, certifications, and reports electronically to the Massachusetts Department of Environmental Protection (DEP). With eDEP, you can fill out your forms online; save your work and return to it later; submit your forms and payments to DEP electronically; "sign" your submittals; and print out receipts of your transactions.

- [What is eDEP & other FAQ's?](#)
- [What forms can I file in eDEP?](#)
- [Instructions for eDEP Forms](#)
- [eDEP Contacts & Feedback](#)

New Facility/User (never filed with eDEP before?)

Log into eDEP

Username:

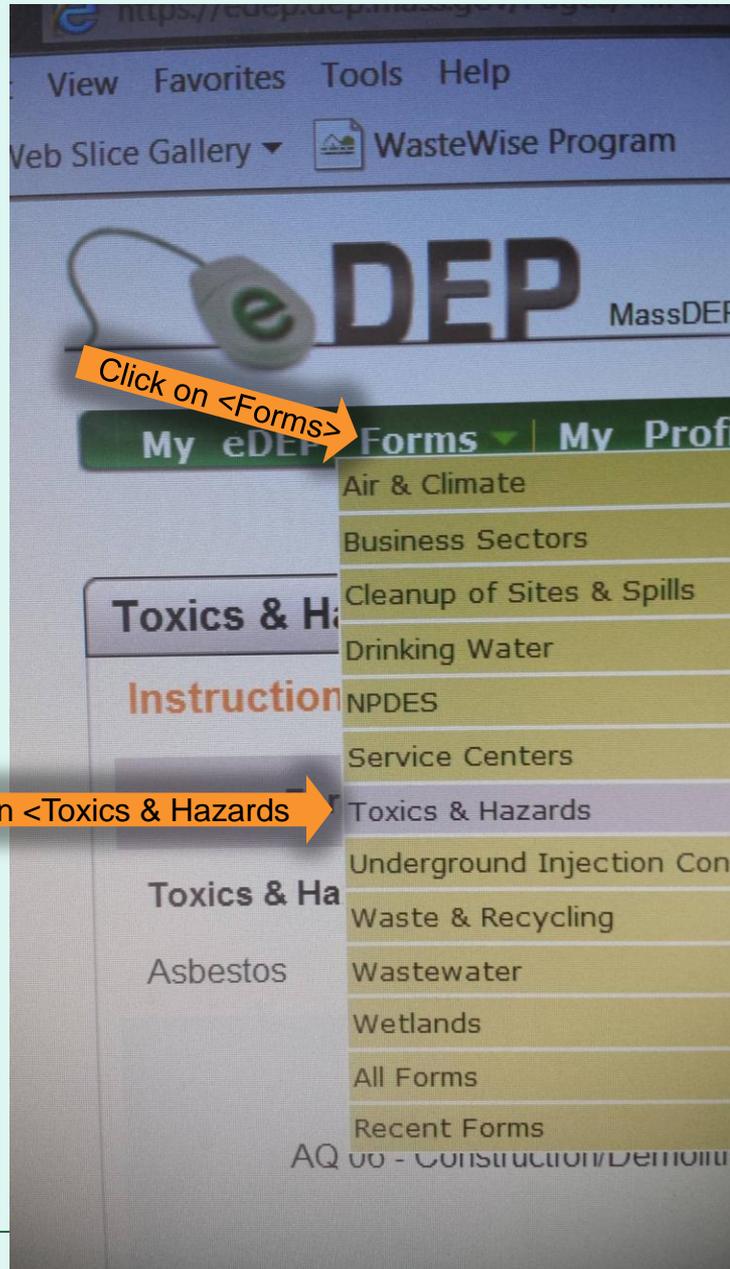
Password:

[Forgot your Password?](#)

Register and get Username and Password

NO MORE ADOBE!

Pick the form to work on:



After picking the forms link...

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eDEP MassDEP's Online Filing System

Username: ARAZZAK
Nickname: AMIR **LOG OUT**

My eDEP | **Forms** | My Profile | Help

Toxics & Hazards

Instructions: Find the form you want to complete below. Then click the button to the far right of the form name in the same row.

Form Name	Description	Instructions
Toxics & Hazards		
Asbestos		
AQ 04 - Asbestos Removal Notification Form ANF-001	This form is for providing notification 10 working days prior to the removal of any amount of asbestos.	Start Transaction



At the bottom of the list ...

Toxics

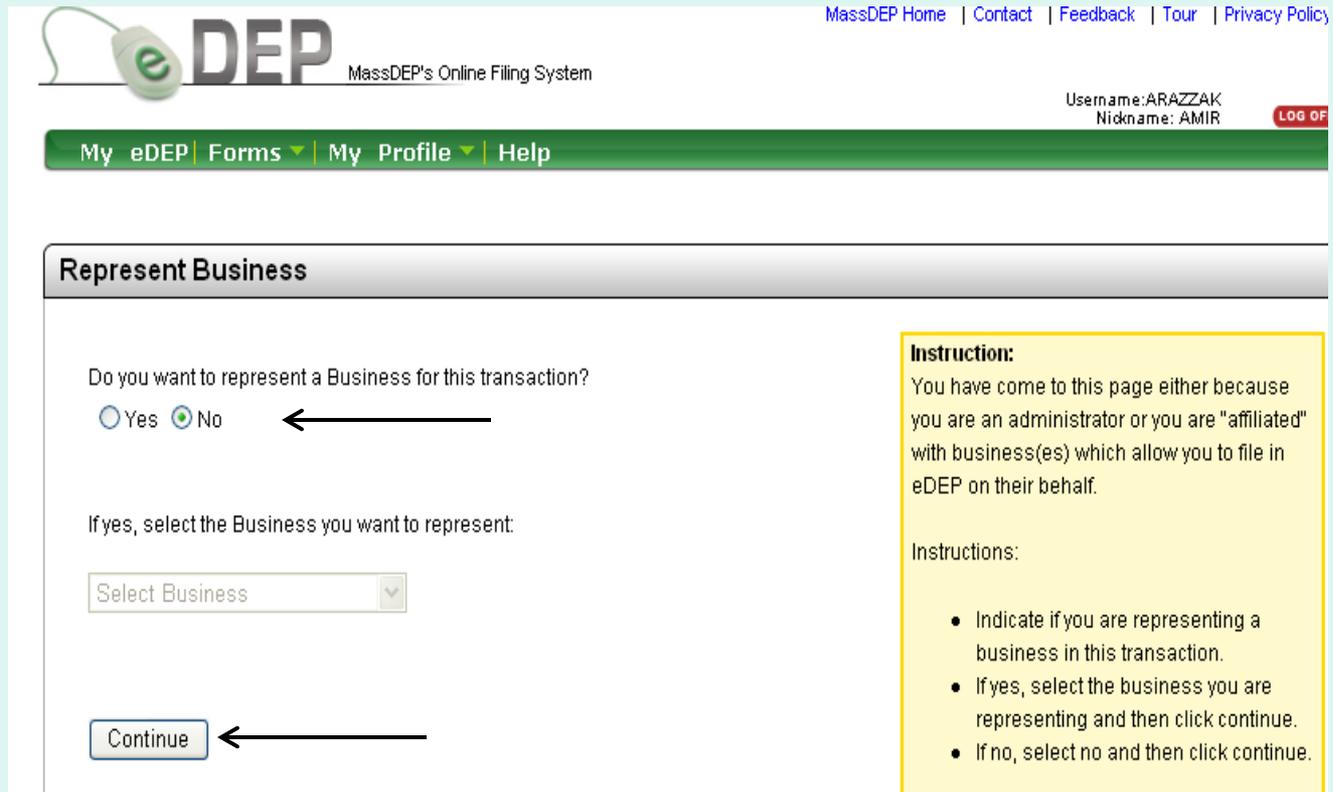
↓ Toxics Use Reduction Act (TURA) Reporting

This form is for facilities that must file a Toxics Use Report.

Start Transaction

filers are often looking for **FORMS**, there is not a list of 'forms', but the Start transaction button begins the process of creating what must be completed.

Do you represent a business?
...(in most cases "no")



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 MassDEP's Online Filing System

Username:ARAZZAK
Nickname: AMIR **LOG OFF**

My eDEP | Forms ▾ | My Profile ▾ | Help

Represent Business

Do you want to represent a Business for this transaction?

Yes No ←

If yes, select the Business you want to represent:

Select Business ▾

←

Instruction:
You have come to this page either because you are an administrator or you are "affiliated" with business(es) which allow you to file in eDEP on their behalf.

Instructions:

- Indicate if you are representing a business in this transaction.
- If yes, select the business you are representing and then click continue.
- If no, select no and then click continue.

The PRE FORM Begins:

Enter your facilities TIN (tax ID#) and DEP Facility ID#

eDEP MassDEP's Online Filing System

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Preform

Preform: Toxics Use Reduction Act (TURA) Reporting

TIN (Federal Taxpayer Identification Number -- NO dashes):

DEP Facility ID (Digits-- NO dashes or spaces):

Reporting/Calendar Year: 2015

Trade Secret: Yes No

Next

-If the **TIN (or FIEN, same #) #** is entered incorrectly, OR in DEP's database incorrectly, you will get a error code. The user needs to contact DEP and have the TIN# corrected

-If you enter in the wrong **DEP Facility ID**, you will get an error message as well. **The DEP Facility ID# is your DEPF#**, a unique number that has been assigned to your facility. It is NOT your phone, manifest, TRI (form R id), or transporter ID#).

-If you enter in the #'in reverse order, you will get an error message.



Preform

Preform: Toxics Use Reduction Act (TURA) Reporting

TIN (Federal Taxpayer Identification
Number -- NO dashes):



DEP Facility ID (Digits-- NO dashes or
spaces):



Reporting/Calendar Year:

 ▼

Trade Secret:

Yes

No

Next

-The TIN# is entered
without any 'dashes'
-**ONLY 2015** data can be
input (prior year's data must
be provided by paper (forms
from DEP)).

Trade Secret Filers (very
few) will still check off the
NO box, as you will
submit ONLY Sanitized
information.

*The process is linear...
...the process begins*

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eDEP MassDEP's Online Filing System

Username: ARAZZAK
Nickname: AMIR **LOG OFF**

My eDEP | Forms ▼ | My Profile ▼ | Help

Transaction Overview **Trans# 210259 ID# 380799 Toxics Use Reduction Act (TURA) Reporting**

Forms Signature Submit

Forms

Print Transaction Delete Transaction Share Transaction Exit

Errors Checked/ Validated	Fill out the following forms for this transaction:
-	Toxics Use Reduction Act (TURA) Reporting ()

Next

Form S

Cover Sheet





Massachusetts Department of Environmental Protection
Bureau of Air & Waste - Toxics Use Reduction Report
Form S Cover Sheet

2015

Reporting Year

ABNAKI ROCK

Facility Name

380799

DEP Facility ID Number

Section 1: General Information

Facility Name and Address:

ABNAKI ROCK

a. Name

1 WINTER ST

b. Street Address

BOSTON

c. City

MA

d. State

021084747

e. ZIP Code

f. Are you making a trade secret claim for any information submitted in this COVER SHEET and/or Form S(s)?

Yes No

g. If YES, attach a statement substantiating the claim. This copy is: Sanitized Unsanitized

h. Are all chemicals included in this Annual Toxics Use report used only to treat waste or control pollution? Yes No

(if yes, then there are no production units associated with this facility).

380799799

i. Taxpayer Identification Number

(Federal Employer Identification Number or FEIN)

02125BNKRCK1WIN

j. Toxics Release Inventory (TRI) Identification Number

Section 2: FTE Information

a. The number of "full time employee equivalents" (FTEs) (2,000 work hours per year = 1 FTE) that work at your facility.

 10-49 50-99 100-499 Greater than 500

This is calculated as the sum of the total number of paid hours(including paid leave) for regular and parttime employees (including drivers, sales, and support staff), the hours spent onsite by contract employees and trades people, and employees from other sites under the same ownership divided by 2000.

If you have fewer than 10 FTEs you do not have to submit an Annual Toxic Use Report.

If the name/address are not correct...**STOP!!!**

Solution: contact DEP

(The Facility name is the name that the facility had during calendar year **2015**.)

Section 1: General Information

Facility Name and Address:

ABNAKI ROCK

a. Name

1 WINTER ST

b. Street Address

BOSTON MA 021084747

c. City d. State e. ZIP Code

f. Are you making a trade secret claim for any information submitted in this COVER SHEET and/or Form S(s)?
 Yes No

g. If YES, attach a statement substantiating the claim. This copy is: Sanitized Unsanitized

Are **ALL** of your reportable chemicals used **ONLY** to treat waste or control pollution?

h. Are all chemicals included in this Annual Toxics Use report used only to treat waste or control pollution? Yes No
(if yes, then there are no production units associated with this facility).

380799799

i. Taxpayer Identification Number
(Federal Employer Identification Number or FEIN)

02125BNKRCK1WIN

j. Toxics Release Inventory (TRI) Identification Number



How do we determine what an “FTE” is? -
USE EPA’s Q&A Document as a guide
FTE questions & answers # 21-48

http://www.epa.gov/tri/guide_docs/pdf/1998/1998qa.pdf

Section 2: FTE Information

a. The number of "full time employee equivalents" (FTEs) (2,000 work hours per year = 1 FTE) that work at your facility.

This is calculated as the sum of the total number of paid hours (including paid leave) for regular and parttime employees (including drivers, sales, and support staff), the hours spent onsite by contract employees and trades people, and employees from other sites under the same ownership divided by 2000.

If you have fewer than 10 FTEs you do not have to submit an Annual Toxic Use Report.

- 10-49
- 50-99
- 100-499
- Greater than 500

Each screen must
be error checked



Error Check & Next

You *CAN* correct the FTE number if needed (but ALL screens will need to be re-Error Checked that follow).





MassDEP's Online Filing System

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Username: ARAZZAK
Nickname: AMIR

LOG OFF

[My eDEP](#) | [Forms](#) | [My Profile](#) | [Help](#) | [Notifications](#)

Transaction Overview **Trans# 807763 ID# 380799 Toxics Use Reduction Act (TURA) Reporting**

Forms

Signature

Submit

Forms

Print Transaction

Delete Transaction

Share Transaction

Exit

Errors Checked/
Validated

Fill out the following forms for this transaction:



Toxics Use Reduction Act (TURA) Reporting



TURA - Cover Sheet Page 2 New1 (309)



TURA - Cover Sheet Page 3 & 4 (310)

After the 1st form,
other forms begin
to 'appear'

Next



Error Check

Save

Print

Exit



Massachusetts Department of Environmental Protection
Bureau of Air & Waste - Toxics Use Reduction Report
Form S Cover Sheet

2015
Reporting Year
ABNAKI ROCK
Facility Name
380799
DEP Facility ID Number

Section 3: Chemicals Reported in Your Last Report That Are Not Reportable This Year

In this section, you may provide information on any chemical reported last year that is not subject to reporting this year. If you substituted a non-listed chemical for a TURA chemical, you may identify the substitution. Check all the codes, up to four, that apply.

Click **Edit** to enter info. → [Edit](#) [Delete](#)

a.1 CAS # of chemical not reportable (if applicable) a.2 Chemical Name

- a.3 Explanation of why the chemical is not reportable (check codes):
- Chemical Below Threshold But > 0
 - No Chemical Use in Reporting Year
 - Chemical Substitution
 - Chemical Eliminated (No Substitution)
 - Decline in Business
 - Other (Explain below in the additional comments section)
 - Chemical no longer reportable under TURA

a.4 CAS # of chemical substituted for TURA chemical a.5 Chemical Name

Add Chemicals

Error Check & Next

Each screen must be error checked



Section 3
(blank for most)

- please **ONLY** enter in chemicals that **HAD TO BE REPORTED** the prior year, that do **NOT** have to be reported for 2015 (this year).
- The chemical name will fill in after Update.

Section 3: Chemicals Reported in Your Last Report That Are Not Reportable This Year

In this section, you may provide information on any chemical reported last year that is not subject to reporting this year. If you substituted a non-listed chemical for a TURA chemical, you may identify the substitution. Check all the codes, up to four, that apply.

a.1 CAS # of chemical not reportable (if applicable) a.2 Chemical Name

a.3 Explanation of why the chemical is not reportable (check codes):

- Chemical Below Threshold But > 0
- No Chemical Use in Reporting Year
- Chemical Substitution
- Chemical Eliminated (No Substitution)
- Decline in Business
- Other (Explain below in the additional comments section)
- Chemical no longer reportable under TURA

a.4 CAS # of chemical substituted for TURA chemical a.5 Chemical Name

AFTER entry, Click **Update** to save info. For a particular **“block”** Unique Block

Click to **Add Chemicals** and another **unique block**



Section 3: Chemicals Reported in Your Last Report That Are Not Reportable This Year

In this section, you may provide information on any chemical reported last year that is not subject to reporting this year. If you substituted a non-listed chemical for a TURA chemical, you may identify the substitution. Check all the codes, up to four, that apply.

a.1 CAS # of chemical not reportable (if applicable) a.2 Chemical Name [Edit](#) [Delete](#)

a.3 Explanation of why the chemical is not reportable (check codes):

- Chemical Below Threshold But > 0
- No Chemical Use in Reporting Year
- Chemical Substitution
- Chemical Eliminated (No Substitution)
- Decline in Business
- Other (Explain below in the additional comments section)
- Chemical no longer reportable under TURA

a.4 CAS # of chemical substituted for TURA chemical a.5 Chemical Name

a.1 CAS # of chemical not reportable (if applicable) a.2 Chemical Name [Edit](#) [Delete](#)

a.3 Explanation of why the chemical is not reportable (check codes):

- Chemical Below Threshold But > 0
- No Chemical Use in Reporting Year
- Chemical Substitution
- Chemical Eliminated (No Substitution)
- Decline in Business
- Other (Explain below in the additional comments section)
- Chemical no longer reportable under TURA

a.4 CAS # of chemical substituted for TURA chemical a.5 Chemical Name

Unique Block 1

Screen

Unique Block 2

Click to Delete a unique block

Each screen must be error checked





Massachusetts Department of Environmental Protection
Bureau of Air & Waste - Toxics Use Reduction Report
Form S Cover Sheet

2015
Reporting Year
ABNAKI ROCK
Facility Name
880799
DEP Facility ID Number

Section 4: Facility-Wide Description of Production Units

A PRODUCTION UNIT is the combination of the process used to produce a product or service and the product or service being produced. In this section, first time reporters list each of the PRODUCTION UNITS at the facility in which a reported toxic chemical is used. Repeat reporters review and if necessary, update the existing descriptions, indicate whether the production unit was in use during the reporting year, add new production units for new product lines, and if an existing production unit has been substantially changed since the last report, add new production unit with a new unique number.

PRODUCTION UNIT DETAILS

[Edit](#)

a. Production Unit #
[]

Is this production unit IN USE for the reporting year of this submittal?
 Yes No

b. Describe the Process:
SPRAYING ADHESIVE ON CLOTH

c. Describe the Product:
CLOTH PREPARED FOR BACKER APPLICATION

Enter up to 4 six-digit NAICs code that best describe the Product from this Production Unit. Put the primary NAICs code first:

213113 221330 221121 []
d. NAICS Code e. NAICS Code f. NAICS Code g. NAICS Code

h. Check the appropriate description for the unit of product:
 area dollar hours kilowatt length N/A number volume weight

i. Enter the CAS # of each reported chemical used in the production unit. List the production process code(s) for each process step that involves a reported chemical as an input, output or throughput.

List the TURA-reportable chemicals associated with this production unit.

TURA Chemical:

[] [] [Edit](#) [Delete](#)

CAS # Chemical Name

Process Codes:

<input type="checkbox"/> CC-04	HEAT TREATING NOS
Process Code	Process Code Description
<input type="checkbox"/> BB-02	AQUEOUS
Process Code	Process Code Description
<input type="checkbox"/> CC-01	CASTING/MOLDING
Process Code	Process Code Description
<input type="checkbox"/> AA-01	DIP, FLOW & CURTAIN COATING
Process Code	Process Code Description

Add Process Codes

Add Chemicals

IF the descriptions are incorrect, OR if you have a NEW production unit, you will need to create a new production unit.

Screen – can include more than 1 Production Unit –

Scroll DOWN to access other already created PU's.

Unique Block 1



Form S – Section 4 (ALL PU's listed on this SCREEN)

Production Unit in use THIS reporting year with reportable chemical(s) over threshold

Section 4: Facility-Wide Description of Production Units

A PRODUCTION UNIT is the combination of the process used to produce a chemical being produced. In this section, first time reporters list each of the production units reported toxic chemical is used. Repeat reporters review and if necessary, update the existing descriptions, indicate whether the production unit was in use during the reporting year, add new production units for new product lines, and if an existing production unit has been substantially changed since the last report, add new production unit with a new unique number.

PRODUCTION UNIT DETAILS

a. Production Unit #

1

Is this production unit IN USE for the reporting year of this submittal?

Yes No

b. Describe the Process:

SPRAYING ADHESIVE ON CLOTH

c. Describe the Product:

CLOTH PREPARED FOR BACKER APPLICATION

Enter up to 4 six-digit NAICS code that best describe first:

213113

221330

d. NAICS Code

e. NAICS Code

h. Check the appropriate description for the unit of measurement:

area dollar hours kilowatt length N/A number volume weight

EDIT to change or add NAICS Codes, [Edit](#) Update when complete with this UNIQUE BLOCK

3 IF the descriptions are incorrect, OR if you have a NEW production unit, you will need to create a new production unit. If you want to permanently eliminate a Production Unit contact Walter Hope (617 292 5982)

Unique Block 1

EDIT to change or add CAS# & Process Codes Update when complete with this UNIQUE BLOCK

i. Enter the CAS # of each reported chemical used in the production unit. List the production process code(s) for each process step that involves a reported chemical as an input, output or throughput.
List the TURA-reportable chemicals associated with this production unit.

TURA Chemical:

CAS #

Chemical Name

[Edit](#) [Delete](#)

Process Codes:

CC-04 HEAT TREATING NOS

Process Code

Process Code Description

BB-02 AQUEOUS

Process Code

Process Code Description

CC-01 CASTING/MOLDING

Process Code

Process Code Description

AA-01 DIP, FLOW & CURTAIN COATING

Process Code

Process Code Description

Add Process Codes

Add Chemicals

Unique
Block 2

EDIT to change or add CAS# & **Select** Process Codes **Update** when complete with this UNIQUE BLOCK

The TURA process codes will show up on a pick list
Caution:
Do **not** use EPA Category Codes (i.e.: n230)!

Unique Block 2

i. Enter the CAS # of each reported chemical used in the production unit. List the production process code(s) for each process step that involves a reported chemical as an input, output or throughput.
List the TURA-reportable chemicals associated with this production unit.

50000	FORMALDEHYDE
CAS #	Chemical Name
Process Codes:	
<input checked="" type="checkbox"/> C-04	HEAT TREATING NOS
Process Code	Process Code Description
<input checked="" type="checkbox"/> B-02	AQUEOUS
Process Code	Process Code Description
<input checked="" type="checkbox"/> C-01	CASTING/MOLDING
Process Code	Process Code Description
<input checked="" type="checkbox"/> A-01	DIP, FLOW & CURTAIN COATING
Process Code	Process Code Description
Add Process Codes	
Add Chemicals	

Select (check) Process Codes that apply to the listed chemical. If the chemical is not used in the named process, do not check the corresponding box. You can add process codes



1 you can **ADD** additional Process codes if needed.

2

Please select Process Code

Process Code

Add Process Codes

Add Chemicals

Select

Process Code Description

Update Cancel

Unique Block 3

3 Click on the code & it will fill the box

AA-08	Screen Printing
AA-09	Pad Printing
AA-10	Printing Using Carrier Films or Foils
AA-11	Jet Printing
AA-12	Electroplating (Barrel)
AA-13	Electroplating (Rack)
AA-14	Electroless (Barrel)
AA-15	Electroless (Rack)
AA-16	Mechanical Plating
AA-17	Hot Dip Coating (of metal)
AA-18	Anodizing, Conv Coating & Case Hardening (thru diffusion)

After adding a **NEW** Process Code, 4 click EDIT, 5 then check off ✓ the NEW Process Code. 6 Then Select UPDATE



i. Enter the CAS # of each reported chemical used in the production unit. List the production process code(s) for each process step that involves a reported chemical as an input, output or throughput.
List the TURA-reportable chemicals associated with this production unit.

TURA Chemical: [Edit](#) [Delete](#)

CAS # Chemical Name

Process Codes:	
<input type="checkbox"/> CC-04 Process Code	<input type="text"/> HEAT TREATING NOS Process Code Description
<input type="checkbox"/> BB-02 Process Code	<input type="text"/> AQUEOUS Process Code Description
<input type="checkbox"/> CC-01 Process Code	<input type="text"/> CASTING/MOLDING Process Code Description
<input type="checkbox"/> AA-01 Process Code	<input type="text"/> DIP, FLOW & CURTAIN COATING Process Code Description

Unique Block 2

Click to add another chemical for this production Unit



Add Production Unit

1 Adding a Production Unit - CLICK.

PRODUCTION UNIT DETAILS

[Update](#) [Cancel](#)

a. Production Unit #

Is this production unit IN USE for the reporting year of this submittal?

Yes No

b. Describe the Process:

c. Describe the Product:

Enter up to 4 six-digit NAICS code that best describe the Product from this Production Unit. Put the primary NAICS code first.

d. NAICS Code e. NAICS Code f. NAICS Code g. NAICS Code

h. Check the appropriate description for the unit of product:

area dollar hours kilowatt length N/A number volume weight

i. Enter the CAS # of each reported chemical used in the production unit. List the production process code(s) for each process step that involves a reported chemical as an input, output or throughput.

List the TURA-reportable chemicals associated with this production unit.

TURA Chemical:

<input type="text"/>	<input type="text"/>
CAS #	Chemical Name

Process Codes:

<input type="checkbox"/>	CC-04	HEAT TREATING NOS
	Process Code	Process Code Description
<input type="checkbox"/>	BB-02	AQUEOUS
	Process Code	Process Code Description
<input type="checkbox"/>	CC-01	CASTING/MOLDING
	Process Code	Process Code Description
<input type="checkbox"/>	AA-01	DIP, FLOW & CURTAIN COATING
	Process Code	Process Code Description
<input type="checkbox"/>		
	Process Code	Process Code Description
<input type="checkbox"/>	AA-16	MECHANICAL PLATING
	Process Code	Process Code Description

2 Complete ALL fields in the BLOCK, when complete click on **3** UPDATE.

When ALL blocks are completed (all Production Units are entered, all Process Codes checked, all CAS#'s entered for EACH Production Unit, then click on top LEFT or bottom RIGHT :
4 Error Check & Next

3 When all complete, click.

Add Production Unit

Error Check & Next



i. Enter the CAS # of each reported chemical used in the production unit. List the production process code(s) for each process step that involves a reported chemical as an input, output or throughput.
List the TURA-reportable chemicals associated with this production unit.

TURA Chemical:

[Edit](#) [Delete](#)

CAS # Chemical Name

Process Codes:	
<input type="checkbox"/> <input type="text" value="GG-01"/> Process Code	<input type="text" value="BLENDING, MIXING, COMPOUNDING"/> Process Code Description
<input type="checkbox"/> <input type="text" value="CC-04"/> Process Code	<input type="text" value="HEAT TREATING NOS"/> Process Code Description
<input type="checkbox"/> <input type="text" value="BB-02"/> Process Code	<input type="text" value="AQUEOUS"/> Process Code Description
<input type="checkbox"/> <input type="text" value="CC-01"/> Process Code	<input type="text" value="CASTING/MOLDING"/> Process Code Description
<input type="checkbox"/> <input type="text" value="AA-16"/> Process Code	<input type="text" value="MECHANICAL PLATING"/> Process Code Description

5 When all complete, click.

1 If there are any fields that are missing information or un-✓, an **error message** will show in **RED**.

2 Edit,
3 correct &
4 Update.

Then click

5 Error Check & Next again until the page is error free.

Error Message [Below are links where error(s) occurred]	
Section Name	Description
	PROCESS CODE

At least one process code must be selected in this section before you can continue.



Form S

Pages 1-2





[Edit](#)

Section 1: Facility-Wide use of Listed Chemical

a. MA DEP CAS # b. Chemical Name (Dioxin should be in grams, decimal points may be used)

Facility-wide use of chemical identified in a. Enter the total amount (Report amounts in pounds for all chemicals except Dioxin. Report Dioxin in grams) for each applicable category. **NOTE:** 'Generated as byproduct' (item f.) means all waste containing the listed chemical before the waste is handled, transferred, treated, recycled or released. Please refer to the reporting instructions before completing this section.

c. Amount Manufactured d. Amount Processed

e. Amount Otherwise Used f. Amount Generated as byproduct

g. Amount Shipped In Or As Product h. Production or Activity Ratio

Section 2: Materials Balance and Other Reporting Anomalies

The amount of a chemical that goes into a production unit generally equals the amount that comes out as waste or product. If the total amount of a chemical used (the sum of c, d & e) generally equals the sum of the amount shipped in or as product and generated at byproduct does not approximate this "materials balance". Questions a-e list the common reasons why there may not be a materials balance. If your chemical is not in materials balance, enter the pounds in the relevant section. Enter 0 if the section is not relevant or if the chemical is in materials balance.

a. Amount of Chemical Recycled OnSite b. Amount of Chemical Consumed Or Transformed

c. Amount of Chemical(Product) Held In Inventory d. Amount of Chemical Compound

e. Other Amount

f. Check yes if anything non-routine occurred at your facility during the reporting year that affected the data reported, if there is not a materials balance, and/or if the Prod. Ratio is <0.5 or >2.
 Yes* No * If your answer is Yes, you may explain in Section 5.

Section 3: Chemicals Used in Waste Treatment Units

a. Is this chemical used to treat waste or control pollution?
 Yes No* * If your answer is No, skip ahead to Section 4 Toxics Use By Production Unit.

b. Enter the amount of the chemical (in pounds) used to treat waste or control pollution

Pounds

c. Did the use of this chemical for waste treatment or pollution control increase or decrease by 10 percent or more compared with the previous reporting year?
 Yes* No * If your answer is Yes, you may explain in Section 5.

Unique Block 1

Screen – can include more than 1 Chemical – Scroll DOWN to access other chemical s.

All CAS#'s/ Chemicals will appear on this Screen, each in an individual & separately edited & saved unique block.



Enter the pounds of chemicals, enter zero / 0 if applicable. Less than a pound may be reported if PBTs or Dioxin (grams).

- all entry fields **MUST** have a number entered – at least a **zero**.
- this is a common validation problem...
- we do NOT expect you to report to the 4th decimal point, UNLESS the chemical is Dioxin &/or Dioxin Compounds

Section 1: Facility-Wide use of Listed Chemical

[Update](#) [Cancel](#)

1000
a. MA DEP CAS #

ANTIMONY COMPOUNDS
b. Chemical Name (Dioxin should be in grams, decimal points may be used)

Facility-wide use of chemical identified in a. Enter the total amount (Report amounts in pounds for all chemicals except Dioxin. Report Dioxin in grams) for each applicable category. **NOTE:** 'Generated as byproduct' (item f.) means all waste containing the listed chemical before the waste is handled, transferred, treated, recycled or released. Please refer to the reporting instructions before completing this section.

0
c. Amount Manufactured ?

125220
d. Amount Processed ?

0
e. Amount Otherwise Used ?

220
f. Amount Generated as byproduct ?

120000
g. Amount Shipped In Or As Product ?

1.2
h. Production or Activity Ratio ?

Hover over the ? to see the definition



-values such as the word “all”, ±, ∞, √ and others...

Are NOT valid.

Solution: use whole numbers, unless the chemical is a PBT (then you may use .5 of a pound, or if dioxin, you may use grams (system now allows 999.9999 grams to be entered)).

[Update](#) [Cancel](#)

Section 1: Facility-Wide use of Listed Chemical

<input type="text" value="1000"/>	<input type="text" value="ANTIMONY COMPOUNDS"/>
a. MA DEP CAS #	b. Chemical Name (Dioxin should be in grams, decimal points may be used)

Facility-wide use of chemical identified in a. Enter the total amount (Report amounts in pounds for all chemicals except Dioxin. Report Dioxin in grams) for each applicable category. **NOTE:** 'Generated as byproduct' (item f.) means all waste containing the listed chemical before the waste is handled, transferred, treated, recycled or released. Please refer to the reporting instructions before completing this section.

<input type="text" value="0"/>	<input type="text" value="125220"/>
c. Amount Manufactured ?	d. Amount Processed ?
<input type="text" value="0"/>	<input type="text" value="220"/>
e. Amount Otherwise Used ?	f. Amount Generated as byproduct ?
<input type="text" value="120000"/>	<input type="text" value="1.2"/>
g. Amount Shipped In Or As Product ?	h. Production or Activity Ratio ?



-if you see a Form S for a chemical that you did NOT have to report on, it is because you entered the information into the Form S Cover Sheet Section 4.

-you 'may' be able to exit this form (Form S), and delete the CAS# from the Form S Cover Sheet Section 4, BUT this may corrupt the submittal and you will have to start over

Solution: enter in **ONLY** the chemicals that **MUST** be reported and **DOUBLE CHECK** this information before validating the Form S Cover Sheet, Section 4.

[Update](#) [Cancel](#)

Section 1: Facility-Wide use of Listed Chemical

1000 ANTIMONY COMPOUNDS
a. MA DEP CAS # b. Chemical Name (Dioxin should be in grams, decimal points may be used)

Facility-wide use of chemical identified in a. Enter the total amount (Report amounts in pounds for all chemicals except Dioxin. Report Dioxin in grams) for each applicable category. NOTE: 'Generated as byproduct' (item f.) means all waste containing the listed chemical before the waste is handled, transferred, treated, recycled or released. Please refer to the reporting instructions before completing this section.

0	125220
c. Amount Manufactured ?	d. Amount Processed ?
0	220
e. Amount Otherwise Used ?	f. Amount Generated as byproduct ?
125000	1.2
g. Amount Shipped In Or As Product ?	h. Production or Activity Ratio ?

Complete additional materials balance information as needed. Enter at least a zero / 0 in each box.

Section 2: Materials Balance and Other Reporting Anomalies

The amount of a chemical that goes into a production unit generally equals the amount that comes out as waste or product. If the total amount of a chemical used (the sum of c, d & e) generally equals the sum of the amount shipped in or as product and generated as byproduct does not approximate this "materials balance". Questions a-e list the common reasons why there may not be a materials balance. If your chemical is not in materials balance, enter the pounds in the relevant section. Enter 0 if the section is not relevant or if the chemical is in materials balance.

<input type="text" value="0"/>	<input type="text" value="0"/>
a. Amount of Chemical Recycled OnSite	b. Amount of Chemical Consumed Or Transformed
<input type="text" value="10"/>	<input type="text" value="125220"/>
c. Amount of Chemical Held In Inventory	d. Amount of Chemical Compound
<input type="text" value="0"/>	
e. Other Amount	

f. Check yes if anything non-routine occurred at your facility during the reporting year that affected the data reported, if there is not a materials balance, and/or if the Prod. Ratio is <0.5 or >2.

Yes* No * If your answer is Yes, you may explain in Section 5.

-all entry fields **MUST** have a number entered – at least a **zero**.

-this is a common validation problem...

Often mass balance occurs input = outputs but...

If \neq then please explain by checking box 'f' and noting in box 'm'.

Section 2: Materials Balance and Other Reporting Anomalies

The amount of a chemical that goes into a production unit generally equals the amount that comes out as waste or product. If the total amount of a chemical used (the sum of c, d & e) generally equals the sum of the amount shipped in or as product and generated as byproduct does not approximate this "materials balance". Questions a-e list the common reasons why there may not be a materials balance. If your chemical is not in materials balance, enter the pounds in the relevant section. Enter 0 if the section is not relevant or if the chemical is in materials balance.

0

a. Amount of Chemical Recycled OnSite

0

b. Amount of Chemical Consumed Or Transformed

10

c. Amount of Chemical Held In Inventory

125220

d. Amount of Chemical Compound

0

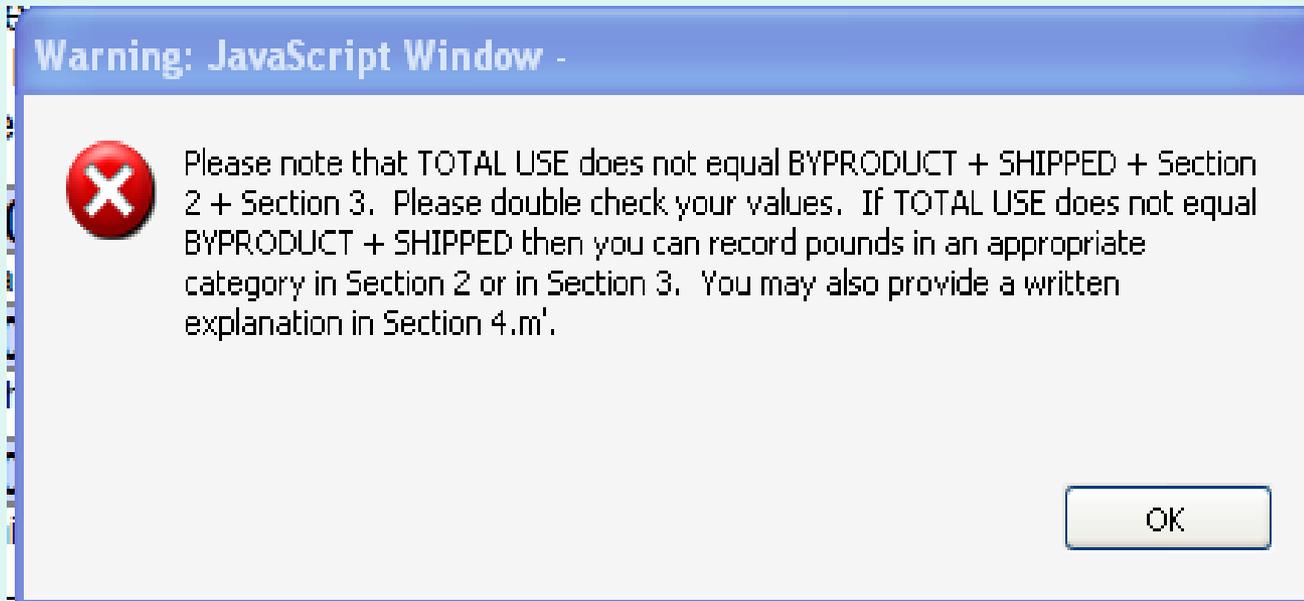
e. Other Amount

f. Check yes if anything non-routine occurred at your facility during the reporting year that affected the data reported, if there is not a materials balance, and/or if the Prod. Ratio is <0.5 or >2 .

Yes* No

* If your answer is Yes, you may explain in Section 5.

If you don't have a mass balance and/or if you have not explained why this message 'may' be presented...



Please check "ok" and explain the lack of a mass balance in box 'm' (separate page).

Was any of the chemical used in waste water treatment?*

Section 3: Chemicals Used in Waste Treatment Units

a. Is this chemical used to treat waste or control pollution?

Yes No*

* If your answer is No, skip ahead to Section 4 Toxics Use By Production Unit.

b. Enter the amount of the chemical (in pounds) used to treat waste or control pollution

5000

Pounds

c. Did the use of this chemical for waste treatment or pollution control increase or decrease by 10 percent or more compared with the previous reporting year?

Yes* No

* If your answer is Yes, you may explain in Section 5.

* If you indicated (on the first screen) that **ALL** of the chemicals are used **ONLY** to treat waste, then Section 3.a is fixed at “Yes”. In addition, there will be no production units to report.

Section 1: Facility-Wide use of Listed Chemical

<input type="text" value="1000"/>	<input type="text" value="ANTIMONY COMPOUNDS"/>
a. MA DEP CAS #	b. Chemical Name (Dioxin should be in grams, decimal points may be used)

Facility-wide use of chemical identified in a. Enter the total amount (Report amounts in pounds for all chemicals except Dioxin. Report Dioxin in grams) for each applicable category. **NOTE:** 'Generated as byproduct' (item f.) means all waste containing the listed chemical before the waste is handled, transferred, treated, recycled or released. Please refer to the reporting instructions before completing this section.

<input type="text" value="0"/>	<input type="text" value="125220"/>
c. Amount Manufactured ?	d. Amount Processed ?
<input type="text" value="0"/>	<input type="text" value="220"/>
e. Amount Otherwise Used ?	f. Amount Generated as byproduct ?
<input type="text" value="120000"/>	<input type="text" value="1.2"/>
g. Amount Shipped In Or As Product ?	h. Production or Activity Ratio ?

Section 2: Materials Balance and Other Reporting Anomalies

The amount of a chemical that goes into a production unit generally equals the amount that comes out as waste or product. If the total amount of a chemical used (the sum of c, d & e) generally equals the sum of the amount shipped in or as product and generated at byproduct does not approximate this "materials balance". Questions a-e list the common reasons why there may not be a materials balance. If your chemical is not in materials balance, enter the pounds in the relevant section. Enter 0 if the section is not relevant or if the chemical is in materials balance.

<input type="text" value="0"/>	<input type="text" value="5000"/>
a. Amount of Chemical Recycled OnSite	b. Amount of Chemical Consumed Or Transformed
<input type="text" value="10"/>	<input type="text" value="125220"/>
c. Amount of Chemical Held In Inventory	d. Amount of Chemical Compound
<input type="text" value="0"/>	
e. Other Amount	

f. Check yes if anything non-routine occurred at your facility during the reporting year that affected the data reported, if there is not a materials balance, and/or if the Prod. Ratio is <0.5 or >2.
 Yes* No * If your answer is Yes, you may explain in Section 5.

Section 3: Chemicals Used in Waste Treatment Units

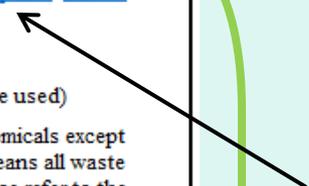
a. Is this chemical used to treat waste or control pollution?
 Yes No* * If your answer is No, skip ahead to Section 4 Toxics Use By Production Unit.

b. Enter the amount of the chemical (in pounds) used to treat waste or control pollution

Pounds

c. Did the use of this chemical for waste treatment or pollution control increase or decrease by 10 percent or more compared with the previous reporting year?
 Yes* No * If your answer is Yes, you may explain in Section 5.

[Update](#) [Cancel](#)

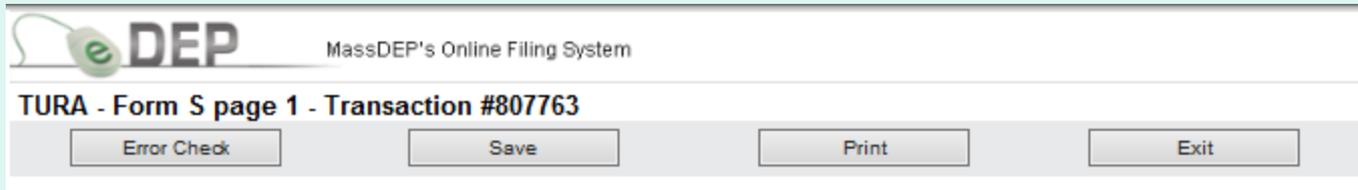


When this unique Block (CAS#) is complete, click on Update.

Unique Block 1



When ALL Unique Blocks are input and updated, then click on **Error Check** to check the Screen/Page & Save all data on the page. *(located at the top left or bottom right of the screen)*



Click on **Error Check**
when completed



A State R/A form will appear only if the chemical is “state only” (or unique to the state), and/or if the NAICS code is “state only” code.

Transaction Overview **Trans# 210259 ID# 380799 Toxics Use Reduc**

Forms

Print Transaction Delete Tr

Errors Checked/ Validated	Fill out the following forms for this transaction:
✓	Toxics Use Reduction Act (TURA) Reporting ()
✓	TURA - Cover Sheet Page 2 New1 (3)
✓	TURA - Cover Sheet Page 3 & 4 (1)
✓	TURA - Cover Sheet Page 3 & 4 (8)
✓	TURA - Form S Page 1 (107153)
—	TURA - Form S Page 2 (107153)
—	TURA - FORMR/FORMA Page 1 & 2 (107153)
—	TURA - Form S Page 1 (1310732)
—	TURA - Form S Fee Worksheet (2008)





[Edit](#)

Section 4: Toxics Use by Production Unit

a. Production Unit # b. Chemical Name

c. Quantity of Chemical Use Code:

- 1. <= 5,000 lbs.
- 2. > 5,000 <= 10,000 lbs.
- 3. <= 10,000 <= 100,000 lbs.
- 4. > 100,000 <= 500,000 lbs.
- 5. >500,000 lbs.

d. Did the use of this chemical in this production unit increase or decrease by 10 percent or more compared with the previous reporting year and/or did you implement toxics use reduction?

- Yes No* * If your answer is No, skip ahead to h. below.

Process code(s) where most significant changes occurred (up to three in descending order) Type of Change (Enter "I" for Increase, "D" for Decrease) Technique Code(s) (up to 3 pre process code, enter in order of importance)

Process code(s)	Type of Change	Technique Code(s)		
e.1. <input type="text"/>	<input type="text"/>	3a. <input type="text"/>	3b. <input type="text"/>	3c. <input type="text"/>
f.1. <input type="text"/>	2. <input type="text"/>	3a. <input type="text"/>	3b. <input type="text"/>	3c. <input type="text"/>
g.1. <input type="text"/>	2. <input type="text"/>	3a. <input type="text"/>	3b. <input type="text"/>	3c. <input type="text"/>

h. Was byproduct generated for this chemical less than 1 percent of use in this production unit?

- Yes* No * If your answer is Yes, skip ahead to Section 5.

i. Did the byproduct generated for this chemical in this production unit increase or decrease by 10 percent or more compared with the previous reporting year and/or did you implement toxics use reduction?

- Yes No* * If your answer is No, skip ahead to Section 5.

Process code(s) where most significant changes occurred (up to three in descending order) Type of Change (Enter "I" for Increase, "D" for Decrease) Technique Code(s) (up to 3 pre process code, enter in order of importance)

Process code(s)	Type of Change	Technique Code(s)		
j.1. <input type="text"/>	2. <input type="text"/>	3a. <input type="text"/>	3b. <input type="text"/>	3c. <input type="text"/>
k.1. <input type="text"/>	2. <input type="text"/>	3a. <input type="text"/>	3b. <input type="text"/>	3c. <input type="text"/>
l.1. <input type="text"/>	2. <input type="text"/>	3a. <input type="text"/>	3b. <input type="text"/>	3c. <input type="text"/>

Unique Block 1

All Production Units will appear on this Screen, **each** in an individual & separately edited & saved unique block.



Section 4: Toxics Use by Production Unit – ALL Production Units will be listed on this SCREEN (scroll down) Each is a separate BLOCK.

[Update](#) [Cancel](#)

Section 4: Toxics Use by Production Unit

a. Production Unit # b. Chemical Name

c. Quantity of Chemical Use Code:

- 1. <= 5,000 lbs.
- 2. > 5,000 <= 10,000 lbs.
- 3. <= 10,000 <= 100,000 lbs.
- 4. > 100,000 <= 500,000 lbs.
- 5. >500,000 lbs.

d. Did the use of this chemical in this production unit increase or decrease by 10 percent or more compared with the previous reporting year and/or did you implement toxics use reduction?

- Yes No*

* If your answer is No, skip ahead to h. below.

Process code(s) where most significant changes occurred (up to three in descending order)

Type of Change (Enter "I" for Increase, "D" for Decrease)

Technique Code(s) (up to 3 pre process code; enter in order of importance)

<input type="text"/>	Select						
e.1.		2.		3a.		3b.	
<input type="text"/>	Select	<input type="text"/>		<input type="text"/>	Select	<input type="text"/>	Select
f.1.		2.		3a.		3b.	
<input type="text"/>	Select	<input type="text"/>		<input type="text"/>	Select	<input type="text"/>	Select
g.1.		2.		3a.		3b.	

ALL codes can be picked by clicking on "Select"



State Form R/A

Pages 1-4



State Only Form R/Form A

2015
Reporting Year
OCEAN SPRAY CRANBERRIES
Facility Name
130746
DEP Facility ID Number

This form is for chemicals or facilities that are not reportable under the US EPA Toxics Release Inventory program which include:

- Companies in NAICs codes covered by TURA but not covered by TRI. See the TURA Reporting Appendix at <http://www.mass.gov/eea/agencies/massdep/toxics/approvals/tura-online-reporting.html>
- Chemicals listed under TURA but on the Federal TRI list including CERCLA chemicals, TRI chemicals with a different definition on the CERCLA list than on the TRI list and all TURA High Hazard Chemicals because they have a lower reporting threshold. See the TURA Chemical List at <http://www.mass.gov/eea/agencies/massdep/toxics/approvals/tura-online-reporting.html>.

This form contains a portion of the fields used in the US EPA Form R and Form A. Please refer to US EPA's Toxic Chemical Release Inventory Reporting Form and Instructions at <http://www.epa.gov/toxics-release-inventory-tri-program/tri-reporting-forms-and-instructions>

Chemical-Specific Information

Section 1 Toxic Chemical Identity

1310732	SODIUM HYDROXIDE
1.1 CAS Number	1.2 Toxic Chemical or Chemical Category Name

Please note that DEP does not accept the US EPA chemical category identifiers (N###); please refer to Appendix B of DEP's Toxics Use Reporting Forms and Instructions for the appropriate Massachusetts reporting number for chemical categories).

- There are two filing forms: Form R and an abbreviated Form A. Companies must use the Form R if
1. Their Total chemical use is greater than 1 million pounds. OR
 2. They generate more than 500 pounds of TURA Byproduct: (Sum of the amount released on site, treated on-site, recycled on-site, used for energy recovery on-site, or transferred offsite for treatment, recycling, recovery, disposal or release.) OR
 3. The chemical is a PBT.

The Form A may ONLY be used if the company uses less than a million pounds of the chemical AND generates less than 500 pounds of TURA byproduct, and the chemical is not a PBT.

Are you filing a Form R? Yes No

(if yes, continue to Section 4 (note: Section 2 and 3 are not required for State Only reporting)
if no, fill out only the State Only Form A).

Section 4

Enter the maximum amount of the toxic chemical on-site at any time during the calendar year

02	Select
4.1 Two-Digit Code From TRI Instruction Package	

A State Form R/A will appear automatically IF your facility is a State ONLY filer (per NAICS code, or if you are reporting State ONLY chemicals (or State ONLY variants of Federal Chemicals). The NAICS Codes have been updated.



Section 5

Quantity of the Toxic Chemical Entering Each Environmental Medium On-site

5.1-2 Air Emissions check if not applicable

1

2

5.1 Fugitive or non-point air emissions (pounds/year) 5.2 Stack or point air emissions (pounds/year)

5.3 Discharges to Receiving Streams or Water Bodies check if not applicable

4

Total Discharges (pounds/year)

5.4 Underground Injection On-site to Class I or Class II-V wells check if not applicable

5

6

5.4.1 Underground Injection On-site to Class I Wells (pounds/year)

5.4.2 Underground Injection On-site to Class II-V Wells (pounds/year)

5.5 Disposal to Land On-site check if not applicable

7

8

5.5.1A RCRA Subtitle C landfills (pounds/year)

5.5.1B Other landfills (pounds/year)

9

10

5.5.2 Land treatment/application farming (pounds/year)

5.5.3 Surface Impoundment (pounds/year)

11

5.5.4 Other disposal (pounds/year)

Section 6

Transfers of the toxic chemical in wastes to off-site locations

6.1.A Total Quantity Transferred to all POTWs check if not applicable

12

6.1.A.1 Total Transfers to all POTWs (pounds/year)

6.2 Total Quantity Transferred to all other Off-site locations (for treatment, disposal, recycling, energy recovery etc., excluding amounts sent to POTWs) check if not applicable

13

6.2.A Total Transfers (pounds/year)

Complete Sections 5 & 6 as you have before, using the EPA TRI instructions for guidance.



BEFORE you start entering information in Section 7A, add additional Unique Blocks if needed. **THEN** enter the information for each block & Update one at a time.

Section 7A [Edit](#) [Delete](#)

On-site Waste Treatment Methods and Efficiency: check if not applicable

1. General Waste Stream Code:
7A.1a

Waste Treatment Method(s) Sequence 4-character codes:

<input type="text" value="H073"/>	<input type="text" value="H121"/>	<input type="text"/>					
7A.1b.1	7A.1b.2	7A.1b.3	7A.1b.4	7A.1b.5	7A.1b.6	7A.1b.7	7A.1b.8

Waste Treatment Efficiency Estimate: (7A.1c)

<input type="radio"/> greater than 99.9999%	<input type="radio"/> greater than 99.99% to 99.9999%	<input checked="" type="radio"/> greater than 99% to 99.99%	<input type="radio"/> greater than 95% to 99%	<input type="radio"/> greater than 50% to 95%	<input type="radio"/> greater than 0% to 50%
--	--	--	--	--	---

Unique
Block 1

← Add WTM BLOCKS before entering info.



BEFORE you start entering information in Section 7A, add additional **Unique Blocks** if needed. THEN enter the information for each block & Update one at a time.

Section 7A [Edit](#) [Delete](#)

On-site Waste Treatment Methods and Efficiency: check if not applicable

1. General Waste Stream Code: 7A.1a

Waste Treatment Method(s) Sequence 4-character codes:

H073	H121						
7A.1b.1	7A.1b.2	7A.1b.3	7A.1b.4	7A.1b.5	7A.1b.6	7A.1b.7	7A.1b.8

Waste Treatment Efficiency Estimate: (7A.1c)

greater than 99.9999% greater than 99.99% to 99.9999% greater than 99% to 99.99% greater than 95% to 99% greater than 50% to 95% greater than 0% to 50%

[Update](#) [Cancel](#)

On-site Waste Treatment Methods and Efficiency: check if not applicable

1. General Waste Stream Code: [Select](#) ←

7A.1a

Waste Treatment Method(s) Sequence 4-character codes:

Select							
7A.1b.1	7A.1b.2	7A.1b.3	7A.1b.4	7A.1b.5	7A.1b.6	7A.1b.7	7A.1b.8

Waste Treatment Efficiency Estimate: (7A.1c)

greater than 99.9999% greater than 99.99% to 99.9999% greater than 99% to 99.99% greater than 95% to 99% greater than 50% to 95% greater than 0% to 50%

Unique Block 1

Unique Block 2



② Double Click to pick code



WMETHOD	
Code	Description
A01	FLARE
A02	CONDENSER
A03	SCRUBBER
A04	ABSORBER
A05	ELECTROSTATIC PRECIPITATOR
A06	MECHANICAL SEPARATION
A07	OTHER AIR EMISSION TREATMENT
H040	INCINERATION - THERMAL DESTRUCTION OTHER THAN USE AS A FUEL
H071	CHEMICAL REDUCTION WITH OR WITHOUT PRECIPITATION
H073	CYANIDE DESTRUCTION WITH OR WITHOUT PRECIPITATION
H075	CHEMICAL OXIDATION
H076	WET AIR OXIDATION
H077	OTHER CHEMICAL PRECIPITATION WITH OR WITHOUT PRE-TREATMENT
H081	BIOLOGICAL TREATMENT WITH OR WITHOUT PRECIPITATION

Click to select, then code list appears



Section 7B

On-Site Energy Recovery Processes: check if not applicable

Energy Recovery Methods 3-character code(s): U03 [Select](#) [Select](#) [Select](#)

Section 7C

On-Site Recycling Processes. Recycling Methods 3-character code(s): check if not applicable

H39 [Select](#) [Select](#) [Select](#)

Section 8

Production Related Waste Managed. Enter in Pounds per year (grams of dioxins) (Do not double count: 8.1a - 8.7 should total: (Amount used in production - Amount shipped in product + Amount consumed in production))

Source Reduction and Recycling Activities. Note: Do not double count. (Enter data as pounds per year)	Column A Prior Year	Column B Current Rpt. Year	Column C Following Rpt. Year	Column D 2nd Following Rpt. Year
8.1a Total on-site disposal underground injection & landfills	1	2	3	4
8.1b Total on-site disposal or other releases	5	6	7	8
8.1c Total off-site disposal underground injection & landfills	9	10	11	12
8.1d Total off-site disposal or other releases	13	14	15	16
8.2 Quantity used for energy recovery on-site	17	18	19	20
8.3 Quantity used for energy recovery off-site	21	22	23	24
8.4 Quantity recycled on-site	25	26	27	28
8.5 Quantity recycled off-site	29	30	31	32
8.6 Quantity treated on-site	33	34	35	36
8.7 Quantity treated off-site	37	38	39	40

8.8 Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes: 41 pounds/year

8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? Yes - continue below No

Source Reduction Activities [enter code(s)] [Select](#) Methods to Identify Activity (enter codes)

8.10.1 W31 [Select](#) T09 [Select](#) [Select](#) [Select](#)

8.10.2 [Select](#) [Select](#) [Select](#) [Select](#)

a b c a b c

[Error Check & Next](#)

2015 TURA Reports ALSO INCLUDE:

A TUR Plan Summary Submittal Selection Form
and as applicable a:

TUR Plan Summary

OR

Resource Conservation Plan Summary

OR

Environmental Management System Progress Report

&

If a firm did an RC Plan in the last planning cycle a:
Resource Conservation Plan Progress Report





Massachusetts Department of Environmental Protection
Bureau of Air & Waste - Toxics Use Reduction Report
Plan Summary Submittal Selection Form

Reporting Year

 Facility Name

 DEP Facility ID Number

Complete Section 1, 2, 3, 4 or 5 to identify the type of plan your facility completed in this planning cycle.

- 1 This facility completed an Environmental Management System Plan during this planning cycle. (NOTE: To select this option your facility must have completed a traditional Toxics Use Reduction Plan for at least three prior planning cycles.)
- 2 This facility completed a Resource Conservation Plan during this planning cycle for the following assets. (Note: To select this option, your facility must have completed a traditional TUR Plan for at least three planning cycles, AND not have completed a Resource Conservation Plan in the last planning cycle.)

Assets (check all that apply)

- 2a Energy
- 2b Water
- 2c Materials that contribute to solid waste
- 2d Chemicals on the TURA Toxics or Hazardous Substance List used below reporting thresholds
- 2e Chemical substances that are not on TURA Toxics or Hazardous Substance List

- 3 This facility either completed a traditional TUR Plan during this planning cycle OR is not submitting any type of plan because the use of all reportable toxics for which a plan is required will have been eliminated or reduced below the reporting threshold by the end of THIS calendar year.

The traditional TUR Plan is required for all chemicals for which a Form S is being submitted in this Annual Toxics Use Reduction Report and was submitted in at least one prior Annual Toxics Use Reduction Report, unless the use of that chemical will have been eliminated or reduced below the reporting threshold by the end of the current calendar year.

- 3a. This facility has completed a Traditional TUR Plan that includes all chemicals for which a Form S is being submitted in this Annual Toxics Use Reduction Report and was submitted in at least one prior year.
- 3b. This facility use of the following chemicals for which a plan would otherwise is required will have been eliminated or reduced below the reporting threshold by the end of THIS calendar year. Note, if this list includes ALL chemicals for which a TUR Plan is otherwise due, this facility is not required to complete any type of plan or submit any plan summary in this planning cycle.

CAS #	Chemical Name	Method*	By taking the following steps
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> E	<input type="text"/>
3b.a.1	3b.a.2	<input type="checkbox"/> R	3b.a.4
Edit Delete			
<input type="button" value="Add Chemical"/>			

- 4 This facility is not required to complete any type of plan or submit a plan summary because it has closed or is scheduled to close in this calendar year.
Date (mm/dd/yyyy)
- 5 This facility completed a Resource Conservation Plan in the prior planning cycle. If Yes, you must also submit a Resource Conservation Progress Report describing progress in the implementation of the Resource Conservation Plan and complete TUR Plan summary as needed.

Select the appropriate PLAN
#1 EMS
#2 RC (Resource Conservation)

Complete Section 1, 2, 3, 4 or 5 to identify the type of plan your facility completed in this planning cycle.

- 1 This facility completed an Environmental Management System Plan during this planning cycle. (NOTE: To select this option your facility must have completed a traditional Toxics Use Reduction Plan for at least three prior planning cycles.)
- 2 This facility completed a Resource Conservation Plan during this planning cycle for the following assets. (Note: To select this option, your facility must have completed a traditional TUR Plan for at least three planning cycles, AND not have completed a Resource Conservation Plan in the last planning cycle.)

Assets (check all that apply)

- 2a Energy
- 2b Water
- 2c Materials that contribute to solid waste
- 2d Chemicals on the TURA Toxics or Hazardous Substance List used below reporting thresholds
- 2e Chemical substances that are not on TURA Toxics or Hazardous Substance List

Select the appropriate PLAN
#3 TUR (Toxics Use Reduction) Plan
(& indicate if you have any exceptions)

- 3 This facility either completed a traditional TUR Plan during this planning cycle OR is not submitting any type of plan because the use of all reportable toxics for which a plan is required will have been eliminated or reduced below the reporting threshold by the end of THIS calendar year.

The traditional TUR Plan is required for all chemicals for which a Form S is being submitted in this Annual Toxics Use Reduction Report and was submitted in at least one prior Annual Toxics Use Reduction Report, unless the use of that chemical will have been eliminated or reduced below the reporting threshold by the end of the current calendar year.

3a. This facility has completed a Traditional TUR Plan that includes all chemicals for which a Form S is being submitted in this Annual Toxics Use Reduction Report and was submitted in at least one prior year.

3b. This facility use of the following chemicals for which a plan would otherwise is required will have been eliminated or reduced below the reporting threshold by the end of THIS calendar year. Note, if this list includes ALL chemicals for which a TUR Plan is otherwise due, this facility is not required to complete any type of plan or submit any plan summary in this planning cycle.

Select the appropriate PLAN
If you select #3b (Toxics Use Reduction Plan
with exceptions)
ONE exception BLOCK will appear, if more are
needed click ADD CHEMICAL

3b. This facility use of the following chemicals for which a plan would otherwise is required will have been eliminated or reduced below the reporting threshold by the end of THIS calendar year. Note, if this list includes ALL chemicals for which a TUR Plan is otherwise due, this facility is not required to complete any type of plan or submit any plan summary in this planning cycle.

CAS #	Chemical Name	Method*	By taking the following steps
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> E <input type="checkbox"/> R	<input type="text"/>
3b.a.1	3b.a.2		3b.a.4
<input type="button" value="Add Chemical"/>			

[Edit](#) [Delete](#)

Unique
Block 1

Select the appropriate PLAN

Select #4 if the facility is scheduled to close in Calendar Year 2016*

Select #5 if you completed a RC plan in the PRIOR Planning Cycle, and now complete a RC Update & TUR Plan Summary.
(select #3 also)

4 This facility is not required to complete any type of plan or submit a plan summary because it has closed or is scheduled to close in this calendar year.

Date (mm/dd/yyyy)

5 This facility completed a Resource Conservation Plan in the prior planning cycle. If Yes, you must also submit a Resource Conservation Progress Report describing progress in the implementation of the Resource Conservation Plan and complete TUR Plan summary as needed.

Error Check & Next



EMS (Environmental Management System) Progress Report



Environmental Management System Progress Report

2015
Planning Year
PRINTERS OIL SUPPLY
Facility Name
131200
DEP Facility ID Number

The TURA Environmental Management System (EMS) must be certified by a TUR Planner approved to certify TURA EMS Plans or an EMS professional, every two years in accordance with 310 CMR 50.84.

A. Significant Aspects - Covered Topics

1. Provide a list of the covered toxics addressed in the TURA EMS for this planning cycle:

2. Provide a brief description of the objectives and targets established by your facility for this planning cycle to address the covered toxics listed above:

3. Provide a brief description of progress made toward meeting objectives and targets established for covered toxics during the previous planning cycle, and, if applicable, why anticipated progress was not achieved:

B. Integrating TUR Planning

1. We have checked if alternatives to our current toxics use have become available and are technically and economically feasible to implement.
 Yes No
2. We have solicited our employees for ideas about reducing toxics use, the generation of byproduct from toxics use, or releases.
 Yes No
3. We have continued to promote a policy of toxics use reduction in our activities and are incorporating it into planning and design as well as day-to-day management.
 Yes No
4. We have continued to monitor our toxics use in order to ensure that all leaks, spills, releases and byproduct generation are minimized to the extent practicable.
 Yes No
5. We have identified all regulatory requirements triggered by use of toxics chemicals.
 Yes No
6. Our EMS has been audited by a qualified independent auditor at least once during the past two year TURA planning cycle.
 Yes No
7. We have solicited information from vendors, consultants, government agencies, academic experts, or other resources to better understand our options for implementing TUR activities.
 Yes No

8. If you answered "no" to any of the above questions, please explain actions that your facility has or will take to achieve positive responses.

9. You may provide additional information about your EMS activities:

Error Check & Next



C. Certification Statements

1. Based on my independent professional judgment, as a MassDEP Certified TUR Planner approved for EMS Plans or as a Certified EMS Professional, I certify under penalty of law that the following is true:
 - (a) I have examined and am familiar with this EMS;
 - (b) The EMS satisfies the requirements of 310 CMR 50.80; and
 - (c) The EMS demonstrates a good faith and reasonable effort to integrate toxics use reduction planning into the EMS.

1. Signature of TUR Planner approved to certify Toxics Use Reduction EMSs

2. Date (mm/dd/yyyy)

3. Print Name of TUR Planner approved to certify Toxics Use Reduction EMSs

4. Email Address

5. TUR Planner ID Number (if applicable)

(Check applicable) EMS Professional

Toxics Use Reduction Planner



2. I certify under penalty of law that the following is true:

(a) I have examined and am familiar with this EMS;

(b) The EMS meets the requirements of 310 CMR 50.82 and the elements specified therein are being implemented;

(c) The EMS is actively addressing environmental compliance issues;

(d) The individual who has certified the EMS pursuant to 310 CMR 50.84(3) has provided me with documentation that he or she meets the requirements of 310 CMR 50.84(2).

(e) These statements are based upon answers to queries made by me to individuals who have been designated to implement the EMS, and I have made my best effort to ensure that they are being held accountable for implementing the system in good faith. I understand that by choosing to implement an EMS in lieu of a toxics use reduction plan, I am responsible for maintaining documentation to evidence a good faith effort to implement all elements of the EMS.

(f) I am aware that there are penalties for submitting false information, including possible fines and imprisonment.

1. Signature of Senior Management Official

2. Date (mm/dd/yyyy)

3. Print Name of Senior Management Official

4. Email Address

Error Check & Next



RC (Resource Conservation) Plan Summary



Massachusetts Department of Environmental Protection
Bureau of Air & Waste - Toxics Use Reduction Report

Resource Conservation Plan Summary

Please refer to the Resource Conservation Guidance when filling out this form.

2015

Planning Year

PRINTERS OIL SUPPLY

Facility Name

131260

DEP Facility ID Number

A. Targeted Asset

ENERGY

B. Selected Operations

List the operations the resource conservation plan covers. If operation is not listed, choose "other"

1. Operation Code

2. Operation Code

3. Operation Code

4. Operation Code

1. Operation Code

2. Operation Code

3. Operation Code

4. Operation Code

Other (describe):

C. Baseline Amount of Asset Used

This includes the total amount of the asset used during the baseline calendar year, reported as a total amount. In addition, you also may report amount per unit of product.

Year (e.g., 2007)
Year Total Amount of Asset Used Total Use - Unit of Measure

If unit of measure is different than listed above, please describe:

Per Unit of Product Use (Optional)

Unit of Product

Amount of Product

D. Options Selected to Implement

E. Other Options Considered

List the resource conservation options you considered but decided not to implement. You also may provide an explanation why you chose not to implement a particular option.

F. Goals for Reducing the Asset

List the resource conservation goal(s) as a percentage reduction or a specific amount reduction (e.g., number of kWh or Tons) over a certain time period. The first line is an example.

Amount of Reduction	Unit of Measure	Goal by Date (Year)	Description of Goal
15%	Gallons	2008	Reduction of potable water use and sewer discharge
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.1.a	F.1.b	F.1.c	F.1.d
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.2.a	F.2.b	F.2.c	F.2.d
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.3.a	F.3.b	F.3.c	F.3.d
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.4.a	F.4.b	F.4.c	F.4.d

G. Expected Change in the Amount of Asset Used

Indicate the expected change in the amount of the asset(s) to be used (due to the options implemented) between the year on which the plan is based and two years after the plan is due.

The unit of measure in this section (as listed previously in Section C).

Note: You will report actual changes in the amount of the asset used on a resource conservation progress report that you must submit with the next toxics use reduction plan summary. However, if there are actual changes to report due to an option already implemented, you may include them below.

Expected Annual change in the amount of asset used by July 1st of the next even-numbered calendar year on an annual basis:

H. Prior Efforts (Optional)

Results of Prior efforts *may have* resulted in reductions of the asset used. Please indicate the reductions accomplished as a result of projects implemented since July 1st of the previous even-numbered calendar year.

The unit of measure in this section (as listed previously in Section C).

I. Additional Information

You may provide additional information about your resource conservation plan.





Massachusetts Department of Environmental Protection
Bureau of Air & Waste - Toxics Use Reduction Report

Resource Conservation Plan Summary

Please refer to the Resource Conservation Guidance
when filling out this form.

2015

Planning Year

PRINTERS OIL SUPPLY

Facility Name

131260

DEP Facility ID Number

Certification Statements

- A. Based on my independent professional judgment as a MassDEP Certified TUR Planner and MassDEP Certified Resource Conservation Planner, I Certify under penalty of law that the following is true:
- (a) I have examined and am familiar with this Resource Conservation Plan; and
 - (b) the Plan satisfies the requirements of 310 CMR 50.90; and
 - (c) the Plan demonstrates a good faith and reasonable effort to identify and evaluate resource conservation options planning into the EMS.

1. Signature of TUR Planner approved to certify Resource Conservation Plans

2. Date (mm/dd/yyyy)

3. Print Name of TUR Planner approved to certify Resource Conservation Plans

4. Print Title of Toxics Use Reduction Planner

5. Email Address

5. TUR Planner ID Number



B. I certify under penalty of law that the following is true:

(a) I have personally examined and am familiar with this Resource Conservation Plan;

(b) I am satisfied that any supporting documentation used in the development of the Plan exists and is consistent with the Plan;

(c) based on my inquiry of those individuals immediately responsible for the development of this Plan, I believe that the information in the Plan and any supporting documentation used in the development of the Plan is true, accurate, and complete;

(d) the Plan, to the best of my knowledge and belief, meets the requirements of 310 CMR 50.90; and

(e) I am aware that there are penalties for submitting false information, including possible fines and imprisonment.

1. Signature of Senior Management Official

2. Date (mm/dd/yyyy)

3. Print Name of Senior Management Official

4. Print Title of Senior Management Official

5. Email Address

Error Check & Next



TUR (Toxics Use Reduction) Plan Summary



TOXICS USE REDUCTION PLAN SUMMARY FORM

DATE
Planning Year
PRINTERS OIL SUPPLY
Facility Name
131260
DEP Facility ID Number

[Edit](#)

A. Chemical Data

STYRENE

A.1 Chemical Name

100426

A.2 CAS #

Calculated as follows:

Projected pounds of Use in the Calendar Year immediately following the Planning Year - Pounds of Use on the current Form S (the amount used in the calendar year prior to the planning year). The number will be negative use is expected to decrease.

Two Year Projected Change in Byproduct.

A.3 Use

A.4 Byproduct

A.5 Is this chemical used only in WASTE treatment?

- Yes - skip to Section C.
- No - go to Section B.

B. Options Considered & Selected for Implementation

B.1 Options Considered

B.2 Options Selected for Implementation as a result of this planning process

C. Prior Options Implementation

Mandatory: List any options that had been selected for implementation in the prior plan but were not implemented, and explain why they were not adopted.

Optional: List TUR Options implemented in prior years.

Unique Block 1





Massachusetts Department of Environmental Protection
Bureau of Air & Waste - Toxics Use Reduction Report

TOXICS USE REDUCTION PLAN SUMMARY FORM

2015
Planning Year
PRINTERS OIL SUPPLY
Facility Name
131260
DEP Facility ID Number

[Edit](#)

A. Chemical Data

STYRENE

A.1 Chemical Name

100425

A.2 CAS #

Calculated as follows:

Projected pounds of Use in the Calendar Year immediately following the Planning Year - Pounds of Use on the current Form S (the amount used in the calendar year prior to the planning year). The number will be negative use is expected to decrease.

Two Year Projected Change in Byproduct.

A.3 Use

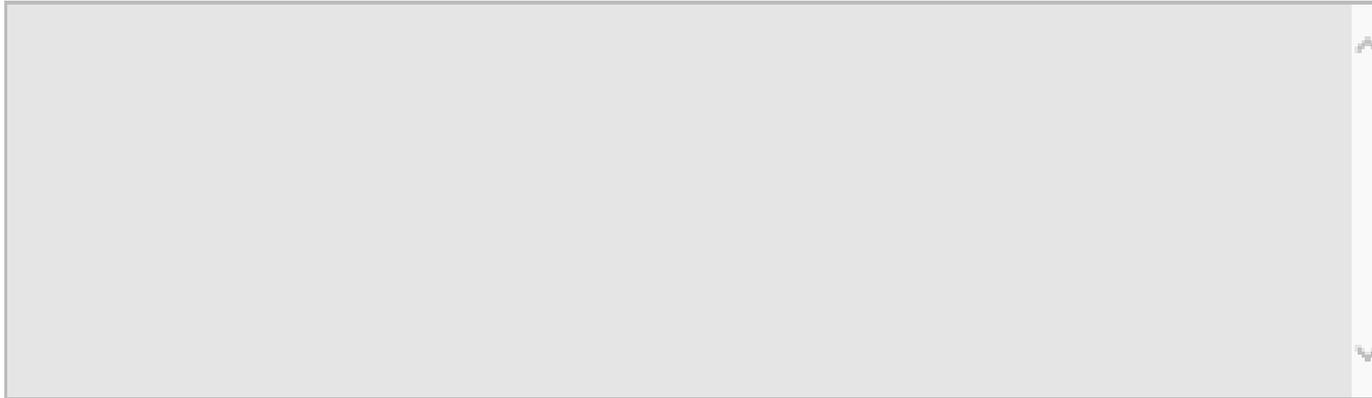
A.4 Byproduct

A.5 Is this chemical used only in WASTE treatment?

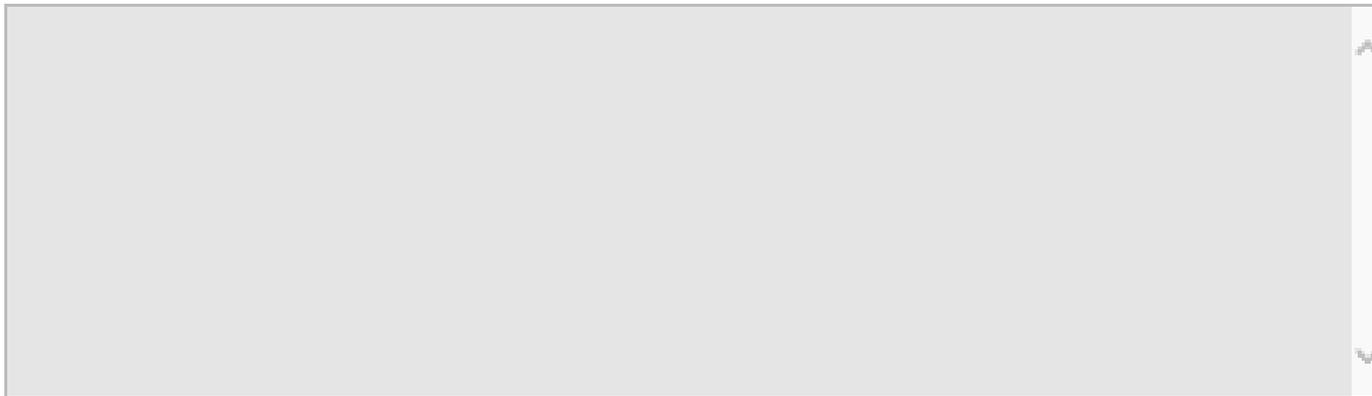
- Yes - skip to Section C.
 No - go to Section B.

B. Options Considered & Selected for Implementation

B.1 Options Considered

A large, empty rectangular text box with a light gray background and a thin black border. On the right side, there is a vertical scrollbar with a white track and a gray handle, indicating that the box is scrollable.

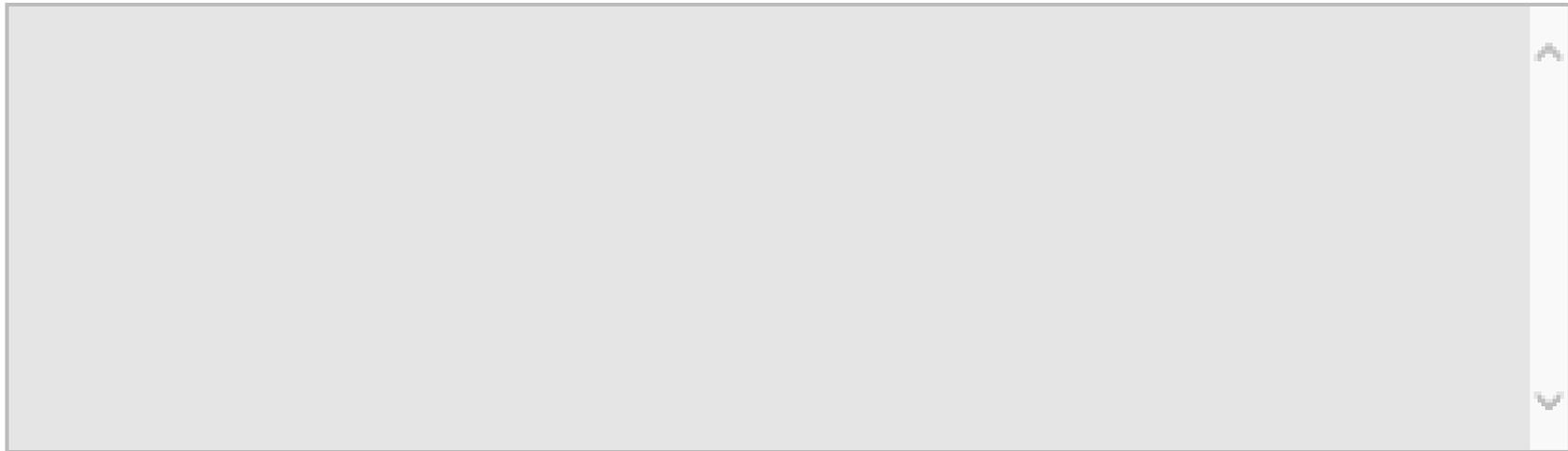
B.2 Options Selected for Implementation as a result of this planning process

A large, empty rectangular text box with a light gray background and a thin black border. On the right side, there is a vertical scrollbar with a white track and a gray handle, indicating that the box is scrollable.

C. Prior Options Implementation

Mandatory: List any options that had been selected for implementation in the prior plan but were not implemented, and explain why they were not adopted.

Optional: List TUR Options implemented in prior years.



Error Check & Next



Massachusetts Department of Environmental Protection
Bureau of Air & Waste - Toxics Use Reduction Report

TURA Plan Summary

2015

Planning Year

PRINTERS OIL SUPPLY

Facility Name

131260

DEP Facility ID Number

A. Planner Certification

Based on my independent professional judgment as a MassDEP Certified Toxics Use Reduction Planner, I certify under penalty of law that the following is true:

- (a) I have examined and am familiar with this Toxics Use Reduction Plan;
- (b) the Plan satisfies the requirements of 310 CMR 50.40; and
- (c) The Plan demonstrates a good faith and reasonable effort to identify and evaluate toxics use reduction options.

1. Signature of Toxics Use Reduction Planner

2. Date
(mm/dd/yyyy)

3. Print Name of Toxics Use Reduction Planner

4. Email Address

5. TUR Planner ID Number

B. Management Certification

I certify under penalty of law that the following is true:

- (a) I have personally examined and am familiar with this Toxics Use Reduction Plan;
- (b) I am satisfied that any supporting documentation used in the development of the Plan exists and is consistent with the Plan;
- (c) based on my inquiry of those individuals immediately responsible for the development of this Plan, I believe that the information in the Plan and any supporting documentation used in the development of the Plan is true, accurate, and complete;
- (d) the Plan, to the best of my knowledge and belief, meets the requirements of 310 CMR 50.40; and
- (e) I am aware that there are penalties for submitting false information, including possible fines and imprisonment.

1. Signature of Senior Management Official

2. Date
(mm/dd/yyyy)

3. Print Name of Senior Management Official

4. Email Address

 Error Check & Next



RC+ (Resource Conservation) Plan Update (+ TUR Plan Summary)



2015
 Planning Year
 PRINTERS OIL SUPPLY
 Facility Name
 131260
 DEP Facility ID Number

[Edit](#) [Delete](#)

A. Targeted Asset

B. Identification Information

1. Year Resource Conservation Plan was completed:
 2. Progress Report Date:

C. Resource Conservation Progress

[Edit](#) [Delete](#)

BASELINE INFORMATION

(from Section C. RC Plan Summary)

a. Year: b. Amount used per year: c. Unit of Measure:
 MMBTU - Energy
 Gallons - Water
 Pounds - Solid waste or
 Toxics

REDUCTION GOAL

(from Sections F AND G. RC Plan Summary)

d. Year to be Achieved: e. Expected Annual Reduction: f. Actual Annual Reduction:
 g. Description:

D. Options Implementation Status

Provide implementation status for each selected option listed in Section D of the RC Plan Summary. If any option was not implemented, state why.

Option	Implementation Status		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Edit](#) [Delete](#)

RC (Resource Conservation) Progress Report (must also complete TUR Plan Summary)



[Edit](#) [Delete](#)

A. Targeted Asset

B. Identification Information

1. Year Resource Conservation Plan was completed:

2. Progress Report Date:

C. Resource Conservation Progress

[Edit](#) [Delete](#)

BASELINE INFORMATION

(from Section C. RC Plan Summary)

a. Year: b. Amount used per year: c. Unit of Measure:
MMBTU - Energy
Gallons - Water
Pounds - Solid waste or
Toxics

REDUCTION GOAL

(from Sections F AND G. RC Plan Summary)

d. Year to be Achieved: e. Expected Annual Reduction: f. Actual Annual Reduction:

g. Description:

Add Resource Conservation Progress

RC (Resource Conservation)
Progress Report
(must also complete
TUR Plan Summary)

ADD Baseline
information for
EACH "Targeted
Asset" as needed as
a separate Unique
BLOCK, UPDATE
when complete.



D. Options Implementation Status

Provide implementation status for each selected option listed in Section D of the RC Plan Summary. If any option was not implemented, state why.

Option	Implementation Status		
		Edit	Delete

Add Option

Add Asset

Error Check & Next



IF you have more than 1 (one) option, click on ADD OPTION before you enter your information, edit & when information is added, then UPDATE.

ADD Asset as needed, and ERROR CHECK & NEXT when complete

Fee ~~Worksheet~~ - Invoice

Signature & Payment Information



Error Check

Save

Print

Exit



Massachusetts Department of Environmental Protection
Bureau of Air & Waste - Toxics Use Reduction Report

Toxics Use Fee Invoice

2015
Reporting Year
OCEAN SPRAY CRANBERRIES
Facility Name
130745
DEP Facility ID Number

OCEAN SPRAY CRANBERRIES INC

a. Facility Name

152 BRIDGE ST

b. Facility Site Address

MIDDLEBOROUGH MA 023460000

c. City

d. State

e. ZIP Code

The amount of your fee depends on the number of "full time employee equivalents" (2,000 work hours per year) at your facility, and number of toxic substances for which reporting is required (i.e., the number of Form Ss you submit).

Use the following schedule to determine your fee for the 2015 reporting year.

# Full Time Employee Equivalents	Base Fee	Maximum Fee
>= 10 and < 50	\$1,850	\$5,550
>= 50 and < 100	\$2,775	\$7,400
>= 100 and < 500	\$4,625	\$14,800
>= 500	\$9,250	\$31,450

f. Determine your base fee by referring to the 2nd column above.

1825

g. Enter # of Form Ss you are filing that are not high hazard or low hazard chemicals:

0

h. Enter # of Form Ss you are filing for high hazard chemicals:

0

i. Enter # of Form Ss you are filing for low hazard chemicals:

0

j. ADD LINES g and h and multiply the result by \$1,100.

1100

k. Add LINE f and LINE j.

2925

l. Enter the amount from LINE K or from the 3rd column of the schedule (Maximum Fee) WHICHEVER IS LESS

2925

Your fee is the amount entered in LINE L. Payment of the fee will be processed later in the eDEP filing process. If the Check option is selected, print this INVOICE as documentation and send a copy with your check to MassDEP PO Box 4062, Boston MA 02211. Payment is due by Sept. 1. If your payment is not received by Sept. 1, a second invoice including the \$1000 late fee mandated by MGL 211 will be sent.

Certification Statement

- I hereby certify that I have reviewed this and all attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and information in these documents are accurate based on measurements and/or reasonable estimates using data available to the preparers of these documents.
- I am aware that there are significant penalties for willful or intentional submission of false or incomplete information.
- I agree on behalf of the filing facility to remit the required Toxics Use Fee (as determined on the Fee Invoice) to the Commonwealth of Massachusetts, as required by 301 CMR 40.03.

a. Authorized Signature

b. Date (MM/DD/YYYY)

c. First Name (Print)

d. Last Name (Print)

e. Position/Title

f. Email Address

Error Check & Next





Toxics Use Fee Invoice

OCEAN SPRAY CRANBERRIES INC

Facility Name

130746

DEP Facility ID Number

OCEAN SPRAY CRANBERRIES INC

a. Facility Name

152 BRIDGE ST

b. Facility Site Address

MIDDLEBOROUGH

c. City

MA

d. State

023460000

e. ZIP Code

The amount of your fee depends on the number of "full time employee equivalents" (2,000 work hours per year) at your facility, and number of toxic substances for which reporting is required (i.e., the number of Form Ss you submit).

Use the following schedule to determine your fee for the 2015 reporting year.

# Full Time Employee Equivalents	Base Fee	Maximum Fee
>= 10 and < 50	\$1,850	\$5,550
>= 50 and < 100	\$2,775	\$7,400
>= 100 and < 500	\$4,625	\$14,800
>= 500	\$9,250	\$31,450

f. Determine your base fee by referring to the 2nd column above.

g. Enter # of Form Ss you are filing that are not high hazard or low hazard chemicals:

Not high/low Hazard

h. Enter # of Form Ss you are filing for high hazard chemicals:

High Hazard

i. Enter # of Form Ss you are filing for low hazard chemicals:

Low Hazard

j. ADD LINES g and h and multiply the result by \$1,100.

k. Add LINE f and LINE j.

l. Enter the amount from LINE K or from the 3rd column of the schedule (Maximum Fee) WHICHEVER IS LESS

Your fee is the amount entered in LINE L. Payment of the fee will be processed later in the eDEP filing process. If the Check option is selected, print this INVOICE as documentation and send a copy with your check to MassDEP PO Box 4062, Boston MA 02211. Payment is due by Sept. 1. If your payment is not received by Sept. 1, a second invoice including the \$1000 late fee mandated by MGL 211 will be sent.

Part 1 of the Fee Invoice

IF the fee is incorrect because you indicated an incorrect FTE # on the first screen, you can correct it – **BUT all screens that follow page 1 will need to be revalidated one-at-a-time**



Please note: Fee Worksheet – Invoice:
This is your First Invoice. Payment is due by Sept 1, 2016.

MassDEP does NOT send this First Invoice to your A/P department.

Your fee is the amount entered in LINE I. Payment of the fee will be processed later in the eDEP filing process. If the Check option is selected, print this Worksheet as documentation and send a copy with your check to MassDEP PO Box 4062, Boston MA 02211. Payment is due by Sept. 1. If your payment is not received by Sept. 1, a second invoice including the **\$1000 late fee** mandated by MGL 211 will be sent .

The late fee is NOT a penalty. The late fee is set by the Legislature (M.G.L. 211 § 19 (f)). The Department shall impose an additional administrative fee of \$1000 for failure to file a complete and accurate report by July 1 ... Or to pay any fee pursuant to this section in a timely manner. Late Payment fees shall apply if a toxics use report filed late, or if the payment is not made within 30 days of the date payment is due. Payment is legally due July 1, but we allow payment as late as September 1st.



How to Pay the Fee Invoice?

- ACH (electronic funds transfer) at the time of filing using a valid checking account number and routing number.
- Walk, mail, email, courier, FedEx or other carrier the invoice to the appropriate people/department in your company and/or your customer that needs to pay the invoice – by September 1, 2016.

Part 2 of the Fee Invoice



When a transaction is *signed* the information entered in the submittal is “locked” and **cannot be changed**. **Solution:** double check all information before signing.

Certification Statement

- I hereby certify that I have reviewed this and all attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and information in these documents are accurate based on measurements and/or reasonable estimates using data available to the preparers of these documents.
- I am aware that there are significant penalties for willful or intentional submission of false or incomplete information.
- I agree on behalf of the filing facility to remit the required Toxics Use Fee (as determined on the Fee Invoice) to the Commonwealth of Massachusetts, as required by 301 CMR 40.03.

<input type="text"/>	<input type="text"/>
a. Authorized Signature	b. Date (MM/DD/YYYY)
<input type="text" value="BARRY"/>	<input type="text" value="BOSS"/>
c. First Name (Print)	d. Last Name (Print)
<input type="text" value="CHIEF OPERATING OFFICER"/>	<input type="text" value="BarryBoss@Berry.Com"/>
e. Position/Title	f. Email Address

 Error Check & Next

Forms

Signature

Submit

Signature

Exit

Please select the box below and then indicate your acceptance.

TURA - EMS Plan Certification Statement - 1 Form(s)

PLANNER CERTIFICATION

Based on my independent professional judgment, I certify under penalty of law that the following is true: (a) I have examined and am familiar with this EMS; (b) The EMS satisfies the requirements of 310 CMR 50.80; and (c) The EMS demonstrates a good faith and reasonable effort to integrate toxics use reduction planning into the EMS.

By entering my name I acknowledge that I have read and agree with the certification statement.

NAME Date 03/23/2016

MANAGEMENT CERTIFICATION

I certify under penalty of law that the following is true: (a) I have examined and am familiar with this EMS; (b) The EMS meets the requirements of 310 CMR 50.82 and the elements specified therein are being implemented; (c) The EMS is actively addressing environmental compliance issues; (d) The individual who has certified the EMS pursuant to 310 CMR 50.84(3) has provided me with documentation that he or she meets the requirements of 310 CMR 50.84(2). (e) These statements are based upon answers to queries made by me to individuals who have been designated to implement the EMS, and I have made my best effort to ensure that they are being held accountable for implementing the system in good faith. I understand that by choosing to implement an EMS in lieu of a toxics use reduction plan, I am responsible for maintaining documentation to evidence a good faith effort to implement all elements of the EMS. (f) I am aware that there are penalties for submitting false information, including possible fines and imprisonment.

By entering my name I acknowledge that I have read and agree with the certification statement.

NAME Date 03/23/2016

TURA - Form S Fee Invoice - 1 Form(s)

SIGNATURE

I hereby certify that I have reviewed this and all attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and information in this and related documents are accurate based upon measurement and/or reasonable estimates using data available to the preparers of these documents. I am aware that there are significant penalties for willful or intentional submission of false or incomplete information. I agree on behalf of the filing company, to remit the required Toxics Use Fee (as determined on the Fee Invoice) to the Commonwealth of Massachusetts as required by 301 CMR 40.03.

By entering my name I acknowledge that I have read and agree with the certification statement.

NAME Date 03/23/2016

I accept

I do not accept

Several certification / signature lines appear. Please **PRINT** this screen & certification screens and the paper forms, keep for your facility records.

The signatures on this screen will fill-in at the appropriate places on earlier screens/forms



The Payment Step is next

Transaction Overview **Trans# 210259 ID# 380799 Toxics Use Reduction Act (TURA) Reporting**

Forms Signature Payment Submit

Forms

Print Transaction Delete Transaction Share Transaction Exit

Errors Checked/ Validated	Fill out the following forms for this transaction:
✓	Toxics Use Reduction Act (TURA) Reporting ()
✓	TURA - Cover Sheet Page 2 New1 (3)
✓	TURA - Cover Sheet Page 3 & 4 (1)
✓	TURA - Cover Sheet Page 3 & 4 (8)
✓	TURA - Form S Page 1 (107153)
✓	TURA - Form S Page 2 (107153)
✓	TURA - Form S Page 3 (107153)
✓	TURA - FORMR/FORMA Page 1 & 2 (107153)
✓	TURA - FormR/Form A Page 3 (Section 7A)
✓	TURA - FormR/Form A Page 4 (Section 7B-8)
✓	TURA - Form S Page 1 (1310732)
✓	TURA - Form S Page 2 (1310732)
✓	TURA - Form S Page 3 (1310732)
✓	TURA - FORMR/FORMA Page 1 & 2 (1310732)
✓	TURA - Form S Fee Worksheet (2008)

Next



Paying your TURA Fee – 2 Options

- Option 1 – Check, enter a number (**any number!**) sent and payee name (print the Fee Worksheet - Invoice & use that for backup, submit a copy with the check prior to Sept 1, 2016).
- Option 2 – ACH ‘automated clearing house’, electronic withdrawal of funds from checking account (“instant”)

If payments are made after Sept 1, 2016, a **\$1000 late fee will be applied and a bill will be sent by MassDEP.**



Option 1 – if paying by check, key in Payer’s name (company) & check number (any number will do!)

Transaction Overview **Trans# 210259 ID# 380799 Toxics Use Reduction Act (TURA) Reporting**

Forms Signature **Payment**

Payment

DEP TRANS # 210259

Payment Type:

Payment amount:

Payer's Name:

Check Number:

Company sends the check w/Fee Worksheet-Invoice prior to Sept 1, 2016



After inputting check information into this screen, PRINT it for your records.

Transaction Overview **Trans# 210259 ID# 380799 Toxics Use Reduction Act (TURA) Reporting**

Forms Signature **Payment** Submit

Payment Confirmation

DEP Transaction ID : 210259

Payment Date : 4/14/2009 4:25:24 PM

Your payment is not complete until DEP receives notice that check # 5024 for \$2775 is cleared through the bank . Please send a copy of your receipt page and your transmittal form along with your check to DEP Revenue Office, P.O. Box 4062, Boston, MA 02211 .

Transaction Information

DEP Payment Code# 34635

Contrary to what the instructions say... **Do NOT** send a Transmittal for Permit Application & Payment.

Send a **COPY** of the Fee Invoice Form.

DUE Sept 1, 2016



 **<sp>** Enter your transmittal number

Your unique Transmittal Number can be accessed online: <http://mass.gov/dep/service/online/trasmfrm.shtml>

Massachusetts Department of Environmental Protection
Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.
2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.
3. Three copies of this form will be needed.
Copy 1 - the original must accompany your permit application. Copy 2 must accompany your fee payment. Copy 3 should be retained for your records.
4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to:
MassDEP
P.O. Box 4062
Boston, MA
02211

* Note:
For BWSC Permits, enter the LSP.

A. Permit Information

1. Permit Code: 7 or 8 character code from permit instructions
2. Name of Permit Category
3. Type of Project or Activity

B. Applicant Information - Firm or Individual

1. Name of Firm OR, if party needing this approval is an individual enter name below:
2. Last Name of Individual
3. First Name of Individual
4. MI
5. Street Address
6. City/Town
7. State
8. Zip Code
9. Telephone #
10. Ext. #
11. Contact Person
12. e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

1. Name of Facility, Site Or Individual
2. Street Address
3. City/Town
4. State
5. Zip Code
6. Telephone #
7. Ext. #
8. DEP Facility Number (If known)
9. Federal I.D. Number (If known)
10. BWSC Tracking # (If known)

D. Application Prepared by (if different from Section B)*

1. Name of Firm Or Individual
2. Address
3. City/Town
4. State
5. Zip Code
6. Telephone #
7. Ext. #
8. Contact Person
9. LSP Number (BWSC Permits only)

E. Permit - Project Coordination

1. Is this project subject to MEPA review? yes no
If yes, enter the project EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:
EOEA File Number

F. Amount Due

DEP Use Only

Permit No:
Rec'd Date:
Receiver:

Special Provisions:

1. Fee Exempt (city, town or municipal housing authority)(state agency if fee is \$100 or less). There are no fee exemptions for BWSC permits, regardless of applicant status.
2. Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).
3. Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).
4. Homeowner (according to 310 CMR 4.02).

Check Number: Dollar Amount: Date:

Option 2 – Automatic Fund Transfer (from checking account)

Transaction Overview **Trans# 210260 ID# 380799 Toxics Use Reduction Act (TURA) Reporting**

Forms Signature **Payment** Submit

Payment Exit

DEP TRANS # 210260

Current Payment

Payment Amount	\$2,950.00
Method Of Payment	Checking ▾
Bank Account Number (what's this?)	131120370
Confirm Bank Account Number	131120370
Bank Account Type	Business ▾
Bank Routing Number (what's this?)	021000021
Name On Account	Abnaki Limited Mechanical Inc

Continue Cancel



Option 2 – Automatic Fund Transfer (from checking account)

Forms Signature **Payment** Subr

Payment Exit

Bank Account Type	Business
Bank Routing Number	021000021
Bank Name	JPMORGAN CHASE BANK
Name On Account	Abnaki Limited Mechanical Inc

I have authorized Commonwealth of Mass DEP to initiate the entry to my account. I have an agreement with Commonwealth of Mass DEP under which I agreed to be bound by the NACHA Rules. This is a similarly authenticated authorization that satisfies compliance with the Electronic Signatures in the Global and National Commerce Act (15 USC 7001 et seq), which defines electronic records (as contracts or other records created, generates, sent, communicated, received, or stored by electronic means) and electronic signatures. Electronic signatures include, but are not limited to, digital signatures and security codes. I understand I can revoke the authorization by notifying Commonwealth of Mass DEP within 60 days. I have signature authority to this account or have been authorized by an individual who has signature authority to this account to authorize this entry.

I have read and accept the above terms and conditions

Please press Submit to charge your account, and to receive a confirmation number.

→

Electronic Funds Transfer - read & accept terms & conditions - then click on “submit payment” (submit payment ≠submit Form S)





Submit



Transaction Overview Trans# 210259 ID# 380799 Toxics Use Reduction Act (TURA) Reporting

Forms Signature Payment **Submit**

Review and Submit your Transaction Exit

Please review your transaction. If you are satisfied, scroll down and click submit.

An email confirmation will be automatically sent to the owner of this account at
[aamir.razzak@state.ma.us]

If you would like to send this confirmation to others please enter their address below
separated by a semicolon;
[]

DEP Transaction ID: 210259
Date and Time Submitted: 04/14/2009 04:28:15
Other Email:

Form Name: Toxics Use Reduction Act (TURA) Reporting

Facility Information
Reporting Year: 2008
ADNAKI ROCK
380799799
1 WINTER ST, BOSTON, MA, 021084747

Form Name
TURA - Cover Sheet Page 2 New1(3)
TURA - Cover Sheet Page 3 & 4(8)
TURA - Cover Sheet Page 3 & 4(1)
TURA - Form S Page 2(1310732)
TURA - Form S Page 2(107153)
TURA - Form S Page 3(1310732)
TURA - Form S Page 3(107153)
TURA - FORMRIFORMA Page 1 & 2(107153)
TURA - FORMRIFORMA Page 1 & 2(1310732)



Report is **NOT** sent to
MassDEP
until **SUBMIT** is clicked



SUBMIT

after 10 years you can submit from the top of the page!

Transaction Overview **Trans# 637404 ID# 377537 Toxics Use Reduction Act (TURA) Reporting**

[Forms](#)

[Signature](#)

[Payment](#)

[Submit](#)

Review and Submit your Transaction

Exit

Submit

Please review your transaction. If you are satisfied, scroll down and click submit.

An email confirmation will be automatically sent to the owner of this account at

If you would like to send this confirmation to others please enter their address below separated by a semicolon;

DEP Transaction ID: 637404

Date and Time Submitted: 04/14/2014 04:22:15

Other Email :

Form Name: Toxics Use Reduction Act (TURA) Reporting

Facility Information

Reporting Year: 2013

AGGREGATE INDUSTRIES STONE CRUSHING PLT

042079391

149 AYER RD, LITTLETON, MA, 014600000

Form Name

- ✓ TURA - Cover Sheet Page 2 New1(3)
- ✓ TURA - Form S Page 1(1027)
- ✓ TURA - Form S Fee Worksheet(2013)
- ✓ TURA - Exceptions to Plan Requirements(2013)
- ✓ TURA - Plan Summary(1027)
- ✓ TURA - Plan Certification Statement(2013)



Report is **NOT** sent to MassDEP until **SUBMIT** is clicked

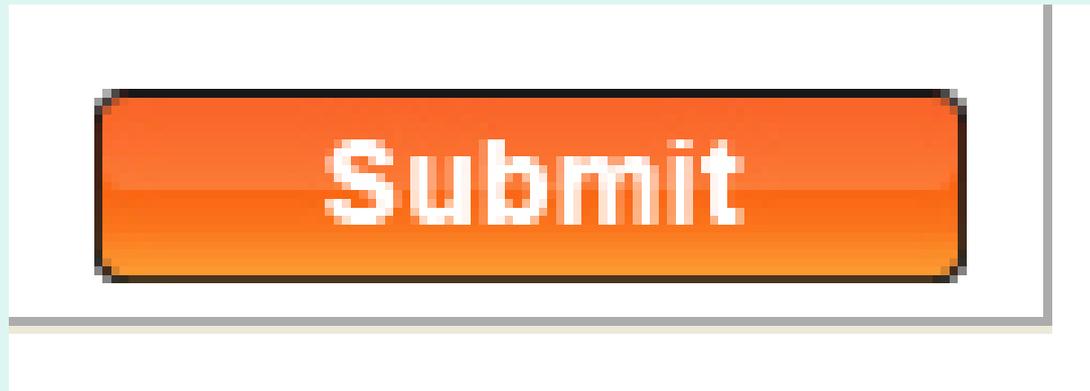
Report is **NOT** sent to MassDEP until **SUBMIT** is clicked

Submit

If you do NOT click on the Submit button, MassDEP will NOT receive the information.

If MassDEP does not receive the information by the deadline, there is a \$1000 late fee.

Additional FINES may apply as well.



Report is **NOT** sent to
MassDEP
until **SUBMIT** is clicked

REMEMBER!



- ✓ DOCUMENT
 - With changes in staffing, know where your records are
 - TUR Plan &/or RC/EMS Plans MUST be at the facility
- ✓ REPORT ONLY WHAT YOU NEED TO REPORT
- ✓ BE AWARE OF CONTAMINANTS IN YOUR RAW MATERIAL
- ✓ LEAD **CAN BE** IN “NON-LEAD EU CERTIFIED MATERIALS”
- ✓ KEEP ABREAST OF CHANGES IN THE PROGRAM
 - New/Added chemicals (and/or “improved SDS’s)
 - Lower reporting thresholds
- ✓ PAY ON TIME
- ✓ SUBMIT
- ✓ PAY ON TIME