

eDEP Transaction Copy

Here is the file you requested for your records.

To retain a copy of this file you must save and/or print.

Username: NASCAR157

Transaction ID: 61385

Document: AQ Source Registration Package

Size of File: 4960.75K

Status of Transaction: Submitted

Date and Time Created: 3/30/2023:3:21:23 PM

Note: This file only includes forms that were part of your transaction as of the date and time indicated above. If you need a more current copy of your transaction, return to eDEP and select to "Download a Copy" from the Current Submittals page.



Bureau of Waste Prevention - Air Quality

Source Registration Overview

Create or Amend a Source Registration Forms Package

2005	
Year of Record	

1190564

Facility AQ identifier



A. Create a Source Registration Package

- 1. Select existing or new facility:
 - **Existing** Facilities: To create a complete package for 2005 check box.
 - check if you added emission units or stacks since your last report.
- 2. Validate this form:



Date Received (DEP use only - mm/dd/yyyy)

	New	Facilities	- check	if you	have	never
bef	ore su	ubmitted :	a Source	Regis	tratior	1

B. Amend a Source Registration

- 1. If you need to correct or add to a previously submitted Source Registration for 2005 check the boxes in the list below to select the forms/units you wish to work on. Check here to add new units:
- 2. Validate this form:

Facility Name: CLEAN HARBORS OF BRAINTREE

Our records indicate that this facility has: 65 Emission Units (points) and Physical Stacks

AP-SR Source Registration Form (general facility and contact information) - REQUIRED

AP-TES Total Emissions Statement (facility-wide emissions; includes hazardous Air Pollutant (HAP) reporting).



amend a prior year's Source Registration?

		?	?	?	?
	Emission unit name (from prior submittals)	Facility's ID#	DEP#	AP form	Last update
/	BOILER #2-HURST #30 1.004 MMBTU/HR #2 OIL-0.3%S	2	2	AP-1	2004
/	BOILER #1-CLEAVER BROOKS-#4(NOT USED) #2 OIL 0.3%S	3	3	AP-1	2004
/	GENERATOR #2-CUMMINS #NT855G2 #2 DIESEL	50	50	AP-1	2004
~	GENERATOR #1-CATERPILLAR 558.5 KW #2 OIL-0.3%S	55	55	AP-1	2004
~	2 LENNOX FURNACES SR 20Q5-140/154 0.246 MMBTU/HR	64	64	AP-1	2004
/	THREE DISTILLATION UNITS- 780 GAL/HR NOT USED 04	4	4	AP-2	2004
/	2 DRUM CRUSHING LINES	5	5	AP-2	2004
/	REPACKAGING SOLVENTS	61	61	AP-2	2004
/	PAINT CAN POUR-OFF + CRUSHING	65	65	AP-2	2004
~	MERCURY POUR-OFF	66	66	AP-2	2004
~	INCINERATOR #1-VENT-O-MATIC CAE 500 #2 OIL-0.2%S	1	1	AP-3	2004
~	AG TANK A1-9,800 GAL WASTE STREAM A-21	6	6	AP-4	2004
	AG TANK A2-9.800 GAL WASTE STREAM A-22	7	7	AP-4	2004

Additional units (if any) listed on following pages



2005

Year of Record

1190564

Facility AQ identifier

Source Registration Overview Create or Amend a Source Registration Forms Package

Emission unit name (from prior submitta	als) Facility's ID#	DEP#	AP form	Last update
✓ AG TANK A3-9,800 GAL WASTE STREAM A-22	8	8	AP-4	2004
AG TANK A4- 5,200 GAL WASTE STREAM A-40	9	9	AP-4	2004
AG TANK A5- 5,200 GAL WASTE STREAM A-22	10	10	AP-4	2004
AG TANK A6- 9,000 GAL WASTE STREAM A-32	11	11	AP-4	2004
AG TANK A7- 9,000 GAL WASTE STREAM A-40	12	12	AP-4	2004
AG TANK A8- 5,000 GAL WASTE STREAM A-22	13	13	AP-4	2004
AG TANK A9- 5,000 GAL WASTE STREAM B-40	14	14	AP-4	2004
AG TANK A10- 9,800 GAL WASTE STREAM A-21	15	15	AP-4	2004
AG TANK A11- 5,000 GAL WASTE STREAM A-21	16	16	AP-4	2004
AG TANK A17A- 3,900 GAL STILL BOTTOMS-EMTY 2004	17	17	AP-4	2004
✓ AG TANK A17B- 500 GAL -EMPTY 2004-	18	18	AP-4	2004
AG TANK A18- 5,000 GAL -NOT USED 2004-	19	19	AP-4	2004
✓ AG TANK A19- 5,000 GAL -NOT USED 2004-	20	20	AP-4	2004
✓ AG TANK A20- 5,000 GAL -NOT USED 2004-	21	21	AP-4	2004
✓ AG TANK A21- 5,000 GAL -NOT USED 2004-	22	22	AP-4	2004
AG TANK A22- 2,400 GAL -NOT USED 2004- PCB	23	23	AP-4	2004
AG TANK A23- 2,400 GAL -NOT USED 2004- PCB	24	24	AP-4	2004
AG TANK A24- 2,400 GAL -NOT USED 2004- PCB	25	25	AP-4	2004
AG TANK A25- 1,000 GAL -NOT USED 2004- PCB	26	26	AP-4	2004
AG TANK F1- 2,000 GAL -NOT UESD 2004-	27	27	AP-4	2004
AG TANK F2- 2,000 GAL -NOT USED 2004-	28	28	AP-4	2004
AG TANK SS- 2,000 GAL -NOT UESD 2004-	29	29	AP-4	2004
AG TANK F4- 2,000 GAL -NOT USED 2004- SOLVENT	30	30	AP-4	2004
AG TANK F5- 2,000 GAL -NOT UESD 2004- SOLVENT	31	31	AP-4	2004
AG TANK F6- 2,000 GAL -NOT UESD 2004- SOLVENT	32	32	AP-4	2004
AG TANK F7- 1,500 GAL -NOT USED 2004- SOLVENT	33	33	AP-4	2004
AG TANK F8- 1,500 GAL -NOT USED 2004- SOLVENT	34	34	AP-4	2004
AG TANK P1- 3,000 GAL TCE	35	35	AP-4	2004
AG TANK P2- 3,000 GAL -NOT USED 2004- TCETHANE	36	36	AP-4	2004
	37	37	AP-4	2004
AG TANK P3- 3,000 GAL -NOT UESD 2004- MCL				
 ✓ AG TANK P3- 3,000 GAL -NOT UESD 2004- MCL ✓ AG TANK P4- 3,000 GAL -NOT USED 2004- 	38	38	AP-4	2004



2005

Year of Record

1190564 Facility AQ identifier

Source Registration Overview Create or Amend a Source Registration Forms Package

	3			
	Emission unit name	Facility's ID#	DEP#	AP form Last update
/	AG TANK P6- 3,000 GAL -NOT USED 2004- MCL	40	40	AP-4 2004
~	AG TANK P7- 3,000 GAL -NOT USED 2004- TCE	41	41	AP-4 2004
~	AG TANK P8- 3,000 GAL -NOT USED 2004- PERC	42	42	AP-4 2004
~	AG TANK P9- 3,000 GAL -NOT USED 2004- MCL	43	43	AP-4 2004
~	AG TANK P10- 3,000 GAL -NOT USED 2004- PERC	44	44	AP-4 2004
~	AG TANK P11- 3,000 GAL -NOT USED 2004- PERC	45	45	AP-4 2004
~	AG TANK P12- 3,000 GAL -NOT USED 2004- PERC	46	46	AP-4 2004
~	AG TANK P13- 3,000 GAL -NOT USED 2004- WATER	47	47	AP-4 2004
	AG TANK P14- 3,000 GAL -NOT USED 2004- FREON	48	48	AP-4 2004
	AG TANK A13- 4,000 GAL #2 OIL-0.3%S	51	51	AP-4 2004
	AG TANK A14- 6,300 GAL #2 OIL-0.3%S	52	52	AP-4 2004
~	AG TANK B1- 6,350 GAL WASTEWATER	53	53	AP-4 2004
~	AG TANK B2- 6,250 GAL WASTEWATER	54	54	AP-4 2004
~	AG TANK B3- 6,250 GAL WASTEWATER	56	56	AP-4 2004
~	AG TANK B4- 7,000 GAL WASTEWATER	57	57	AP-4 2004
	AG TANK B5- 6,250 GAL WASTEWATER	58	58	AP-4 2004
	AG TANK B6- 6,250 GAL WASTEWATER	59	59	AP-4 2004
	AG TANK B7- 6,250 GAL WASTEWATER	60	60	AP-4 2004
	AG TANK B8- 7,000 GAL WASTEWATER	62	62	AP-4 2004
~	AG TANK B9- 7,000 GAL WASTEWATER	63	63	AP-4 2004
	STACK #1- INCINERATOR #1-VENT-O-MATIC- DOWN 2004	1	1	AP-STAC 2004
~	STACK #2- BOILER #2- HURST #30- #2 OIL 0.3%S	2	2	AP-STAC 2004
	1 STACK BOILER #1-CLEAVER BROOKS- #2 OIL	3	3	AP-STAC 2004
~	THREE DISTILLATION UNITS- NOT USED 2004	4	4	AP-STAC 2004
~	2 DRUM CRUSHING LINES-	5	5	AP-STAC 2004
~	1 STACK GENERATOR (2)- CUMMINS & CATERPILLAR	7	7	AP-STAC 2004
/	1 STACK-2 FURNACES LENNOX	9	9	AP-STAC 2004
/	CUT OFF ROOM - PAINT CAN POUR OFF+CRUSHING	10	10	AP-STAC 2004
~	CUT OFF ROOM MERCURY POUR-OFF	11	11	AP-STAC 2004
	10177000	. .		



Bureau of Waste Prevention - Air Quality

BWP AQ AP-SR

Source Registration

2005 Year of Record 1190564 Facility AQ identifier

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.





	Facility Information		
1.	Facility - the site or works at which the regulated a	ctivity occurs	s: ?
	CLEAN HARBORS OF BRAINTREE		
	a. Facility Name		
	1 HILL AVE		
	b. Facility Street Address Line 1		
	c. Facility Street Address Line 2		
	BRAINTREE	MA	021840000
	d. City/Town	e. State	f. Zip Code
	7818491800	781 3561	
	g. Facility Phone Number	h. Facility F	ax Number
2.	Mailing address: ☐ same address as facility address		
	1501 WASHINGTON ST		
	a. Facility Mailing Address / PO Box Line 1		
	b. Facility Mailing Address / PO Box Line 2 BRAINTREE	MA	021840000
	c. City/Town	d. State	e. Zip Code
3.	Facility type – check one: ☐ Utility	State I	_ocal Government
	_ ' '	State	
1.	☐ Utility	_	
1.	☐ Utility	_	
1.	☐ Utility	ORIS Facilit	
	☐ Utility	ORIS Facility 1190564 b. Facility A	ty Code
1 .	☐ Utility	ORIS Facility 1190564 b. Facility A	ty Code



a. UTM coordinates	☑ b. Latitud	le/Longitude
c. UTMHorizontal - meters d. UTM Vertical - meters	42.233622 f. Latitude 42.9° - 41.2°	70.972960 g. Longitude – West 73.5° - 69.8°
e. UTM Zone Valid Ranges:		Enter positive values only.



Source Registration

2005	
Year of Record	
1190564	
Facility AQ identifier	

	ourse registration			
Α.	Facility Information	(cont.)		
7.	North American Industry Clas	sification System (NA	ICS) 6 digits:	
	924110			
	a. b.		C.	d.
8.	Facility description (what is b needed):	peing produced and ho	ow it is being pr	roduced at this facility – update a
		YTHING - WE BULK,	RE-PACK AN	D TRANSFER WASTE STREAM
	FROM SEVERAL INCOMING		112 1 71011 7111	
9.	Facility's normal hours of ope	eration:		
	06:00 AM 06	:30 PM	□ c Contin	uous - 24 x 7 x 52
		End Time	c. Contin	uous - 24 x / x 52
	a. Start time	ina riino		
	d. Which days is the facility o	pen? 🗌 S 🗹 M	1 🗹 T 🗹 🗸	W 🗹T 🗹F 🗹S
10	Number of employees: 2	25		
10.	- Transcr of employees.			
11.	Facility Owner: same a	ddress as facility mailing a	ddress (will copy ac	ddress into fields below)
	Please contact your DEP Reg	gional Office if the ow	nership of this f	facility has changed.
	CLEAN HARBORS ENVIRO	NMENTAL SERVICE	SINC	
	a. Owner or Corporation Name			
	DIR OF CORP COMPLIANC	E		
	b. Mailing Address Line 1 (for owner	or corporation)		
	1501 WASHINGTON ST			
	c. Mailing Address Line 2			
	BRAINTREE		MA	021840000
	d. City/Town		e. State	f. Zip Code
	UNITED STATES			•
	g. Country			
	7818491800	3342	781 3561	574
	h. Owner Phone Number	i. Extension	j. Owner Fa	
			042507498	
	k. Owner E-mail Address			axpayer Identification Number - 9 digits)

Owner?



2005 Year of Record 1190564 Facility AQ identifier

Δ	Facility Information (cont.)			
	, ,			
12.	Facility contact information:	same address a		
	RICHARD	same address a	BROPHY	
	a. Facility Contact First Name		Contact Las	
	1 HILL AVENUE			
	b. Mailing Address Line 1			
	c. Mailing Address Line 2			
	BRAINTREE		MA	021840000
	d. City/Town		e. State	f. Zip Code
	UNITED STATES			prophy@cleanharbors.com
	g. Country	2240	h. E-mail Ad	
	7818491800 i. Phone Number	j. Extension		3561574 x Number
2	Air emissions information contact:			
ა.	Air emissions information contact:			ntact name and address acility address
	RICHARD	came	BROPHY	
	a. Air emissions contact First Name		Air emission	ns contact Last Name
	1 HILL AVENUE			
-	b. Mailing Address Line 1			
	c. Mailing Address Line 2			
	BRAINTREE		MA	021840000
	d. City/Town		e. State	f. Zip Code
	USA		h. E-mail Ad	orophy@cleanharbors.com
	g. Country 7818491800	3342		3561574
	i. Phone Number	j. Extension		x Number
		<i>,</i>		
3.	Preparer			
	Identification information for preparer of	of this submit	tal: 🔽	same as facility air emissions contact name and address
				same as facility contact name and address same address as facility address
	RICHARD		BROPHY	•
	a. Preparer First Name		Preparer La	st Name
	1 HILL AVENUE			
	b. Mailing Address Line 1			
	c. Mailing Address Line 2			
	c. Mailing Address Line 2 BRAINTREE		MA	021840000
	c. Mailing Address Line 2 BRAINTREE d. City/Town		e. State	f. Zip Code
	c. Mailing Address Line 2 BRAINTREE d. City/Town USA		e. State richard.b	f. Zip Code prophy@cleanharbors.com
	c. Mailing Address Line 2 BRAINTREE d. City/Town USA g. Country	2242	e. State richard.b	f. Zip Code prophy@cleanharbors.com ddress
	c. Mailing Address Line 2 BRAINTREE d. City/Town USA	3342 i. Extension	e. State richard.b h. E-mail Ac 781	f. Zip Code prophy@cleanharbors.com



Bureau of Waste Prevention - Air Quality

BWP AQ AP-SR

Source Registration

2005

Year of Record

1190564

Facility AQ identifier

C. Notes and Attachments

1. **Notes**: please include in the space below any additional information that will help DEP understand your submission.

2. Attachments:

Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that **cannot** be sent electronically, please list all such attachments I notes above and deliver them to DEP with a paper copy of this form.

D. Certification



Who is a Responsible Official?

"I hereby certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and, that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment."

A responsible official for the facility must provide the electronic signature. The signature and date are inserted below by eDEP when the package is submitted.

Signed under the pains and penalties of perjury:

Richard T Brophy

Signature of Responsible Official 03/10/2006

Date

eDEP enters these fields automatically on submission.

Responsible official – complete all fields below:

RICHARD

a. Print First Name

BROPHY

b. Print Last Name

FACILITY COMPLIANCE MANAGER

c. Title

781 849-1800

d. Phone Number

richard.brophy@cleanharbors.com

e. E-mail Address





Bureau of Waste Prevention - Air Quality

BWP AQ AP-TES

Total Emissions Statement & Hazardous Air Pollutant List

Year of record 1190564 Facility AQ identifier

A. Annual Total Emissions Statement

ı	r	n	portai	nt:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.





1. Facility Identifiers:

CLEAN F	HARBOF	RS OF	BRA	ΙN	ITRI	EΕ
----------------	--------	-------	-----	----	------	----

a. Facility name 34839

b. DEP Account number

1190564

c. Facility AQ identifier - SSEIS ID number

- 2. **Total Emissions** This form calculates your facility's actual and potential emissions by adding the emissions you entered in forms for each emission unit. The results are displayed in the table below. You must validate forms for each emission unit before the results below can be complete. To enter HAP emissions, see Section D.
- 3. **Facility-wide Emission Limits** -- Please enter facility-wide annual or short-term emissions limits below, if any. To enter HAP restrictions, see Section D.

	Pollutant:	PM10	PM2.5	SO2	NO2	СО
	Actual for previous year	0	0	1	1	0
	eDEP only:	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	0.0647	0.0529	1.7669	1.5960	0.3175
		Tons	Tons	Tons	Tons	Tons
	Potential emissions at max	7.6532	7.4446	25.7857	115.5381	28.8198
	capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
?	Facility-wide max allowed emissions – annual:	Tons	Tons	Tons	Tons	Tons
e c	Facility-wide max allowed	10110	10110	10110	10110	10110
Facility-wide	emissions - short term:	Pounds	Pounds	Pounds	Pounds	Pounds
cility	Short term period:		_	_		
Fa	Basis: DEP approval					
4	number or regulation:					
	Pollutant:	voc	нос	*Reserved*	NH3	□ CO2 ?
	Actual for previous year	1			0	
	eDEP only	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	0	0	0	0	0
	Actual for year of record:	0 Tons	Tons	Tons	0 Tons	0 Tons
	Potential emissions at max					
	ŕ	Tons	Tons	Tons	Tons	Tons
ĺ	Potential emissions at max capacity uncontrolled: Facility-wide max allowed	Tons 28 Tons	Tons 0 Tons	Tons 0 Tons	Tons 0 Tons	Tons 0 Tons
lly	Potential emissions at max capacity uncontrolled: Facility-wide max allowed emissions – annual:	Tons 28	Tons 0	Tons 0	Tons 0	Tons 0
ide s only	Potential emissions at max capacity uncontrolled: Facility-wide max allowed emissions – annual: Facility-wide max allowed	Tons 28 Tons Tons	Tons 0 Tons Tons			
y-wide ons only	Potential emissions at max capacity uncontrolled: Facility-wide max allowed emissions – annual: Facility-wide max allowed emissions – short term:	Tons 28 Tons	Tons 0 Tons	Tons 0 Tons	Tons 0 Tons	Tons 0 Tons
cility-wide trictions only	Potential emissions at max capacity uncontrolled: Facility-wide max allowed emissions – annual: Facility-wide max allowed	Tons 28 Tons Tons	Tons 0 Tons Tons			
Facility-wide estrictions only	Potential emissions at max capacity uncontrolled: Facility-wide max allowed emissions – annual: Facility-wide max allowed emissions – short term:	Tons 28 Tons Tons	Tons 0 Tons Tons			



Bureau of Waste Prevention - Air Quality

BWP AQ AP-TES

2005 Year of record 1190564 Facility AQ identifier

Total Emissions Statement & Hazardous Air Pollutant List

A. Annual Total Emissions Statement (co	ont.`	١
---	-------	---

|--|

4. If you have **facility-wide** fuel, raw material, or product restrictions, complete the following for each:

	•	, , , , , , , , , , , , , , , , , , ,	, ,	Ŭ
a.				
	DEP approval # (most recent)	Amount of restriction	Restriction units	Per unit time
	Description of fuel, raw materia	al or product restricted		
b.		· 		
	DEP approval # (most recent)	Amount of restriction	Restriction units	Per unit time
	Description of fuel, raw materia	al or product restricted		
C.				
	DEP approval # (most recent)	Amount of restriction	Restriction units	Per unit time
	Description of fuel, raw materia	al or product restricted		
В.	Greenhouse Gas	s List		
1.	Please indicate which – by checking the appropr		enhouse gas chemicals are	used and/or emitted
	Use Emitted	Llea	Emitted	

– what to report and what not to report here

by ch	ecking the appropriate box:		
Use	Emitted Nitrous oxide N2O Sulfur Hevafluoride (SE6)	Use	Emitted Hydrofluorocarbons (HFC's) Perfluorocarbons (PFCs)

C. Hazardous Air Pollutant (HAP) List

?
HAP thresholds
- what to report
and what not to
report here

1.	Does your facility use any of the Hazardous Air Pollutants regulated under Section 112 of the Clean
	Air Act that are listed below and on the following pages:

~	yes -	- indicate	which	chemicals	are use	d and wh	ch are	emitted	by ch	necking th	ne appr	opriate l	boxe
	no -	skip to se	ction [).									

?	
What is a HAP '	?

	Hazardous Air Pollutants			Hazardous Air Pollutants	
Use	Emitted	CAS#	Use	Emitted	CAS#
	 ✓ Acetaldehyde ✓ Acetamide ✓ Acetonitrile ✓ Acetophenone ✓ 2-Acetylaminofluorene ✓ Acrolein ✓ Acrylamide ✓ Acrylic acid ✓ Acrylonitrile 	75-07-0 60-35-5 75-05-8 98-86-2 53-96-3 107-02-8 79-06-1 79-10-7 107-13-1		☐ Allyl chloride☐ 4-Aminobiphenyl☐ Aniline☐ o-Anisidine☐ Asbestos☐ Benzene☐ Benzotrichloride☐ Benzyl chloride☐ Benzyl chloride☐ Benzyl chloride☐	107-05-1 92-67-1 62-53-3 90-04-0 1332-21-4 71-43-2 92-87-5 98-07-7 100-44-7



Bureau of Waste Prevention – Air Quality

BWP AQ AP-TES

Total Emissions Statement & Hazardous Air Pollutant List

2005 Year of record 1190564

Facility AQ identifier

C. Hazardous Air Pollutant (HAP) List (cont.)

Use	Emi	tted	CAS#	Use	Emi	tted	CAS#
		Biphenyl	92-52-4			2,4-Dinitrotoluene	121-14-2
	V	Bis(2-ethylhexyl)phthalate	117-81-7		V	1,4-Dioxane (1,4-Diethyleneoxide)	123-91-1
		Bis(chloromethyl)ether	542-88-1			1,2-Diphenylhydrazine	122-66-7
	_	Bromoform	75-25-2		v	Epichlorohydrin (1-Chloro-2,3-epoxypropane	
		1,3-Butadiene	106-99-0		V	1,2-Epoxybutane (1,2-Butylene oxide)	106-88-7
		Calcium cyanamide	156-62-7		V	Ethyl acrylate	140-88-5
		Captan	133-06-2		V	Ethyl benzene	100-41-4
	<u></u>	Carbaryl	63-25-2		<u>_</u>	Ethyl carbamate (Urethane)	51-79-6
	V	Carbon disulfide	75-15-0			Ethyl chloride (Chloroethane)	75-00-3
	V	Carbon tetrachloride	56-23-5			Ethylene dibromide (1,2-Dibromoethane)	106-93-4
	V	Carbonyl sulfide	463-58-1		V	Ethylene dichloride (1,2-Dichloroethane)	107-06-2
	V	Catechol	120-80-9		V	Ethylene glycol	107-21-1
		Chloramben	133-90-4		V	Ethylene imine (Aziridine)	151-56-4
	V	Chlordane	57-74-9		V	Ethylene oxide	75-21-8
	V	Chlorine	7782-50-5			Ethylene thiourea	96-45-7
	V	Chloroacetic acid	79-11-8			Ethylidene dichloride (1,1-Dichloroethane)	75-34-3
		2-Chloroacetophenone	532-27-4		V	Formaldehyde	50-00-0
	V	Chlorobenzene	108-90-7		V	Heptachlor	76-44-8
		Chlorobenzilate	510-15-6			Hexachlorobenzene	118-74-1
	V	Chloroform	67-66-3			Hexachloro-butadiene	87-68-3
		Chloromethyl methyl ether	107-30-2			Hexachlorocyclopentadiene	77-47-4
		Chloroprene	126-99-8		V	Hexachloroethane	67-72-1
	V	Cresols (mixed isomers)	1319-77-3			Hexamethylene-1,6-diisocyanate	822-06-0
	V	m-Cresol	108-39-4			Hexamethylphosphoramide	680-31-9
	V	o-Cresol	95-48-7		V	Hexane	110-54-3
	V	p-Cresol	106-44-5		V	Hydrazine	302-01-2
	V	Cumene	98-82-8		V	Hydrochloric acid	7647-01-0
	V	2,4-D, salts and esters	94-75-7		V	Hydrogen fluoride	7664-39-3
		DDE	72-55-9			Hydrogen sulfide	7783-06-4
		Diazomethane	334-88-3		V	Hydroquinone	123-31-9
		Dibenzofuran	132-64-9			Isophorone	78-59-1
		1,2-Dibromo-3-chloropropane	96-12-8		V	Lindane	58-89-9
		Dibutylphthalate	84-74-2		V	Maleic anhydride	108-31-6
	V	1,4-Dichlorobenzene	106-46-7		V	Methanol	67-56-1
		3,3-Dichlorobenzidene	91-94-1		V	Methoxychlor	72-43-5
		Dichloroethylether (Bis(2-chloroethyl)ether)			V	Methyl bromide (Bromomethane)	74-83-9
		1,3-Dichloropropene (1,3-Dichloropropylene)			V	Methyl chloride (Chloromethane)	74-87-3
		Dichlorvos	62-73-7		V	Methyl chloroform (1,1,1-Trichloroethane)	
	V	Diethanolamine	111-42-2		V		78-93-3
		N,N-Diethyl aniline (N,N-Dimethylaniline)				Methyl hydrazine	60-34-4
		Diethyl sulfate	64-67-5			Methyl iodide (Iodomethane)	74-88-4
		3,3-Dimethoxybenzidine	119-90-4		~	Methyl isobutyl ketone (Hexone)	108-10-1
		Dimethyl aminoazobenzene	60-11-7			Methyl isocyanate	624-83-9
		3,3-Dimethyl benzidine	119-93-7		~	Methyl methacrylate	80-62-6
		Dimethyl carbamoyl chloride	79-44-7		V	Methyl tert-butyl ether	1634-04-4
	~	Dimethyl formamide (N,N-)	68-12-2			4,4-Methylenebis(2-chloroaniline)	101-14-4
		1,1-Dimethyl hydrazine	57-14-7		V	Methylene chloride (Dichloromethane)	75-09-2
		Dimethyl phthalate	131-11-3			Methylene diphenyl diisocyanate(MDI)	101-68-8
	V	Dimethyl sulfate	77-78-1			4,4-Methylenedianiline	101-77-9
		4,6-Dinitro-o-cresol and salts	534-52-1			Naphthalene	91-20-3
		2,4-Dinitrophenol	51-28-5			Nitrobenzene	98-95-3



Bureau of Waste Prevention - Air Quality

BWP AQ AP-TES

Total Emissions Statement & Hazardous Air Pollutant List

2005
Year of record
1190564
Facility AQ identifier

C. Hazardous Air Pollutant (HAP) List (cont.)

Use	Emitted	CAS#	Use	Em	itted	CAS#
	☐ 4-Nitrobiphenyl ☐ 4-Nitrophenol	92-93-3 100-02-7			Vinylidene chloride (1,1-Dichloroethylene) Xylene (mixed isomers)	75-35-4 1330-20-7
	☐ 2-Nitropropane	79-46-9		V 1	m-Xylene	108-38-3
	☐ N-Nitrosodimethylamine	62-75-9		V (o-Xylene	95-47-6
	☐ N-Nitrosomorpholine	59-89-2			p-Xylene	106-42-3
	☐ N-Nitroso-N-methylurea	684-93-5		V /	Antimony	7440-36-0
	☐ Parathion	56-38-2				
	☐ Pentachloronitrobenzene (Quintozene)	82-68-8	Arser	nic c	ompounds:	
	☐ Pentachlorophenol	87-86-5		v 1	Arsenic	7440-38-2
	☑ Phenol	108-95-2		V	Arsine	7784-42-1
	☑ p-Phenylenediamine	106-50-3				
	☐ Phosgene	75-44-5	Othe			
	☐ Phosphine	7803-51-2			Beryllium	7440-41-7
	☐ Phosphorous	7723-14-0			Cadmium	7440-43-9
	☑ Phthalic anhydride	85-44-9		_	Chromium	7440-47-3
	☑ PCBs	1336-36-3			Cobalt	7440-48-4
	☐ 1,3- Propane sultone	1120-71-4			Lead	7439-92-1
	☐ beta-Propiolactone	57-57-8			Manganese	7439-96-5
	☐ Propionaldehyde	123-38-6			Mercury	7439-97-6
	☐ Propoxur (Baygon)	114-26-1		_	Nickel	7440-02-0
	Propylene dichloride (1,2 Dichloropropane	,			Selenium	7782-49-2
	Propylene oxide	75-56-9	_	_		
	1,2-Propylenimine (2-Methyl aziridine)	75-55-8		Ш	Coke oven emissions	
	☑ Quinoline	91-22-5	_	_	0 11 1 1/01 1 1 1/11	
	Quinone	106-51-4		~	Cyanide compounds (XCN where X=H o	•
	☑ Styrene	100-42-5		_	group where a formal dissociation may	,
	☐ Styrene oxide	96-09-3		Ш	Hydrogen cyanide	74-90-8
	2,3,7,8-Tetrachlorodibenzo-p-dioxin	1746-01-6			Chroal others (include mone and disease	toro of otherland
	1,1,2,2-Tetrachloroethane	79-34-5			Glycol ethers (include mono- and di- esi	•
	☑ Tetrachloroethylene (Perchloroethylene)☐ Titanium tetrachloride	7550-45-0			glycol, diethylene glycol, and triethylene (OCH2CH2)n-OR' where n = 1, 2, or 3:	
	☐ Titanium tetrachionde ☐ Toluene	108-88-3			less; or R= phenyl or alkyl substituted pl	,
	☐ Toluene-2,4- diamine	95-80-7			alkyl C7 or less; or OR' consisting of cal	
	✓ 2,4-Toluene diisocyanate	584-84-9			ester, sulfate, phosphate, nitrate or sulfe	
	□ o-Toluidene	95-53-4			Fine mineral fibers (includes glass micro	ofibers, glass
	☐ 0-10ldiderie ☐ 1,2,4-Trichlorobenzene	120-82-1			wool fibers, rock wool fibers and slag we	
	☑ 1,1,2-Trichloroethane	79-00-5			characterized as "respirable" (fiber diam	
	☑ Trichloroethylene	79-00-5 79-01-6			micrometers) and possessing an aspect	t ratio (fiber
	☐ 2,4,5-Trichlorophenol	95-95-4		[2]	length divided by fiber diameter) > 3) Polycyclic Organic Matters (POM) (inclu	idos organia
	☐ Z,4,5-Michiorophenol	121-44-8	ш	كا	compounds with more than one benzen	ū
	☐ Trifluralin	1582-09-8			which have a boiling point greater than	
	2,2,4-Trimethylpentane	540-84-1			C)	5. 5quai to 100
	✓ Vinyl acetate	108-05-4			Radionuclides (a type of atom which sp	ontaneously
	☐ Viriyi acetate	593-60-2	•	_	undergoes radioactive decay)	,
	✓ Vinyl chloride	75-01-4			,,	
Ш	El villyi ciliolide	7 3-0 1-4				



Do you need an operating permit?

to TURA?

Massachusetts Department of Environmental Protection

Bureau of Waste Prevention – Air Quality

BWP AQ AP-TES

Total Emissions Statement & Hazardous Air Pollutant List

2005 Year of record 1190564 Facility AQ identifier

D. Hazardous Air Pollutant Emissions

D.	Hazardous Air i Olidiani Elliissions
1.	Does the facility have the potential to emit (PTE) 10 tons of any single listed Hazardous Air Pollutant (HAP)?
	☐ yes 🗹 no
2.	Does the facility have the potential to emit (PTE) a total of 25 tons of any combination of listed Hazardous Air Pollutants (HAPs)?
	☐ yes 🗹 no
3.	Does the facility have a restriction on total HAPS?
	☐ yes 🗹 no
4.	Are you required to report HAP emissions here for any other reason? (e.g., a permit condition)
	☐ yes 🗹 no
5.	If you answered "yes" to any of the questions 1- 4 above you need to report your single largest HAP emissions and your total HAP emissions for the year. You also need to report emissions for any HAP for which you have an emissions restriction. eDEP will generate additional pages needed to enter that data. If you wish to submit additional HAP data, you may add them to the HAP pages that follow or in the attachments and notes sections below.
E.	Notes and Attachments
1.	Notes: Please include in the space below any additional information that will help DEP understand your submission.
2.	Attachments:
	Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments in the notes field above and deliver them to DEP with a paper copy of this form.



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

2005
Year of record
55
DEP EU# (old Point #)
1190564

Facility AQ identifier

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return





How to delete a unit? (click ?-icon)

A. Equipment Description

1.	Facility identifiers:	
	CLEAN HARBORS OF BRAINTREE	
	a. Facility name	4400504
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
_		c. I domly Act dominici Gozio ib Hamber
2.	Emission unit identifiers:	
	GENERATOR #1-CATERPILLAR 558.5 KW #2 OII	L-0.3%S
	a. Facility's choice of emission unit name – edit as needed	55
	b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # – old point #
	•	· ·
	d. ORIS ID # – for large electrical utilities only	e. Combined Units – enter number of individual units
3.	DEP approvals – leave blank if not applicable:	
	MBR-89-COM-31	5/4/1989
	a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)
4.	Is this unit exempt under 310 CMR 7.02 Plan Appro	ovals? ☐ yes 🗸 no
	11	
5.	If exempt from Plan Approval, indicate reason why	(e.g., cite a specific DEP regulation):
	Reason for exemption	
3.	Emission unit installation date and decommission date	ate:
	5/4/1989	
	a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
7.	Emission unit replacement:	Complete only if the unit was shutdown permanently or replaced since the last report.
	a. Is this unit replacing another emission unit?	
	✓ no yes – enter DEP's emission unit nun	nber and name for the unit being replaced below:
	b. DEP's emission unit number and facility unit name	
3.	Additional state reporting requirements:	
	a. Are there other routine air quality reporting requir	ements for this emissions unit ?
	☐ yes - specify reporting frequency below	✓ no – skip to question 8c
	b. Reporting frequency - check all that apply:	
	☐ 1. Monthly ☐ 2. Quarterly ☐ 3. Semi-annua	ıl ☐ 4. Annual ☐ 5. RES
	(include Operating Permit and Plan Approval reports, but not exc	eedance reporting)
		· · · · ·
	c. Is this unit subject to (check all that apply):	
	☐ NESHAP ☐ NSPS ☐ MACT	



Bure

A. Equipment Description (cont.)



on con units?

?
What to do
if data
unknown or
not available?

sachusetts Department of Environmental Protection	2005
eau of Waste Prevention – Air Quality	Year of record
•	55
WP AQ AP-1	DEP EU# (old Point #)
•	1190564
ssion Unit – Fuel Utilization Equipment	Facility AQ identifier
Equipment Description (cont.)	

a. Type			
☐ boiler ☐ furnace 🔽 engine	e □ other:		
_		Describe "other" equipment	type
		c. Model number	
	at an alicable)	1	. "O" :ft!: - -
a. Max input rating MMBtu/nr (enter 0 ir no	ot applicable)	e. Number of burners (enter	U if not applicable)
f. Type of burner – check one:	☐ rotary	✓ mech. atomizer	steam atomizer
	☐ air atomizer	traveling grate	hand fired
	□ otner:	"other" hurner type	
CATERPILLR		N/A	
g. Burner manufacturer		h. Burner model number	
6/1/1989			
i. Burner installation date (mm/dd/yyyy)			
b. Number of hours per day	- Ni		
b. Humber of flours per day	c. Number of days pe	er week d. Nu	mber of weeks per year
e. Percent of total annual operation			mber of weeks per year
e. Percent of total annual operation		ach calendar quarter:	
e. Percent of total annual operation	n that occurs in ea		st = 100%,
e. Percent of total annual operation 12	n that occurs in ea	Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op	st = 100%,
e. Percent of total annual operation $\frac{12}{Q1}$ $\frac{13}{Q2}$ $\frac{10}{Q3}$ Ozone season operation schedule	n that occurs in ea	Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op	st = 100%,
e. Percent of total annual operation 12	n that occurs in ea 67 Q4 - May 1 through	Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op September 30:	st = 100%, erated for any quarter
e. Percent of total annual operation $\frac{12}{Q1}$ $\frac{13}{Q2}$ $\frac{10}{Q3}$ Ozone season operation schedule	n that occurs in ea	Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op September 30:	st = 100%, erated for any quarter
e. Percent of total annual operation 12	n that occurs in each of the following formula	Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not operated. September 30: ys per week 1 c. Wee	st = 100%, erated for any quarter eks operated in ozone seaso
e. Percent of total annual operation 12	n that occurs in each of the following formula	Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op September 30:	st = 100%, erated for any quarter eks operated in ozone seaso
e. Percent of total annual operation 12	n that occurs in each of the following in that occurs in each of the following in the following in that occurs in each of the following in that occurs in each occurs in ea	Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not operated. September 30: ys per week 1 c. Wee	st = 100%, erated for any quarter eks operated in ozone seaso
e. Percent of total annual operation 12	n that occurs in each of the following in that occurs in each of the following in the following in that occurs in each of the following in that occurs in each of the following in that occurs in each oc	Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not operated by the sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not operated by the sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not operated by the sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not operated by the sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not operated by the sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not operated by the unit was	st = 100%, erated for any quarter eks operated in ozone seaso
e. Percent of total annual operation 12	n that occurs in ear 67 Q4 - May 1 through b. Ozone season day ee: Penglent cing vent	Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not operated by sper week September 30: ys per week The company of the unit was not operated by sper week Physical Stacks:	st = 100%, erated for any quarter eks operated in ozone seaso s:
e. Percent of total annual operation 12	n that occurs in ear 67 Q4 - May 1 through b. Ozone season day ee: Penglent cing vent	Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not open September 30: ys per week Thysical Stacks: Vertical stack	st = 100%, erated for any quarter eks operated in ozone seaso s:
e. Percent of total annual operation 12	n that occurs in ear 67 Q4 e – May 1 through b. Ozone season day ne: Pendent cing vent oft	Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not open September 30: ys per week Thysical Stacks: Vertical stack	st = 100%, erated for any quarter eks operated in ozone seaso s:
e. Percent of total annual operation 12	n that occurs in earlier for the following in that occurs in earlier for the following in the follo	Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not open. September 30: ys per week The company of the unit was not open. September 30: 1 c. Week The company of the unit was not open. The company of the unit w	st = 100%, erated for any quarter eks operated in ozone seaso s:
	CATERPILLAR b. Manufacturer 5 d. Max input rating MMBtu/hr (enter "0" if note of the following of the emission of the	CATERPILLAR b. Manufacturer 5 d. Max input rating MMBtu/hr (enter "0" if not applicable) f. Type of burner – check one:	Describe "other" equipment 3412DIT b. Manufacturer d. Max input rating MMBtu/hr (enter "0" if not applicable) f. Type of burner – check one: rotary

Facility's stack identifier from STACK form – to change stack name use STACK form

If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before completing to this form.



Massachusetts Department of Environmental Protection

Bureau of Waste Prevention - Air Quality

h. Decommission date (mm/dd/yyyy)

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

2005 Year of record 55 DEP EU# (old Point #) 1190564 Facility AQ identifier

Decommission date (mm/dd/yyyy)

?	14. Is there a pollution control device on this emissions unit?			Check here if you need to report more than 3 air pollution control devices on	
How to delete a control ?		ges – answer a through i	✓ no – skip to question 15	this unit. eDEP will add another page of control devices after this form.	
		Air pollution control device 1	Air pollution control device 2	Air pollution control device 3	
(-				
		a. Type	Туре	Туре	
Do not leave blank –		b. Manufacturer	Manufacturer	Manufacturer	
if unknown write 'unknown' or		c. Model number	Model number	Model number	
estimate		d. Facility's ID for this device	Facility's ID for this device	Facility's ID for this device	
	C	e. Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	
Č	_	MBR-89-COM-31	MBR-89-COM-31	MBR-89-COM-31	
Lanca & m. la		f. DEP approval # (most recent)	DEP approval # (most recent)	DEP approval # (most recent)	
Leave f, g, h blank if not		5/4/1989	5/4/1989	5/4/1989	
applicable.		g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	

Decommission date (mm/dd/yyyy)

i. Percent overall efficiency - enter for all pollutants that the device was designed to control: PM 10 % Overall eff. % Overall eff. % Overall eff. PM 2.5 % Overall eff. % Overall eff. % Overall eff. SO₂ % Overall eff. % Overall eff. % Overall eff. CO % Overall eff. % Overall eff. % Overall eff. VOC % Overall eff. % Overall eff. % Overall eff. NO₂ % Overall eff. % Overall eff. % Overall eff. NH3 % Overall eff. % Overall eff. % Overall eff. HOC % Overall eff. % Overall eff. % Overall eff. HYC % Overall eff. % Overall eff. % Overall eff. Hg % Overall eff. % Overall eff. % Overall eff. Pb % Overall eff. % Overall eff. % Overall eff. Other % Overall eff. % Overall eff. % Overall eff. Specify "Other" Specify "Other" Specify "Other"



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

15. Is there monitoring equipment on this unit or its related control devices?

yes – answer a through I

2005
Year of record
55
DEP EU# (old Point #)
1190564
Facility AQ identifier

a monitor?				
		Monitor 1	Monitor 2	Monitor 3
	a. Monitor type:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:
Do not leave blank – if unknown write 'unknown' or	b. Manufacturer:	Describe "other"	Describe "other"	Describe "other"
estimate	c. Model number:			
	d. Monitor ID #:			
	e. Installation date:	Facility's Designation	Facility's Designation	Facility's Designation
	f. DEP approval #:	(mm/dd/yyyy) MBR-89-COM-31	(mm/dd/yyyy) MBR-89-COM-31	(mm/dd/yyyy) MBR-89-COM-31
Leave f, g, h blank≺	g. DEP approval date:	5/4/1989	5/4/1989	5/4/1989
if not applicable.	h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder ?	(mm/dd/yyyy) ☐ yes ☐ no	(mm/dd/yyyy) ☐ yes ☐ no	(mm/dd/yyyy) yes no
	j. Audible alarm ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
G	k. Data system ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	I. Monitored pollutants (check all that apply):	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:
		Describe "other"	Describe "other"	Describe "other"

✓ no – skip to section B



BWP AQ AP-1

Emission Unit – Fuel Utilization Equipment

2005 Year of record 55 DEP EU# (old Point #) 1190564 Facility AQ identifier

B. Fuels and Emissions

		First Name / Observatoristics	GENERATOR #1-CATERPILLAR 558.5 KW	/ #	
	1.	Fuel Name / Characteristics:	Fuel name		
		Number of fuels for this unit (previous records): 1	1		
			DEP Fuel #		
How does eDEF handle multiple fuels?		Add a NEW fuel: Check the box if you need to add a fuel that you did not report on previously (eDEP will add a blank Sect. B form to your package).	Delete this fuel: check box if you stopped using this fuel in this unit permanently. You must still report to this year of record even if amount is "0" – the fuel will be removed from the unit in the next report cycle.	or	
		When to NOT check this box ?			
		a Source Classification Code (SCC)	20200102		
		a. Source Classification Code (SCC) (see instructions):	SC Code (call DEP if SC code will not validate)		
		(see instructions).	IC ENGINE- RECIP - #2 DIESEL OIL		
		h Time of final shoot one.	SCC Code Description – filled by eDEP		
		b. Type of fuel – check one:	☐ no.2 ☐ no.4 ☐ no.6		
			✓ diesel ☐ coal ☐ natural gas		
		Note: The option to have eDEP calculate your	E aloos. E ooal E lateila. gao		
		emissions is not available if your fuel type is "other".	iet fuel other - describe:		
		,	_, _		
			Describe "other" fuel		
		a Cultur content for alle and each (0 - 2.2).	.3		
		c. Sulfur content for oils and coal $(0 - 2.2)$:	Percent by weight		
		d Ash content for oils and soal (0, 10):	0		
Note for e:		d. Ash content for oils and coal (0 -10):	Percent by weight		
Enter the			r crocint by weight		
Maximum					
Fuel Rate at		e. Maximum hourly fuel rate for all firing burners:	.038 1000 GALLONS		
which the unit can burn		e. Maximum flourly fuel rate for all lifting bufflers.	Amount Units per hour		
fuel (its			·	ord	
absolute			Enter "0" if unit decommissioned prior to this Year of Reco	Jiu.	
uncontrolled design					
capacity). Do		f. Do you have fuel or usage restrictions?	yes on - skip to question 2		
not enter the normal		g. DEP approval number for restrictions:	MBR-89-COM-31		
operation		g. 2 = . approva. Hamber to: recurence.	Most recent for this fuel		
rate nor any					
restricted					
(allowable) rate.		h. Annual use restriction (amount or hours):			
		For this fuel	Quantity Units		
		i. Short term use restriction (amount or hours):			
		For this fuel	Quantity Units		
			Per: month week day hour		
			CAUTION: check your amount vs.units		
	0	Annual upogo	1 1000 GALLONS		
	۷.	Annual usage:	a. Amount – year of record b. Units		
		Enter "0" if not used in the year of record	1 1000 GALLONS		
			c. Total annual usage for prior year of record – eDEP only	V	



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

B. Fuels and Emissions (cont.)

3. Total emissions for this fuel only in tons per year:

or regulation:

2005
Year of record
55
DEP EU# (old Point #)
1190564

Facility AQ identifier



Part 75 Requirements

□ NO2 Pollutant: ☐ PM10 ☐ PM2.5 ☐ SO2 0 0 0 Actual for previous year Tons Tons Tons Tons eDEP only: 0.0213 0.0213 0.0199 0.3020 ctual for year of record: Tons Tons Tons Tons 7.0737 7.0737 6.6077 100.5298 otential emissions at max Tons Tons capacity uncontrolled: Tons Tons 42.50 42.50 39.70 604 Emission factor: 1000 GALLONS 1000 GALLONS 1000 GALLONS 1000 GALLONS in pounds per unit: Maximum allowed emissions – Tons annual: Tons Tons Tons For this fuel only Maximum allowed emissions short term: Pounds **Pounds** Pounds Pounds Short term period (or MMBtu): MBR-89-COM-31 MBR-89-COM-31 MBR-89-COM-31 MBR-89-COM-31 Basis - DEP approval number

Calculations: The form will automatically calculate the actual and potential emissions UNLESS you check a box to manually

enter emissions for each specific pollutant. Click the "?" icon for information to help you decide how to use this feature:

other:

				TOTAL SUSPE	NDED PARTICULATES
	Pollutant:	□ co	□ voc	□ NH3	specify
	Actual for previous year	0	0	0	0
	eDEP only:	Tons	Tons	Tons	Tons
		0.0650			0.0
	Actual for year of record:	Tons	Tons	Tons	Tons
	Potential emissions at max	21.6372	4	0	5
	capacity uncontrolled:	Tons	Tons	Tons	Tons
	Emission factor:	130	0		42.5
	in pounds per unit:	1000 GALLONS	1000 GALLONS		1000 GALLONS
	Maximum allowed emissions –				
<u>~</u>	annual:	Tons	Tons	Tons	Tons
For this fuel only	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds
this	Short term period (or MMBtu):				
For	Basis – DEP approval number or regulation:	MBR-89-COM-31	MBR-89-COM-31	MBR-89-COM-31	MBR-89-COM-31



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

B.	Fuels and	d Emissions	(cont)
D.	i ucis aii		(COI IL. <i>)</i>

2005
Year of record
55
DEP EU# (old Point #)
1190564
Facility AQ identifier

0	444.5440
a. Typical day VOC emissions – pounds per day	b. Typical day NOx emissions –pounds per day
check to enter your own values	check to enter your own values

C. Notes and Attachments

1. **Notes**: please include in the space below any additional information that will help DEP understand your submission.

2. Attachments:

Check here to submit attachments to this form (e.g., calculations) - add a note in the field above
indicating what is attached. For eDEP on-line filers, this will create a new step on your Current
Submittal Page where you can attach electronic files to your submittal. Please list attachments
that cannot be sent electronically in the notes field above and deliver them to DEP with a paper
copy of this form.



2005 Year of record 50 DEP EU# (old Point #) 1190564

Imp Wh out the use tab mov curs use key







		hission Onit – Fuer Othization Equipment	Facility AQ identifier
Important: When filling out forms on	Α.	Equipment Description	
the computer, use only the	1.	Facility identifiers:	
tab key to		CLEAN HARBORS OF BRAINTREE	
move your cursor - do not		a. Facility name	
use the return		34839	1190564
key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
tab	2.	Emission unit identifiers:	
		GENERATOR #2-CUMMINS #NT855G2 #2 DIES	EL .
return		50	50
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # – old point #
		d. ORIS ID # – for large electrical utilities only	e. Combined Units – enter number of individual units
	3.	DEP approvals – leave blank if not applicable:	1
		MBR-89-COM-31	5/4/1989
		a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)
	4.	Is this unit exempt under 310 CMR 7.02 Plan Appro	vals ? ☐ yes 🗹 no
	5.	If exempt from Plan Approval, indicate reason why ((e.g., cite a specific DEP regulation):
How to		Reason for exemption	
delete	6.	Emission unit installation date and decommission date	ate:
a unit? (click ?-icon)		11/1/1991	
		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
?	7.	Emission unit replacement:	Complete only if the unit was shutdown permanently or replaced since the last report.
		a. Is this unit replacing another emission unit?	Topiacou cinto tro tact topo.
		✓ no yes – enter DEP's emission unit nun	nber and name for the unit being replaced below:
		b. DEP's emission unit number and facility unit name	
	8.	Additional state reporting requirements:	
		a. Are there other routine air quality reporting requir	ements for this emissions unit?
		yes - specify reporting frequency below	✓ no – skip to question 8c
		b. Reporting frequency - check all that apply:	
		☐ 1. Monthly ☐ 2. Quarterly ☐ 3. Semi-annua	I ☐ 4. Annual ☐ 5. RES
		(include Operating Permit and Plan Approval reports, but not exc	
		c. Is this unit subject to (check all that apply):	
		☐ NESHAP ☐ NSPS ☐ MACT	



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

DEP EU# (old Point #) 1190564 Facility AQ identifier

2005

50

Year of record

A. Equipment Description (cont.)



What to do if data unknown or not available?

	Equipment:				
	a. Type				
	☐ boiler ☐ fu	rnace 🗹 engine	other:		
				Describe "other" equipment	type
_	CUMMINS			125-DGEA	
	b. Manufacturer			c. Model number	
	10			0	
	d. Max input rating N	MBtu/hr (enter "0" if no	ot applicable)	e. Number of burners (enter "0" if not applicable)	
	f. Type of burner	- check one:	☐ rotary	mech. atomizer	steam atomizer
	g. Burner manufacturer		air atomizer	☐ traveling grate	☐ hand fired
			other:		
				"other" burner type	
-				h. Burner model number	
	g. Daniel manadatais.				
	•	on for the emission		heck if continuously ope	erated – 24 x 7 x 52
	Hours of operation		unit: a.	0	erated – 24 x 7 x 52 mber of weeks per year
-	1 b. Number of hours p	per day	c. Number of days pe	er week 0 d. Nu	
=	b. Number of hours p	per day al annual operation	c. Number of days per that occurs in ea	er week $\frac{0}{\text{d. Nu}}$	mber of weeks per year
-	1 b. Number of hours p	per day	c. Number of days pe	er week 0 d. Nu	mber of weeks per year
-	b. Number of hours pe. Percent of tota 20 25 Q1 Q2	per day al annual operation 25 Q3	c. Number of days per that occurs in ear $\frac{25}{Q4}$	or week 0 d. Nu ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not open	mber of weeks per year
	b. Number of hours per e. Percent of total 20 25 Q1 Q2 Ozone season o	per day al annual operation 25	1 c. Number of days per that occurs in ea 25 Q4 May 1 through	or week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not open September 30:	mber of weeks per year
-	b. Number of hours pe. Percent of total 20 25 Q2 Ozone season of 10	per day al annual operation 25 Q3 peration schedule	1 c. Number of days per that occurs in ea 25 Q4 May 1 through 0	or week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not open September 30:	mber of weeks per year sst = 100%, erated for any quarter
-	b. Number of hours per e. Percent of total 20 25 Q1 Q2 Ozone season o	per day al annual operation 25 Q3 peration schedule	1 c. Number of days per that occurs in ea 25 Q4 May 1 through	or week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not open September 30:	mber of weeks per year
-	b. Number of hours pe. Percent of total 20 25 Q2 Ozone season of 10	per day al annual operation 25 Q3 peration schedule	1 c. Number of days per that occurs in ea 25 Q4 May 1 through 0	or week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not open September 30:	mber of weeks per year sst = 100%, erated for any quarter
-	b. Number of hours per e. Percent of total 20	per day al annual operation 25 Q3 peration schedule durs per day	1 c. Number of days per that occurs in ea 25 Q4 — May 1 through 0 b. Ozone season day	or week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not ope September 30: ys per week O c. Wee	mber of weeks per year sst = 100%, erated for any quarter eks operated in ozone season
-	b. Number of hours per e. Percent of total 20	per day al annual operation 25 Q3 peration schedule	1 c. Number of days per that occurs in ea 25 Q4 — May 1 through 0 b. Ozone season day	or week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not open September 30:	mber of weeks per year est = 100%, erated for any quarter eks operated in ozone season
-	b. Number of hours per e. Percent of total 20	per day al annual operation 25 Q3 peration schedule ours per day e point – select one	1 c. Number of days per that occurs in ear 25 Q4 — May 1 through 0 b. Ozone season day Exception:	or week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not ope September 30: ys per week O c. Wee	mber of weeks per year est = 100%, erated for any quarter eks operated in ozone season
-	b. Number of hours processed and the second of total and the second of total and the second of the s	per day al annual operation 25 Q3 peration schedule ours per day e point – select one	1 c. Number of days per that occurs in ear 25 Q4 — May 1 through 0 b. Ozone season day Eng	or week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not open September 30: ys per week or week	mber of weeks per year sst = 100%, erated for any quarter eks operated in ozone season
-	b. Number of hours per e. Percent of total 20 25 Q2	per day al annual operation 25 Q3 peration schedule aurs per day e point – select one ease Points: horizontal ven	1 c. Number of days per that occurs in ear that occurs in ear 25 Q4 — May 1 through 0 b. Ozone season day Eng	or week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not open of Q1 to	mber of weeks per year sst = 100%, erated for any quarter eks operated in ozone season s: ?

If Non-Stack release point, skip to question 14.

13. Link this unit to a physical stack (if applicable) – pick from the list below:

7 1 STACK GENERATOR (2)- CUMMINS & CATERPILLAR

Facility's stack identifier from STACK form – to change stack name use STACK form

If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before completing to this form.



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

2005
Year of record
50
DEP EU# (old Point #)
1190564

Facility AQ identifier

?	14. Is there a pollution control device	ce on this emissions unit?	Check here if you need to report more than 3 air pollution control devices on
How to delete a control ?	yes – answer a through i	✓ no – skip to question 15	this unit. eDEP will add another page of control devices after this form.
	Air pollution control device 1	Air pollution control device 2	Air pollution control device 3
	·		
	а. Туре	Туре	Туре
Do not eave blank –	b. Manufacturer	Manufacturer	Manufacturer
f unknown write unknown' or	c. Model number	Model number	Model number
estimate	d. Facility's ID for this device	Facility's ID for this device	Facility's ID for this device
	e. Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)
7	MBR-89-COM-31	MBR-89-COM-31	MBR-89-COM-31
	f. DEP approval # (most recent)	DEP approval # (most recent)	DEP approval # (most recent)
Leave f , g , h olank if not	5/4/1989	5/4/1989	5/4/1989
applicable.	g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)

 i. Percent overall efficiency - enter for all pollutants that the device was designed to control: PM 10 % Overall eff. % Overall eff. % Overall eff. PM 2.5 % Overall eff. % Overall eff. % Overall eff. SO₂ % Overall eff. % Overall eff. % Overall eff. CO % Overall eff. % Overall eff. % Overall eff. VOC % Overall eff. % Overall eff. % Overall eff. NO₂ % Overall eff. % Overall eff. % Overall eff. NH3 % Overall eff. % Overall eff. % Overall eff. HOC % Overall eff. % Overall eff. % Overall eff. HYC % Overall eff. % Overall eff. % Overall eff. Hg % Overall eff. % Overall eff. % Overall eff. Pb % Overall eff. % Overall eff. % Overall eff. Other % Overall eff. % Overall eff. % Overall eff. Specify "Other" Specify "Other" Specify "Other"



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

Year of record
50
DEP EU# (old Point #)
1190564
Facility AQ identifier

15. Is there monitoring equipment on this unit or its related control devices'

(?)	ro. lo moro morneo.	, oquipmont on the drik or	is related control devices.	
How to delete a monitor?	yes – answer a t	through I 🗹 no – skip to s	section B	
		Monitor 1	Monitor 2	Monitor 3
Do not	a. Monitor type:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:
leave blank – if unknown write 'unknown' or	b. Manufacturer:	Describe "other"	Describe "other"	Describe "other"
estimate	c. Model number:			
	d. Monitor ID #: e. Installation date:	Facility's Designation	Facility's Designation	Facility's Designation
	f. DEP approval #:	(mm/dd/yyyy) MBR-89-COM-31	(mm/dd/yyyy) MBR-89-COM-31	(mm/dd/yyyy) MBR-89-COM-31
Leave f, g, h blank if not	g. DEP approval date:	5/4/1989 (mm/dd/yyyy)	5/4/1989 (mm/dd/yyyy)	5/4/1989 (mm/dd/yyyy)
applicable.	h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder ?	yes no	☐ yes ☐ no	☐ yes ☐ no
	j. Audible alarm ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	k. Data system ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	I. Monitored pollutants			

other – describe:

Describe "other"

other – describe:

Describe "other"

other – describe:

Describe "other"



BWP AQ AP-1

Emission Unit – Fuel Utilization Equipment

2005 Year of record 50 DEP EU# (old Point #) 1190564 Facility AQ identifier

B. Fuels and Emissions

	1.	Fuel Name / Characteristics:	GENERATOR #2-CUMMINS #NT855G2 #2
	٠.		Fuel name
		Number of fuels for this unit (previous records): 1	1
?		_	DEP Fuel #
How does eDEF nandle multiple fuels?	•	Add a NEW fuel: Check the box if you need to add a fuel that you did not report on previously (eDEP will add a blank Sect. B form to your package).	Delete this fuel: check box if you stopped using this fuel in this unit permanently. You must still report for this year of record even if amount is "0" – the fuel will
		When to NOT check this box ?	be removed from the unit in the next report cycle.
		0 0 1 17 11 0 1 (000)	20200102
		a. Source Classification Code (SCC)	
		(see instructions):	SC Code (call DEP if SC code will not validate) IC ENGINE- RECIP - #2 DIESEL OIL
			SCC Code Description – filled by eDEP
		b. Type of fuel – check one:	Coo code Description Timed by CDE1
		b. Type of fact officer office.	☐ no.2 ☐ no.4 ☐ no.6
			✓ diesel ☐ coal ☐ natural gas
		Note: The option to have eDEP calculate your	
		emissions is not available if your fuel type is "other".	☐ jet fuel ☐ other - describe:
			Describe "other" fuel
		c. Sulfur content for oils and coal $(0 - 2.2)$:	.3
		I Ash so to the form the soll or all (0, 40)	Percent by weight
		d. Ash content for oils and coal (0 -10):	0.1
Note for e: Enter the			Percent by weight
Maximum			
Fuel Rate at		e. Maximum hourly fuel rate for all firing burners:	0 1000 GALLONS
which the unit can burn		e. Maximum nouny luerrate for all lifting burners.	Amount Units per hour
fuel (its			Enter "0" if unit decommissioned prior to this Year of Record.
absolute uncontrolled			Effer of it unit decommissioned prior to this Tear of Necord.
design			
capacity). Do		f. Do you have fuel or usage restrictions?	yes volume yes yes yes no - skip to question 2
not enter the normal		g. DEP approval number for restrictions:	MBR-89-COM-31
operation			Most recent for this fuel
rate nor any restricted			
(allowable)			
rate.		h. Annual use restriction (amount or hours):	
		For this fuel	Quantity Units
		i. Short term use restriction (amount or hours):	-
		For this fuel	Quantity Units
			Per: month week day hour
			CAUTION, sheet was a second or 25
			CAUTION: check your amount vs.units
	2.	Annual usage:	1 1000 GALLONS
		ŭ	a. Amount – year of record b. Units 1 1000 GALLONS
		Enter "0" if not used in the year of record	c. Total annual usage for prior year of record – eDEP only



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

B. Fuels and Emissions (cont.)

3. Total emissions for this fuel **only** in tons per year:

2005
Year of record
50
DEP EU# (old Point #)
1190564
Facility AQ identifier



Part 75 Requirements

Pollutant: ☐ PM10 ☐ PM2.5 ☐ SO2 □ NO2 0 0 0 Actual for previous year Tons Tons Tons Tons eDEP only: 0.0213 0.0213 0.0199 0.3020 ctual for year of record: Tons Tons Tons Tons 0 0 0 otential emissions at max Tons Tons capacity uncontrolled: Tons Tons 42.50 42.50 39.70 604 Emission factor: 1000 GALLONS 1000 GALLONS 1000 GALLONS 1000 GALLONS in pounds per unit: Maximum allowed emissions – annual: Tons Tons Tons Tons For this fuel only Maximum allowed emissions short term: **Pounds Pounds** Pounds Pounds Short term period (or MMBtu): MBR-89-COM-31 MBR-89-COM-31 MBR-89-COM-31 MBR-89-COM-31 Basis - DEP approval number or regulation:

Calculations: The form will automatically calculate the actual and potential emissions UNLESS you check a box to manually

enter emissions for each specific pollutant. Click the "?" icon for information to help you decide how to use this feature:

other: Pollutant: □ co □ VOC ☐ NH3 specify 0 0 0 Actual for previous year Tons Tons Tons Tons eDEP only: 0.0650 Actual for year of record: Tons Tons Tons Tons 4 Potential emissions at max Tons capacity uncontrolled: Tons Tons Tons 130 0 Emission factor: 1000 GALLONS 1000 GALLONS in pounds per unit: Maximum allowed emissions -Tons Tons Tons Tons annual: For this fuel only Maximum allowed emissions short term: **Pounds Pounds** Pounds Pounds Short term period (or MMBtu): MBR-89-COM-31 MBR-89-COM-31 MBR-89-COM-31 MBR-89-COM-31 Basis - DEP approval number or regulation:



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

B.	Fuels a	nd Emissions	(cont)
D.	rueis ai	110 E11115510115	(COHIL.)

2005
Year of record
50
DEP EU# (old Point #)
1190564
Facility AQ identifier

0	0
a. Typical day VOC emissions – pounds per day	b. Typical day NOx emissions –pounds per day
check to enter your own values	check to enter your own values

C. Notes and Attachments

1. **Notes**: please include in the space below any additional information that will help DEP understand your submission.

2. Attachments:

Check here to submit attachments to this form (e.g., calculations) - add a note in the field above
indicating what is attached. For eDEP on-line filers, this will create a new step on your Current
Submittal Page where you can attach electronic files to your submittal. Please list attachments
that cannot be sent electronically in the notes field above and deliver them to DEP with a paper
copy of this form.



Emission Unit - Fuel Utilization Equipment

2005 Year of record DEP EU# (old Point #) 1190564

Facility AQ identifier

Important: When filling out forms the compu use only tl tab key to move your cursor - do use the re





A. Equipment	Description
--------------	-------------

out forms on the computer,	1	Facility identifiers:				
use only the tab key to	٠.	·				
move your						
cursor - do not use the return		2. Emission unit identifiers: BOILER #1-CLEAVER BROOKS-#4(NOT USED) #2 OIL 0.3%S a. Facility's choice of emission unit name – edit as needed 3 b. Facility's emission unit number / code – edit as needed d. ORIS ID # – for large electrical utilities only 3. DEP approvals – leave blank if not applicable: MBR-86-COM-027 a. Most recent approval number 4. Is this unit exempt under 310 CMR 7.02 Plan Approvals? If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regular Reason for exemption 6. Emission unit installation date and decommission date: 9/1/1986 a. Installation date – estimate if unknown (mm/dd/yyyy) b. Decommission date (mm/dd/yyyy)	1190564			
key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number			
tab	2.					
			#2 OIL 0.3%S			
return		·	3			
			c. DEP emissions unit # – old point #			
		d. ORIS ID # – for large electrical utilities only	e. Combined Units – enter number of individual units			
	3.	DEP approvals – leave blank if not applicable:				
		MBR-86-COM-027	9/11/1986			
		a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)			
	4.	Is this unit exempt under 310 CMR 7.02 Plan App	rovals ? 🔲 yes 🗹 no			
	5.	If exempt from Plan Approval, indicate reason why	(e.g., cite a specific DEP regulation):			
How to		Reason for exemption				
delete a unit?	6.	Emission unit installation date and decommission date:				
(click ?-icon)		9/1/1986				
		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable			
?	7.	Emission unit replacement:	Complete only if the unit was shutdown permanently or replaced since the last report.			
		a. Is this unit replacing another emission unit?				
		✓ no yes – enter DEP's emission unit nu	imber and name for the unit being replaced below:			
		h DEP's emission unit number and facility unit name				
	•	•				
	8.	Additional state reporting requirements:				
		a. Are there other routine air quality reporting requ	irements for this emissions unit?			
		yes - specify reporting frequency below	✓ no – skip to question 8c			
		b. Reporting frequency - check all that apply:				
		☐ 1. Monthly ☐ 2. Quarterly ☐ 3. Semi-annu	ıal □ 4. Annual □ 5. RES			
		_ , _ , _	_			
		c. Is this unit subject to (check all that apply):				
		☐ NESHAP ☐ NSPS ☐ MACT				



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

2003
Year of record
3
DEP EU# (old Point #)
1190564
Facility AQ identifier

2005

?
How to repor
on combined
units?

	9.	Equipment:				
How to report on combined		а. Туре				
ınits?		✓ boiler ☐ furnace ☐ engine	other:			
				Describe "other" equ	ipment type	
		CLEAVER BROOKS		CB800-150		
		b. Manufacturer		c. Model number		
		6		1		_
What to do		d. Max input rating MMBtu/hr (enter "0" if not	applicable)	e. Number of burners	s (enter "0" if not applicable)	
f data Inknown or		f. Type of burner – check one:	rotary	✓ mech. atomiz	er steam atomizer	
not available?			$\hfill \square$ air atomizer	☐ traveling grate	e hand fired	
			other:			
				"other" burner type		
		CL BROOKS		CB800-150-150		
		g. Burner manufacturer 9/10/1986		h. Burner model num	ber	
		i. Burner installation date (mm/dd/yyyy)				
<u> </u>	10.	. Hours of operation for the emission of 8	3		sly operated – 24 x 7 x 52 0	
<u> </u>		b. Number of hours per day	. Number of days pe	er week	d. Number of weeks per year	
		e. Percent of total annual operation	that occurs in ea	ach calendar quar	ter:	
		4 99 1	0	Sum of Q1+Q2+Q3+		
		$\frac{1}{Q1}$ $\frac{3}{Q2}$ $\frac{1}{Q3}$	Q4		not operated for any quarter	
	11		-	Santambar 20:		
	11.	. Ozone season operation schedule –	· May i tillough	September 30.		
		a. Ozone season hours per day	I o. Ozone season day	ve por wook	c. Weeks operated in ozone season	
		a. Ozone season nours per day	o. Ozone season day	ys per week	c. Weeks operated in ozone season	
	12.	. Emission release point – select one:	Eng	jines click here for inst	tructions:	
		·			•	
		Non-Stack Release Points:	P	Physical Stacks:		
		fugitive horizontal vent		vertical stack		
		engine exh. downward facil		vertical with rair	n cap/sleeve	
		vertical stack/vent less than 10f	τ			
		If Non-Stack release point, skip to question				
	13.	. Link this unit to a physical stack (if ap	oplicable) – pick	from the list below	w:	
		3 1 STACK BOILER #1-CLEAVER	BROOKS- #2	OII		

Facility's stack identifier from STACK form – to change stack name use STACK form

If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before completing to this form.

aqap1s.doc • revised 09/07/05



BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

2005

2000
Year of record
3
DEP EU# (old Point #)
1190564
Facility AQ identifier

?	14.	Is there a pollution control device	ce c	n this emissions unit?		Check here if you need to report more than 3 air pollution control devices on
How to delete a control?		yes – answer a through i	/	no – skip to question 15		this unit. eDEP will add another page of control devices after this form.
		Air pollution control device 1		Air pollution control device 2		Air pollution control device 3
		a. Type		Туре		Туре
Do not leave blank –		b. Manufacturer		Manufacturer	_	Manufacturer
if unknown write 'unknown' or		c. Model number		Model number	_	Model number
estimate	<u>?</u>	d. Facility's ID for this device		Facility's ID for this device	_	Facility's ID for this device
>	-	e. Installation date (mm/dd/yyyy) MBR-86-COM-027		Installation date (mm/dd/yyyy) MBR-86-COM-027		Installation date (mm/dd/yyyy) MBR-86-COM-027
Leave f, g, h blank if not		f. DEP approval # (most recent) 9/11/1986		DEP approval # (most recent) 9/11/1986		DEP approval # (most recent) 9/11/1986
applicable.		g. DEP approval date (mm/dd/yyyy)		DEP approval date (mm/dd/yyyy)		DEP approval date (mm/dd/yyyy)
		h. Decommission date (mm/dd/yyyy)		Decommission date (mm/dd/yyyy)		Decommission date (mm/dd/yyyy)
	?	i. Percent overall efficiency - er	nter	for all pollutants that the device	wa	s designed to control:
PM 10		% Overall eff.		% Overall eff.		% Overall eff.
PM 2.5 SO2		% Overall eff.		% Overall eff.		% Overall eff.
		% Overall eff.		% Overall eff.		% Overall eff.
CO		% Overall eff.		% Overall eff.		% Overall eff.
VOC		% Overall eff.		% Overall eff.		% Overall eff.
NO2		% Overall eff.		% Overall eff.		% Overall eff.
NH3		% Overall eff.		% Overall eff.		% Overall eff.
HOC		% Overall eff.		% Overall eff.		% Overall eff.
HYC	;	% Overall eff.		% Overall eff.		% Overall eff.
Hg	l					
Pb	,	% Overall eff.		% Overall eff.		% Overall eff.
Other	r	% Overall eff.		% Overall eff.		% Overall eff.
		% Overall eff.		% Overall eff.		% Overall eff.
		Specify "Other"		Specify "Other"		Specify "Other"



Bureau of Waste Prevention - Air Quality

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.) 15. Is there monitoring equipment on this unit or its related control devices?

2005
Year of record
3
DEP EU# (old Point #)
1190564
Facility AQ identifier

How to delete a monitor?	yes – answer a t	hrough I 🗹 no – skip to s	ection B	
		Monitor 1	Monitor 2	Monitor 3
Parad	a. Monitor type:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:
Do not leave blank – if unknown write 'unknown' or estimate Leave f, g, h blank if not applicable.	b. Manufacturer:	Describe "other"	Describe "other"	Describe "other"
estimate	c. Model number:			
	d. Monitor ID #:	Facility's Designation	Facility's Designation	Facility's Designation
	e. Installation date:			
	f. DEP approval #:	(mm/dd/yyyy) MBR-86-COM-027	(mm/dd/yyyy) MBR-86-COM-027	(mm/dd/yyyy) MBR-86-COM-027
f, g, h blank	g. DEP approval date:	9/11/1986	9/11/1986	9/11/1986
	h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder ?	(mm/dd/yyyy) □ yes □ no	(mm/dd/yyyy) yes no	(mm/dd/yyyy) ☐ yes ☐ no
	j. Audible alarm ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
?	k. Data system ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	I. Monitored pollutants (check all that apply):	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:

Describe "other"

Describe "other"

Describe "other"



BWP AQ AP-1

Emission Unit – Fuel Utilization Equipment

2005 Year of record DEP EU# (old Point #) 1190564 Facility AQ identifier

B. Fuels and Emissions

	4	First Name / Characteristics	BOILER #1-CLEAVER B	ROOKS	#2 OIL
	١.	Fuel Name / Characteristics:	Fuel name		
		Number of fuels for this unit (previous records): 2	1		
2			DEP Fuel #		
How does eDEF handle multiple fuels?	o	Add a NEW fuel: Check the box if you need to add a fuel that you did not report on previously (eDEP will add a blank Sect. B form to your package).	Delete this fuel: check bo fuel in this unit permanent! this year of record even if a be removed from the unit in	y. You must still reamount is "0" - the	eport for fuel will
		When to NOT check this box ?		· mo mosti roport o	, 0.01
		a Source Classification Code (SCC)	10200501		
		a. Source Classification Code (SCC) (see instructions):	SC Code (call DEP if SC code v	will not validate)	
		(see instructions).	DIST.OIL- #1 OR #2 OIL	viii riot validate)	
			SCC Code Description – filled b	v eDFP	
		b. Type of fuel – check one:	and becompact.	y 0.5.2.1	
		b. Type of fuel - official offic.	☑ no.2 □ no.4 □	no.6	
				_	
			☐ diesel ☐ coal ☐	natural gas	
		Note: The option to have eDEP calculate your			
		emissions is not available if your fuel type is "other".	☐ jet fuel ☐ other - de	scribe:	
			Describe "other" fuel		
		c. Sulfur content for oils and coal $(0 - 2.2)$:	.3		
			Percent by weight		
		d. Ash content for oils and coal (0 -10):	.2		
Note for e:			Percent by weight		
Enter the Maximum					
Fuel Rate at			0.42	1000 CALLONS	
which the unit can burn		e. Maximum hourly fuel rate for all firing burners:	.043	1000 GALLONS	
fuel (its			Amount	Units per hour	
absolute			Enter "0" if unit decommissioned	prior to this Year	of Record.
uncontrolled design		_			
capacity). Do		f. Do you have fuel or usage restrictions?	yes on - skip to q	uestion 2	
not enter the		g. DEP approval number for restrictions:	MBR-86-COM-027		
normal operation		g. BEI approval number for restrictions.	Most recent for this fuel		
rate nor any					
restricted (allowable)					
rate.		h. Annual use restriction (amount or hours):			
		For this fuel	Quantity	Units	
		i. Short term use restriction (amount or hours):			
		For this fuel	Quantity	Units	
			Per: month week	day hour	
			i oi. Li monui Li week L	day nour	
			CALITION: chock your amount or	o unite	
			CAUTION: check your amount vs 27	1000 GALLONS	
	2.	Annual usage:	a. Amount – year of record	b. Units	
		Enter "0" if not used in the year of record	9 1000 GALLONS	D. UIIIIS	
		Enter o il flot used ili tilo year of feodiu	c. Total annual usage for prior v	ear of record – eD	EP only



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

B. Fuels and Emissions (cont.)

3. Total emissions for this fuel only in tons per year:

Year of record
3
DEP EU# (old Point #)
1190564
Facility AQ identifier



Pollutant:	☐ PM10	☐ PM2.5	☐ SO2	□ NO2
Actual for previous year	0	0	0	0
eDEP only	Tons	Tons	Tons	Tons
	0.0041	0.0010	0.5751	0.3240
Actual for year of record:	Tons	Tons	Tons	Tons
Potential emissions at max	0.0565	0.0141	8.0233	4.5202
capacity uncontrolled:	Tons	Tons	Tons	Tons
Emission factor:	1	0.25	142	24
in pounds per unit:	1000 GALLONS	1000 GALLONS	1000 GALLONS	1000 GALLONS
Maximum allowed emissions –				
annual:	Tons	Tons	Tons	Tons
Maximum allowed emissions –				
short term:	Pounds	Pounds	Pounds	Pounds
Maximum allowed emissions – short term: Short term period (or MMBtu):				
Basis – DEP approval number or regulation:	MBR-86-COM-027	MBR-86-COM-027	MBR-86-COM-027	MBR-86-COM-027

Calculations: The form will automatically calculate the actual and potential emissions UNLESS you check a box to manually

enter emissions for each specific pollutant. Click the "?" icon for information to help you decide how to use this feature:

other:

			TOTAL SUSPE	NDED PARTICULATES
Pollutant:	□ co	□ voc	□ NH3	specify
Actual for previous year	0	0	0	0
eDEP only:	Tons	Tons	Tons	Tons
• • • •	0.0675			0
Actual for year of record:	Tons	Tons	Tons	Tons
Potential emissions at max	0.9417	0	0	0
capacity uncontrolled:	Tons	Tons	Tons	Tons
Emission factor:	5	0		2
in pounds per unit:	1000 GALLONS	1000 GALLONS		1000 GALLONS
Maximum allowed emissions –				
annual:	Tons	Tons	Tons	Tons
Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds
Short term period (or MMBtu):				
Basis – DEP approval number or regulation:	MBR-86-COM-027	MBR-86-COM-027	MBR-86-COM-027	MBR-86-COM-027
	Actual for previous year eDEP only: Actual for year of record: Potential emissions at max capacity uncontrolled: Emission factor: in pounds per unit: Maximum allowed emissions — annual: Maximum allowed emissions — short term: Short term period (or MMBtu): Basis — DEP approval number	Actual for previous year eDEP only: Actual for year of record: Potential emissions at max capacity uncontrolled: Emission factor: in pounds per unit: Maximum allowed emissions – annual: Maximum allowed emissions – short term: Short term period (or MMBtu): Basis – DEP approval number O Tons 0.9417 Tons 5 1000 GALLONS Tons Pounds MBR-86-COM-027	Actual for previous year eDEP only: Actual for year of record: Potential emissions at max capacity uncontrolled: In pounds per unit: Maximum allowed emissions — annual: Maximum allowed emissions — short term: Pounds Actual for previous year of record: Tons 0.0675 Tons Tons Tons 5 0 1000 GALLONS 1000 GALLONS Tons Tons Founds Pounds Pounds MBR-86-COM-027 MBR-86-COM-027	CO



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

2005

Year of record

- 5

DEP EU# (old Point #) 1190564

Facility AQ identifier



C. Notes and Attachments

 Notes: please include in the space below any additional information that will help DEP understand your submission.

2. Attachments:

Check here to submit attachments to this form (e.g., calculations) – add a note in the field above indicating what is attached. For eDEP on-line filers, this will create a new step on your Current Submittal Page where you can attach electronic files to your submittal. Please list attachments that **cannot** be sent electronically in the notes field above and deliver them to DEP with a paper copy of this form.



Emission Unit - Fuel Utilization Equipment

2005 Year of record DEP EU# (old Point #) 1190564 Facility AQ identifier

	1.	Fuel Name / Characteristics:	BOILER #1-CLEAVER BROOK Fuel name 2 DEP Fuel #	S -NOT USED- #4 OIL-0.5%S	
How does eDE handle multiple fuels?		Add a NEW fuel: Check the box if you need to add a fuel that you did not report on previously (eDEP will add a blank Sect. B form to your package).	Delete this fuel: check box if you stopped using this fuel in this unit permanently. You must still report for this year of record even if amount is "0" – the fuel will be removed from the unit in the next report cycle. 10200504 SC Code (call DEP if SC code will not validate) DIST.OIL - #4 SCC Code Description – filled by eDEP		
		 a. Source Classification Code (SCC) (see instructions): b. Type of fuel – check one: 			
			✓ no.2 ☐ no.4 [☐ diesel ☐ coal [no.6 natural gas	
		Note: The option to have eDEP calculate your emissions is not available if your fuel type is "other".	☐ jet fuel ☐ other - describe:		
		c. Sulfur content for oils and coal (0 – 2.2):	Describe "other" fuel .5 Percent by weight		
Note for e: Enter the Maximum		d. Ash content for oils and coal (0 -10):	Percent by weight		
which the unit can burn fuel (its absolute uncontrolled		e. Maximum hourly fuel rate for all firing burners:	Amount Enter "0" if unit decommissioned	Units per hour diprior to this Year of Record.	
design capacity). Do not enter the normal operation rate nor any restricted		f. Do you have fuel or usage restrictions? g. DEP approval number for restrictions:	yes no - skip to o MBR-86-COM-027 Most recent for this fuel	question 2	
(allowable) rate.		h. Annual use restriction (amount or hours): For this fuel	Quantity	Units	
		Short term use restriction (amount or hours): For this fuel	Quantity Per: month week	Units	
	2.	Annual usage: Enter "0" if not used in the year of record	8 a. Amount – year of record 0 1000 GALLONS c. Total annual usage for prior	1000 GALLONS b. Units	



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

B. Fuels and Emissions (cont.)

3. Total emissions for this fuel **only** in tons per year:

or regulation:

2005
Year of record
3
DEP EU# (old Point #)
1190564

Facility AQ identifier



	criter errissions for each specific policie	arit.			
	Pollutant:	☐ PM10	☐ PM2.5	□ SO2	□ NO2
	Actual for previous year	0	0	0	0
	eDEP only	Tons	Tons	Tons	Tons
		0.0120	0.0078	0.30	0.1880
	Actual for year of record:	Tons	Tons	Tons	Tons
	Potential emissions at max	0.5650	0.3673	14.1255	8.8520
	capacity uncontrolled:	Tons	Tons	Tons	Tons
	Emission factor:	6	3.90	150	47
	in pounds per unit:	1000 GALLONS	1000 GALLONS	1000 GALLONS	1000 GALLONS
	Maximum allowed emissions –				
<u>~</u>		Tons	Tons	Tons	Tons
lo K	Maximum allowed emissions –				
Ę	short term:	Pounds	Pounds	Pounds	Pounds
For this fuel only	Short term period (or MMBtu):	·	·	·	
ᇟ	Basis – DEP approval number	MBR-86-COM-027	MBR-86-COM-027	MBR-86-COM-027	MBR-86-COM-027

Calculations: The form will automatically calculate the actual and potential emissions UNLESS you check a box to manually

other: □ voc □ NH3 Pollutant: □ co specify 0 0 Actual for previous year Tons Tons Tons eDEP only: Tons 0.02 Actual for year of record: Tons Tons Tons Tons 0.9417 0 Potential emissions at max Tons Tons Tons capacity uncontrolled: Tons 5 Emission factor: 1000 GALLONS 1000 GALLONS in pounds per unit: Maximum allowed emissions annual: Tons Tons Tons Tons For this fuel only Maximum allowed emissions -Pounds Pounds Pounds short term: **Pounds** Short term period (or MMBtu): MBR-86-COM-027 MBR-86-COM-027 MBR-86-COM-027 MBR-86-COM-027 Basis - DEP approval number or regulation:



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

2005
Year of record
3
DEP EU# (old Point #)
1190564
Facility AQ identifier

D. Total Emissions for Emissions Unit (cont.)

1. Total Emissions for this emissions unit in tons per year:

Calculations: This form calculates this unit's total actual and maximum potential emissions (if you have correctly provided all of the emissions for each fuel in Section B). Return to Sect. B if you need to correct those numbers.

	Pollutant:	PM10	PM2.5	SO2	NO2	СО
	Actual for previous year:	0	0	0	0	0
	riotaario: providad year.	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	0.0161	0.0088	0.8751	0.5120	0.0875
	Actual for year of record.	Tons	Tons	Tons	Tons	Tons
	Potential emissions at	0.5650	0.3673	14.1255	8.8520	0.9417
	maximum capacity:	Tons	Tons	Tons	Tons	Tons
	Max allowed emissions –					
none)	annual:	Tons	Tons	Tons	Tons	Tons
<u>_</u>	Max allowed emissions -					
ξ	short term:	Pounds	Pounds	Pounds	Pounds	Pounds
unit or e blank	Short term period:					
(leave	Basis – DEP approval number or regulation:	MBR-86-COM-	MBR-86-COM	MBR-86-COM-		

VOC NH3 Pollutant: 0 Actual for previous year: Tons Tons **Actual** for year of record: Tons Tons Potential emissions at Tons Tons maximum capacity: Max allowed emissions -Limits for the entire (leave blank if none) annual: Tons Tons Max allowed emissions unit only Pounds short term: **Pounds** Short term period: Basis - DEP approval number or regulation:

2. Ozone season emissions – May 1 through September 30:

0	0
a. Typical day VOC emissions – pounds per day	b. Typical day NOx emissions – pounds per day
check to enter your own values	check to enter your own values

NOTE: The form has estimated the emissions for you. However, you may enter your own values by checking the boxes above.



Massachusetts Department of Environmental Protection Bureau of Waste Prevention – Air Quality

BWP AQ AP-1

2005 Year of record DEP EU# (old Point #) 1190564

lm W ou







	En	nission Unit – Fuel Utilization Equipment	Facility AQ identifier				
Important: When filling out forms on	A.	Equipment Description					
the computer, use only the	1.	Facility identifiers:					
tab key to move your		CLEAN HARBORS OF BRAINTREE					
cursor - do not use the return		a. Facility name 34839	1190564				
key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number				
tab	2.	Emission unit identifiers:					
		BOILER #2-HURST #30 1.004 MMBTU/HR #2 OII	L-0.3%S				
return		a. Facility's choice of emission unit name – edit as needed	2				
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # – old point #				
		d. ORIS ID # - for large electrical utilities only	e. Combined Units – enter number of individual units				
	3.	DEP approvals – leave blank if not applicable:					
		a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)				
	4.	Is this unit exempt under 310 CMR 7.02 Plan Approvals? ☐ yes 🗹 no					
	5.	If exempt from Plan Approval, indicate reason why ((e.g., cite a specific DEP regulation):				
How to delete a unit?		Reason for exemption					
	6.	Emission unit installation date and decommission date	ate:				
(click ?-icon)		5/1/2003					
	_	a. Installation date – estimate if unknown (mm/dd/yyyy)	 b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shutdown permanently or 				
3	7.	Emission unit replacement:	replaced since the last report.				
		a. Is this unit replacing another emission unit?					
		✓ no	nber and name for the unit being replaced below:				
		b. DEP's emission unit number and facility unit name					
	8.	Additional state reporting requirements:					
		a. Are there other routine air quality reporting requir	ements for this emissions unit?				
		yes - specify reporting frequency below	✓ no – skip to question 8c				
		b. Reporting frequency - check all that apply:					
		☐ 1. Monthly ☐ 2. Quarterly ☐ 3. Semi-annua	ıl ☐ 4. Annual ☐ 5. RES				
		(include Operating Permit and Plan Approval reports, but not exc	eedance reporting)				
		c. Is this unit subject to (check all that apply):					
		☐ NESHAP ☐ NSPS ☐ MACT					



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

2005
Year of record
2
DEP EU# (old Point #)
1190564
Facility AQ identifier

?
How to report
on combined
units?

	9.	Equipmen	ıt:						
How to report on combined		а. Туре							
ınits?		✓ boiler	☐ furnace	engine	other:				
		_				Describe "other" eq	uipment ty	уре	
		HURST				4VT-50BHP			
		b. Manufact	turer			c. Model number			
2		d Maximus	t rating MMBtu/hr	(antar "O" if no	t applicable)	e. Number of burne	ra (antar "	(O" if not applicable)	
What to do		u. Max Input	rating MiMbtu/ni	(enter o ii no	(2)	e. Number of burne	rs (enter	o ii not applicable)	
f data Inknown or		f. Type of	burner – chec	k one:	rotary	mech. atomi	zer	steam atomizer	
not available?					✓ air atomizer	r 🔲 traveling gra	te	☐ hand fired	
					other:				
					<u> </u>	"other" burner type			
		FULTON				30			
		g. Burner ma 5/1/2003	anufacturer			h. Burner model nur	nber		
			tallation date (mn	n/dd/vvvv)					
			(, , , , ,					
	10.	Hours of o	operation for th	ne emission	unit: a. □ d	check if continuou	sly oper	ated – 24 x 7 x 52	
6		24			7		0		
U		b. Number o	of hours per day		c. Number of days p	er week	d. Num	ber of weeks per year	
		e. Percen	t of total annua	al operation	that occurs in e	ach calendar qua	rter:		
		22	48	11	0	Sum of Q1+Q2+Q3		- 1000/	
		Q1	Q2	Q3	Q4			rated for any quarter	
	4.4				Mar Adhar ab	0 1 1 00			
	11.		ason operation	n schedule -	May 1 through	September 30:			
		10			1		0		
		a. Ozone se	ason hours per da	ay	b. Ozone season da	lys per week	c. Week	s operated in ozone season	
	4.0								
	12.	Emission	release point -	- select one	e:	gines click here for ins	structions:		
		Non-Sta	ack Release Po	oints:		Physical Stacks:			
		☐ fugiti	ive □ ho	rizontal ven	nt l	vertical stack			
				wnward fac	ing vent	vertical with ra	in cap/s	leeve	
		☐ vertion	cal stack/vent l	less than 10	Oft				
		If Non-Sta	ack release point,	skip to questio	n 14.				
	13					c from the list belo	ow:		

2 STACK #2- BOILER #2- HURST #30- #2 OIL 0.3%S Facility's stack identifier from STACK form – to change stack name use STACK form

If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before completing to this form.



Bureau of Waste Prevention – Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

2005
Year of record
2
DEP EU# (old Point #)
1190564

Facility AQ identifier

?	14. Is there a pollution control device	ce on this emissions unit?	Check here if you need to report more than 3 air pollution control devices on
How to delete a control ?	yes – answer a through i	✓ no – skip to question 15	this unit. eDEP will add another page of control devices after this form.
	Air pollution control device 1	Air pollution control device 2	Air pollution control device 3
	а. Туре	Туре	Туре
Do not eave blank –	b. Manufacturer	Manufacturer	Manufacturer
f unknown write unknown' or estimate	c. Model number	Model number	Model number
	d. Facility's ID for this device	Facility's ID for this device	Facility's ID for this device
	e. Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)
^	EXEMPT	EXEMPT	EXEMPT
Leave f, g, h	f. DEP approval # (most recent)	DEP approval # (most recent)	DEP approval # (most recent)
applicable.	g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)

i. Percent overall efficiency - enter for all pollutants that the device was designed to control: PM 10 % Overall eff. % Overall eff. % Overall eff. PM 2.5 % Overall eff. % Overall eff. % Overall eff. SO₂ % Overall eff. % Overall eff. % Overall eff. CO % Overall eff. % Overall eff. % Overall eff. VOC % Overall eff. % Overall eff. % Overall eff. NO₂ % Overall eff. % Overall eff. % Overall eff. NH3 % Overall eff. % Overall eff. % Overall eff. HOC % Overall eff. % Overall eff. % Overall eff. HYC % Overall eff. % Overall eff. % Overall eff. Hg % Overall eff. % Overall eff. % Overall eff. Pb % Overall eff. % Overall eff. % Overall eff. Other % Overall eff. % Overall eff. % Overall eff. Specify "Other" Specify "Other" Specify "Other"



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

٠	Year of record
	2
	DEP EU# (old Point #)
	1190564
	Facility AQ identifier

2005

15.	Is there	monitoring	equipment	on this	unit	or its	related	control	devices?
-----	----------	------------	-----------	---------	------	--------	---------	---------	----------

How to delete a monitor?	yes – answer a t	hrough I 🗹 no – skip to s	ection B	
		Monitor 1	Monitor 2	Monitor 3
	a. Monitor type:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:
Do not leave blank – if unknown write 'unknown' or optimate	b. Manufacturer:	Describe "other"	Describe "other"	Describe "other"
estimate	c. Model number:			
	d. Monitor ID #:	Facility's Designation	Facility's Designation	Facility's Designation
	e. Installation date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	f. DEP approval #:	EXEMPT	EXEMPT	EXEMPT
Leave f, g, h blank if not	g. DEP approval date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
applicable.	h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder ?	yes no	yes no	yes no
	j. Audible alarm ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
•	k. Data system ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	I. Monitored pollutants (check all that apply):	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:

Describe "other"

Describe "other"

Describe "other"



Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-1

Emission Unit – Fuel Utilization Equipment

2005 Year of record DEP EU# (old Point #) 1190564 Facility AQ identifier

B. Fuels and Emissions

	1.	Fuel Name / Characteristics:	BOILER #2-HURST #30 #2 OIL-0.3%
	١.		Fuel name
		Number of fuels for this unit (previous records): 1	1
How does eDEF nandle multiple uels?			DEP Fuel #
		Add a NEW fuel: Check the box if you need to add a fuel that you did not report on previously (eDEP will add a blank Sect. B form to your package).	Delete this fuel: check box if you stopped using this fuel in this unit permanently. You must still report for this year of record even if amount is "0" – the fuel will be removed from the unit in the next report cycle.
		When to NOT check this box ?	be femoved from the drift in the flext report byole.
		a Source Classification Code (SCC)	10200501
		a. Source Classification Code (SCC) (see instructions):	SC Code (call DEP if SC code will not validate)
		(See instructions).	DIST.OIL- #1 OR #2 OIL
			SCC Code Description – filled by eDEP
		b. Type of fuel – check one:	
		b. Type of fuel officer office.	✓ no.2 □ no.4 □ no.6
			☐ diesel ☐ coal ☐ natural gas
		Note: The option to have eDEP calculate your emissions is not available if your fuel type is "other".	The first of the state of the s
			☐ jet fuel ☐ other - describe:
			Describe "other" fuel
		c. Sulfur content for oils and coal $(0 - 2.2)$:	.3
			Percent by weight
Nata fama		d. Ash content for oils and coal (0 -10):	O Paragraph by waight
Note for e: Enter the			Percent by weight
Maximum			
Fuel Rate at which the		e. Maximum hourly fuel rate for all firing burners:	.011 1000 GALLONS
unit can burn		c. Maximum flourly fuel rate for all filling bufflers.	Amount Units per hour
fuel (its			Enter "0" if unit decommissioned prior to this Year of Record.
absolute uncontrolled			Enter of it drift decertification of the trial four of records.
design		f Da var have feel an var an matriation of	
capacity). Do not enter the		f. Do you have fuel or usage restrictions?	yes volume of yes yes volume of yes volume yes
normal		g. DEP approval number for restrictions:	EXEMPT
operation			Most recent for this fuel
rate nor any restricted			
(allowable)			
rate.		h. Annual use restriction (amount or hours): For this fuel	Over 18th
			Quantity Units
		 Short term use restriction (amount or hours): For this fuel 	Quantity Units
		Tot this two	Quantity
			Per: month week day hour
			CAUTION: check your amount vs.units
	2	Annual usage:	40 1000 GALLONS
	۷.	· ·	a. Amount – year of record b. Units
		Enter "0" if not used in the year of record	38 1000 GALLONS
			c. Total annual usage for prior year of record – eDEP only



Bureau of Waste Prevention - Air Quality

Emission Unit - Fuel Utilization Equipment

B. Fuels and Emissions (cont.)

3. Total emissions for this fuel **only** in tons per year:

Pollutant:

eDEP only:

Actual for previous year

Actual for year of record:

capacity uncontrolled:

Emission factor:

annual:

short term:

or regulation:

in pounds per unit:

Potential emissions at max

Maximum allowed emissions -

Maximum allowed emissions -

Short term period (or MMBtu):

Basis - DEP approval number

□ co

Tons

0.10

Tons

Tons

Tons

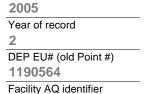
Pounds

EXEMPT

5

0.2409

1000 GALLONS





Part 75 Requirements

☐ NO2 Pollutant: ☐ PM10 ☐ PM2.5 ☐ SO2 0 0 Actual for previous year Tons Tons Tons Tons eDEP only: 0.0060 0.0015 0.8520 0.48 ctual for year of record: Tons Tons Tons Tons 0.0145 0.0036 2.0525 1.1563 otential emissions at max Tons capacity uncontrolled: Tons Tons Tons 0.25 142 24 Emission factor: 1000 GALLONS 1000 GALLONS 1000 GALLONS 1000 GALLONS in pounds per unit: Maximum allowed emissions – Tons annual: Tons Tons Tons For this fuel only Maximum allowed emissions short term: **Pounds Pounds** Pounds Pounds Short term period (or MMBtu): **EXEMPT EXEMPT EXEMPT EXEMPT** Basis - DEP approval number or regulation:

□ voc

0

Calculations: The form will automatically calculate the actual and potential emissions UNLESS you check a box to manually

enter emissions for each specific pollutant. Click the "?" icon for information to help you decide how to use this feature:

specify 0 Tons 0 Tons 0 Tons

TOTAL SUSPENDED PARTICULATES

other:

Tons Tons Tons Tons 0 Tons Tons 0 2 1000 GALLONS 1000 GALLONS Tons Tons Tons **Pounds** Pounds Pounds **EXEMPT EXEMPT EXEMPT**

☐ NH3

0

For this fuel only



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

B.	Fuels and	d Emissions	(cont)
D.	i ucis aii		(COI IL. <i>)</i>

2005
Year of record
2
DEP EU# (old Point #)
1190564
Facility AQ identifier

Ozone season emissions – May 1 through Se	
0	0
a. Typical day VOC emissions – pounds per day	b. Typical day NOx emissions –pounds per day
check to enter your own values	check to enter your own values

C. Notes and Attachments

1. **Notes**: please include in the space below any additional information that will help DEP understand your submission.

2. Attachments:

Check here to submit attachments to this form (e.g., calculations) – add a note in the field above
indicating what is attached. For eDEP on-line filers, this will create a new step on your Current
Submittal Page where you can attach electronic files to your submittal. Please list attachments
that cannot be sent electronically in the notes field above and deliver them to DEP with a paper
copy of this form.

Bureau of Waste Prevention - Air Quality

Emission Unit - Process Description

2005 Year of record 66 DEP EU# (old Point #) 1190564

Facility AQ identifier

Important: When filling out forms on the computer, use only the tab key to move your use the return key.







A.	Emission	Unit –	Process	Description
----	-----------------	--------	----------------	--------------------

CLEAN	HARBORS	OF E	BRAINTREE

a. Facility name

1. Facility identifiers:

34839

b. DEP Account number

1190564

c. Facility AQ identifier - SSEIS ID number

Emission unit identifiers:



MERCURY POUR-OFF

a. Facility's choice of emission unit name - edit as needed

b. Facility's emission unit number / code - edit as needed

66

c. DEP emissions unit # (old SSEIS Point #)

d. Combined Units - enter number of individual units



3. DEP approvals – leave blank if not applicable

MBR-87-IND-191

a. Most recent approval number



b. DEP approval date (mm/dd/yyyy)

4. Is this unit exempt under 310 CMR 7.02 Plan Approvals? yes ✓ no

5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation):

Reason for exemption



6. Equipment manufacturer and model number and type:

VARIOUS

VARIOUS

a. Manufacturer

b. Model number

VARIOUS

c. Equipment Type

How to delete a unit? (click ?-icon)

Emission unit installation and decommission dates:

a. Installation date - estimate if unknown (mm/dd/yyyy)

1/1/2005

b. Decommission date (mm/dd/yyyy) - if applicable

Complete only if the unit was shut down permanently or replaced since the last report.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2005
Year of record
66
DEP EU# (old Point #)
1190564
Facility AO identifier

8.	Emission unit	replacement:	:		
	a. Is this unit r	eplacing ano	ther emission unit?		
	☑ no] yes – enter	DEP's emissions	unit number for the ι	unit being replaced below:
	DEP's emission	unit number and	I facility unit name		
9.	Additional stat	te reporting re	equirements:		
			ir quality reporting re	equirements for this no – skip t	
	Monthly (include Operation	Quarterly		☐ Annual ☐ RES	
	□ NESHAP	`			
10	-				ously operated – 24 x 7 x 52
	0		(1)		
	b. Number of hou	rs per day	c. Number of c	lays per week	d. Number of weeks per year
		-		lays per week in each calendar qu	
	e. Percent of t	otal annual o	peration that occurs	in each calendar qu	
11	e. Percent of t	otal annual o	peration that occurs	Sum of Q1+Q2+C (or 0% if the unit	uarter:
11	e. Percent of to Q1 Q1 Q1	otal annual o	peration that occurs 0 0 Q4 May 1 through Sept	Sum of Q1+Q2+C (or 0% if the unit tember 30:	uarter: Q3+Q4 must = 100% was not operated for any quarter)
11	e. Percent of to Q1 Q1 Q1	otal annual o	peration that occurs 0 0 Q4 May 1 through Sept	Sum of Q1+Q2+C (or 0% if the unit tember 30:	uarter:
	e. Percent of to Q1 Q1 Q1	n schedule –	peration that occurs O Q Q3 Q4 May 1 through Sept O b. Ozone seaso	Sum of Q1+Q2+C (or 0% if the unit tember 30:	uarter: Q3+Q4 must = 100% was not operated for any quarter)
	e. Percent of t O Q1 Ozone season O a. Ozone season	n schedule –	peration that occurs O Q Q3 May 1 through Sept O D D. Ozone seaso	Sum of Q1+Q2+C (or 0% if the unit tember 30:	uarter: Q3+Q4 must = 100% was not operated for any quarter) O c. Weeks operated in ozone season
	e. Percent of t O Q1 Ozone season a. Ozone season C. Emission relea Non-Stack F Gugitive Goosened	n schedule – hours per day ase point – s Release Point horizo	peration that occurs O Q4 May 1 through Sept O D. Ozone seaso elect one: s: ontal vent ward facing vent	Sum of Q1+Q2+C (or 0% if the unit) rember 30: on days per week Physical Stacks Vertical stacks	uarter: Q3+Q4 must = 100% was not operated for any quarter) O c. Weeks operated in ozone season :
12	e. Percent of t O Q1 Ozone season a. Ozone season C. Emission relea Non-Stack F Gugitive Goosened Vertical st	n schedule – hours per day ase point – s Release Point	peration that occurs O Q4 May 1 through Sept O D. Ozone seaso elect one: s: ontal vent ward facing vent s than 10ft to question 14.	Sum of Q1+Q2+C (or 0% if the unit) ember 30: on days per week Physical Stacks vertical stack vertical with	uarter: Q3+Q4 must = 100% was not operated for any quarter) O c. Weeks operated in ozone season : crain cap/sleeve
12	e. Percent of t O Q1 Ozone season O a. Ozone season P. Emission relea Non-Stack F Gugitive Goosened vertical signs of Non-Stack re If Non-Stack re Link this unit to	ase point — s Release Point horizock down tack/vent less lease point, skip o a physical s	peration that occurs O Q4 May 1 through Sept O D. Ozone seaso elect one: elect one: ontal vent ward facing vent s than 10ft to question 14. stack (if applicable) -	Sum of Q1+Q2+C (or 0% if the unit) rember 30: on days per week Physical Stacks Vertical stacks	uarter: Q3+Q4 must = 100% was not operated for any quarter) O c. Weeks operated in ozone season : crain cap/sleeve
12	e. Percent of to O Q1 Ozone season a. Ozone season E. Emission releat Non-Stack F Gosened Vertical stack re Link this unit to 11 CUT OFF RO	ase point – s Release Point hours per day ase point – s Release Point horizo ck down tack/vent less lease point, skip o a physical s	peration that occurs O Q4 May 1 through Sept O D. Ozone seaso elect one: s: ontal vent ward facing vent s than 10ft to question 14. stack (if applicable) -	Sum of Q1+Q2+C (or 0% if the unit) ember 30: on days per week Physical Stacks vertical stack vertical with	uarter: Q3+Q4 must = 100% was not operated for any quarter) O c. Weeks operated in ozone season : crain cap/sleeve elow:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit - Process Description

2005
Year of record
66
DEP EU# (old Point #)
1190564
Encility AO identifier

?	yes – answer a	through I v linis emission	p to Question 15	devices ?
How to delete monitor	a	Monitor 1	Monitor 2	Monitor 3
(a. Monitor type:	check only one:	check only one:	check only one:
Do not leave blank – if unknown write		☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:	☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:	☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:
' unknown' or estimate		Describe " other"	Describe " other"	Describe " other"
	b. Manufacturer:			
	c. Model #:			
	d. Monitor ID #:			
	- Installation data:	Facility's Designation	Facility's Designation	Facility's Designation
(e. Installation date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	f. DEP approval #:			
Leave f, g, h	g. DEP approval date:			
applicable.	h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
((mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	j. Audible alarm ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
?	k. Data system ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	I. Monitored pollutants - check all that apply:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:
		Describe offici	Describe offici	Describe " other"

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit - Process Description

Year of record
66
DEP EU# (old Point #)
1190564
Facility AQ identifier

2	15.	Are there air pollution control de	evices on this emissions unit?	Check here if you need to report more than 3 air pollution control devices on
How to delete a control		☐ yes – answer a through i	✓ no – skip to Section B	this unit. eDEP will add another page of control devices after this form.
		Air pollution control device 1	Air pollution control device 2	Air pollution control device 3
		a. Type	Туре	Туре
Do not leave blank –		b. Manufacturer	Manufacturer	Manufacturer
if unknown write ' unknown' of		C. Model number	Model number	Model number
estimate		d. Facility's ID for this device	Facility's ID for this device	Facility's ID for this device
<u> </u>	?	e. Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)
Leave f, g, h		f. DEP approval # (most recent)	DEP approval # (most recent)	DEP approval # (most recent)
blank if not applicable.		g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
		h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)
	?	i. Percent overall efficiency - er	nter for all pdlutants that the device	was designed to control:
PM 10		% Overall eff.	% Overall eff.	% Overall eff.
PM 2.5	i			
SO2		% Overall eff.	% Overall eff.	% Overall eff.
		% Overall eff.	% Overall eff.	% Overall eff.
CO		% Overall eff.	% Overall eff.	% Overall eff.
VOC	:	% Overall eff.	% Overall eff.	% Overall eff.
NO2		% Overall eff.	% Overall eff.	% Overall eff.
NH3		76 Overall ell.	% Overall ell.	76 Overall ell.
HOC		% Overall eff.	% Overall eff.	% Overall eff.
		% Overall eff.	% Overall eff.	% Overall eff.
HYC		% Overall eff.	% Overall eff.	% Overall eff.
Hg		% Overall eff.	% Overall eff.	% Overall eff.
Pb)	% Overall eff.	% Overall eff.	% Overall eff.
Other				
		% Overall eff.	% Overall eff.	% Overall eff.
		Specify " Other"	Specify " Other"	Specify " Other"

Massachusetts Department of Environmental Protection Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2005
Year of record
66
DEP EU# (old Point #)
1190564
Facility AO identifier

B. Emissions for Raw Materials/Finished Products

		Add a NEW material / product: Check the box if you need to add a material or product that you did not report on previously (eDEP will add a blank Sect. B form to your package).	unit permanently. You mu	l or making this product in this st still report data for this year " 0" – the material / product
	1.	Operation description:	NONE	
?		a. Raw material or finished product name: Number of segments for this unit (previous records): 1		
ow does eDEF andle multiple		b. Is material/product an input or output?	✓ input □ output	1 DEP #
aw materials or nished roducts ?	•	c. Process description:	MERCURY POUR-OFF- 2005-	-NOT USED
		d. Source Classification Code (SCC): (see instructions)	30199999 SC Code (call DEP if SC Code CHEMICAL MFG NOT	will not validate) Γ CLASSIFIED
?		e. Maximum process rate for material/product:	SCC Description – filled by eDE O Amount	TONS Units per hour
ote: efinition of laximum		f. If organic material, give weight % of:	VOC	HOC
rocess rate		g. Total actual raw material used or finished product produced for year of record:	HYC 0 Amount	TONS Units
		Enter " 0" if not used in the year of record	Prior year – eDEP only	TONS Units prior year
(?	h. Do you have raw material or finished product restrictions?	☐ yes no – skip	to question 1.I
(?	i. DEP approval number for restrictions:	Most recent approval number for	or this material or product
		j. Short term raw material/finished product restriction – if none, leave blank:	Quantity (amount or hours)	Units
			Per:	k
		k. Annual material/product restrictionif none, leave blank:	Quantity (amount or hours)	Units
		I. Indicate which air pollution control devices from Section A, Question 15 control this	Device ID #	Device ID #
		material/product by listing the facility- designated control device ID # for each unit	Device ID #	Device ID #
		that applies:	Device ID #	Device ID #
		How to make a new air pollution control device appear in these drop menus?	check here if ALL air pollu unit apply to this material/p	
		09/19/05	BWP AQ AP-2 Emission Unit -	Process Description • Page 5

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit - Process Description

2005 Year of record

66 DEP EU# (old Point #)

1190564 Facility AQ identifier

B. Emissions for Raw Materials/Finished Products (cont.)

2. Total emissions for this material/product – tons per year:

?	2. Total emissions for this	materiai/product	: – tons per year	•		
Important: Leaving blanks for	Pollutant	PM10	PM2.5	SO2	NO2	СО
Actual and Potential	Actual for previous year	0	0	0	0	0
emissions means that you are certifying that	eDEP only:	Tons	Tons	Tons	Tons	Tons
there were less than 0.0001 (or zero) tons	Actual for year of record:	Tons	Tons	Tons	Tons	Tons
of emissions for each	Potential emissions at maximum	0	0	0	0	0
blank.	capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Emission factor:	0	0	0	0	0
	In pounds per unit::	TONS	TONS	TONS	TONS	TONS
o (9	Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
nly nly	May allowed short terms					
this material product only	Max allowed — short term:	Pounds	Pounds	Pounds	Pounds	Pounds
his r odu	Short term period:					
For this material or product of	Basis: DEP approval number or regulation:	MBR-87-IND-	MBR-87-IND-	MBR-87-IND-	MBR-87-IND-	MBR-87-IND-
						Other:
Important:						
Reporting now required for	Pollutant	VOC	нос	*Reserved*	NH3	specify
t-Butyl Acetate	Actual for previous year	0			0	,,,,,,
	eDEP only:	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	Tons	Tons	Tons	Tons	Tons
	Potential emissions at maximum	0	. 5.1.6	. 5.1.6	0	. 5.1.6
	capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Emission factor:	0				
	In pounds per unit:	TONS				
L -	Max allowed – annual:					
al o		Tons	Tons	Tons	Tons	Tons
this material or roduct only	Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
his rr roduc	Short term period:					

MBR-87-IND-

MBR-87-IND-

Basis - DEP approval number or regulation:

check to enter your own values

MBR-87-IND

MBR-87-IND-

MBR-87-IND-

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2005
Year of record
DEP EU# (old Point #) 1190564
Facility AQ identifier

? 3.	Ozone season emissions – May 1 through September 30:					
	0	0				
	a. Typical ozone day VOC emissions – pounds per day	b. Typical ozone day NOx emissions – pounds per day				
	check to enter your own values	check to enter your own values				
	NOTE : The form has estimated the emissions for you. However, you may enter your own values by checking the boxes above for VOC and NOx.					

C. Notes and Attachments

1. **Notes**: please include in the space below any additional information that will help DEP understand your submission.

ONE TIME EVENT PERFORMED BY FIELD SERVICES IN 1995 - HAS NEVER BEEN REPEATED - NOT PART OF ROUTINE OPERATIONS.

☐ Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments below and deliver them to DEP with a paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

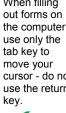
Emission Unit – Process Description

2005 Year of record 65 DEP EU# (old Point #)

1190564

Facility AQ identifier

Important: When filling the computer, cursor - do not use the return







CLEAN HARBORS OF BRAINTREE				
a. Facility name				
34839	1190564			
b. DEP Account number	c. Facility AQ identifier – SSEIS ID number			

Emission unit identifiers:

1. Facility identifiers:



DAINT		POUR-OFF 4	CDUCUING
PAINI	U.AN	PUUR-UFF 4	- (.KU.SHING

a. Facility's choice of emission unit name - edit as needed

65

b. Facility's emission unit number / code - edit as needed

65

c. DEP emissions unit # (old SSEIS Point #)

d. Combined Units - enter number of individual units

3. DEP approvals – leave blank if not applicable

MBR-87-IND-191

a. Most recent approval number



b. DEP approval date (mm/dd/yyyy)

4. Is this unit exempt under 310 CMR 7.02 Plan Approvals? yes ✓ no

5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation):

Reason for exemption



6. Equipment manufacturer and model number and type:

ΔΡΡΙ	ETON	
~: · ·	_ 1 \ \ 0 1 \ 1	

a. Manufacturer

500

b. Model number

PAINT CAN CRUSHER

c. Equipment Type



Emission unit installation and decommission dates:

8/1/1995

a. Installation date - estimate if unknown (mm/dd/yyyy)

b. Decommission date (mm/dd/yyyy) - if applicable

Complete only if the unit was shut down permanently or replaced since the last report.

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2005
ear of record
55
EP EU# (old Point #)
190564
acility AQ identifier

8.	Emission unit replace	ement:					
	a. Is this unit replacir	ng another en	nission unit?				
	v no yes −	- enter DEP'	s emissions (unit number for the	unit being replaced below:		
	-						
	DEP's emission unit number and facility unit name						
9.	Additional state reporting requirements:						
	a. Are there other rou	utine air quali	ty reporting re	equirements for this	emissions unit?		
	☐ yes – specify rep	orting freque	ncy below	no − skip	to question 9c		
	b. Reporting frequen	ıcy – check a	ill that apply:				
	☐ Monthly ☐ Qua	arterly 🔲 Se	emi-annual	☐ Annual ☐ RES	3		
	(include Operating Permi	it and Plan Appro	oval reports, but r	not exceedance reporting	g)		
	c. Is this unit subject	t to (check all	that apply):				
	☐ NESHAP ☐ NS	PS 🗌 N	ЛАСТ				
10.	. Hours of operation fo	or the emission	on unit: a.	check if continue	ously operated – 24 x 7 x 52		
10.	0		0		0		
10.	b. Number of hours per da	ay	o. Number of d	ays per week	d. Number of weeks per year		
10	0	ay	o. Number of d	ays per week in each calendar qu	d. Number of weeks per year		
10	b. Number of hours per da	ay	o. Number of d	ays per week in each calendar qu	d. Number of weeks per year		
?	b. Number of hours per date. e. Percent of total and to	ay Inual operatio <mark>0</mark> Q3	c. Number of don that occurs Q Q4	ays per week in each calendar qu Sum of Q1+Q2+ (or 0% if the unit	d. Number of weeks per year uarter: Q3+Q4 must = 100%		
?	b. Number of hours per date. Percent of total and Q1 Q2 Ozone season scheduler.	ay Inual operatio <mark>0</mark> Q3	c. Number of don that occurs Q Q4	ays per week in each calendar qu Sum of Q1+Q2+ (or 0% if the unit	d. Number of weeks per year uarter: Q3+Q4 must = 100% was not operated for any quarter)		
?	b. Number of hours per date. e. Percent of total and to	ay inual operatio <u>0</u> Q3 dule – May 1	on that occurs OQ4 through Sept	ays per week in each calendar qu Sum of Q1+Q2+ (or 0% if the unit	d. Number of weeks per year uarter: Q3+Q4 must = 100%		
?	b. Number of hours per date. Percent of total and Q1 Q2 Q2 Ozone season scheoo	ay inual operatio <u>0</u> Q3 dule – May 1	on that occurs OQ4 through Sept	ays per week in each calendar qu Sum of Q1+Q2+ (or 0% if the unit) ember 30:	d. Number of weeks per year uarter: Q3+Q4 must = 100% was not operated for any quarter)		
11.	b. Number of hours per date. e. Percent of total and to	ay Inual operatio O Q3 dule – May 1 er day	on that occurs Q4 through September 100 D	ays per week in each calendar qu Sum of Q1+Q2+ (or 0% if the unit) ember 30:	d. Number of weeks per year uarter: Q3+Q4 must = 100% was not operated for any quarter)		
11.	b. Number of hours per date. Percent of total and Q1 Q2 Q2 Ozone season scheoo	ay Inual operatio O Q3 dule – May 1 er day	on that occurs OQ4 through Sept O D D D D D D D D D D D D	ays per week in each calendar qu Sum of Q1+Q2+ (or 0% if the unit) ember 30:	d. Number of weeks per year uarter: Q3+Q4 must = 100% was not operated for any quarter)		
11.	b. Number of hours per date. e. Percent of total and to	ay Inual operation O Q3 dule – May 1 er day int – select o	on that occurs Q4 through September 100 D	ays per week in each calendar qu Sum of Q1+Q2+ (or 0% if the unit) ember 30:	d. Number of weeks per year uarter: Q3+Q4 must = 100% was not operated for any quarter) O c. Weeks operated in ozone season		
11.	b. Number of hours per date. Percent of total and Q1 Q2 Ozone season scheological Q2 Description of total and Q2 Q2 Ozone season scheological Q2 Emission release points of the property o	ay Inual operation O Q3 dule – May 1 er day int – select of exponents: horizontal ve	on that occurs OQ4 through Seption b. Ozone season ne:	ays per week in each calendar question of Q1+Q2+ (or 0% if the unit) ember 30: on days per week Physical Stacks Vertical stacks	d. Number of weeks per year uarter: Q3+Q4 must = 100% was not operated for any quarter) O c. Weeks operated in ozone season s: k		
11.	b. Number of hours per date. Percent of total and total	inual operation organication Q3 dule – May 1 er day int – select organication e Points: horizontal ver downward far	on that occurs Oquitarian Appendix App	ays per week in each calendar question of Q1+Q2+ (or 0% if the unit) ember 30: on days per week Physical Stacks Vertical stacks	d. Number of weeks per year uarter: Q3+Q4 must = 100% was not operated for any quarter) O c. Weeks operated in ozone season		
11.	b. Number of hours per date. Percent of total and total	inual operation organic Q3 dule – May 1 er day int – select organic e Points: horizontal ver downward far ent less than from	on that occurs on that occurs Q4 through Sept b. Ozone seaso ent acing vent 10ft	ays per week in each calendar question of Q1+Q2+ (or 0% if the unit) ember 30: on days per week Physical Stacks Vertical stacks	d. Number of weeks per year uarter: Q3+Q4 must = 100% was not operated for any quarter) O c. Weeks operated in ozone season s: k		
11.	b. Number of hours per date. Percent of total and total	inual operation O Q3 dule – May 1 er day int – select or e Points: horizontal ver downward far ent less than or oint, skip to quest	on that occurs OQ4 through Sept b. Ozone seaso ne: ?	ays per week in each calendar question of Q1+Q2+ (or 0% if the unit) ember 30: on days per week Physical Stacks vertical stacks vertical with	d. Number of weeks per year uarter: Q3+Q4 must = 100% was not operated for any quarter) O c. Weeks operated in ozone season s: k rain cap/sleeve		
11.	b. Number of hours per date. Percent of total and total	inual operation organical operation Q3 dule – May 1 er day int – select organical vertice downward far ent less than organic, skip to quest vsical stack (if	on that occurs on that occurs	ays per week in each calendar question of Q1+Q2+ (or 0% if the unit) ember 30: on days per week Physical Stacks vertical stact vertical with	d. Number of weeks per year uarter: Q3+Q4 must = 100% was not operated for any quarter) O c. Weeks operated in ozone season s: k rain cap/sleeve		

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit - Process Description

2005
Year of record
65
DEP EU# (old Point #)
1190564
Facility AQ identifier

?	yes – answer a	through I v linis emission	p to Question 15	devices ?
How to delete monitor	a	Monitor 1	Monitor 2	Monitor 3
(a. Monitor type:	check only one:	check only one:	check only one:
Do not leave blank – if unknown write		☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:	☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:	☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:
' unknown' or estimate		Describe " other"	Describe " other"	Describe " other"
	b. Manufacturer:			
	c. Model #:			
	d. Monitor ID #:			
	- Installation data:	Facility's Designation	Facility's Designation	Facility's Designation
(e. Installation date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	f. DEP approval #:			
Leave f, g, h	g. DEP approval date:			
applicable.	h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
((mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	j. Audible alarm ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
?	k. Data system ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	I. Monitored pollutants - check all that apply:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:
		Describe offici	Describe offici	Describe " other"

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit - Process Description

Year of record
65
DEP EU# (old Point #)
1190564
Facility AQ identifier

2	15.	Are there air pollution control de	evices on this emissions unit?	Check here if you need to report more than 3 air pollution control devices on
How to delete a control		☐ yes – answer a through i	✓ no – skip to Section B	this unit. eDEP will add another page of control devices after this form.
		Air pollution control device 1	Air pollution control device 2	Air pollution control device 3
		a. Type	Туре	Туре
Do not leave blank –		b. Manufacturer	Manufacturer	Manufacturer
if unknown write ' unknown' of		C. Model number	Model number	Model number
estimate		d. Facility's ID for this device	Facility's ID for this device	Facility's ID for this device
<u> </u>	?	e. Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)
Leave f, g, h		f. DEP approval # (most recent)	DEP approval # (most recent)	DEP approval # (most recent)
blank if not applicable.		g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
		h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)
	?	i. Percent overall efficiency - er	nter for all pdlutants that the device	was designed to control:
PM 10		% Overall eff.	% Overall eff.	% Overall eff.
PM 2.5	i			
SO2		% Overall eff.	% Overall eff.	% Overall eff.
		% Overall eff.	% Overall eff.	% Overall eff.
CO		% Overall eff.	% Overall eff.	% Overall eff.
VOC	:	% Overall eff.	% Overall eff.	% Overall eff.
NO2		% Overall eff.	% Overall eff.	% Overall eff.
NH3		76 Overall ell.	% Overall ell.	76 Overall ell.
HOC		% Overall eff.	% Overall eff.	% Overall eff.
		% Overall eff.	% Overall eff.	% Overall eff.
HYC		% Overall eff.	% Overall eff.	% Overall eff.
Hg		% Overall eff.	% Overall eff.	% Overall eff.
Pb)	% Overall eff.	% Overall eff.	% Overall eff.
Other				
		% Overall eff.	% Overall eff.	% Overall eff.
		Specify " Other"	Specify " Other"	Specify " Other"

Massachusetts Department of Environmental Protection Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2005
Year of record
65
DEP EU# (old Point #)
1190564
Facility AO identifier

l	В.	Emissions for Raw Materials/Finished Products				
		Add a NEW material / product: Check the box if you need to add a material or product that you did not report on previously (eDEP will add a blank Sect. B form to your package).	unit permanently. You mu of record even if amount is	luct: check the box if you all or making this product in this lest still report data for this year s " 0" — the material / product unit in the next report cycle.		
	1.	Operation description:	PAINT CANS			
?		a. Raw material or finished product name: Number of segments for this unit (previous records): 1		4		
ow does eDEP andle multiple		b. Is material/product an input or output?	✓ input ☐ output	1 DEP#		
nw materials or nished roducts ?		c. Process description:	PAINT CAN POUR - OF	+ CRUSHING		
		d. Source Classification Code (SCC): (see instructions)	49099999 SC Code (call DEP if SC Code	will not validate)		
		(See Instructions)	ORGANIC SOLVENT N			
			SCC Description – filled by eDI			
?		e. Maximum process rate for material/product:	Amount	TONS Units per hour		
ote: efinition of laximum rocess rate		f. If organic material, give weight % of:	VOC	HOC		
			HYC	TONO		
		g. Total actual raw material used or finished product produced for year of record:	Amount 1000	TONS Units TONS		
		Enter " 0" if not used in the year of record	Prior year – eDEP only	Units prior year		
	?	h. Do you have raw material or finished product restrictions?	☐ yes 🗹 no – skip	to question 1.I		
(2	i. DEP approval number for restrictions:	Most recent approval number for this material or product			
		j. Short term raw material/finished product	moot room approval name of t	or this material or product		
		restriction – if none, leave blank:	Quantity (amount or hours)	Units		
			Per: month wee	k 🗌 day 🔲 hour		
		k. Annual material/product restrictionif none, leave blank:	Quantity (amount or hours)	Units		
		I. Indicate which air pollution control devices from Section A, Question 15 control this	Device ID #	Device ID #		
		material/product by listing the facility- designated control device ID # for each unit	Device ID #	Device ID #		
		that applies:	Device ID #	Device ID #		
	(How to make a new air pollution control device appear in these drop menus?	check here if ALL air pollu unit apply to this material/	ition control devices on the product		
	0	9/19/05	BWP AQ AP-2 Emission Unit -	Process Description • Page 5		

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit - Process Description

2005

Year of record

65

DEP EU# (old Point #) 1190564

Facility AQ identifier

B. Emissions for Raw Materials/Finished Products (cont.)

2. Total emissions for this material/product – tons per year:

	2. Total emissions for this	material/product	i – tons per year			
Important: Leaving blanks for	Pollutant	PM10	PM2.5	SO2	NO2	СО
Actual and Potential	Actual for previous year	0	0	0	0	0
emissions means that you are certifying that	eDEP only:	Tons	Tons	Tons	Tons	Tons
there were less than 0.0001 (or zero) tons of emissions for each	Actual for year of record:	Tons	Tons	Tons	Tons	Tons
blank.	Potential emissions at maximum	0	0	0	0	0
	capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Emission factor:	0	0	0	0	0
	In pounds per unit::	TONS	TONS	TONS	TONS	TONS
	Max allowed – annual:					
rial or	Wax allowed all lides	Tons	Tons	Tons	Tons	Tons
For this material or product only	Max allowed — short term:	Pounds	Pounds	Pounds	Pounds	Pounds
this	Short term period:					
For For	Basis: DEP approval number or regulation:	MBR-87-IND-	MBR-87-IND-	MBR-87-IND-	MBR-87-IND-	MBR-87-IND
?						Other:
Important: Reporting now	Dellutent	voc	нос	*Decement*	NIUO	
required for	Pollutant		нос	*Reserved*	NH3	specify
t-Butyl Acetate	Actual for previous year	0			0	
	eDEP only:	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	Tons	Tons	Tons	Tons	Tons
	Potential emissions at maximum	0			0	
	capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Emission factor:	2000				
	In pounds per unit:	TONS				
o o	Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
ial o		. 5110	10113	10119	10113	10113
naterial or ct only	Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds

Short term period:

Basis - DEP approval number or regulation:

MBR-87-IND-

MBR-87-IND-

MBR-87-IND-

MBR-87-IND-

check to enter your own values

MBR-87-IND

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2005
rear of record
DEP EU# (old Point #)
1190564
Facility AO identifier

3.	Ozone season emissions – May 1 through September 30:			
	0	0		
	a. Typical ozone day VOC emissions – pounds per day	b. Typical ozone day NOx emissions – pounds per day		
	check to enter your own values	check to enter your own values		
	NOTE : The form has estimated the emissions for you. However own values by checking the boxes above for VOC and NOx.	, you may enter your		

C. Notes and Attachments

1. **Notes**: please include in the space below any additional information that will help DEP understand your submission.

2. Attachments:

☐ Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments below and deliver them to DEP with a paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

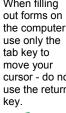
A. Emission Unit - Process Description

2005 Year of record 61 DEP EU# (old Point #)

1190564

Facility AQ identifier

Important: When filling the computer, cursor - do not use the return







_	
return	

1.	Facility identifiers:				
	CLEAN HARBORS OF BRAINTREE				
	a. Facility name				
	34839	1190564			
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number			
2.	Emission unit identifiers:				
	REPACKAGING SOLVENTS				
	a. Facility's choice of emission unit name - edit as needed				
	61	61			
	b. Facility's emission unit number / code - edit as needed	c. DEP emissions unit # (old SSEIS Point #)			
	d. Combined Units – enter number of individual units				
3.	DEP approvals – leave blank if not applicable				
	MBR-87-IND-191	1/13/1988			
	a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)			
4.	Is this unit exempt under 310 CMR 7.02 Plan Appro	ovals ? ☐ yes			
5.	If exempt from Dian Approval, indicate reason why	(o.g., cito a apocific DED regulation):			
Э.	If exempt from Plan Approval, indicate reason why	e.g., cite a specific DEF regulation).			
	Reason for exemption				

UNKNOWN

b. Model number



6. Equipment manufacturer and model number and type:

UNKNOWN	
a. Manufacturer	

UNKNOWN

c. Equipment Type



Emission unit installation and decommission dates:

a. Installation date - estimate if unknown (mm/dd/yyyy)

b. Decommission date (mm/dd/yyyy) - if applicable

Complete only if the unit was shut down permanently or replaced since the last report.

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2005
Year of record
61
DEP EU# (old Point #)
1190564
Facility AO identifier

8.		Emission unit replaceme	nt:			
		a. Is this unit replacing a	nother en	nission unit?		
		, ,				
		✓ no yes – en	ter DEP	s emissions un	it number for the ur	nit being replaced below:
		DEP's emission unit number a	and facility u	unit name		
			-			
9.		Additional state reporting	requiren	nents:		
		a. Are there other routine	air quali	ty reporting req	uirements for this e	emissions unit?
		☐ yes – specify reporting	ng frequer	ncy below	no − skip to	question 9c
		b. Reporting frequency -	- check a	ill that apply:		
		☐ Monthly ☐ Quarter] Annual □ RES	
		(include Operating Permit and				
		c. Is this unit subject to			. e	
		□ NESHAP □ NSPS	·	ласт ЛАСТ		
10		-				usly operated – 24 x 7 x 52
10		-				
10)	0 b. Number of hours per day		o. Number of day	vs per week	0 d. Number of weeks per year
?	•	b. Number of hours per day e. Percent of total annua	l operatio	c. Number of day	vs per week n each calendar qua	d. Number of weeks per year
10	•	b. Number of hours per day e. Percent of total annua	l operatio	c. Number of day	vs per week n each calendar qua	0 d. Number of weeks per year
?	•	b. Number of hours per day e. Percent of total annua	l operatio	c. Number of day on that occurs in Q Q4	ys per week n each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit w	d. Number of weeks per year
?	1.	b. Number of hours per day e. Percent of total annua o Q1 Q2 Ozone season schedule	I operatio O Q3 — May 1	on that occurs in Q4 through Septer	s per week n each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit w	d. Number of weeks per year arter: 3+Q4 must = 100% as not operated for any quarter)
?	1.	b. Number of hours per day e. Percent of total annua 0 Q1 Q2	I operatio O Q3 — May 1	on that occurs in Q4 through Septer	s per week n each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit w	d. Number of weeks per year arter: 3+Q4 must = 100% as not operated for any quarter)
?	1.	b. Number of hours per day e. Percent of total annua o Q1 Q2 Ozone season schedule	I operatio O Q3 — May 1	on that occurs in Q4 through Septer	s per week n each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit w	d. Number of weeks per year arter: 3+Q4 must = 100% as not operated for any quarter)
1	1.	b. Number of hours per day e. Percent of total annua 0	I operatio O Q3 — May 1	on that occurs in Q4 through Septer 0 b. Ozone season	s per week n each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit w	d. Number of weeks per year arter: 3+Q4 must = 100% as not operated for any quarter)
1	1.	b. Number of hours per day e. Percent of total annua 0	I operation O Q3 — May 1	on that occurs in Q4 through Septer 0 b. Ozone season	rs per week n each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit w mber 30: days per week	d. Number of weeks per year arter: 3+Q4 must = 100% as not operated for any quarter)
1	1.	b. Number of hours per day e. Percent of total annua o Q1 Q1 Q2 Ozone season schedule o a. Ozone season hours per day Emission release point — Non-Stack Release Po	I operation O Q3 — May 1 y select or ints:	on that occurs in Q4 through Septer D b. Ozone season	rs per week n each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit w mber 30: days per week Physical Stacks:	d. Number of weeks per year arter: 3+Q4 must = 100% as not operated for any quarter)
1	1.	b. Number of hours per day e. Percent of total annua o Q1 Q1 Q2 Ozone season schedule o a. Ozone season hours per day Emission release point — Non-Stack Release Po fugitive	I operation O Q3 — May 1 y select or ints:	on that occurs in Q4 through Septer D b. Ozone season	rs per week n each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit w mber 30: days per week Physical Stacks:	d. Number of weeks per year arter: 3+Q4 must = 100% as not operated for any quarter)
1	1.	b. Number of hours per day e. Percent of total annua o Q1 Q1 Q2 Ozone season schedule o a. Ozone season hours per day Emission release point — Non-Stack Release Po fugitive	I operation O Q3 — May 1 y select or ints: izontal very and far	on that occurs in Q4 through Septer O b. Ozone season ne: ?	rs per week n each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit w mber 30: days per week Physical Stacks:	d. Number of weeks per year earter: 3+Q4 must = 100% eas not operated for any quarter) 0 c. Weeks operated in ozone season
1:	1.	b. Number of hours per day e. Percent of total annua 0	I operation O Q3 — May 1 y select or ints: izontal very ixy ixy kip to quest	on that occurs in Q4 through Septer b. Ozone season ne: ?	rs per week n each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit w mber 30: days per week Physical Stacks: Vertical stack vertical with ra	d. Number of weeks per year arter: 3+Q4 must = 100% as not operated for any quarter) 0 c. Weeks operated in ozone season
1:	1.	b. Number of hours per day e. Percent of total annua o	I operation O Q3 — May 1 y select or ints: izontal verynward far ess than 1 kip to quest il stack (if	on that occurs in that occurs in that occurs in the thickness of the thick	rs per week n each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit w mber 30: days per week Physical Stacks: Vertical stack vertical with ra	d. Number of weeks per year arter: 3+Q4 must = 100% as not operated for any quarter) 0 c. Weeks operated in ozone season
1:	1. 2.	b. Number of hours per day e. Percent of total annua 0	I operation O Q3 — May 1 select or ints: izontal verynward far ess than 1 kip to quest al stack (if	on that occurs in that occurs in Q4 through Septer On b. Ozone season ent occurs in Q4 ent occurs in Q4 through Septer On D. Ozone season ent occurs in Q4 ent occurs in	rs per week n each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit week) mber 30: days per week Physical Stacks: vertical stack vertical with rapic or continuous process.	d. Number of weeks per year earter: 3+Q4 must = 100% eas not operated for any quarter) O c. Weeks operated in ozone season eain cap/sleeve low:

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit - Process Description

2005
Year of record
61
DEP EU# (old Point #)
1190564
Eacility AO identifier

?	yes – answer a	through I v linis emission	p to Question 15	devices ?
How to delete monitor	a	Monitor 1	Monitor 2	Monitor 3
(a. Monitor type:	check only one:	check only one:	check only one:
Do not leave blank – if unknown write		☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:	☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:	☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:
' unknown' or estimate		Describe " other"	Describe " other"	Describe " other"
	b. Manufacturer:			
	c. Model #:			
	d. Monitor ID #:			
	- Installation data:	Facility's Designation	Facility's Designation	Facility's Designation
(e. Installation date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	f. DEP approval #:			
Leave f, g, h	g. DEP approval date:			
applicable.	h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
((mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	j. Audible alarm ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
?	k. Data system ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	I. Monitored pollutants - check all that apply:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:
		Describe offici	Describe offici	Describe " other"

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit - Process Description

Year of record
61
DEP EU# (old Point #)
1190564
Facility AQ identifier

2	15.	Are there air pollution control de	Check here if you need to report more than 3 air pollution control devices on	
How to delete a control		☐ yes – answer a through i	✓ no – skip to Section B	this unit. eDEP will add another page of control devices after this form.
		Air pollution control device 1	Air pollution control device 2	Air pollution control device 3
(-			
		a. Type	Туре	Туре
Do not leave blank – if unknown		b. Manufacturer	Manufacturer	Manufacturer
write ' unknown' or		C. Model number	Model number	Model number
estimate		d. Facility's ID for this device	Facility's ID for this device	Facility's ID for this device
	?	e. Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)
Leave f, g, h		f. DEP approval # (most recent)	DEP approval # (most recent)	DEP approval # (most recent)
blank if not applicable.		g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
		h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)
	?	i. Percent overall efficiency – er	nter for all pollutants that the device wa	as designed to control:
PM 10		% Overall eff.	% Overall eff.	% Overall eff.
PM 2.5	5	70 Overall etc.		
SO2	,	% Overall eff.	% Overall eff.	% Overall eff.
		% Overall eff.	% Overall eff.	% Overall eff.
CC)	% Overall eff.	% Overall eff.	% Overall eff.
VOC	;	% Overall eff.	% Overall eff.	% Overall eff.
NO2	2	Overall ell.		
NH3	١	% Overall eff.	% Overall eff.	% Overall eff.
		% Overall eff.	% Overall eff.	% Overall eff.
HOC		% Overall eff.	% Overall eff.	% Overall eff.
HYC	;	% Overall eff.	% Overall eff.	% Overall eff.
Hg)	% Overall eff.	% Overall eff.	% Overall eff.
Pb)	% Overall eff.	9/ Ovorall off	9/ Overall off
Othe	r		% Overall eff.	% Overall eff.
		% Overall eff.	% Overall eff.	% Overall eff.
		Specify " Other"	Specify " Other"	Specify " Other"

Massachusetts Department of Environmental Protection Bureau of Waste Prevention – Air Quality

Emission Unit – Process Description

2005
ear of record
51
DEP EU# (old Point #)
1190564
Sacility AO identifier

	В.	Emissions for Raw Materials/Finis	shed Products	
		Add a NEW material / product: Check the box if you need to add a material or product that you did not report on previously (eDEP will add a blank Sect. B form to your package).	unit permanently. You mu of record even if amount is	uct: check the box if you I or making this product in this st still report data for this year " 0" – the material / product init in the next report cycle.
	1.	Operation description:	SOLVENTS	
?		Raw material or finished product name: Number of segments for this unit (previous records): 1		
ow does eDEF andle multiple		b. Is material/product an input or output ?	✓ input	1 DEP#
aw materials or nished roducts ?		c. Process description:	REPACKAGING SOLVENTS -NOT USED 2005-	
		d. Source Classification Code (SCC): (see instructions)	49099999 SC Code (call DEP if SC Code	will not validate)
		(Control of the Control of the Contr	ORGANIC SOLVENT N	OT CLASSIFIED
		e. Maximum process rate for material/product:	SCC Description – filled by eDf 0	EP upon validation TONS
otor			Amount	Units per hour
ote: efinition of laximum rocess rate		f. If organic material, give weight % of:	VOC	HOC
100000 1410			HYC	TONO
		g. Total actual raw material used or finished product produced for year of record:	Amount	TONS Units
		Enter " 0" if not used in the year of record	Prior year – eDEP only	TONS Units prior year
	?	h. Do you have raw material or finished product restrictions?	☐ yes no – skip	to question 1.I
	2	i. DEP approval number for restrictions:	Most recent approval number for	or this material or product
·		j. Short term raw material/finished product		
		restriction – if none, leave blank:	Quantity (amount or hours)	Units
			Per: month wee	k
		k. Annual material/product restrictionif none, leave blank:	Quantity (amount or hours)	Units
		I. Indicate which air pollution control devices from Section A, Question 15 control this	Device ID #	Device ID #
		material/product by listing the facility- designated control device ID # for each unit	Device ID #	Device ID #
		that applies:	Device ID #	Device ID #
		How to make a new air pollution control device appear in these drop menus?	check here if ALL air pollu unit apply to this material/	tion control devices on the product
		09/19/05	BWP AQ AP-2 Emission Unit -	Process Description • Page 5

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit - Process Description

2005

Year of record

61

DEP EU# (old Point #) 1190564

Facility AQ identifier

B. Emissions for Raw Materials/Finished Products (cont.)

2. Total emissions for this material/product – tons per year:

•	2. Total cimosions for this	material/product	tono per year	•		
Important: Leaving blanks for	Pollutant	PM10	PM2.5	SO2	NO2	СО
Actual and Potential	Actual for previous year	0	0	0	0	0
emissions means that you are certifying that	eDEP only:	Tons	Tons	Tons	Tons	Tons
there were less than	Actual for year of record:					
0.0001 (or zero) tons of emissions for each	Actual for year of record.	Tons	Tons	Tons	Tons	Tons
blank.	Potential emissions at maximum	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(i	capacity uncontrolled:	Tons 0	Tons 0	Tons 0	Tons 0	Tons 0
•	Emission factor:			-	<u> </u>	<u> </u>
	In pounds per unit::	TONS	TONS	TONS	TONS	TONS
	Max allowed – annual:					
For this material or product only	riax allowed – ariflual.	Tons	Tons	Tons	Tons	Tons
this material product only	Max allowed — short term:	Pounds	Pounds	Pounds	Pounds	Pounds
s ms						
this Proc	Short term period:					
For	Basis: DEP approval number or regulation:	MBR-87-IND-	MBR-87-IND-	MBR-87-IND-	MBR-87-IND-	MBR-87-IND-
						Other:
Important:						oulo.
Reporting now	Pollutant	voc	нос	*Reserved*	NH3	specify
required for t-Butyl Acetate	Actual for previous year	0			0	эрсспу
	eDEP only:	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:					
	Actual for year of record.	Tons	Tons	Tons	Tons	Tons
	Potential emissions at maximum	<u>0</u>	T		<u>0</u>	
	capacity uncontrolled:	Tons 2000	Tons	Tons	Tons	Tons
	Emission factor:	2000				
	In pounds per unit:	TONS				
or (e	Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
irial n ly	May allowed short to					
nate ct o	Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
his material or oduct only	Short term period:					

MBR-87-IND-

Basis - DEP approval number or regulation:

MBR-87-IND-

check to enter your own values

MBR-87-IND

MBR-87-IND-

MBR-87-IND-

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2005
ear of record
51
PEP EU# (old Point #)
190564
acility AO identifier

,	0	0
	a. Typical ozone day VOC emissions – pounds per day	b. Typical ozone day NOx emissions – pounds per day
	check to enter your own values	check to enter your own values

C. Notes and Attachments

1. **Notes**: please include in the space below any additional information that will help DEP understand your submission.

2. Attachments:

☐ Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments below and deliver them to DEP with a paper copy of this form.

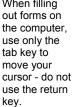
Bureau of Waste Prevention - Air Quality

Emission Unit – Process Description

2005 Year of record 5 DEP EU# (old Point #) 1190564

Facility AQ identifier

Important: When filling out forms on use only the tab key to move your







Α.	Emission Unit – Process Descrip	tion
1.	Facility identifiers:	
	CLEAN HARBORS OF BRAINTREE	
	a. Facility name	
	34839	1190564
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
2.	Emission unit identifiers:	
	2 DRUM CRUSHING LINES	
	a. Facility's choice of emission unit name - edit as needed	
	5	5
	b. Facility's emission unit number / code - edit as needed	c. DEP emissions unit # (old SSEIS Point #)
	d. Combined Units – enter number of individual units	
3.	DEP approvals – leave blank if not applicable.	
	MBR-87-IND-191	1/13/1988
	a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)
4.	Is this unit exempt under 310 CMR 7.02 Plan App	orovals ? □ yes ☑ no
		· —

5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation):



6. Equipment manufacturer and model number and type:

APPL	<u>LETON</u>
------	--------------

UNKNOWN

a. Manufacturer

DRUM CRUSHER

b. Model number

c. Equipment Type

Reason for exemption

How to delete a unit? (click ?-icon)

Emission unit installation and decommission dates:

6/1/1986

a. Installation date - estimate if unknown (mm/dd/yyyy)

b. Decommission date (mm/dd/yyyy) - if applicable

Complete only if the unit was shut down permanently or replaced since the last report.

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2005
Year of record
5
DEP EU# (old Point #)
1190564
acility AQ identifier

8.	Emission unit replacement	ent:			
	a. Is this unit replacing a	another em	nission unit?		
	✓ no yes – er	nter DEP'	s emissions ur	nit number for the uni	t being replaced below:
	DEP's emission unit number	and facility u	nit name		
9.	Additional state reporting	g requirem	nents:		
	a. Are there other routin ☐ yes – specify reporti	•	• •	quirements for this en ✓ no – skip to o	
	b. Reporting frequency	rly 🗌 Se	emi-annual	Annual RES	
	(include Operating Permit and Plan Approval reports, but not exceedance reporting) c. Is this unit subject to (check all that apply): NESHAP NSPS MACT				
10). Hours of operation for th	ne emissior	n unit: a. 「	check if continuous	sly operated – 24 x 7 x 52
10					.,
	1				
?	b. Number of hours per day				
?	b. Number of hours per day e. Percent of total annua		1 c. Number of day	ys per week	d. Number of weeks per year
?	e. Percent of total annua	al operation	that occurs in	ys per week n each calendar quar	d. Number of weeks per year
?	e. Percent of total annua	al operation	that occurs in	ys per week n each calendar quar	d. Number of weeks per year
?	e. Percent of total annua	al operation 40 Q3	c. Number of day n that occurs in Q4	ys per week n each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was	d. Number of weeks per year
?	e. Percent of total annua $\frac{55}{Q1}$ $\frac{5}{Q2}$. Ozone season schedule	al operation 40 Q3 e – May 1 to	1 c. Number of day n that occurs in Q4 through Septe	ys per week n each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was	d. Number of weeks per year ter: -Q4 must = 100% s not operated for any quarter)
?	e. Percent of total annua 55 Q1 Q2	al operation 40 Q3 e – May 1 to	1 c. Number of day n that occurs in Q4 through Septe	ys per week n each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was	d. Number of weeks per year
?	e. Percent of total annua $\frac{55}{Q1}$ $\frac{5}{Q2}$. Ozone season schedule	al operation 40 Q3 e – May 1 to	1 c. Number of day n that occurs in Q4 through Septe	ys per week n each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was	d. Number of weeks per year ter: -Q4 must = 100% s not operated for any quarter)
11	e. Percent of total annua $\frac{55}{Q1}$ $\frac{5}{Q2}$. Ozone season schedule	al operation 40 Q3 e – May 1 t	through Septe	ys per week n each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was	d. Number of weeks per year ter: -Q4 must = 100% s not operated for any quarter)
11	e. Percent of total annua 55 Q1 Ozone season schedule 1 a. Ozone season hours per da	al operation 40 Q3 e – May 1 to	through Septe	ys per week n each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was	d. Number of weeks per year ter: -Q4 must = 100% s not operated for any quarter)
11	e. Percent of total annua 55	al operation 40 Q3 e – May 1 to ay - select or oints: rizontal verwinward fac	1 c. Number of day n that occurs in Q4 through Septe b. Ozone season ne: ?	ys per week n each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was mber 30: days per week	d. Number of weeks per year ter: -Q4 must = 100% s not operated for any quarter) 1 c. Weeks operated in ozone season
11	e. Percent of total annua 55	al operation 40 Q3 e – May 1 the series of the series o	through Septe 1 b. Ozone season ntcing vent Oft	ys per week n each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was mber 30: days per week Physical Stacks:	d. Number of weeks per year ter: -Q4 must = 100% s not operated for any quarter) 1 c. Weeks operated in ozone season
11	e. Percent of total annua 55	al operation 40 Q3 e – May 1 to ay - select or oints: rizontal very with a control of the cont	n that occurs in OQ4 through September 1 b. Ozone season ne: ?	ys per week n each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was mber 30: days per week Physical Stacks: vertical stack vertical with rai	d. Number of weeks per year ter: Q4 must = 100% s not operated for any quarter) 1 c. Weeks operated in ozone season
11	e. Percent of total annua 55	al operation 40 Q3 e – May 1 to ay - select or or oints: rizontal very with a to questing all stack (if select OT USE)	n that occurs in that occurs in that occurs in Q4 through Septe 1 b. Ozone season ne: ?	ys per week n each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was mber 30: days per week Physical Stacks: vertical stack vertical with rai pick from the list beloce	d. Number of weeks per year ter: Q4 must = 100% s not operated for any quarter) 1 c. Weeks operated in ozone season on cap/sleeve

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit - Process Description

2005
Year of record
5
DEP EU# (old Point #)
1190564
Facility AO identifier

?	14. Is there monitoring☐ yes – answer a	equipment on this emission through I	ons unit or its related contro cip to Question 15	I devices ?
How to delete monitor	a	Monitor 1	Monitor 2	Monitor 3
	a. Monitor type:	check only one:	check only one:	check only one:
Do not leave blank – if unknown write		☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:	☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other — describe:	☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other — describe:
' unknown' or estimate	b. Manufacturer:	Describe " other"	Describe " other"	Describe " other"
	c. Model #:			
	d. Monitor ID #:	Facility's Designation	Facility's Designation	Facility's Designation
	e. Installation date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	f. DEP approval #:			
Leave f, g, h blank if not applicable.	g. DEP approval date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	j. Audible alarm ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
?	k. Data system ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	I. Monitored pollutants - check all that apply:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:
		Describe ourer	הפפרווחב חוווקו	Describe offici

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit - Process Description

2005
Year of record
5
DEP EU# (old Point #)
1190564
Facility AQ identifier

2	15.	Are there air pollution control de	evices on this emissions unit?	Check here if you need to report more than 3 air pollution control devices on
How to delete a control		☐ yes – answer a through i	✓ no – skip to Section B	this unit. eDEP will add another page of control devices after this form.
		Air pollution control device 1	Air pollution control device 2	Air pollution control device 3
(-			
		a. Type	Туре	Туре
Do not leave blank – if unknown		b. Manufacturer	Manufacturer	Manufacturer
write ' unknown' or		C. Model number	Model number	Model number
estimate		d. Facility's ID for this device	Facility's ID for this device	Facility's ID for this device
	?	e. Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)
Leave f, g, h		f. DEP approval # (most recent)	DEP approval # (most recent)	DEP approval # (most recent)
blank if not applicable.		g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
		h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)
	?	i. Percent overall efficiency – er	nter for all pollutants that the device wa	as designed to control:
PM 10		% Overall eff.	% Overall eff.	% Overall eff.
PM 2.5	5	70 Overall etc.		
SO2	,	% Overall eff.	% Overall eff.	% Overall eff.
		% Overall eff.	% Overall eff.	% Overall eff.
CC)	% Overall eff.	% Overall eff.	% Overall eff.
VOC	;	% Overall eff.	% Overall eff.	% Overall eff.
NO2	2	Overall ell.		
NH3	١	% Overall eff.	% Overall eff.	% Overall eff.
		% Overall eff.	% Overall eff.	% Overall eff.
HOC		% Overall eff.	% Overall eff.	% Overall eff.
HYC	;	% Overall eff.	% Overall eff.	% Overall eff.
Hg)	% Overall eff.	% Overall eff.	% Overall eff.
Pb)	% Overall eff.	9/ Ovorall off	9/ Overall off
Othe	r		% Overall eff.	% Overall eff.
		% Overall eff.	% Overall eff.	% Overall eff.
		Specify " Other"	Specify " Other"	Specify " Other"

Massachusetts Department of Environmental Protection Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2005
Year of record
5
DEP EU# (old Point #)
1190564
Facility AO identifier

B. Emissions for Raw Materials/Finished Products

	D.	Lillissions for Naw Materials/1 lills	illed i Toddets	
		Add a NEW material / product: Check the box if you need to add a material or product that you did not report on previously (eDEP will add a blank Sect. B form to your package).	unit permanently. You mu of record even if amount is	luct: check the box if you all or making this product in this lest still report data for this year s " 0" — the material / product unit in the next report cycle.
	1.	Operation description:	DRUMS	
?		a. Raw material or finished product name: Number of segments for this unit (previous records): 1		
low does eDEP andle multiple		b. Is material/product an input or output?	✓ input □ output	1 DEP #
aw materials or nished roducts ?		c. Process description:	2 DRUM CRUSHING LIN	
		d. Source Classification Code (SCC): (see instructions)	3999998 SC Code (call DEP if SC Code MISC INDUSTRIAL PRO	*
			SCC Description – filled by eD	
?		e. Maximum process rate for material/product:	.001 Amount	1000 EACH Units per hour
lote: Definition of Maximum		f. If organic material, give weight % of:	VOC	НОС
rocess rate			HYC	
		g. Total actual raw material used or finished	0	1000 EACH
		product produced for year of record:	Amount 6	Units 1000 EACH
		Enter " 0" if not used in the year of record	Prior year – eDEP only	Units prior year
	?	h. Do you have raw material or finished product restrictions?	☐ yes 🗹 no – skip	to question 1.I
	?	i. DEP approval number for restrictions:	Most recent approval number f	or this material or product
`		j. Short term raw material/finished product		
		restriction – if none, leave blank:	Quantity (amount or hours)	Units
			Per: month wee	k □ day □ hour
		k. Annual material/product restrictionif none, leave blank:	Quantity (amount or hours)	Units
		I. Indicate which air pollution control devices from Section A, Question 15 control this	Device ID #	Device ID #
		material/product by listing the facility- designated control device ID # for each unit	Device ID #	Device ID #
		that applies:	Device ID #	Device ID #
		How to make a new air pollution control device appear in these drop menus?	_	ition control devices on the
	•	09/19/05	BWP AQ AP-2 Emission Unit –	

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit - Process Description

2005 Year of record DEP EU# (old Point #) 1190564

Facility AQ identifier

B. Emissions for Raw Materials/Finished Products (cont.)

Total emissions for this material/product – tons per year:

?	2. Total emissions for this	material/product	t – tons per year	.		
Important: Leaving blanks for	Pollutant	PM10	PM2.5	SO2	NO2	СО
Actual and Potential	Actual for previous year	0	0	0	0	0
emissions means that you are certifying that	eDEP only:	Tons	Tons	Tons	Tons	Tons
there were less than	Actual for year of record:					
0.0001 (or zero) tons of emissions for each	•	Tons	Tons	Tons	Tons	Tons
blank.	Potential emissions at maximum capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	capacity uncontrolled.	0	0	0	0	0
	Emission factor:		-		<u> </u>	
	In pounds per unit::	1000 EACH	1000 EACH	1000 EACH	1000 EACH	1000 EACH
al or /	Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
ateria t only	Max allowed — short term:	Pounds	Pounds	Pounds	Pounds	Pounds
For this material or product only	Short term period:					
For	Basis: DEP approval number or regulation:	MBR-87-IND-	MBR-87-IND-	MBR-87-IND-	MBR-87-IND-	MBR-87-IND-
?						Other:
Important: Reporting now	Pollutant	voc	нос	*Reserved*	NH3	specify
required for t-Butyl Acetate	Actual for previous year	0			0	орсону
·	eDEP only:	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	Tons		Tons	Tons	Tons
	Determinal emissions at manyimum	1 ons	Tons	ions	0	ions
	Potential emissions at maximum capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Emission factor:	0				
	Emission factor.	=				
	In pounds per unit:	1000 EACH				-
	Max allowed – annual:	_				
al o V		Tons	Tons	Tons	Tons	Tons
this material or product only	Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
this r produ	Short term period:					

MBR-87-IND-

MBR-87-IND-

Basis - DEP approval number or regulation:

check to enter your own values

MBR-87-IND

MBR-87-IND-

MBR-87-IND-

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2005
Year of record
5
DEP EU# (old Point #)
1190564
Facility AQ identifier

0
day b. Typical ozone day NOx emissions – pounds per da
check to enter your own values
check to enter your own values

C. Notes and Attachments

1. **Notes**: please include in the space below any additional information that will help DEP understand your submission.

2. Attachments:

☐ Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments below and deliver them to DEP with a paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit - Process Description

2005 Year of record 4 DEP EU# (old Point #) 1190564

Facility AQ identifier

Important:
When filling
out forms on
the computer,
use only the
tab key to
move your
cursor - do not
use the return
key.

A. Emission Unit – Process Description

Facility identifiers:
 CLEAN HARBORS OF BRAINTREE

a. Facility name

34839

b. DEP Account number

1190564

c. Facility AQ identifier - SSEIS ID number



2. Emission unit identifiers:



THREE DISTILLATION UNITS- 780 GAL/HR NOT USED 05

a. Facility's choice of emission unit name - edit as needed

4

b. Facility's emission unit number / code - edit as needed

4

c. DEP emissions unit # (old SSEIS Point #)

d. Combined Units – enter number of individual units



3. DEP approvals – leave blank if not applicable

MBR-88-IND-229

a. Most recent approval number



b. DEP approval date (mm/dd/yyyy)

4. Is this unit exempt under 310 CMR 7.02 Plan Approvals ? ☐ yes ✓ no

5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation):





6. Equipment manufacturer and model number and type:

LUWA/PFAUDLER/CLEAN HARBORS

F-1

a. Manufacturer

b. Model number

THIN FILM EVAPORATOR/EVAPORATOR/BATCH STILL

c. Equipment Type

How to delete a unit ? (click ?-icon)

7. Emission unit installation and decommission dates:

11/9/1988

a. Installation date - estimate if unknown (mm/dd/yyyy)

b. Decommission date (mm/dd/yyyy) - if applicable

Complete only if the unit was shut down permanently or replaced since the last report.

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2005
ear of record
ļ
DEP EU# (old Point #)
190564
acility AQ identifier

A. Emission Unit – Process Description (cont.)

8.	Emission unit replace	ement:			
	a. Is this unit replacin	g another en	nission unit?		
	v no □ yes –	enter DEP	s emissions ı	unit number for the	unit being replaced below:
	<u> </u>	011101 221			and some replaced scient
	DEP's emission unit num	ber and facility ι	unit name		
9.	Additional state repor	ting requiren	nents:		
	a. Are there other rou	itine air quali	ty reporting re	equirements for this	s emissions unit?
	☐ yes – specify repo	orting frequer	ncy below	🗹 no – skip	to question 9c
	b. Reporting frequence	cy – check a	ill that apply:		
	☐ Monthly ☐ Qua	rterly 🔲 Se	emi-annual	☐ Annual ☐ RE	S
	(include Operating Permit	and Plan Appro	oval reports, but r	not exceedance reportin	g)
	c. Is this unit subject			·	0 ,
	□ NESHAP □ NSF	`	ласт Ласт		
10	. Hours of operation fo	r the emissio	on unit: a.	check if continu	iously operated – 24 x 7 x 52
10	0		0		0
10	_		on unit: a. Oc. Number of de		ously operated – 24 x 7 x 52 d. Number of weeks per year
10	0	у	o. Number of d	ays per week in each calendar q	d. Number of weeks per year
10	b. Number of hours per dagee. Percent of total and0	у	o. Number of d	ays per week in each calendar q Sum of Q1+Q2+	d. Number of weeks per year uarter: -Q3+Q4 must = 100%
?	b. Number of hours per date. e. Percent of total and to	y nual operatio <mark>0</mark>	c. Number of don that occurs Q4	ays per week in each calendar q Sum of Q1+Q2+ (or 0% if the unit	d. Number of weeks per year
?	b. Number of hours per dagee. Percent of total and0	y nual operatio <mark>0</mark>	c. Number of don that occurs Q4	ays per week in each calendar q Sum of Q1+Q2+ (or 0% if the unit	d. Number of weeks per year uarter: -Q3+Q4 must = 100%
?	b. Number of hours per day e. Percent of total and OQ1 Ozone season sched	nual operatio 0 Q3 ule – May 1	on that occurs Q4 through Septe	ays per week in each calendar q Sum of Q1+Q2+ (or 0% if the unit ember 30:	d. Number of weeks per year uarter: -Q3+Q4 must = 100% t was not operated for any quarter)
?	b. Number of hours per day e. Percent of total and O Q1 Ozone season sched	nual operatio 0 Q3 ule – May 1	on that occurs Q4 through Septe	ays per week in each calendar q Sum of Q1+Q2+ (or 0% if the unit	d. Number of weeks per year uarter: -Q3+Q4 must = 100% t was not operated for any quarter)
?	b. Number of hours per day e. Percent of total and OQ1 Ozone season sched	nual operatio 0 Q3 ule – May 1	on that occurs Q4 through Septe	ays per week in each calendar q Sum of Q1+Q2+ (or 0% if the unit ember 30:	d. Number of weeks per year uarter: -Q3+Q4 must = 100% t was not operated for any quarter)
11.	b. Number of hours per day e. Percent of total and OQ1 Ozone season sched	nual operatio O Q3 ule – May 1	on that occurs Oquitarian Quarter of decoration that occurs Quarter of decoration of	ays per week in each calendar q Sum of Q1+Q2+ (or 0% if the unit ember 30:	d. Number of weeks per year uarter: -Q3+Q4 must = 100% t was not operated for any quarter)
11.	b. Number of hours per date. e. Percent of total and to	nual operatio 0 Q3 ule – May 1 r day	on that occurs Oquitarian Quantities Oquitarian Quantities Oquitarian Quantities Oquitarian Quantities Oquitarian Quantities Do Ozone seaso	ays per week in each calendar q Sum of Q1+Q2+ (or 0% if the unit ember 30: on days per week	d. Number of weeks per year nuarter: -Q3+Q4 must = 100% t was not operated for any quarter) 0 c. Weeks operated in ozone seas
11.	b. Number of hours per day e. Percent of total and o Q1 Q2 Ozone season sched a. Ozone season hours pe Emission release poin	nual operation organic Q3 ule – May 1 r day nt – select of Points:	on that occurs OQ4 through Septe Do Do Doone seaso	ays per week in each calendar q Sum of Q1+Q2+ (or 0% if the unit ember 30: on days per week Physical Stack	d. Number of weeks per year nuarter: -Q3+Q4 must = 100% t was not operated for any quarter) 0 c. Weeks operated in ozone seas
11.	b. Number of hours per day e. Percent of total and o Q1 Q1 Q2 Ozone season sched a. Ozone season hours pe Emission release poin Non-Stack Release Gugitive	nual operation organic Q3 ule – May 1 r day nt – select organic Points: horizontal ve	on that occurs OQ4 through Septe Do Do Doone seaso	ays per week in each calendar q Sum of Q1+Q2+ (or 0% if the unit ember 30: on days per week Physical Stack vertical stack	d. Number of weeks per year quarter: -Q3+Q4 must = 100% t was not operated for any quarter) 0 c. Weeks operated in ozone seas
11.	b. Number of hours per day e. Percent of total and o Q1 Q1 Q2 Ozone season sched a. Ozone season hours pe Emission release poin Non-Stack Release Gugitive	nual operation organic Q3 ule – May 1 r day nt – select organic Points: horizontal verage downward far	on that occurs Oquitarian Application of the control of the contr	ays per week in each calendar q Sum of Q1+Q2+ (or 0% if the unit ember 30: on days per week Physical Stack vertical stack	d. Number of weeks per year nuarter: -Q3+Q4 must = 100% t was not operated for any quarter) 0 c. Weeks operated in ozone seas
11.	b. Number of hours per date. e. Percent of total and to	nual operation organic Q3 ule – May 1 r day nt – select organic Points: horizontal vedownward faint less than 1	on that occurs on that occurs or Q4 through Septe b. Ozone seaso ent acing vent 10ft	ays per week in each calendar q Sum of Q1+Q2+ (or 0% if the unit ember 30: on days per week Physical Stack vertical stack	d. Number of weeks per year quarter: -Q3+Q4 must = 100% t was not operated for any quarter) 0 c. Weeks operated in ozone seas
11 12	b. Number of hours per day e. Percent of total and o Q1 Q1 Q2 Ozone season sched a. Ozone season hours pe Emission release poin Non-Stack Release fugitive gooseneck vertical stack/ver	nual operation output Q3 ule – May 1 r day nt – select of Points: horizontal verology downward faint less than 1 nt, skip to quest	on that occurs OQ4 through Septement of the content occurs OQ4 through Septement occurs Include the content o	ays per week in each calendar q Sum of Q1+Q2+ (or 0% if the unit) ember 30: on days per week Physical Stack Vertical stace vertical with	d. Number of weeks per year nuarter: -Q3+Q4 must = 100% t was not operated for any quarter) O c. Weeks operated in ozone seas s: ck n rain cap/sleeve
11 12	b. Number of hours per date. e. Percent of total and to	nual operation output Q3 ule – May 1 r day nt – select or Points: horizontal vericontal veri	on that occurs on that occurs	ays per week in each calendar q Sum of Q1+Q2+ (or 0% if the unit ember 30: on days per week Physical Stack vertical stack vertical with pick from the list be	d. Number of weeks per year quarter: -Q3+Q4 must = 100% t was not operated for any quarter) 0 c. Weeks operated in ozone seas s: ck rain cap/sleeve

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit - Process Description

2005
Year of record
4
DEP EU# (old Point #)
1190564
Facility AO identifier

A. Emission Unit – Process Description (cont.)

?	☐ yes – answer a t		ns unit or its related control o p to Question 15	devices?
How to delete monitor	a	Monitor 1	Monitor 2	Monitor 3
	a. Monitor type:	check only one: CEMs opacity	check only one: CEMs opacity	check only one: ☐ CEMs ☐ opacity
Do not leave blank – if unknown write		fuel flow meter time recorder temperature recorder pressure other – describe:	fuel flow meter time recorder temperature recorder pressure other – describe:	fuel flow meter time recorder temperature recorder pressure other – describe:
' unknown' or estimate	b. Manufacturer:	Describe " other"	Describe " other"	Describe " other"
	c. Model #:			
	d. Monitor ID #:	Facility's Designation	Facility's Designation	Facility's Designation
(e. Installation date: f. DEP approval #:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
Leave f, g, h	g. DEP approval date:			
applicable.	h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
·	i. Recorder ?	(mm/dd/yyyy) □ yes □ no	(mm/dd/yyyy) □ yes □ no	(mm/dd/yyyy) ☐ yes ☐ no
	j. Audible alarm ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
?	k. Data system ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	I. Monitored pollutants - check all that apply:	 PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other − describe: 	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:	□ PM 10 □ PM 2.5 □ SO2 □ CO □ NO2 □ NH3 □ Mercury □ Oxygen □ CO2 □ H2S □ HCL □ Opacity □ other - describe:
		Describe " other"	Describe " other"	Describe " other"

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2005
Year of record
4
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Emission Unit – Process Description (cont.)

? 18	5. Are there air pollution control de	evices on this emissions unit?	Check here if you need to report more than 3 air pollution control devices on
How to delete a control	✓ yes – answer a through i	☐ no – skip to Section B	this unit. eDEP will add another page of control devices after this form.
	Air pollution control device 1	Air pollution control device 2	Air pollution control device 3
	TUBE AND SHELL CONDENSER		
	a. Type UNKNOWN	Туре	Туре
Do not leave blank – if unknown	b. Manufacturer UNKNOWN	Manufacturer	Manufacturer
write ' unknown' or	c. Model number 1	Model number	Model number
estimate	d. Facility's ID for this device 11/9/1988	Facility's ID for this device	Facility's ID for this device
?	e. Installation date (mm/dd/yyyy) MBR-88-IND-229	Installation date (mm/dd/yyyy) MBR-88-IND-229	Installation date (mm/dd/yyyy) MBR-88-IND-229
Leave f, g, h	f. DEP approval # (most recent) 11/9/1988	DEP approval # (most recent) 11/9/1988	DEP approval # (most recent) 11/9/1988
blank if not applicable.	g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)
?	i. Percent overall efficiency – e	nter for all pdlutants that the device	was designed to control:
PM 10	0		
PM 2.5	% Overall eff.	% Overall eff.	% Overall eff.
SO2	% Overall eff.	% Overall eff.	% Overall eff.
	% Overall eff.	% Overall eff.	% Overall eff.
СО	% Overall eff.	% Overall eff.	% Overall eff.
VOC	99.9 % Overall eff.	% Overall eff.	% Overall eff.
NO2	0 % Overall eff.	% Overall eff.	% Overall eff.
NH3	0 9/ Overall off	% Overall eff.	9/ Overall off
НОС	% Overall eff. 0		% Overall eff.
HYC	% Overall eff. 0	% Overall eff.	% Overall eff.
115	% Overall eff.	% Overall eff.	% Overall eff.
Hg	% Overall eff.	% Overall eff.	% Overall eff.
Pb	0 % Overall eff.	% Overall eff.	% Overall eff.
Other	% Overall eff.	% Overall eff.	% Overall eff.
	Specify "Other"	Specify "Other"	Specify "Other"

Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2005
ear of record
ļ.
DEP EU# (old Point #)
1190564
acility AQ identifier

	В.	Emissions for Raw Materials/Finis	shed Products		
		Add a NEW material / product: Check the box if you need to add a material or product that you did not report on previously (eDEP will add a blank Sect. B form to your package).	unit permanently. You mus	or making this product in this st still report data for this year " 0" – the material / product	
	1.	Operation description:	CHLORINATED SOLVENTS		
?	D	a. Raw material or finished product name: Number of segments for this unit (previous records): 1		4	
ow does eDEI andle multiple		b. Is material/product an input or output ?	✓ input □ output	DEP#	
aw materials o nished roducts ?		c. Process description:	STILLS #1-3- CHLORINA DOWN 2005	TED SOLVENTS	
		d. Source Classification Code (SCC): (see instructions)	30184001 SC Code (call DEP if SC Code	will not validate)	
			GENERAL PROCESSES-DISTILLATION		
		e. Maximum process rate for material/product:	SCC Description – filled by eDE .004	TONS	
			Amount	Units per hour	
ote: efinition of laximum		f. If organic material, give weight % of:	VOC	HOC	
rocess rate			HYC		
		g. Total actual raw material used or finished product produced for year of record:	Amount	Units	
		Enter " 0" if not used in the year of record	Prior year – eDEP only	TONS Units prior year	
(?	h. Do you have raw material or finished product restrictions?	☐ yes no – skip	to question 1.I	
1	?	i. DEP approval number for restrictions:	Most recent approval number for	or this material or product	
		j. Short term raw material/finished product	· ·		
		restriction – if none, leave blank:	Quantity (amount or hours)	Units	
			Per: month weel	k ∐ day ∐ hour	
		k. Annual material/product restrictionif none, leave blank:	Quantity (amount or hours)	Units	
		I. Indicate which air pollution control devices from Section A, Question 15 control this	Device ID #	Device ID #	
		material/product by listing the facility- designated control device ID # for each unit	Device ID #	Device ID #	
		that applies:	Device ID #	Device ID #	
		How to make a new air pollution control device appear in these drop menus?	check here if ALL air pollur unit apply to this material/p		
		09/19/05	BWP AQ AP-2 Emission Unit -	Process Description • Page 5	

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Short term period:

Basis - DEP approval number or regulation:

MBR-88-IND-

MBR-88-IND-

Emission Unit - Process Description

2005 Year of record 4 DEP EU# (old Point #) 1190564

Facility AQ identifier

B. Emissions for Raw Materials/Finished Products (cont.)

?	2. Total emissions for this	material/produc	t – tons per year	r:		
Important: Leaving blanks for	Pollutant	PM10	PM2.5	SO2	NO2	СО
Actual and Potential	Actual for previous year	0	0	0	0	0
emissions means that you are certifying that there were less than	eDEP only:	Tons	Tons	Tons	Tons	Tons
0.0001 (or zero) tons of emissions for each	Actual for year of record:	Tons	Tons	Tons	Tons	Tons
blank.	Potential emissions at maximum	0	0	0	0	0
<u>(</u>	capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Emission factor:	0	0	0	0	0
	In pounds per unit::	TONS	TONS	TONS	TONS	TONS
b 6	Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
<u>ia</u> ∠ 2		10110	10110	10110	10110	10110
For this material or product in the	Max allowed — short term:	Pounds	Pounds	Pounds	Pounds	Pounds
r this	Short term period:					
F S	Basis: DEP approval number or regulation:	MBR-88-IND-	MBR-88-IND-	MBR-88-IND-	MBR-88-IND-	MBR-88-IND-
?						Other:
Important: Reporting now	Dallestant	voc	нос	*D	NH3	
required for	Pollutant	VOC	нос	*Reserved*	NUS	specify
t-Butyl Acetate	Actual for previous year	0			0	
	eDEP only:	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	Tons	Tons	Tons	Tons	Tons
	Potential emissions at maximum	0			0	
	capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Emission factor:	0				
	In pounds per unit:	TONS				
o 6	Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
ial			10110	70110	70110	10110
material or	Max allowed — short term:	Pounds	Pounds	Pounds	Pounds	Pounds

check to enter your own values

MBR-88-IND

MBR-88-IND-

MBR-88-IND-

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2005
Year of record
4
DEP EU# (old Point #)
1190564
acility AQ identifier

cal ozone day VOC emissions – pounds per day	b. Typical ozone day NOx emissions – pounds per day		
ck to enter your own values	check to enter your own values		
,	eck to enter your own values The form has estimated the emissions for you. Howe		

C. Notes and Attachments

1. **Notes**: please include in the space below any additional information that will help DEP understand your submission.

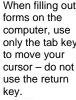
2. Attachments:

☐ Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments below and deliver them to DEP with a paper copy of this form.

Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-3

2005
Year of record
1
DEP EU# (old Point#)
1190564
Facility AQ identifier







		sission I lait - In sin anoton, Caliel Waste, Chudas - N	ladiaal Maata athan	1190564		
	<u>⊢</u>	nission Unit – Incinerator: Solid Waste, Sludge, N	ledical vvaste, otner	Facility AQ identifier		
Important: When filling out forms on the	Α.	A. Emission Unit – Incinerator Information				
computer, use	1.	Facility identifiers:				
only the tab key to move your		CLEAN HARBORS OF BRAINTREE				
cursor – do not use the return		a. Facility name				
key.		34839	1190564			
A		b. DEP Account number	c. Facility AQ identifier – SSE	IS ID number		
	2.	Emission unit identifiers:				
return	۷.		I 0.20/ C			
		a. Facility's choice of emission unit name – edit as needed	L-U.2%5			
		1	1			
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SS	EIS point #		
		_				
	3.	DEP approvals – leave blank if not applicable:				
		MBR-91-INC-003B	5/17/1993			
		a. Most recent approval number	b. DEP approval date (mm/dd	/уууу)		
		Entertain of the Control of the Cont				
?	4.	Emission unit installation and decommission dates:				
How to delete		5/1/1989	h Danas and a few (1)	d/ana A		
a unit?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/de			
			replaced since the last re	was shut down permanently or port.		
	5.	Emission unit replacement?				
	0.	Emission unit replacement:				
		a. Is this unit, replacing another emission unit?				
		✓ no yes – enter DEP's emissions unit nur	nhar for the unit being rer	placed below:		
		yes – enter DEF's emissions unit hur	inder for the drift being fer	naced below.		
		b. DEP's Emission Unit Number and facility's unit name				
		b. Del 3 Emission one Number and rability 3 une name				
	6.	Are there routine air quality reporting requirements for	or this emissions unit (oth	er than Source		
		Registration)?				
		a. Are there other routine air quality reporting require	ments for this emissions	unit?		
			o – skip to question 6c			
		I. Daniel and a feet and				
		b. Reporting frequency – check all that apply:	. 🗖			
		☐ Monthly ☐ Quarterly ☐ Semi-annual ☐ Annu	ıal ∐ RES			
		(include Operating Permit and Plan Approval reports, but not exce	edance reporting)			
		c. Is this unit subject to (check all that apply):				
		□NESHAP □ NSPS □MACT				

Bureau of Waste Prevention – Air Quality

BWP AQ AP-3

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

2005
Year of record
1
DEP EU# (old Point#)
1190564
Facility AQ identifier

			,	
Note: This section is not for afterburners or	7.	Incinerator description:		
other pollution		a. Type: commercial industrial medical		
control equipment.		a. Type. 🖂 commercial 🔄 muustnar 🔄 medicar	INCINEDATOR	
ечирттетт.		☐ municipal ☐ sludge	INCINERATOR Specify "other" incinerator type	
		VENT-O -MATIC	CAE500	
		b. Manufacturer:	c. Model number	
		d Maximum aparating capacity.	0.35	
		d. Maximum operating capacity:	amount in units of:	
			pounds OR I tons of waste per hour	
		e. Pounds of steam per hour	f. MMBtu per hour	
	8.		– dry rubbish, trash	
		☐ Type 1 Waste	e – mix of rubbish & garbage e – garbage e – infectious/medical waste e – industrial (liquid)	
		☐ Type 3 Waste		
		✓ Type 4 Waste		
		☐ other:	- industrial (solid)	
		outer.		
		Specify Other Waste T	уре	
		, ,		
	9.	,	50200505	
		(see instructions):	SC Code (call DEP if SC code will not validate) INCINERATION-SPCL-PATHOLOGICAL	
			SC Code Description – filled by eDEP upon validation	
	10	. Amount of material incinerated in year of record:	0	
		·	Tons	
			0	
	11	Charging rate restriction (for botch units only)	Tons in previous year – eDEP only	
	11	. Charging rate restriction (for batch units only):	a. Amount	
			b. Dounds of waste per hour OR	
			tons of waste per hour	
	12	. Heat recovery?	☑ yes ☐ no	
	13	. Number of hearths:	1	
	14	. Total hearth area (total square footage):	100 Square Feet	
	15	. Automatic feeder?	✓ yes □ no	
	10	. Additionally rooder:	E 700 [110	

Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-3

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

2005
Year of record
1
DEP EU# (old Point#)
1190564
Facility AQ identifier

O D. Ozone season days per week O C. Weeks operated in ozone season days per weeks O C. Weeks operated in ozone season O C. Weeks operated in ozone season O C. Weeks operated in ozone seaso		Hours of	operation for th	e emissi	on unit: a. [check if c	ontinuousl	y operated – 24 x	(/ X 52
e. Percent of total annual operation that occurs in each calendar quarter: 0		-			-			-	
17. Ozone season schedule — May 1 through September 30: 0		b. Number	of hours per day		c. Number of da	ays per week		d. Number of weeks	per year
17. Ozone season schedule – May 1 through September 30: 0		e. Percer	nt of total annua	al operati	on that occurs i	n each caler	ndar quarte	er:	
17. Ozone season schedule – May 1 through September 30: O									
0 a. Ozone season hours per day Dozone season days per week C. Weeks operated in ozone season days per weeks C. Weeks operated in ozone season days per weeks C. Weeks operated in ozone season days per weeks C. Weeks operated in ozone season days per weeks C. Weeks operated in ozone season days per weeks C. Weeks operated in ozone season days per weeks C. Weeks operated in ozone season C. Weeks operated in ozone C. Weeks operated in o		Q1	Q2	Q3	Q4	OI	on the diff.	was not operated for	arry quarter
a. Ozone season hours per day b. Ozone season days per week c. Weeks operated in ozone season	17.	Ozone se	eason schedule	– May 1	through Septe	mber 30:			
Non-Stack Release Points:								0	
Non-Stack Release Points: fugitive horizontal vent vertical stack vertical stack vertical stack vertical stack vertical stack vertical with rain cap/sleeve vertical stack vertical stack vertical with rain cap/sleeve vertical with rain cap/sleeve vertical stack vertical stack vertical stack vertical stack vertical stack vertical with rain cap/sleeve vertical stack vertical with rain cap/sleeve vertical stack vertical stack vertical stack vertical stack vertical stack vertical stack vertical with rain cap/sleeve vertical stack vertical with rain cap/sleeve vertical stack vertical stack vertical with rain cap/sleeve vertica		a. Ozone se	eason hours per da	y	b. Ozone seaso	n days per wee	k	c. Weeks operated i	n ozone season
19. Link this unit to a physical stack (if applicable) – pick from the list below: 1 STACK #1-INCINERATOR #1-VENT-O-MATIC-DOWN 2006 Facility's stack identifier from STACK form – to change stack name use the STACK form If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before returning to this form 20. Temperature – degrees in Fahrenheit a. Operating range: b. Permitted range: 100 100 100 100 100 100 100 1		goos vert	seneck do ical stack/vent l	wnward fess than	facing vent 10ft			n cap/sleeve	
1 STACK #1-INCINERATOR #1-VENT-O-MATIC-DOWN 2006 Facility's stack identifier from STACK form – to change stack name use the STACK form If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before returning to this form 20. Temperature – degrees in Fahrenheit a. Operating range: b. Permitted range: 21. Retention time in seconds a. Operating retention time: b. Permitted retention time: Comparison of the stack form before returning to this form Primary Chamber Secondary Chamber Secondary Chamber Lower Upper Upper Lower Upper Lower Upper Lower Upper Lower Upper		If Non St	ack release point of	skip to guo					
Facility's stack identifier from STACK form – to change stack name use the STACK form If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before returning to this form 20. Temperature – degrees in Fahrenheit a. Operating range: b. Permitted range: The stack for this unit is not listed, save and exit this form now and complete a new Stack form before returning to this form Primary Chamber Secondary Chamber Lower Upper Dependent Lower Upper Lower Upper Dependent Lower Upper Dependent Depende	10					nial from the	a liat balau		
If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before returning to this form 20. Temperature – degrees in Fahrenheit a. Operating range: b. Permitted range: 21. Retention time in seconds a. Operating retention time: b. Permitted retention time: c. Description and exit this form now and complete a new Stack form before returning to the new Stack form now and complete a new Stack form before returning to the new Stack form now and complete a new Stack form before returning to the new Stack form now and complete a new Stack form now	19.	Link this u	unit to a physica	al stack (if applicable) –	pick from the	e list below	<i>I</i> '.	
a. Operating range: b. Permitted range: 21. Retention time in seconds a. Operating retention time: b. Permitted retention time: c. Description time:	19.	Link this u	unit to a physica	al stack (-o-matic- de	(if applicable) – own 2006				
a. Operating range: b. Permitted range: a. Operating range: b. Permitted range: a. Operating range: b. Permitted retention time: b. Permitted retention time: c. Dower		Link this u 1 STACK #1- Facility's sta If the stack	unit to a physica INCINERATOR #1-VENT ack identifier from \$ for this unit is not li	al stack (o-matic- do STACK forr sted, save	(if applicable) — own 2006 m — to change stack and exit this form r	k name use the now and comple	STACK form	n ock form before return	
21. Retention time in seconds a. Operating retention time: b. Permitted retention time:		Link this u 1 STACK #1- Facility's sta If the stack	unit to a physica INCINERATOR #1-VENT ack identifier from \$ for this unit is not li	al stack (o-matic- do STACK forr sted, save	(if applicable) — own 2006 m — to change stack and exit this form r	c name use the now and comple	STACK form te a new Sta	n ock form before return	
a. Operating retention time: Description time: Description time:		Link this u 1 STACK #1- Facility's sta If the stack Tempera a. Operate	unit to a physical INCINERATOR #1-VENT ack identifier from S for this unit is not litture — degrees ting range:	al stack (o-matic- do STACK forr sted, save	(if applicable) — own 2006 m — to change stack and exit this form r	r name use the now and comples Prima 50 Lower	STACK formate a new State and State	ock form before return	ary Chambe
h Permitted retention time:		Link this u 1 STACK #1- Facility's sta If the stack Tempera a. Operate	unit to a physical INCINERATOR #1-VENT ack identifier from S for this unit is not litture — degrees ting range:	al stack (o-matic- do STACK forr sted, save	(if applicable) — own 2006 m — to change stack and exit this form r	Prima 50 Lower 50	stack formate a new State ry Chamba 100 Uppee 100	neck form before returned before Seconda	ary Chambe
b. Permitted retention time:	20.	Link this u 1 STACK #1- Facility's sta If the stack Tempera a. Operat b. Permit	unit to a physical INCINERATOR #1-VENT ack identifier from Stor this unit is not litture — degrees ting range: ted range:	al stack (-o-MATIC- DO STACK form sted, save	(if applicable) — own 2006 m — to change stack and exit this form r	Prima 50 Lower 50	stack formate a new State ry Chamba 100 Uppee 100	neck form before returned before Seconda	ary Chambe
	20.	Link this u 1 STACK #1- Facility's sta If the stack Tempera a. Operat b. Permit	unit to a physical INCINERATOR #1-VENT ack identifier from S for this unit is not litture — degrees ting range: ted range:	al stack (-o-MATIC- DE ETACK form sted, save in Fahren ds	(if applicable) — own 2006 m — to change stack and exit this form r	Prima 50 Lower 50	stack formate a new State ry Chamba 100 Uppee 100	er Seconda Lower Lower	Tupper Upper Upper

Bureau of Waste Prevention – Air Quality

BWP AQ AP-3

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

2005
Year of record
1
DEP EU# (old Point#)
1190564
Facility AQ identifier

22.	Primary chamber auxiliary burners:				
	a. Type of burner – check one:	rotary air atomizer other:			steam atomizer hand fired
	CARLIN		Specify "other" I	ourner type	
	b. Burner manufacturer				
	201-CRD		2.94	See MANADO (1)	
	c. Burner model number		d. Maximum rat	ing MMBtu / f	nr
	e. Source Classification C code (SC	CC):	50290005		
	(see instructions)				e will not validate) S-DISTILLATE OIL
					by eDEP upon validation
	f. Type of fuel – check one:		☐ no.2] no.4	☐ no.6
			diesel AUX FUEL Describe "other		gas 🗹 other – describe:
	g. Sulfur content for oils (0-2.2):				
	h. Maximum hourly fuel rate for all f	iring hurnore:	Percent by weig	ıht	1000 GALLONS
	TI. Maximum Houriy fuel fate for all f	illing burners.	Amount		Units per hour ?
	i. Total actual fuel used for year of r		0		1000 GALLONS
	(Enter "0" if not used in the year of record)		Amount – year	of record	Units 1000 GALLONS
			Prior year – eDI	EP only	Units
	j. Do you have fuel or usage restrict	ions?	□ yes 🔽	no – ski	ip to question 23
	k. DEP approval number for fuel res	strictions: ?	Most recent for	this fuel	
	I. Annual usage restriction (for this f	uel):	Quantity		Units
	m. Short term use restriction (for thi	s fuel):	Quantity		Units
			Per: mo	nth 🗌 we	eek 🗌 day 🔲 hour

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

2005
Year of record
1
DEP EU# (old Point#)
1190564
Facility AQ identifier

23.	Secondary chamber auxiliary burners:				
	Is there a secondary chamber?	es 🗹 No –	if no skip to	Question 24	4
	□ ai	tary r atomizer her:	☐ mech. at ☐ traveling		steam atomizer hand fired
			Specify "other	" burner type	
	b. Burner manufacturer				
	c. Burner model number		d. Maximum ra	ating MMBtu/hr	
	e. Source Classification C code (SCC): (see instructions)		SC Code (call	DEP if SC cod	le will not validate)
			SC Code Des	cription – filled	by eDEP upon validation
	f. Type of fuel – check one:		☐ no.2	no.4	☐ no.6
			diesel	natural g	as other – describe:
			Describe "othe	er" fuel	
	g. Sulfur content for oils (0-2.2):h. Maximum hourly fuel rate for all firing be	urners:	Percent by we	eight	Units per hour
	i. Total actual fuel used for year of record: (Enter "0" if not used in the year of record)		Amount – yea Prior year – el		Units
	j. Do you have fuel usage restrictions?		☐ yes	✓ no – ski	ip to question 24
	k. DEP approval number for fuel restriction	ns:	Most recent for	or this fuel	
	I. Annual usage restriction (for this fuel):		Quantity		Units
	m. Short term fuel use restriction (for this	fuel):	Quantity		Units
			Per: m	onth 🗌 we	eek 🗌 day 🔲 hour

Bureau of Waste Prevention – Air Quality

BWP AQ AP-3

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

Year of record

DEP EU# (old Point#)

1190564

Facility AQ identifier

2	24.	Is there an air pollution control of	device/s on this emissions unit?	Check here if you need to report more than 3 air pollution control devices on	
How to delete a control?		yes – answer a through i	✓ no – skip to question 25	this unit. eDEP will add another page of control devices after this form.	
a control:		Air pollution control device	Air pollution control device	Air pollution control device	
		а. Туре	Туре	Туре	
Do not leave blank –		b. Manufacturer	Manufacturer	Manufacturer	
if unknown write 'unknown' or		c. Model number	Model number	Model number	
estimate	<u>a</u>	d. Facility's ID for this device	Facility's ID for this device	Facility's ID for this device	
	<u> </u>	e. Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	
Leave f, g, h blank if not		f. DEP approval # (most recent)	DEP approval # (most recent)	DEP approval # (most recent)	
applicable.		g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	
		h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	
PM 10		i. Percent overall efficiency – er	nter for all pollutants that the device w	as designed to control:	
PM 2.5		% Overall eff.	% Overall eff.	% Overall eff.	
SO2		% Overall eff.	% Overall eff.	% Overall eff.	
СО		% Overall eff.	% Overall eff.	% Overall eff.	
VOC		% Overall eff.	% Overall eff.	% Overall eff.	
NO2		% Overall eff.	% Overall eff.	% Overall eff.	
NH3		% Overall eff.	% Overall eff.	% Overall eff.	
НОС		% Overall eff.	% Overall eff.	% Overall eff.	
HYC		% Overall eff.	% Overall eff.	% Overall eff.	
Hg		% Overall eff.	% Overall eff.	% Overall eff.	
Pb		% Overall eff.	% Overall eff.	% Overall eff.	
Other		% Overall eff.	% Overall eff.	% Overall eff.	
		% Overall eff.	% Overall eff.	% Overall eff.	
		Specify "Other"	Specify "Other"	Specify "Other"	

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

Year of record

1
DEP EU# (old Point#)
1190564
Facility AQ identifier

?	25. Is there monitoring ✓ yes – answer a	g equipment on this emission through I no – skip to		
How to delete a monitor?		Monitor 1	Monitor 2	Monitor 3
	a. Monitor type:	check only one:	check only one:	check only one:
Do not leave blank –		☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☑ other – describe:	CEMs opacity fuel flow meter time recorder temperature recorder pressure other – describe:	CEMs opacity fuel flow meter time recorder temperature recorder pressure other – describe:
if unknown write		DYNATROL Describe "other"	Describe "other"	Describe "other"
'unknown' or estimate	b. Manufacturer:	DYNATROL		
	c. Model number:	NO. 110M		
	d. Monitor ID #:	1		
	e. Installation date:	Facility's Designation 5/17/1990	Facility's Designation	Facility's Designation
	f. DEP approval #:	(mm/dd/yyyy) MBR-91-INC-003B	(mm/dd/yyyy) MBR-91-INC-003B	(mm/dd/yyyy) MBR-91-INC-003B
Leave f, g, h blank if not	g. DEP approval date:	5/17/1993	5/17/1993	5/17/1993
applicable.	h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder?	(mm/dd/yyyy) ☐ yes ☑ no	(mm/dd/yyyy) □ yes □ no	(mm/dd/yyyy) □ yes □ no
	j. Audible alarm?	☑ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	k. Data system? ?	☐ yes 🗹 no	☐ yes ☐ no	☐ yes ☐ no
	I. Monitored pollutants – check all that apply:	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:
		Describe "other"	Describe "other"	Describe "other"

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

2005 Year of record DEP EU# (old Point#) 1190564 Facility AQ identifier

B. Emissions

	1. Total emissions for this	s emissions unit	- tons per year:			
	Pollutant	PM10	PM2.5	SO2	NO2	СО
Important:	Actual for previous year	0	0	0	0	0
Leaving blanks for Actual and Potential	eDEP only:	Tons	Tons	Tons	Tons	Tons
emissions means that	Actual for year of	0	0	0	0	0
you are certifying that there were less than	record:	Tons	Tons	Tons	Tons	Tons
0.0001 (or zero) tons	Potential emissions at	0	0	3	5	6
of emissions for each blank.	max capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	?Emission factor:					
	Emission factor units in pounds per:					
	Maximum allowed					
init		Tons	Tons	Tons	Tons	Tons
re u if no	Maximum allowed					
enti nly	emissions – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
For the entire unit only (leave blank if none)	Short term period (or MMBtu):					
Fe Fe	Basis: DEP approval number or regulation:	MBR-91-INC-003B	MBR-91-INC-003B	MBR-91-INC-003B	MBR-91-INC-003B	MBR-91-INC-003B
					TOTAL SUSDI	Other:
	Pollutant	VOC	нос	*Reserved*	NH3	Specify
	Actual for previous year	0			0	0
	eDEP only:	Tons	Tons	Tons	Tons	Tons
	Actual for year of	0				0
	record:	Tons	Tons	Tons	Tons	Tons
	Potential emissions at	19			0	0
	maximum capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Emission factor:					
	Emission factor units in pounds per:					
	Maximum allowed					
init	emissions – annual:	Tons	Tons	Tons	Tons	Tons
re u if no	Maximum allowed emissions – short term:	Dounds	Douada	Douada	Dougda	Dounds
enti nly	emissions – snort term.	Pounds	Pounds	Pounds	Pounds	Pounds
For the entire unit only (leave blank if none)	Short term period (or MMBtu):					
Fo Fo	Basis – DEP approval number or regulation:	MBR-91-INC-003B	MBR-91-INC-003B	MBR-91-INC-003B	MBR-91-INC-003B	MBR-91-INC-003B
?	2. Ozone season emissio	ons – May 1 thro	ugh September	_		
NOTE for	O Turnical day VOC aminaia			b Turning I day NO		
Ozone Season	a. Typical day VOC emissio	ns – pounds per day	,	b. Typical day NO	c emissions – pound	s per day
Emissions	check to enter your own	values		check to enter	your own values	

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

2005
Year of record
1
DEP EU# (old Point#)
1190564
Facility AQ identifier

C. Notes and Attachments

1. Notes: please include any additional information that will help DEP understand your submission.

INCINERATOR HAS NOT OPERATED IN MORE THAN 10 YEARS

2. Attachments:

Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will
create a new step on your Current Submittals Page where you will attach electronic files to your
submittal. For attachments that cannot be sent electronically, please list all such attachments
below and deliver them to DEP with a paper copy of this form.

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
9
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Complete one AP-4 for EACH organic material storage tank.				
Important: When filling out forms on	A.	Equipment Description			
the computer,	1.	Facility identifiers: 7			
use only the tab key to		CLEAN HARBORS OF BRAINTREE			
move your cursor – do		a. Facility name			
not use the return key.		b. DEP Account number		l 190564 :. Facility AQ identifier – SSEIS ID number	
tab		B. BET Account Humber	Ü	. Facility Act Identified Cocio is multipel	
	2.	Emission unit identifiers:			
return		AG TANK A4- 5,200 GAL WASTE STREAM	/I A-40		
		a. Facility's choice of emission unit name – edit as needed			
		9 b. Facility's emission unit number / code – edit as needed	$-\frac{9}{2}$:. DEP emissions unit # - SSEIS point #	
		b. Facility's emission unit humber / code — edit as needed			
How to combine units?		d. Combined Units – enter number of individual units			
unito :	3.	Emission unit installation and decommission d	ates:		
		1/1/1986			
How to delete a unit?		a. Installation date – estimate if unknown (mm/dd/yyyy)	C	o. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.	
<u> </u>	2 4.	Emission unit replacement:			
		a. Is this unit replacing another emission unit?			
				Landardha 1981 - San ann Iorraidh air	
		✓ no	nit num	ber for the unit being replaced below:	
		b. DEP's Emission Unit Number and facility unit name			
?	5.	Unit descriptions:			
		a. Description: 🗹 above ground 🗌 below	ground		
		b. Roof type:	al roof		
		13 9 52	200	Specify other	
				– gallons	

✓ steel weld □ other weld □ rivet □ fiberglass □ gunite

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
9
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):					
	HALOGENATED FUEL					
	a. Name of material					
		40722098				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	ORGANIC CHEM.SPECIFY IN COMMNETS	·				
?	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C ?				
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)				
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only					
8.	New material stored (enter new material if contents changed during year of record):					
	a. Name of material					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
	f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons				
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only					
В.	Notes and Attachments					
1.	Notes : please include in the space below any additional information that will help DEP understand your submission.					
	your submission.					
		ments to this form. For attachments that cannot he				

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

12

d. Diameter - feet

2005
Year of record
8
DEP EU# (old Point #)
1190564
Facility AQ identifier

Important:
When filling
out forms on
the computer,
use only the
tab key to
move your
cursor – do
not use the
return key.
tab

combine units?

a unit?

Co	mplete one AP-4 for EACH organic material storage tar	nk.		
A. Equipment Description				
1.	Facility identifiers: ? CLEAN HARBORS OF BRAINTREE			
	a. Facility name 34839	1190564		
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number		
2.	Emission unit identifiers:			
	AG TANK A3-9,800 GAL WASTE STREAM A-22			
	a. Facility's choice of emission unit name – edit as needed	8		
	b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #		
	d. Combined Units – enter number of individual units			
	d. Combined office of findividual drifts			
3.	Emission unit installation and decommission dates:			
	1/1/1986			
	a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable		
		Complete only if the unit was shut down permanently or replaced since the last report.		
) 4.	Emission unit replacement:			
,	a. Is this unit replacing another emission unit?			
	✓ no			
	b. DED's Emission Unit Number and facility unit name			
	b. DEP's Emission Unit Number and facility unit name			
5.	Unit descriptions:			
,	a. Description: 🗹 above ground 🗌 below ground	nd		
	b. Roof type:	f		
	✓ fixed □ other:	Specify other		
		Specify Office		

9800

✓ steel weld □ other weld □ rivet □ fiberglass □ gunite

e. Capacity - gallons

6.	Construction:
aqap4.doc • revised 1	0/03/05

c. Height / Length – feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
8
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

Material stored (at start of year):	
LEAN WATER	
a. Name of material	1
	40799998
b. CAS number if single chemical	c. SC Code for standing / breathing loss
MISC.CHEMICAL STORAGE	- Variation 's POL at 050 O
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C 0.39
f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	-
New material stored (enter new material if conter	nts changed during year of record): ?
a. Name of material	
b. CAS number if single chemical	c. SC Code for standing / breathing loss
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only Notes and Attachments	-
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ac	-
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ac	-
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ac	-
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ac	-
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ac	-
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ac	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ac	-
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ac	-
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ac	-
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ac	-
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ac	-
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ac	-

paper copy of this form.

help

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
7
DEP EU# (old Point #)
1190564
Facility AQ identifier

combine units?

a unit?

Complete one AP-4 for EACH organic material storage tank.				
A.	Equipment Description			
1.	Facility identifiers: ? CLEAN HARBORS OF BRAINTREE			
	a. Facility name 34839	1190564		
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number		
2.	Emission unit identifiers:			
	AG TANK A2-9,800 GAL WASTE STREAM A-22			
	a. Facility's choice of emission unit name – edit as needed	7		
	7 b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #		
	d. Combined Units – enter number of individual units			
^	Estate to a state of the selling to a selling to the selling to th			
3.	Emission unit installation and decommission dates:			
	a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable		
	a. Installation date – estimate il drikhown (min/dd/yyyy)	Complete only if the unit was shut down permanently		
		or replaced since the last report.		
) 4.	Emission unit replacement:			
	a. Is this unit replacing another emission unit?			
✓ no yes – enter DEP's emissions unit number for the unit being replaced be				
b. DEP's Emission Unit Number and facility unit name				
_	11.50			
5.	Unit descriptions:			
	a. Description: ✓ above ground ☐ below groun	nd		
	b. Roof type:	f		
	✓ fixed □ other:	Specify other		
		opedity officer		

6.	Construction:	steel weld	other weld	☐ rivet	fiberglass	gunite

9800

e. Capacity - gallons

12

c. Height / Length – feet d. Diameter – feet

12

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
7
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):						
	LEAN WATER FOR INCINERATION						
	a. Name of material	_					
		40799998					
	b. CAS number if single chemical MISC.CHEMICAL STORAGE	c. SC Code for standing / breathing loss					
?	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
<u> </u>	f. Temperature – typical storage temp. in Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)					
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only	_					
8.	New material stored (enter new material if conte	New material stored (enter new material if contents changed during year of record):					
	a. Name of material						
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons					
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only	_					
В.	Notes and Attachments						
1.	Notes: please include in the space below any additional information that will help DEP understand						
	your submission.						
	2. Attachments: Check here to submit attack	nments to this form. For attachments that cannot be					

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
63
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Coi	mplete one AP-4 for EACH organic n	naterial storage ta	nk.		
Important: When filling	Α.	Equipment Description	1			
out forms on the computer, use only the	1.	Facility identifiers:				
tab key to		CLEAN HARBORS OF BRAINTR	EE			
move your cursor – do		a. Facility name				
not use the		34839		1190564		
return key.		b. DEP Account number		c. Facility AQ identifier – SSEIS ID number		
	2.	Emission unit identifiers:				
return		AG TANK B9- 7,000 GAL W	/ASTEWATER			
		a. Facility's choice of emission unit name -				
		63		63		
		b. Facility's emission unit number / code –	edit as needed	c. DEP emissions unit # - SSEIS point #		
How to combine units ?		d. Combined Units – enter number of indiv	ridual units			
units :	3.	Emission unit installation and dec	ommission dates:			
_		1/1/1977				
?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable		
How to delete a unit ?				Complete only if the unit was shut down permanently or replaced since the last report.		
<u> </u>	4.	Emission unit replacement:				
•		a. Is this unit replacing another en	nission unit?			
		✓ no yes – enter DEP's	emissions unit nu	umber for the unit being replaced below:		
		b. DEP's Emission Unit Number and facili	ty unit name			
?	5.	Unit descriptions:				
		a. Description: 🗹 above ground	below grou	nd		
		b. Roof type:	internal roo			
		11 12	7000	Specify other		
		11 IZ	7000			

e. Capacity - gallons

c. Height / Length – feet d. Diameter – feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
63
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

Material stored (at start of year):					
EP TOXIC WASTES					
a. Name of material	30187097				
b. CAS number if single chemical	c. SC Code for standing / breathing loss				
SPECIFY LIQUID:BREATHING LOSS	c. 30 dode for standing / breathing loss				
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
)	0				
f. Temperature – typical storage temp. in *Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)				
h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
j. Oxygenate name – gasoline only	_				
New material stored (enter new material if contents changed during year of record):					
a. Name of material					
b. CAS number if single chemical	c. SC Code for standing / breathing loss				
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons				
	- - 				
h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
h. RVP – gasoline only j. Oxygenate name – gasoline only	i. Total oxygen percent – gasoline only —				
	i. Total oxygen percent – gasoline only 				
j. Oxygenate name – gasoline only Notes and Attachments					
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a					
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a					
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a					
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a					
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a					
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a					
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only additional information that will help DEP understand				
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a					
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a					
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a					
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a					

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
62
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Complete one AP-4 for EACH organic material storage tank.					
ant: illing	A.	Equipment Description				
ns on nputer,	1.	Facility identifiers: 7				
ly the v to		CLEAN HARBORS OF BRAINTREE				
our		a. Facility name				
– do the		34839	1190564			
key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number			
<u></u>	2.	Emission unit identifiers:				
		AG TANK B8- 7,000 GAL WASTEWATER				
		a. Facility's choice of emission unit name – edit as needed				
		62	62			
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #			
		d Combined Units - onton promise of Cod Color Cod Cod				
e le		d. Combined Units – enter number of individual units				
	3.	Emission unit installation and decommission dates:				
		1/1/1977				
		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable			
delete			Complete only if the unit was shut down permanently or replaced since the last report.			
	4.	Emission unit replacement:				
		a. Is this unit replacing another emission unit?				
		✓ no yes – enter DEP's emissions unit nu	umber for the unit being replaced below:			
		b. DEP's Emission Unit Number and facility unit name				
?	5.	Unit descriptions:				
		a. Description: 🗹 above ground 🗌 below ground	nd			
		b. Roof type:				
			Specify other			

✓ steel weld □ other weld □ rivet □ fiberglass □ gunite

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
62
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):	
	EP TOXIC WASTES	
	a. Name of material	20497007
	b. CAS number if single chemical	30187097 c. SC Code for standing / breathing loss
	SPECIFY LIQUID:BREATHING LOSS	c. 30 code for standing / breathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
?	0	0
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	_
3.	New material stored (enter new material if conte	ents changed during year of record):
	a. Namo di material	
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
	f. Temperature – typical storage temp. in °Fahrenheit h. RVP – gasoline only	g. Annual throughput in gallons i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only
3.	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only

paper copy of this form.

Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2005 Year of record 60 DEP EU# (old Point #) 1190564 Facility AQ identifier

	Co	Complete one AP-4 for EACH organic material storage tank.				
Important: When filling out forms on	A	Equipment Description				
the computer, use only the tab key to	1.	Facility identifiers: ? CLEAN HARBORS OF BRAINTREE				
move your cursor – do		a. Facility name				
not use the		34839	1190564			
return key.	2.	b. DEP Account number Emission unit identifiers:	c. Facility AQ identifier – SSEIS ID number			
return		AG TANK B7- 6,250 GAL WASTEWATER				
		a. Facility's choice of emission unit name – edit as needed				
		60	60			
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #			
How to		d. Combined Units – enter number of individual units				
combine						

units?

3. Emission unit installation and decommission dates:



a. Installation date - estimate if unknown (mm/dd/yyyy)

b. Decommission date (mm/dd/yyyy) - if applicable

Complete only if the unit was shut down permanently or replaced since the last report.

? 4.	Emission unit replacement: a. Is this unit replacing another emission unit?				
	✓ no	yes – enter DEP's emissions unit number for the unit being replaced below:			
	b. DEP's Em	ission Unit Number and facility unit name			
2 05	Unit descri	intions:			

Unit descriptions:					
a. Description:	✓ above ground	below ground			
b. Roof type:	☐ floating roof ✓ fixed	☐ internal roof ☐ other:			
12	10	6250	Specify other		
c. Height / Length	- feet d. Diameter - fe	e. Capacity	– gallons		

 Construction: ✓ steel weld other weld rivet fiberglass] gunite
--	----------

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
60
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):					
	EP TOXIC WASTES					
	a. Name of material					
		30187097				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	SPECIFY LIQUID:BREATHING LOSS					
?	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)				
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only					
8.	New material stored (enter new material if conten	ts changed during year of record): 🥐				
	a. Name of material					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons				
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only					
В.	Notes and Attachments					
1.	Notes: please include in the space below any additional information that will help DEP understand					
	your submission.					
	2 Attachments: Check here to submit attachn	nents to this form. For attachments that cannot be				

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
6
DEP EU# (old Point #)
1190564
Facility AQ identifier

		nplete one AP-4 for EACH organic material storage tar	ik.
9	Α.	Equipment Description	
s on outer,	1.	Facility identifiers:	
the o		CLEAN HARBORS OF BRAINTREE	
ur		a. Facility name	
do the		34839	1190564
ey.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
- 31 - √ :	2.	Emission unit identifiers:	
<u> </u>		AG TANK A1-9,800 GAL WASTE STREAM A-21	
		a. Facility's choice of emission unit name – edit as needed	6
		b. Facility's emission unit number / code - edit as needed	c. DEP emissions unit # - SSEIS point #
9		d. Combined Units – enter number of individual units	
	3.	Emission unit installation and decommission dates:	
	٠.		
		1/1/1986 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
ielete		a. Installation date estimate il dilikhown (ministratyyyyy)	Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit replacement:	
?	4.	·	
?	4.	Emission unit replacement: a. Is this unit replacing another emission unit?	
?	4.	·	mber for the unit being replaced below:
?	4.	a. Is this unit replacing another emission unit?	mber for the unit being replaced below:
?	4.	 a. Is this unit replacing another emission unit? In no yes – enter DEP's emissions unit nu b. DEP's Emission Unit Number and facility unit name 	mber for the unit being replaced below:
?	4 .	a. Is this unit replacing another emission unit? ✓ no	mber for the unit being replaced below:
?	4 .	 a. Is this unit replacing another emission unit? In no yes – enter DEP's emissions unit nu b. DEP's Emission Unit Number and facility unit name 	
?	5 .	a. Is this unit replacing another emission unit? I no yes – enter DEP's emissions unit nu b. DEP's Emission Unit Number and facility unit name Unit descriptions:	nd
?	4 .	a. Is this unit replacing another emission unit? ✓ no	nd

 $lue{}$ steel weld $\ \square$ other weld $\ \square$ rivet $\ \square$ fiberglass $\ \square$ gunite

6. Construction:

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
6
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):						
	NONE						
	a. Name of material						
		40799998					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	MISC.CHEMICAL STORAGE						
?	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
	f. Temperature – typical storage temp. in *Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)					
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only						
8.	New material stored (enter new material if contents changed during year of record):						
	a. Name of material						
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons					
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only						
В.	Notes and Attachments						
1.		ditional information that will help DEP understand					
	your submission.						
	2 Attachments: Check here to submit attach	ments to this form. For attachments that cannot he					

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2005 Year of record 59 DEP EU# (old Point #) 1190564 Facility AQ identifier

Important:
When filling
out forms or
the compute
use only the
tab key to
move your
cursor – do
not use the
return key.
tab

	Complete one AP-4 for EACH organic material storage tank.						
Important: When filling out forms on	Α.	Equipmen	t Description				
the computer, use only the	1.	Facility identifie	ers: 🥎				
tab key to		CLEAN HARBO	ORS OF BRAINTRE	E			
move your cursor – do		a. Facility name					
not use the		34839			1190564		
return key.		b. DEP Account nu	mber		c. Facility AQ identifier – SSEIS ID number		
	2.	Emission unit id	dentifiers:				
return		AG TANK B6-	6,250 GAL WA	ASTEWATER			
		-	of emission unit name –	edit as needed			
		59		- dit d- d	59		
		b. Facility's emission	on unit number / code – e	edit as needed	c. DEP emissions unit # - SSEIS point #		
?		d. Combined Units	– enter number of individ	dual units			
How to combine units ?							
	3.	Emission unit in	nstallation and deco	mmission dates:			
		1/1/1977					
		a. Installation date	– estimate if unknown (n	nm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) - if applicable		
How to delete a unit?					Complete only if the unit was shut down permanently or replaced since the last report.		
	4.	Emission unit re	eplacement:				
_		a. Is this unit re	placing another em	ission unit?			
		v no □	yes – enter DEP's e	emissions unit nu	mber for the unit being replaced below:		
		b. DEP's Emission	Unit Number and facility	y unit name			
?	5.	Unit description	ıs:				
		a. Description:	✓ above ground	below grour	nd		
		b. Roof type:	☐ floating roof ☑ fixed	internal roof	f		
			_		Specify other		
		12	10	6250			

e. Capacity - gallons

✓ steel weld □ other weld □ rivet □ fiberglass □ gunite

c. Height / Length – feet d. Diameter – feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
59
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):					
	EP TOXIC WASTES					
	a. Name of material					
		30187097				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	SPECIFY LIQUID:BREATHING LOSS					
?	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)				
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only					
8.	New material stored (enter new material if conten	ts changed during year of record): 🥐				
	a. Name of material					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons				
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only					
В.	Notes and Attachments					
1.	Notes: please include in the space below any add	ditional information that will help DEP understand				
	your submission.					
	2 Attachments: Check here to submit attachn	nents to this form. For attachments that cannot be				

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2005 Year of record 58 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank
--

important:
When filling
out forms on
the compute
use only the
tab key to
move your
cursor – do
not use the
return key.
_

combine units?

a unit?

	Facility identifiers:	
	CLEAN HARBORS OF BRAINTREE	
	a. Facility name	
	34839	1190564
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
2.	Emission unit identifiers:	
	AG TANK B5- 6,250 GAL WASTEWATER	
	a. Facility's choice of emission unit name – edit as needed	
	58	58
	b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
	d. Combined Units – enter number of individual units	
3.	Emission unit installation and decommission dates	s:
3.	Emission unit installation and decommission dates	
š.	Emission unit installation and decommission dates	b. Decommission date (mm/dd/yyyy) – if applicable
3.	Emission unit installation and decommission dates	
3. 4.	Emission unit installation and decommission dates	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently
3 . ↓.	Emission unit installation and decommission dates 1/1/1977 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently

?)4.	Emission unit re	eplacement:						
	a. Is this unit re	placing another emi	ission un	it?				
	☑ no	yes – enter DEP's e	emission	s unit numb	er for the unit be	eing replaced	below:	
	b. DEP's Emission	Unit Number and facility	unit name)				
? 5.	Unit description	is:						
	a. Description:	✓ above ground	☐ bel	ow ground				
	b. Roof type:	☐ floating roof ✓ fixed	inte	ernal roof er:				
	4.4	40		0050	Specify other			
	c. Height / Length -	12 - feet d. Diameter – fe	eet	6250 e. Capacity -	- gallons	_		

✓ steel weld □ other weld □ rivet □ fiberglass □ gunite

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
58
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

a. Name of material	
a. Hamo of material	30187097
b. CAS number if single chemical	c. SC Code for standing / breathing loss
SPECIFY LIQUID:BREATHING LO	
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C ?
f. Temperature – typical storage temp. in °Fa	g. Annual throughput in gallons (enter 0 if not used)
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	
New material stored (enter new ma	terial if contents changed during year of record):
a. Name of material	
b. CAS number if single chemical	c. SC Code for standing / breathing loss
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
f. Temperature – typical storage temp. in °Fa	g. Annual throughput in gallons
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only Notes and Attachments	
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space	
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space	
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space	
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space	
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space	
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space	
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space	
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space	
j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space	

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

12

d. Diameter - feet

c. Height / Length – feet

6. Construction:

2005
Year of record
57
DEP EU# (old Point #)
1190564
Facility AQ identifier

Important:
When filling
out forms on
the computer,
use only the
tab key to
move your
cursor – do
not use the
return key.
tab

combine units?

a unit?

Co	mplete one AP-4 for EACH organic material storage tar	ık.
A.	Equipment Description	
1.	Facility identifiers: ? CLEAN HARBORS OF BRAINTREE	
	a. Facility name 34839 b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number
2.	Emission unit identifiers:	
	AG TANK B4- 7,000 GAL WASTEWATER	
	a. Facility's choice of emission unit name – edit as needed 57	57
	b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
	d. Combined Units – enter number of individual units	
3.	Emission unit installation and decommission dates:	
	1/1/977 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
	a. Installation date Collinate ii diffitiowii (fillinadiyyyyy)	Complete only if the unit was shut down permanently or replaced since the last report.
4.	Emission unit replacement:	
,	a. Is this unit replacing another emission unit?	
	✓ no yes – enter DEP's emissions unit nu	mber for the unit being replaced below:
	b. DEP's Emission Unit Number and facility unit name	
5.	Unit descriptions:	
	a. Description: 🗹 above ground 🗌 below ground	nd
	b. Roof type:	

7000

✓ steel weld □ other weld □ rivet □ fiberglass □ gunite

e. Capacity - gallons

Specify other

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
57
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):	
	EP TOXIC WASTES	
	a. Name of material	20497007
	b. CAS number if single chemical	30187097 c. SC Code for standing / breathing loss
	SPECIFY LIQUID:BREATHING LOSS	c. 30 code for standing / breathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
?	0	0
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	_
3.	New material stored (enter new material if conte	ents changed during year of record):
	a. Name of material	
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
	f. Temperature – typical storage temp. in °Fahrenheit h. RVP – gasoline only	g. Annual throughput in gallons i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only
3.	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
56
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4	for EACH organic m	aterial storage tar	nk.
Important: When filling	A.	Equipment Description			
out forms on the computer,	1.	Facility identifie	ers:		
use only the tab key to		-	ORS OF BRAINTRE	F	
move your		a. Facility name	SING OF BINAINTINE		
cursor – do not use the		34839			1190564
return key.		b. DEP Account nu	mber		c. Facility AQ identifier – SSEIS ID number
tab					
	2.	Emission unit id	dentifiers:		
return		AG TANK B3-	6.250 GAL WA	ASTEWATER	
			of emission unit name –		
		56			56
		b. Facility's emission	on unit number / code – e	edit as needed	c. DEP emissions unit # - SSEIS point #
		d. Canabin ad Haita		dual maita	
How to combine units ?		a. Combined Units	– enter number of individ	duai units	
	3.	Emission unit in	nstallation and deco	mmission dates:	
		1/1/1977			
?			estimate if unknown (n	nm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
How to delete a unit?					Complete only if the unit was shut down permanently or replaced since the last report.
<u> </u>	4.	Emission unit re	eplacement:		
•		a. Is this unit re	placing another em	ission unit?	
		☑ no	yes – enter DEP's e	emissions unit nu	mber for the unit being replaced below:
		b. DEP's Emission	Unit Number and facility	y unit name	
?	5.	Unit description	ns:		
		a. Description:	✓ above ground	below grour	nd
		b. Roof type:	☐ floating roof ✓ fixed	internal roof	
		10	12	6050	Specify other
		10	12	6250	

e. Capacity - gallons

c. Height / Length – feet d. Diameter – feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
56
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):				
	EP TOXIC WASTES				
	a. Name of material				
		30187097			
	b. CAS number if single chemical	c. SC Code for standing / breathing loss			
	SPECIFY LIQUID:BREATHING LOSS				
?	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C			
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)			
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only			
	j. Oxygenate name – gasoline only				
8.	New material stored (enter new material if conten	ts changed during year of record): 🥐			
	a. Name of material				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss			
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C			
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons			
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only			
	j. Oxygenate name – gasoline only				
В.	Notes and Attachments				
1.	Notes: please include in the space below any additional information that will help DEP understand				
	your submission.				
	2 Attachments: Check here to submit attachn	nents to this form. For attachments that cannot be			

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
54
DEP EU# (old Point #)
1190564
Facility AQ identifier

''9	Α.	Equipment Description	
on uter,	1.	Facility identifiers: 7	
:he)		CLEAN HARBORS OF BRAINTREE	
ır		a. Facility name	
do ne		34839	1190564
).]]		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
<u>-</u> 2	2.	Emission unit identifiers:	
		AG TANK B2- 6,250 GAL WASTEWATER	
		a. Facility's choice of emission unit name – edit as needed 54	54
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
		d. Combined Units – enter number of individual units	
3	3.	Emission unit installation and decommission dates	:
·	•	1/1/987	
)		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
elete		a	Complete only if the unit was shut down permanently or replaced since the last report.
2	4.	Emission unit replacement:	
		a. Is this unit replacing another emission unit?	
		✓ no	umber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
? !	5.	Unit descriptions:	
		a. Description: 🗹 above ground 🗌 below grou	und
		b. Roof type:	
			Specify other
		10 12 6250	opeany amer

✓ steel weld □ other weld □ rivet □ fiberglass □ gunite

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
54
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

	Material stored (at start of year):							
	EP TOXIC WASTES							
	a. Name of material	00407007						
	b. CAS number if single chemical	30187097 c. SC Code for standing / breathing loss						
	SPECIFY LIQUID:BREATHING LOSS	c. SC Code for standing / breatning loss						
_	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C						
2	·	0						
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)						
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only						
	j. Oxygenate name – gasoline only	_						
	New material stored (enter new material if conte	ents changed during year of record):						
	a Nama of motorial							
	a. Name of material							
	b. CAS number if single chemical	c. SC Code for standing / breathing loss						
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C g. Annual throughput in gallons						
	f. Temperature – typical storage temp. in ^o Fahrenheit							
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only						
_	h. RVP – gasoline only j. Oxygenate name – gasoline only	i. Total oxygen percent – gasoline only						
	j. Oxygenate name – gasoline only Notes and Attachments							
_	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a							
-	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	_						
_	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only						
•	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a							
_	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a							
_	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	_						
_	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	_						
•	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	_						
_	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a							
_	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	_						

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
53
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Coi	mplete one AP-4 for EACH organic material storage tar	nk.
Important: When filling out forms on	A.	Equipment Description	
the computer, use only the tab key to move your cursor – do not use the	1.	Facility identifiers: CLEAN HARBORS OF BRAINTREE a. Facility name 34839	1190564
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
return	2.	Emission unit identifiers: AG TANK B1- 6,350 GAL WASTEWATER a. Facility's choice of emission unit name – edit as needed 53 b. Facility's emission unit number / code – edit as needed	53 c. DEP emissions unit # - SSEIS point #
How to combine units ?		d. Combined Units – enter number of individual units	
_	3.	Emission unit installation and decommission dates: 1/1/987	
How to delete a unit?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit replacement:	
•		a. Is this unit replacing another emission unit?	
		✓ no	mber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
?	5.	Unit descriptions:	
		a. Description: 🗹 above ground 🗌 below groun	nd
		b. Roof type: ☐ floating roof ☐ internal roof ☐ other:	<u> </u>
		12 10 6250	Specify other
		c. Height / Length - feet d. Diameter - feet e. Capac	city – gallons

6. Construction: \checkmark steel weld \square other weld \square rivet \square fiberglass \square gunite

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
53
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):						
	EP TOXIC WASTES						
	a. Name of material						
		30187097					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	SPECIFY LIQUID:BREATHING LOSS						
?	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)					
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only						
8.	New material stored (enter new material if content	s changed during year of record): ?					
	a. Name of material						
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons					
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only						
В.	Notes and Attachments						
1.	Notes: please include in the space below any additional information that will help DEP understand						
	your submission.						
	Attachments: Check here to submit attachm	pents to this form. For attachments that cannot be					

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
52
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Coi	mplete one AP-4 for EACH organic material storage ta	nk.
mportant: When filling out forms on	A.	Equipment Description	
the computer, use only the tab key to move your	1.	Facility identifiers: ? CLEAN HARBORS OF BRAINTREE	
cursor – do		a. Facility name 34839	1190564
not use the return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
	2.	Emission unit identifiers:	
return		AG TANK A14- 6,300 GAL #2 OIL-0.3%S	
		a. Facility's choice of emission unit name – edit as needed	
		52	52
_		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
How to combine units ?		d. Combined Units – enter number of individual units	
units :	3.	Emission unit installation and decommission dates:	
		1/1/1985	
?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
How to delete a unit ?			Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit replacement:	
		a. Is this unit replacing another emission unit?	
		· -	umber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
?	5.	Unit descriptions:	
		a. Description: 🗹 above ground 🗌 below ground	nd
		b. Roof type:	Specify other
		20 6 4000	opedity office
		·	city – gallons

✓ steel weld □ other weld □ rivet □ fiberglass □ gunite

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
52
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):						
	FUEL NO. 2						
	a. Name of material						
		40301021					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	PETROLEUM STORAGEDIST FUEL NO.2						
?	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C ?					
	f. Temperature – typical storage temp. in Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)					
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only	_					
8.	New material stored (enter new material if conten	ts changed during year of record):					
	a. Name of material						
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C g. Annual throughput in gallons					
	f. Temperature – typical storage temp. in °Fahrenheit						
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only						
В.	Notes and Attachments						
1.	Notes: please include in the space below any additional information that will help DEP understand						
	your submission.						
	2 Attachments: Check here to submit attachr	nents to this form. For attachments that cannot be					

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
51
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Coi	mplete one AP-4 for EACH organic material storage tar	nk.	
Important: When filling	A.	Equipment Description Facility identifiers: ?		
out forms on the computer, use only the	1.			
tab key to move your		CLEAN HARBORS OF BRAINTREE		
cursor – do		a. Facility name	1100564	
not use the return key.		b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number	
tab			,,	
	2.	Emission unit identifiers:		
return		AG TANK A13- 4,000 GAL #2 OIL-0.3%S		
		a. Facility's choice of emission unit name – edit as needed		
		51	51	
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #	
?		d. Combined Units – enter number of individual units		
How to combine units ?				
	3.	Emission unit installation and decommission dates:		
		1/1/1985		
		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable	
How to delete a unit?			Complete only if the unit was shut down permanently or replaced since the last report.	
?	4.	Emission unit replacement:		
		a. Is this unit replacing another emission unit?		
		v no yes – enter DEP's emissions unit nu	mber for the unit being replaced below:	
		b. DEP's Emission Unit Number and facility unit name		
2	\ 5.	Unit descriptions:		
		·		
		a. Description: above ground below ground	nd	
		b. Roof type: floating roof internal roof	f	
		✓ fixed	Specify other	
		25 7 4000		
		c. Height / Length – feet d. Diameter – feet e. Capac	city – gallons	

✓ steel weld □ other weld □ rivet □ fiberglass □ gunite

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
51
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):						
	FUEL NO. 2						
	a. Name of material						
		40301021					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	PETROLEUM STORAGEDIST FUEL NO.2						
?	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C 0.1					
	f. Temperature – typical storage temp. in *Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)					
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only						
8.	New material stored (enter new material if contents	s changed during year of record):					
	a. Name of material						
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons					
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only						
В.	Notes and Attachments						
1.	Notes: please include in the space below any addi	tional information that will help DEP understand					
	your submission.						
	Attachments: Check here to submit attachments.	ents to this form. For attachments that cannot be					

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
48
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4 for EACH organic material storage tan	ık.
Important: When filling out forms on	Α.	Equipment Description	
the computer, use only the tab key to move your cursor – do not use the return key.	1.	Facility identifiers: CLEAN HARBORS OF BRAINTREE a. Facility name 34839 b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number
return How to	2.	Emission unit identifiers: AG TANK P14- 3,000 GAL -NOT USED 2005- FR a. Facility's choice of emission unit name – edit as needed 48 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units	EON 48 c. DEP emissions unit # – SSEIS point #
combine units ?	3.	Emission unit installation and decommission dates:	
How to delete a unit?		1/1/1989 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.
<u> </u>	4.	Emission unit replacement:	
•		a. Is this unit replacing another emission unit?	
		✓ no	mber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
?	5.	Unit descriptions:	
		a. Description: 🗹 above ground 🗌 below groun	nd
		b. Roof type: ☐ floating roof ☐ internal roof ☐ type: ☐ fixed ☐ other:	<u>-</u>
		9 11 3000	Specify other
		c. Height / Length – feet d. Diameter – feet e. Capac	ity – gallons

6. Construction: \checkmark steel weld \square other weld \square rivet \square fiberglass \square gunite

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
48
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):						
	NONE						
	a. Name of material						
		40722098					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	ORGANIC CHEM.SPECIFY IN COMMNETS	None process in BCI at 050 C					
?	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C ?					
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)					
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only						
8.	New material stored (enter new material if conten	ts changed during year of record): ?					
	a. Name of material						
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons					
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only						
В.	Notes and Attachments						
1.	Notes: please include in the space below any add	ditional information that will help DEP understand					
	your submission.						
	2 Attachments: Check here to submit attach	ments to this form. For attachments that cannot be					

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
47
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	Complete one AP-4 for EACH organic material storage tank.					
Important: When filling out forms on	Α.	A. Equipment Description					
the computer, use only the	1.	Facility identifiers: 7					
tab key to		CLEAN HARBORS OF BRAINTREE					
move your cursor – do		a. Facility name					
not use the		34839	1190564				
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number				
	2.	Emission unit identifiers:					
return		AG TANK P13- 3,000 GAL -NOT USED 2005- WATER					
		a. Facility's choice of emission unit name – edit as needed					
		47	47				
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #				
How to combine		d. Combined Units – enter number of individual units					
units?	2	Emission unit installation and decommission dates					
	3.	Emission unit installation and decommission dates	•				
2		1/1/1989 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable				
How to delete a unit ?		a. Installation date – estillate ii unknown (min/du/yyyy)	Complete only if the unit was shut down permanently or replaced since the last report.				
<u> </u>	4.	Emission unit replacement:					
		a. Is this unit replacing another emission unit?					
		✓ no	umber for the unit being replaced below:				
		b. DEP's Emission Unit Number and facility unit name					
<u> </u>	5.	Unit descriptions:					
•		a. Description: 🗹 above ground 🗌 below grou	und				
		b. Roof type:					
			Specify other				

6. Construction: \checkmark steel weld \square other weld \square rivet \square fiberglass \square gunite

3000

e. Capacity - gallons

11

d. Diameter - feet

c. Height / Length – feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
47
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

S number if single chemical C.CHEMICAL STORAGE Code description – filled by eDEP Inperature – typical storage temp. in Fahrenheit P – gasoline only genate name – gasoline only	40799998 c. SC Code for standing / breathing loss e. Vapor pressure in PSI at 25° C 0 g. Annual throughput in gallons (enter 0 if not used) i. Total oxygen percent – gasoline only					
S number if single chemical C.CHEMICAL STORAGE Code description – filled by eDEP sperature – typical storage temp. in *Fahrenheit P – gasoline only	c. SC Code for standing / breathing loss e. Vapor pressure in PSI at 25° C O g. Annual throughput in gallons (enter 0 if not used)					
C.CHEMICAL STORAGE Code description – filled by eDEP sperature – typical storage temp. in Fahrenheit P – gasoline only	c. SC Code for standing / breathing loss e. Vapor pressure in PSI at 25° C O g. Annual throughput in gallons (enter 0 if not used)					
C.CHEMICAL STORAGE Code description – filled by eDEP sperature – typical storage temp. in Fahrenheit P – gasoline only	e. Vapor pressure in PSI at 25° C 0 g. Annual throughput in gallons (enter 0 if not used)					
Code description – filled by eDEP sperature – typical storage temp. in *Fahrenheit P – gasoline only	g. Annual throughput in gallons (enter 0 if not used)					
perature – typical storage temp. in °Fahrenheit P – gasoline only	g. Annual throughput in gallons (enter 0 if not used)					
P – gasoline only						
	i. Total oxygen percent – gasoline only					
genate name – gasoline only						
material stored (enter new material if conter	nts changed during year of record):					
a. Name of material						
S number if single chemical	c. SC Code for standing / breathing loss					
Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
nperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons					
P – gasoline only	i. Total oxygen percent – gasoline only					
genate name – gasoline only						
tes and Attachments						
Notes : please include in the space below any additional information that will help DEP understand your submission.						
your submission.						
	genate name – gasoline only tes and Attachments es: please include in the space below any ad					

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2005 Year of record 46 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 fo	or EACH organi	ic materia	l storage	tank.
----------------------	----------------	------------	-----------	-------

iiiiportaiit.
When filling
out forms on
the compute
use only the
tab key to
move your
cursor – do
not use the
return key.

Important:

Α.	A. Equipment Description				
1.	Facility identifiers:				
	CLEAN HARBORS OF BRAINTREE				
	a. Facility name				
	34839	1190564			
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number			
2.	Emission unit identifiers:				
	AG TANK P12- 3,000 GAL -NOT USED 2005- PE	RC			



AG TAINK F12- 3,000 GAL -NOT 03ED 2003- FERC				
a. Facility's choice of emission unit name – edit as needed				
46	46			
b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #			

combine units?

d. Combined Units - enter number of individual units



3. Emission unit installation and decommission dates:

	1/1/1989
?	a. Installation date – estimate if unknown (mm/dd/yyyy)
How to delete	
a unit?	

b. Decommission date (mm/dd/yyyy) - if applicable

Complete only if the unit was shut down permanently or replaced since the last report.



Emission unit replacement:

a. Is this unit replacing another emission unit?

✓ no	yes – enter DEP's emissions unit number for the unit being replaced below:

it descriptior	ns:					
Description:	✓ above ground	☐ bel	ow ground			
Roof type:	☐ floating roof ☑ fixed	=				
	6		3000	Specify other		
F	Roof type:	Roof type: ☐ floating roof ☐ fixed 6	Roof type: ☐ floating roof ☐ inte	Roof type:	Roof type:	Roof type:

✓ steel weld □ other weld □ rivet □ fiberglass 6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
46
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7. Material stored (at start of year):	red (at start of year):					
NONE						
a. Name of material						
	40799998					
b. CAS number if single chemical	c. SC Code for standing / breathing loss					
MISC.CHEMICAL STORAGE						
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
f. Temperature – typical storage temp. in *Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)					
h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
j. Oxygenate name – gasoline only						
8. New material stored (enter new material if co	ntents changed during year of record):					
a. Name of material						
b. CAS number if single chemical	c. SC Code for standing / breathing loss					
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons					
h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
j. Oxygenate name – gasoline only						
B. Notes and Attachments						
	additional information that will help DEP understand					
your submission.						
2 Attachments: Check here to submit att	achments to this form. For attachments that cannot he					

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

help

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
45
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4	for EACH organic m	aterial storage tan	ık.		
Important: When filling out forms on	A.	A. Equipment Description					
the computer, use only the tab key to	1.	Facility identifiers: ? CLEAN HARBORS OF BRAINTREE					
move your cursor – do		a. Facility name			4400504		
not use the return key.		b. DEP Account nu	ımher		1190564 c. Facility AQ identifier – SSEIS ID number		
tab		b. BEI 7000dik iio			o. Facility New Identifies Could be Hamber		
	2.	Emission unit id	dentifiers:				
return		AG TANK P11- 3,000 GAL -NOT USED 2005- PERC					
			of emission unit name -				
		45			45		
		b. Facility's emission	on unit number / code – e	edit as needed	c. DEP emissions unit # - SSEIS point #		
How to combine		d. Combined Units	– enter number of individ	dual units			
units ?	3.	Emission unit in	nstallation and deco	mmission dates:			
	0.	1/1/1989	iotaliation and acco	mmoolon datoo.			
?			estimate if unknown (n	nm/dd/vvvv)	b. Decommission date (mm/dd/yyyy) – if applicable		
How to delete a unit ?			(Complete only if the unit was shut down permanently or replaced since the last report.		
?	4.	Emission unit re	eplacement:				
		a. Is this unit re	placing another em	ission unit?			
		v no □	yes – enter DEP's e	emissions unit nu	mber for the unit being replaced below:		
		b. DEP's Emission	unit Number and facility	y unit name			
?	5.	Unit description	ns:				
		a. Description:	✓ above ground	below groun	nd		
		b. Roof type:	☐ floating roof ☑ fixed	internal roof other:			
		15	6	3000	Specify other		

6. Construction: \checkmark steel weld \square other weld \square rivet \square fiberglass \square gunite

e. Capacity - gallons

c. Height / Length – feet d. Diameter – feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
45
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7. Material stored (at start of year):								
NONE	ONE							
a. Name of material								
	40722098							
b. CAS number if single chemical	c. SC Code for standing / breathing loss							
ORGANIC CHEM.SPECIFY IN COMMNETS	ů ů							
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C							
?	0 ' '							
f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)							
h. RVP – gasoline only	i. Total oxygen percent – gasoline only							
j. Oxygenate name – gasoline only	_							
8. New material stored (enter new material if conte	ents changed during year of record):							
a. Name of material								
b. CAS number if single chemical	c. SC Code for standing / breathing loss							
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C							
f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons							
h. RVP – gasoline only	i. Total oxygen percent – gasoline only							
j. Oxygenate name – gasoline only	_							
B. Notes and Attachments								
 Notes: please include in the space below any a your submission. 	dditional information that will help DEP understand							
2. Attachments: Check here to submit attac	hments to this form. For attachments that cannot be							

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
44
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4 for EACH organic material storage tar	nk.
Important: When filling out forms on	Α.	Equipment Description	
the computer, use only the tab key to move your	1.	Facility identifiers: ? CLEAN HARBORS OF BRAINTREE	
cursor – do		a. Facility name	1100564
not use the return key.		b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number
tab			5. Lam, 12 asimo 66216 12 names
	2.	Emission unit identifiers:	
return		AG TANK P10- 3,000 GAL -NOT USED 2005- PE	RC
		a. Facility's choice of emission unit name – edit as needed	
		44	44
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
2		d. Combined Units – enter number of individual units	
How to combine units ?		d. Combined Offits – effet flumber of individual drifts	
	3.	Emission unit installation and decommission dates:	
_		1/1/1990	
?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
How to delete			Complete only if the unit was shut down permanently
a unit?			or replaced since the last report.
<u></u>	4.	Emission unit replacement:	
		a. Is this unit replacing another emission unit?	
		✓ no yes – enter DEP's emissions unit nu	mber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
		b. Ber 3 Emission One Number and facility une hame	
?	5.	Unit descriptions:	
		a. Description: 🗹 above ground 🗌 below ground	nd
		b. Roof type:	
		45	Specify other
		$\begin{array}{ccc} \underline{15} & \underline{6} & \underline{3000} \\ \text{c. Height / Length - feet} & \underline{d. \text{Diameter - feet}} & \underline{e. \text{Capace}} \end{array}$	city – gallons
		o. Holgan, Longan 1001 G. Diamotor 1001 C. Oapat	, 9

6. Construction: ✓ steel weld ☐ other weld ☐ rivet ☐ fiberglass ☐ gunite

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
44
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

. Material stored (at start of year):	
NONE	
a. Name of material	7
	40722098
b. CAS number if single chemical ORGANIC CHEM.SPECIFY IN COMMNETS	c. SC Code for standing / breathing loss
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
a. So code description miled by CDE1	0
f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	_
. New material stored (enter new material if conte	ents changed during year of record):
a. Name of material	
b. CAS number if single chemical	c. SC Code for standing / breathing loss
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	_
3. Notes and Attachments	
	dditional information that will help DEP understand
your submission.	

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

help

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
43
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4 for EACH organic material storage ta	nk.
Important: When filling out forms on	Α.	Equipment Description	
the computer, use only the tab key to move your	1.	Facility identifiers: CLEAN HARBORS OF BRAINTREE	
cursor – do		a. Facility name 34839	1190564
not use the return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
	2.	Emission unit identifiers:	
return		AG TANK P9- 3,000 GAL -NOT USED 2005- MC	CL
		a. Facility's choice of emission unit name – edit as needed	-
		43	43
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
Plow to combine units ?		d. Combined Units – enter number of individual units	
uiiits :	3.	Emission unit installation and decommission dates:	
_		1/1/1989	
?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
How to delete a unit ?			Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit replacement:	
		a. Is this unit replacing another emission unit?	
		✓ no	umber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
?	5.	Unit descriptions:	
		a. Description: 🗹 above ground 🗌 below grou	nd
		b. Roof type:	
		45 6 2000	Specify other
			city – gallons

✓ steel weld □ other weld □ rivet □ fiberglass □ gunite

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
43
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7. Material stored (at start of year):	
NONE	
a. Name of material	
75092	40722008
b. CAS number if single chemical	c. SC Code for standing / breathing loss
METHYLENE CHLORIDE-WITHDRAWAL	
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	_
8. New material stored (enter new material if cont	ents changed during year of record):
a. Name of material	
b. CAS number if single chemical	c. SC Code for standing / breathing loss
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	<u> </u>
B. Notes and Attachments	
	additional information that will help DEP understand
your submission.	

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
42
DEP EU# (old Point #)
1190564
Facility AQ identifier

Comp	lete	one	AP-4	for	EAC	H oı	rgani	c mat	erial	storage	tan	k.

mportant: Vhen filling	A.	Equipment Description	
out forms on he computer,		Enable delegations	
ise only the	1.	Facility identifiers:	
ab key to nove your		CLEAN HARBORS OF BRAINTREE	
ursor – do ot use the		a. Facility name 34839	1190564
eturn key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
tab			
Y	2.	Emission unit identifiers:	
return		AG TANK P8- 3,000 GAL -NOT USED 2005- PE	RC
		a. Facility's choice of emission unit name – edit as needed	
		42	42
_		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
?		d. Combined Units – enter number of individual units	
low to			
inits ?			
	3.	Emission unit installation and decommission dates:	
		1/1/1989	
		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
low to delete unit?			Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit replacement:	
		a. Is this unit replacing another emission unit?	
		✓ no yes – enter DEP's emissions unit nu	mber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
?	5.	Unit descriptions:	
		a. Description: ☑ above ground ☐ below grour	nd
		b. Roof type:	f
		<u>▶</u> fixed □ otiler.	Specify other
		<u>15</u> <u>6</u> <u>3000</u>	
		c. Height / Length – feet d. Diameter – feet e. Capac	city – gallons
	6.	Construction: 🗹 steel weld 🗌 other weld 🔲 r	ivet 🗌 fiberglass 🔲 gunite

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
42
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7. Material stored (at start of	year):		
NONE			
a. Name of material		7	
		40706022	
b. CAS number if single chemica PERCHLOROETHYLENE		c. SC Code for standing / breathing loss	
d. SC Code description – filled b		e. Vapor pressure in PSI at 25° C	
2	/ CDEI	0	
f. Temperature – typical storage	temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)	
h. RVP – gasoline only		i. Total oxygen percent – gasoline only	
j. Oxygenate name – gasoline or	ıly	_	
	r new material if conte	ents changed during year of record): ?	
a. Name of material			
b. CAS number if single chemica	I	c. SC Code for standing / breathing loss	
d. SC Code description – filled b	/ eDEP	e. Vapor pressure in PSI at 25° C	
f. Temperature – typical storage	temp. in ºFahrenheit	g. Annual throughput in gallons	
h. RVP – gasoline only		i. Total oxygen percent – gasoline only	
j. Oxygenate name – gasoline or	ıly	_	
B. Notes and Attach	ments		
	ne space below any a	dditional information that will help DEP understan	ıd
your submission.			
2 Attachments: Check	chere to submit attack	hments to this form. For attachments that cannot	ho

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

help

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
41
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4 for EACH organic material storage tai	nk.
Important: When filling out forms on	Α.	Equipment Description	
the computer, use only the tab key to move your	1.	Facility identifiers: CLEAN HARBORS OF BRAINTREE	
cursor – do		a. Facility name 34839	1190564
not use the return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
	2.	Emission unit identifiers:	
return		AG TANK P7- 3,000 GAL -NOT USED 2005- TC	F
		a. Facility's choice of emission unit name – edit as needed	<u>-</u>
		41	41
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
How to combine		d. Combined Units – enter number of individual units	
units?	3.	Emission unit installation and decommission dates:	
_	0.	1/1/1989	
?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
How to delete a unit?			Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit replacement:	
•		a. Is this unit replacing another emission unit?	
		✓ no	umber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
?	5.	Unit descriptions:	
		a. Description: 🗹 above ground 🗌 below ground	nd
		b. Roof type:	
		45 6 0000	Specify other
		$\begin{array}{c c} \underline{15} & \underline{6} & \underline{3000} \\ \hline \text{c. Height / Length - feet} & \underline{d. \text{Diameter - feet}} & \underline{e. \text{Capac}} \end{array}$	city – gallons

6. Construction: ✓ steel weld ☐ other weld ☐ rivet ☐ fiberglass ☐ gunite

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
41
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

		Material stored (at start of year):			
		NONE			
		a. Name of material			
	40722010	79016			
	c. SC Code for standing / breathing loss	b. CAS number if single chemical			
		1,1,1-TRICHLOROETHYLENE-WITH LOSS			
	e. Vapor pressure in PSI at 25° C	d. SC Code description – filled by eDEP			
sed)	g. Annual throughput in gallons (enter 0 if not used)	f. Temperature – typical storage temp. in [°] Fahrenheit			
	i. Total oxygen percent – gasoline only	h. RVP – gasoline only			
	_	j. Oxygenate name – gasoline only			
	ents changed during year of record):	New material stored (enter new material if conte			
		a. Name of material			
	c. SC Code for standing / breathing loss	b. CAS number if single chemical			
	e. Vapor pressure in PSI at 25° C	d. SC Code description – filled by eDEP			
	g. Annual throughput in gallons	f. Temperature – typical storage temp. in ^o Fahrenheit			
	i. Total oxygen percent – gasoline only	h. RVP – gasoline only			
	_	j. Oxygenate name – gasoline only			
erstand	dditional information that will help DEP understa	Notes and Attachments Notes: please include in the space below any a your submission.			
•					

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
40
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Coi	mplete one AP-4	for EACH organic m	aterial storage tan	k.
Important: When filling out forms on	A.	Equipmen	t Description	1	
the computer,	1.	Facility identifie	ers: 🧑		
use only the tab key to		-	ORS OF BRAINTRE	ΞE	
move your cursor – do		a. Facility name			
not use the		34839			1190564
return key.		b. DEP Account nu	ımber		c. Facility AQ identifier – SSEIS ID number
tab					
	2.	Emission unit i	dentifiers:		
return			3,000 GAL -NOT		L
		•	of emission unit name –	edit as needed	40
		40	on unit number / code – e	adit as pooded	d0 c. DEP emissions unit # – SSEIS point #
		b. Facility's errissi	on aniit namber / code – t	edit as fieeded	C. DEF emissions unit # - 33E13 point #
?		d. Combined Units	– enter number of indivi	dual units	
How to combine units ?					
	3.	Emission unit i	nstallation and deco	mmission dates:	
		1/1/1989			
?		a. Installation date	 estimate if unknown (r 	mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
How to delete a unit ?					Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit r	eplacement:		
		a. Is this unit re	placing another em	ission unit?	
		v no □	yes – enter DEP's	emissions unit nu	mber for the unit being replaced below:
		b. DEP's Emission	unit Number and facility	y unit name	
<u>?</u>	5.	Unit description	ns:		
		a. Description:	✓ above ground	below groun	nd
		b. Roof type:	☐ floating roof ✓ fixed	internal roof other:	
		9	11	3000	Specify other
		~		0000	

6. Construction: \checkmark steel weld \square other weld \square rivet \square fiberglass \square gunite

e. Capacity - gallons

c. Height / Length – feet d. Diameter – feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
40
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):					
	NONE					
	a. Name of material					
	75092	40722007				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	METHYLENE CHLORIDE-STAND.LOSS					
9	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
1	f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)				
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only					
8.	New material stored (enter new material if contents	s changed during year of record): 🥐				
	a. Name of material					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons				
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only					
В.	Notes and Attachments					
1.	Notes : please include in the space below any additional your submission.	tional information that will help DEP understand				
	your submission.					
	2 Attachments: Check here to submit attachm	ants to this form. For attachments that cannot be				

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2005 Year of record 39 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank
--

Important: When filling out forms on	A.	Equipment Description	
the computer,	1.	Facility identifiers:	
use only the tab key to	••	CLEAN HARBORS OF BRAINTREE	
move your		a. Facility name	
cursor – do not use the		34839	1190564
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
tab			
	2.	Emission unit identifiers:	
return		AG TANK P5- 3,000 GAL -NOT USED 2005- TCE	
		a. Facility's choice of emission unit name – edit as needed	
		39	39
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
2		d. Combined Units – enter number of individual units	
How to combine units ?		d. Combined Office Chief Hamber of Helvidada diffic	
	3.	Emission unit installation and decommission dates:	
		1/1/1989	
?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
How to delete a unit?			Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit replacement:	
•		a. Is this unit replacing another emission unit?	
		no yes – enter DEP's emissions unit nui	mber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
	_		
?	5.	Unit descriptions:	
		a. Description: 🗹 above ground 🔲 below ground	nd
		h Roof type: ☐ floating roof ☐ internal roof	

6.	Construction:	steel weld	other weld	☐ rivet	☐ fiberglass	gunite
----	---------------	------------	------------	---------	--------------	--------

other:

3000

e. Capacity - gallons

Specify other

✓ fixed

6

d. Diameter - feet

15

c. Height / Length – feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
39
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):					
	NONE					
	a. Name of material					
	79016	40722010				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	1,1,1-TRICHLOROETHYLENE-WITH LOSS	Ç Ç				
_	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
?	·	0				
<u> </u>	f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)				
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only					
8.	New material stored (enter new material if content	s changed during year of record): ?				
	a. Name of material					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons				
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only					
В.	Notes and Attachments					
1.	Notes : please include in the space below any add your submission.	itional information that will help DEP understand				
	2. Attachments: Check here to submit attachm	ents to this form. For attachments that cannot be				

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
38
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Coi	mplete one AP-4 for EACH organic material storage tal	nk.
Important: When filling out forms on	A.	Equipment Description	
the computer, use only the tab key to move your	1.	Facility identifiers: ? CLEAN HARBORS OF BRAINTREE	
cursor – do		a. Facility name	4400504
not use the return key.		b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number
tab		S. DET ACCOUNTING	c. I deliky AQ Identified Goele ib Humber
	2.	Emission unit identifiers:	
return		AG TANK P4- 3,000 GAL -NOT USED 2005-	
		a. Facility's choice of emission unit name – edit as needed	
		38	38
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
		d. Combined Units - outer supplies of individual units	
How to combine units?		d. Combined Units – enter number of individual units	
	3.	Emission unit installation and decommission dates:	
_		1/1/1989	
2		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
How to delete a unit?			Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit replacement:	
•		a. Is this unit replacing another emission unit?	
		✓ no	umber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
?	5.	Unit descriptions:	
		a. Description: 🗹 above ground 🗌 below ground	nd
		b. Roof type:	
		0 11 2000	Specify other
		9 11 3000 c Height / Length – feet d. Diameter – feet e. Capaci	city – gallons

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
38
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7. Material stored (at start of year):				
NONE	DNE			
a. Name of material				
	40799998			
b. CAS number if single chemical	c. SC Code for standing / breathing loss			
MISC.CHEMICAL STORAGE				
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C			
f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)			
h. RVP – gasoline only	i. Total oxygen percent – gasoline only			
j. Oxygenate name – gasoline only				
8. New material stored (enter new material if co	ontents changed during year of record):			
a. Name of material				
b. CAS number if single chemical	c. SC Code for standing / breathing loss			
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C			
f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons			
h. RVP – gasoline only	i. Total oxygen percent – gasoline only			
j. Oxygenate name – gasoline only				
B. Notes and Attachments				
	y additional information that will help DEP understand			
your submission.				
2 Attachments: Check here to submit att	tachments to this form. For attachments that cannot be			

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

help

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005 Year of record 37 DEP EU# (old Point #) 1190564

Facility AQ identifier

	Complete one AP-4 for EACH organic material storage tank.				
Important: When filling out forms on	Α.	Equipment Description			
the computer, use only the tab key to	1.	Facility identifiers: ? CLEAN HARBORS OF BRAINTREE			
move your cursor – do		a. Facility name			
not use the return key.		34839	1190564		
tab		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number		
	2.	Emission unit identifiers:			
return		AG TANK P3- 3,000 GAL -NOT USED 2005- M	CI		
		a. Facility's choice of emission unit name – edit as needed	01		
		37	37		
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #		
How to combine units ?		d. Combined Units – enter number of individual units			
	3.	Emission unit installation and decommission dates	:		
_		1/1/1989			
2		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable		
How to delete			Complete only if the unit was shut down permanently		
a unit ?			or replaced since the last report.		
?	4.	Emission unit replacement:			
		a. Is this unit replacing another emission unit?			
		✓ no	number for the unit being replaced below:		
		b. DEP's Emission Unit Number and facility unit name			
?	5.	Unit descriptions:			
		a. Description: 🗹 above ground 🗌 below ground	und		
		b. Roof type:	of		
		✓ fixed			
		45	Specify other		
		15 6 3000	poity gollong		
		c. Height / Length – feet d. Diameter – feet e. Capa	acity – gallons		

✓ steel weld □ other weld □ rivet □ fiberglass □ gunite

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
37
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):				
	NONE				
	a. Name of material				
	75092	40722008			
	b. CAS number if single chemical	c. SC Code for standing / breathing loss			
	METHYLENE CHLORIDE-WITHDRAWAL				
_	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C			
\bigcirc		0			
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)			
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only			
	j. Oxygenate name – gasoline only				
8.	New material stored (enter new material if contents changed during year of record):				
	a. Name of material				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss			
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C			
	f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons			
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only			
	j. Oxygenate name – gasoline only				
В.	Notes and Attachments				
1.	Notes : please include in the space below any additional information that will help DEP understand your submission.				
•	2. Attachments: Check here to submit attachme	ents to this form. For attachments that cannot be			

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
36
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Coi	mplete one AP-4 for EACH organic material storage tar	nk.	
Important: When filling out forms on	A.	Equipment Description		
the computer, use only the	1.	Facility identifiers:		
tab key to		CLEAN HARBORS OF BRAINTREE		
move your cursor – do		a. Facility name		
not use the		34839	1190564	
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number	
tab				
	2.	Emission unit identifiers:		
return		AG TANK P2- 3,000 GAL -NOT USED 2005- TCETHANE		
		a. Facility's choice of emission unit name – edit as needed		
		36	36	
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #	
		d. Combined Units – enter number of individual units		
combine units?				
	3.	Emission unit installation and decommission dates:		
		1/1/1989		
?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable	
How to delete			Complete only if the unit was shut down permanently	
a unit?			or replaced since the last report.	
?	4.	Emission unit replacement:		
		a. Is this unit replacing another emission unit?		
		✓ no yes – enter DEP's emissions unit number for the unit being replaced below:		
		✓ no yes – enter DEP's emissions unit nu	mber for the unit being replaced below:	
		b. DEP's Emission Unit Number and facility unit name		
9	\ 5.	Unit descriptions:		
<u> </u>		•		
		a. Description: 🗹 above ground 🗌 below groun	nd	

internal roof

3000

e. Capacity - gallons

Specify other

other:

b. Roof type:

floating roof

11

fixed

c. Height / Length – feet d. Diameter – feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
36
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

loss				
?				
er 0 if not used)				
nly				
): ?				
loss				
nly				
Notes and Attachments Notes: please include in the space below any additional information that will help DEP understand your submission.				
nts that cannot he				

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
35
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4	for EACH organic ma	aterial storage tar	nk.
Important: When filling out forms on	Α.	Equipment Description			
the computer, use only the tab key to	1.	Facility identifie	ers: ? DRS OF BRAINTRE	E	
move your cursor – do		a. Facility name			4400704
not use the return key.		b. DEP Account nu	mhor		1190564 c. Facility AQ identifier – SSEIS ID number
tab tab		D. DEF Account nu	mbei		C. Facility Acqueritmen – 33E13 1D Humber
	2.	Emission unit id	dentifiers:		
return		AG TANK P1-	3,000 GAL - NO	T USED 2005- T	CE
			of emission unit name –	edit as needed	
		35			35
		b. Facility's emission	on unit number / code – e	edit as needed	c. DEP emissions unit # - SSEIS point #
How to combine units?		d. Combined Units	– enter number of individ	dual units	
	3.	Emission unit ir	nstallation and deco	mmission dates:	
_		1/1/1989			
?			estimate if unknown (m	nm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
How to delete a unit ?					Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit re	eplacement:		
•		a. Is this unit re	placing another emi	ission unit?	
		v no □	yes – enter DEP's e	emissions unit nu	mber for the unit being replaced below:
		b. DEP's Emission	Unit Number and facility	unit name	
?	5.	Unit description	ns:		
		a. Description:	✓ above ground	below grour	nd
		b. Roof type:	☐ floating roof ☑ fixed	internal roof other:	Specify other
		9	11	3000	opoury offici

6. Construction: \checkmark steel weld \square other weld \square rivet \square fiberglass \square gunite

e. Capacity - gallons

c. Height / Length – feet d. Diameter – feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
35
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7. Material stored (at start of year):	
NONE	
a. Name of material	
79016	40722010
b. CAS number if single chemical	c. SC Code for standing / breathing loss
1,1,1-TRICHLOROETHYLENE-WITH LOSS	
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	-
8. New material stored (enter new material if conter	nts changed during year of record): 🥐
a. Name of material	
b. CAS number if single chemical	c. SC Code for standing / breathing loss
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	-
B. Notes and Attachments	
	ditional information that will help DEP understand
your submission.	
2 Attachments: Check here to submit attach	

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
34
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Coi	mplete one AP-4 for EACH organic material storage tar	ık.
Important: When filling out forms on	A.	Equipment Description	
the computer, use only the tab key to move your	1.	Facility identifiers: ? CLEAN HARBORS OF BRAINTREE	
cursor – do		a. Facility name	4400504
not use the return key.		b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number
tab		S. DET ACCOUNT HUMBON	c. Facility Act Identified Could be Hamber
	2.	Emission unit identifiers:	
return		AG TANK F8- 1,500 GAL -NOT USED 2005- SO	LVENT
		a. Facility's choice of emission unit name – edit as needed	
		34	34
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
		d Octobried Heiler and the combre of the finished and the	
How to combine units?		d. Combined Units – enter number of individual units	
uiiits !	3.	Emission unit installation and decommission dates:	
	٥.		
2		1/1/1987 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
How to delete		a. Installation date – estimate il drikhown (min/dd/yyyy)	Complete only if the unit was shut down permanently
a unit ?			or replaced since the last report.
?	4.	Emission unit replacement:	
		a. Is this unit replacing another emission unit?	
		✓ no yes – enter DEP's emissions unit nu	mber for the unit being replaced below:
		yes cher ber semiosions unit nu	mber for the drift being replaced below.
		b. DEP's Emission Unit Number and facility unit name	
		b. Del 3 Emission offictivamber and facility drift frame	
?	5.	Unit descriptions:	
		a. Description: 🗹 above ground 🗌 below groun	nd
		b. Roof type: ☐ floating roof ☐ internal roof	:
		internal roof	
		0 5 4500	Specify other
		9 5 1500 c Height / Length – feet d. Diameter – feet e. Capac	eity – gallons

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
34
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7. Material s	stored (at start of year):	
NONE		
a. Name of	material	1
		40722098
	nber if single chemical C CHEM.SPECIFY IN COMMNETS	c. SC Code for standing / breathing loss
	e description – filled by eDEP	e. Vapor pressure in PSI at 25° C
2	description miled by CDE1	0
f. Temperat	ure – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
h. RVP – ga	asoline only	i. Total oxygen percent – gasoline only
j. Oxygenate	e name – gasoline only	-
	erial stored (enter new material if conter	nts changed during year of record): ?
a. Name of	material	
b. CAS num	nber if single chemical	c. SC Code for standing / breathing loss
d. SC Code	e description – filled by eDEP	e. Vapor pressure in PSI at 25° C
f. Temperat	rure – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons
h. RVP – ga	asoline only	i. Total oxygen percent – gasoline only
j. Oxygenat	e name – gasoline only	-
B. Notes	and Attachments	
		ditional information that will help DEP understand
your subr	mission.	
2 Attachn	nants: Check here to submit attach	ments to this form. For attachments that cannot be

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

help

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
33
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Complete one AP-4 for EACH organic material storage tank.					
Important: When filling out forms on	A. Equipment Description					
the computer, use only the tab key to move your cursor – do not use the return key.	1.	Facility identifiers: CLEAN HARBORS OF BRAINTREE a. Facility name 34839 b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number			
return	2.	Emission unit identifiers: AG TANK F7- 1,500 GAL -NOT USED 2005- SOL a. Facility's choice of emission unit name – edit as needed 33	33			
How to combine units?		b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units	c. DEP emissions unit # - SSEIS point #			
_	3.	Emission unit installation and decommission dates: 1/1/1987				
How to delete a unit?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.			
?	4.	Emission unit replacement:				
		a. Is this unit replacing another emission unit?				
		✓ no	nber for the unit being replaced below:			
		b. DEP's Emission Unit Number and facility unit name				
?	5.	Unit descriptions:				
		a. Description: ✓ above ground ☐ below ground	d			
		b. Roof type:	Specify other			
		9 5 1500				
		c. Height / Length – feet d. Diameter – feet e. Capacit	ty – gallons			

✓ steel weld □ other weld □ rivet □ fiberglass □ gunite

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
33
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

	Material stored (at start of year):	
	NONE	
	a. Name of material	40722098
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	ORGANIC CHEM.SPECIFY IN COMMNETS	
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	_
	New material stored (enter new material if conte	ents changed during year of record):
	a. Name of material	
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons
	f. Temperature – typical storage temp. in °Fahrenheit h. RVP – gasoline only	g. Annual throughput in gallons i. Total oxygen percent – gasoline only
-	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments	i. Total oxygen percent – gasoline only
-	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only
_	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only
•	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only
_	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	
_	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only
_	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only
_	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only
_ •	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions and actions are actions.	i. Total oxygen percent – gasoline only

paper copy of this form.

Bureau of Waste Prevention – Air Quality

Emission Unit - Organic Material Storage

2005 Year of record 32 DEP EU# (old Point #) 1190564 Facility AQ identifier

	Со	implete one AP-4 for EACH organic material storage to	ank.
Important: When filling out forms on	A.	Equipment Description	
the computer, use only the	1.	Facility identifiers:	
tab key to		CLEAN HARBORS OF BRAINTREE	
move your cursor – do		a. Facility name	
not use the		34839	1190564
return key.		b. DEP Account number	c. Facility AQ identifier - SSEIS ID number
tab			
	2.	Emission unit identifiers:	
return		AG TANK F6- 2,000 GAL -NOT UESD 2005- S0	OLVENT
		a. Facility's choice of emission unit name – edit as needed	
		32	32
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
		d. Combined Units – enter number of individual units	
How to			
combine units ?			

3. Emission unit installation and decommission dates:



a. Installation date - estimate if unknown (mm/dd/yyyy)

b. Decommission date (mm/dd/yyyy) - if applicable

Complete only if the unit was shut down permanently or replaced since the last report.

? 4.	Emission unit replacement: a. Is this unit replacing another emission unit?					
	☑ no	yes – enter DEP's emissions unit number for the unit being replaced below:				
	b. DEP's Em	ission Unit Number and facility unit name				

Unit description	ns:			
a. Description:	✓ above ground	below ground		
b. Roof type:	☐ floating roof ☑ fixed	internal roof other:	On a Year three	
5	5	2000	Specify other	
c. Height / Length			- gallons	

✓ steel weld ☐ other weld ☐ rivet ☐ fiberglass ☐ gunite 6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
32
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

	ored (at start of year):					
NONE	NONE					
a. Name of ma	aterial	1 40-0000				
		40722098				
	er if single chemical CHEM.SPECIFY IN COMMNETS	c. SC Code for standing / breathing loss				
	lescription – filled by eDEP	e. Vapor pressure in PSI at 25° C				
?	industry color	0				
f. Temperature	re – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)				
h. RVP – gaso	oline only	i. Total oxygen percent – gasoline only				
j. Oxygenate i	name – gasoline only	-				
8. New mater	rial stored (enter new material if conte	nts changed during year of record):				
a. Name of ma	aterial					
b. CAS number	er if single chemical	c. SC Code for standing / breathing loss				
d. SC Code d	lescription – filled by eDEP	e. Vapor pressure in PSI at 25° C				
f. Temperature	re - typical storage temp. in °Fahrenheit	g. Annual throughput in gallons				
h. RVP – gaso	oline only	i. Total oxygen percent – gasoline only				
	oline only name – gasoline only	i. Total oxygen percent – gasoline only				
j. Oxygenate ı		i. Total oxygen percent – gasoline only				
j. Oxygenate r	name – gasoline only	i. Total oxygen percent – gasoline only ditional information that will help DEP understand				
j. Oxygenate r	name – gasoline only and Attachments ase include in the space below any ac	-				
j. Oxygenate r B. Notes a 1. Notes: plea	name – gasoline only and Attachments ase include in the space below any ac	-				
j. Oxygenate r B. Notes a 1. Notes: plea	name – gasoline only and Attachments ase include in the space below any ac	-				
j. Oxygenate r B. Notes a 1. Notes: plea	name – gasoline only and Attachments ase include in the space below any ac	-				
j. Oxygenate r B. Notes a 1. Notes: plea	name – gasoline only and Attachments ase include in the space below any ac	-				
j. Oxygenate r B. Notes a 1. Notes: plea	name – gasoline only and Attachments ase include in the space below any ac	-				
j. Oxygenate r B. Notes a 1. Notes: plea	name – gasoline only and Attachments ase include in the space below any ac	-				
j. Oxygenate r B. Notes a 1. Notes: plea	name – gasoline only and Attachments ase include in the space below any ac	-				
j. Oxygenate r B. Notes a 1. Notes: plea	name – gasoline only and Attachments ase include in the space below any ac	-				
j. Oxygenate r B. Notes a 1. Notes: plea	name – gasoline only and Attachments ase include in the space below any ac	-				
j. Oxygenate r B. Notes a 1. Notes: plea	name – gasoline only and Attachments ase include in the space below any ac	-				
j. Oxygenate r B. Notes a 1. Notes: plea	name – gasoline only and Attachments ase include in the space below any ac	-				
j. Oxygenate r B. Notes a 1. Notes: plea	name – gasoline only and Attachments ase include in the space below any ac	-				

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

A. Equipment Description

Emission Unit - Organic Material Storage

2005 Year of record 31 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank.

important:
When filling
out forms on
the computer,
use only the
tab key to
move your
cursor – do
not use the
return key.

1.	Facility identifiers:	
	CLEAN HARBORS OF BRAINTREE	
	a. Facility name	
	34839	1190564
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number



2. Emission unit identifiers:

AG TANK F5- 2,000 GAL -NOT UESD 2005- S	OLVENI
a. Facility's choice of emission unit name – edit as needed	
31	31
b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #



3. Emission unit installation and decommission dates:

d. Combined Units - enter number of individual units

	1/1/1983	
?	a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
w to delete init?		Complete only if the unit was shut down permanently or replaced since the last report.



Emission unit replacement:

a. Is this unit replacing another emission unit?

✓ no	yes – enter DEP's emissions unit number for the unit being replaced below:

b. DEP's Emission Unit Number and facility unit name

Unit description	is:					
a. Description:	✓ above ground	☐ belo	ow ground			
b. Roof type:	☐ floating roof ☑ fixed	inte	rnal roof er:			
	_			Specify other		
12	5		2000			
c. Height / Length -	- feet d. Diameter – fe	eet	e. Capacity –	gallons		

6.	Construction:	✓ steel weld	∪ other weld		☐ fiberglass	☐ gunite
----	---------------	--------------	--------------	--	--------------	----------

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
31
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):	
	NONE	
	a. Name of material	
		40722098
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	ORGANIC CHEM.SPECIFY IN COMMNETS	- Variation in BCI at 250 C
?	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	
8.	New material stored (enter new material if conten	ts changed during year of record): ?
	a. Name of material	
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	
В.	Notes and Attachments	
1.	Notes: please include in the space below any add	ditional information that will help DEP understand
	your submission.	
	2 Attachments: Check here to submit attach	ments to this form. For attachments that cannot be

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
30
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	nplete one AP-4	for EACH organic m	aterial storage	e tank.	
Important: When filling out forms on	Α.	Equipmen	t Description	I		
the computer, use only the tab key to move your cursor – do not use the return key.	1.	ELEAN HARBO a. Facility name 34839 b. DEP Account no	ORS OF BRAINTRE	ΞE		90564 Facility AQ identifier – SSEIS ID number
return	2.		dentifiers: 2,000 GAL -NOT of emission unit name –		SOLVE	:NT
		30	or emission unit name –	edit as needed	30	
			on unit number / code – e	edit as needed		DEP emissions unit # - SSEIS point #
How to combine units?		d. Combined Units	– enter number of indivi	dual units	<u>]</u>	
	3.	Emission unit in	nstallation and deco	mmission dat	es:	
		1/1/1983				
?		a. Installation date	 estimate if unknown (r 	mm/dd/yyyy)	b. I	Decommission date (mm/dd/yyyy) – if applicable
How to delete a unit ?						mplete only if the unit was shut down permanently replaced since the last report.
?	4.	Emission unit re	eplacement:			
•		a. Is this unit re	placing another em	ission unit?		
		v no □	yes – enter DEP's	emissions uni	t numbe	er for the unit being replaced below:
		b. DEP's Emission	unit Number and facilit	y unit name		
?	5.	Unit description	ns:			
		a. Description:	✓ above ground	☐ below g	round	
		b. Roof type:	☐ floating roof ☑ fixed	internal other:	roof	Specify other
		12	5	200	00	Specify other
		o Hoight / Longth	foot d Diameter f	foot = 0.0	onooity.	allone

6. Construction: \checkmark steel weld \square other weld \square rivet \square fiberglass \square gunite

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
30
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7. Material stored (at start of year):	
NONE	
a. Name of material	
75092	40706020
b. CAS number if single chemical	c. SC Code for standing / breathing loss
METHYLENE CHLORIDE-WORKING LOSS	
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	<u> </u>
8. New material stored (enter new material if cont	tents changed during year of record):
a. Name of material	
b. CAS number if single chemical	c. SC Code for standing / breathing loss
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	
B. Notes and Attachments1. Notes: please include in the space below any a your submission.	additional information that will help DEP understand
	chments to this form. For attachments that cannot be ents in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
29
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Coi	mplete one AP-4	for EACH organic m	aterial storage tar	nk.
Important: When filling out forms on	Α.	Equipmen	t Description	1	
the computer, use only the	1.	Facility identifie	ers: 🕎		
tab key to		CLEAN HARBO	ORS OF BRAINTRE	ΞE	
move your cursor – do		a. Facility name			
not use the		34839			1190564
return key.		b. DEP Account nu	ımber		c. Facility AQ identifier – SSEIS ID number
	2.	Emission unit id	dentifiers:		
return		AG TANK SS-	2,000 GAL -NOT	USED 2005-	
		a. Facility's choice	of emission unit name -	edit as needed	
		29			29
		b. Facility's emission	on unit number / code – e	edit as needed	c. DEP emissions unit # - SSEIS point #
		d Cambinad Haita		de al conita	
How to combine units ?		a. Combined Units	– enter number of indivi	duai units	
	3.	Emission unit in	nstallation and deco	mmission dates:	
		1/1/1983			
		a. Installation date	 estimate if unknown (r 	nm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) - if applicable
How to delete a unit?					Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit r	eplacement:		
		a. Is this unit re	placing another em	ission unit?	
		✓ no	yes – enter DEP's	emissions unit nu	mber for the unit being replaced below:
		b. DEP's Emission	Unit Number and facility	y unit name	
?	5.	Unit description	ns:		
		a. Description:	✓ above ground	below grour	nd
		b. Roof type:	☐ floating roof ☑ fixed	internal roof other:	Specify other
		5	Б	2000	opedity office

6. Construction: \checkmark steel weld \square other weld \square rivet \square fiberglass \square gunite

e. Capacity - gallons

c. Height / Length – feet d. Diameter – feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005 Year of record 29 DEP EU# (old Point #) 1190564

Facility AQ identifier

A. Equipment Description (cont.)

	Material stored (at start of year):	
	NONE	
	a. Name of material	
		40706022
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	PERCHLOROETHYLENE-WORKING LOSS	- Vanor processes in BCI at 050 C
?	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	
8.	New material stored (enter new material if conter	nts changed during year of record):
	a. Name of material	
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f. Temperature – typical storage temp. in °Fahrenheit	
	i. Temperature – typicai storage temp. in Franceimen	g. Annual throughput in gallons
	h. RVP – gasoline only	g. Annual throughput in gallons i. Total oxygen percent – gasoline only
В.	h. RVP – gasoline only j. Oxygenate name – gasoline only	
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments	i. Total oxygen percent – gasoline only
B.	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments	
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
28
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Complete one AP-4 for EACH organic material storage tank.			
Important: When filling out forms on	A.	Equipment Description		
the computer, use only the	1.	Facility identifiers:		
tab key to		CLEAN HARBORS OF BRAINTREE		
move your cursor – do		a. Facility name	4400004	
not use the return key.		b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number	
tab		b. DET Account number	c. I acility Ac Identifier – SOLIS ID Humber	
	2.	Emission unit identifiers:		
return		AG TANK F2- 2,000 GAL -NOT USED 2005-		
		a. Facility's choice of emission unit name – edit as needed		
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #	
		b. 1 acility 3 emission unit number / code – edit as needed	C. DET emissions unit # – Socio point #	
?		d. Combined Units – enter number of individual units		
How to combine units ?				
	3.	Emission unit installation and decommission dates:		
		1/1/1984		
How to delete		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable	
a unit ?			Complete only if the unit was shut down permanently or replaced since the last report.	
?	4.	Emission unit replacement:		
		a. Is this unit replacing another emission unit?		
		Glass Grand BERI and delication of the	and an familiar and the Common Lands	
		✓ no yes – enter DEP's emissions unit nu	imber for the unit being replaced below:	
		b. DEP's Emission Unit Number and facility unit name		
2	5.	Unit descriptions:		
		a. Description: above ground below ground	nd	
		b. Roof type:		
		5 5 2000	Specify other	
		·	city – gallons	

✓ steel weld □ other weld □ rivet □ fiberglass □ gunite

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
28
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7. Material stored (at start of year):	
NONE	
a. Name of material	
79016	40722010
b. CAS number if single chemical	c. SC Code for standing / breathing loss
1,1,1-TRICHLOROETHYLENE-WITH LOSS	
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	-
8. New material stored (enter new material if conter	nts changed during year of record): 🥐
a. Name of material	
b. CAS number if single chemical	c. SC Code for standing / breathing loss
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	-
B. Notes and Attachments	
	ditional information that will help DEP understand
your submission.	
2 Attachments: Check here to submit attach	

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2005 Year of record 27 DEP EU# (old Point #) 1190564 Facility AQ identifier

	Co	implete one AP-4 for EACH organic material storage t	ank.
Important: When filling out forms on	A	Equipment Description	
the computer, use only the	1.	Facility identifiers:	
tab key to		CLEAN HARBORS OF BRAINTREE	
move your cursor – do		a. Facility name	
not use the		34839	1190564
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
tab			
	2.	Emission unit identifiers:	
return		AG TANK F1- 2,000 GAL -NOT USED 2005-	
		a. Facility's choice of emission unit name – edit as needed	
		27	27
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
		d. Combined Units – enter number of individual units	
How to combine			
units?			

3. Emission unit installation and decommission dates:



a. Installation date - estimate if unknown (mm/dd/yyyy)

b. Decommission date (mm/dd/yyyy) - if applicable

Complete only if the unit was shut down permanently or replaced since the last report.

?]4.	Emission unit replacement:					
a. Is this unit replacing another emission unit?						
	☑ no	☐ yes – enter DEP's emissions unit number for the unit being replaced below:				
	b. DEP's Em	ission Unit Number and facility unit name				
?)5.	Unit descriptions:					
?)5.	Unit descri	ptions:				

Unit description	ns:			
a. Description:	✓ above ground	below ground		
b. Roof type:	☐ floating roof ✓ fixed	internal roof other:	Specify other	
5 c. Height / Length	5 – feet d. Diameter – fe	eet 2000 e. Capacity -		
o. Hoight / Longth	iot a Diamotoi ii	oo. Oupdonly	ganono	

✓ steel weld ☐ other weld ☐ rivet ☐ fiberglass ☐ gunite 6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
27
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7. Material stored (at start of year):	
NONE	
a. Name of material	
	40706024
b. CAS number if single chemical TRICHLOROETHYLENE-WORKING LOSS	c. SC Code for standing / breathing loss
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
2	0
f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	-
8. New material stored (enter new material if conte	nts changed during year of record):
a. Name of material	
b. CAS number if single chemical	c. SC Code for standing / breathing loss
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	_
B. Notes and Attachments	
 Notes: please include in the space below any acyour submission. 	dditional information that will help DEP understand
your submission.	
2 Attachments: Check have to submit attach	oments to this form. For attachments that cannot be

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

help

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
26
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Coi	mplete one AP-4	for EACH organic m	aterial storage tan	k.
Important: When filling out forms on	A.	Equipmen	t Description	l	
the computer, use only the tab key to	1.	Facility identified	ers: ? ORS OF BRAINTRE	ΞE	
move your cursor – do		a. Facility name			4400504
not use the return key.		b. DEP Account nu	ımher		1190564 c. Facility AQ identifier – SSEIS ID number
tab		b. BEI 7000um ne			c. Facility Acquaintiff Could be Hamber
	2.	Emission unit i	dentifiers:		
return		AG TANK A25	- 1,000 GAL -NOT	TUSED 2005- PC	В
		· ·	of emission unit name -	edit as needed	
		26		- dit d- d	26
_		b. Facility's emissi	on unit number / code – e	edit as needed	c. DEP emissions unit # - SSEIS point #
How to combine units ?		d. Combined Units	– enter number of indivi	dual units	
unito :	3.	Emission unit i	nstallation and deco	mmission dates:	
_		1/1/1987			
?			 estimate if unknown (r 	mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
How to delete a unit?					Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit r	eplacement:		
•		a. Is this unit re	eplacing another em	ission unit?	
		v no □	yes – enter DEP's	emissions unit nu	mber for the unit being replaced below:
		b. DEP's Emission	n Unit Number and facilit	y unit name	
?	5.	Unit description	ns:		
		a. Description:	✓ above ground	below groun	d
		b. Roof type:	☐ floating roof ✓ fixed	internal roof other:	
		7	5	1000	Specify other

6. Construction: \checkmark steel weld \square other weld \square rivet \square fiberglass \square gunite

e. Capacity - gallons

c. Height / Length – feet d. Diameter – feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
26
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

	Material stored (at start of year):						
	NONE						
	a. Name of material						
Į		40708498					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
_	SPECIFY PHENOL:WORKING LOSS d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
2	a. So Code description – filled by eDEP	e. vapor pressure in PSI at 25° C					
	f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)					
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only	=					
8.	New material stored (enter new material if conte	nts changed during year of record): ?					
-	a. Name of material						
=	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
-	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
-	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons					
=	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
		_					
-	j. Oxygenate name – gasoline only						
	j. Oxygenate name – gasoline only Notes and Attachments						
В.	Notes and Attachments	dditional information that will help DEP understand					
B. 1.	Notes and Attachments	dditional information that will help DEP understand					
B. 1.	Notes and Attachments Notes: please include in the space below any ac	dditional information that will help DEP understand					
B. 1.	Notes and Attachments Notes: please include in the space below any ac	dditional information that will help DEP understand					
B. 1.	Notes and Attachments Notes: please include in the space below any ac	dditional information that will help DEP understand					
B. 1.	Notes and Attachments Notes: please include in the space below any ac	dditional information that will help DEP understand					
B. 1.	Notes and Attachments Notes: please include in the space below any ac	dditional information that will help DEP understand					
B. 1.	Notes and Attachments Notes: please include in the space below any ac	dditional information that will help DEP understand					
B. 1.	Notes and Attachments Notes: please include in the space below any ac	dditional information that will help DEP understand					
B. 1.	Notes and Attachments Notes: please include in the space below any ac	dditional information that will help DEP understand					
B. 1.	Notes and Attachments Notes: please include in the space below any ac	dditional information that will help DEP understand					
B. 1.	Notes and Attachments Notes: please include in the space below any ac	dditional information that will help DEP understand					
B. 1.	Notes and Attachments Notes: please include in the space below any ac	dditional information that will help DEP understand					
B. 1.	Notes and Attachments Notes: please include in the space below any ac	dditional information that will help DEP understand					

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
25
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4 for EACH organic material storage tar	nk.		
Important: When filling out forms on	Α.	Equipment Description			
the computer,	1.	Facility identifiers:			
use only the tab key to		CLEAN HARBORS OF BRAINTREE			
move your cursor – do		a. Facility name			
not use the		34839	1190564		
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number		
	2.	Emission unit identifiers:			
return		AG TANK A24- 2,400 GAL -NOT USED 2005- PCB			
		a. Facility's choice of emission unit name – edit as needed			
		25	25		
_		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #		
?		d. Combined Units – enter number of individual units			
How to combine units ?					
	3.	Emission unit installation and decommission dates:			
		1/1/1983			
?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable		
How to delete a unit?			Complete only if the unit was shut down permanently or replaced since the last report.		
?	4.	Emission unit replacement:			
•		a. Is this unit replacing another emission unit?			
		□ □ DEDI:	and the first than 1901 after a section of the first		
		✓ no yes – enter DEP's emissions unit nu	mber for the unit being replaced below:		
		b. DEP's Emission Unit Number and facility unit name			
?	5.	Unit descriptions:			
		a. Description: 🗹 above ground 🗌 below groun	nd		
		b. Roof type:	f		

6. Construction: ✓ steel weld ☐ other weld ☐ rivet ☐ fiberglass ☐ gunite

other:

2400

e. Capacity - gallons

Specify other

✓ fixed

c. Height / Length – feet d. Diameter – feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
25
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

Material stored (at start of year):	
IONE	
. Name of material	
	40708498
. CAS number if single chemical	c. SC Code for standing / breathing loss
SPECIFY PHENOL:WORKING LOSS	
. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
. RVP – gasoline only	i. Total oxygen percent – gasoline only
Oxygenate name – gasoline only	
lew material stored (enter new material if o	contents changed during year of record):
. Name of material	
. CAS number if single chemical	c. SC Code for standing / breathing loss
. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons
Temperature – typical storage temp. in °Fahrenheit . RVP – gasoline only	g. Annual throughput in gallons i. Total oxygen percent – gasoline only
Oxygenate name – gasoline only Notes and Attachments	i. Total oxygen percent – gasoline only
Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below a	i. Total oxygen percent – gasoline only
Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below a	i. Total oxygen percent – gasoline only
Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below a	i. Total oxygen percent – gasoline only
Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below a	i. Total oxygen percent – gasoline only
Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below a	i. Total oxygen percent – gasoline only
Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below a	
Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below a	i. Total oxygen percent – gasoline only
Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below a	i. Total oxygen percent – gasoline only
Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below a	i. Total oxygen percent – gasoline only
Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below a	i. Total oxygen percent – gasoline only
Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below a	i. Total oxygen percent – gasoline only
Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below a	i. Total oxygen percent – gasoline only

paper copy of this form.

help

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
24
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Complete one AP-4 for EACH organic material storage tank.			
Important: When filling out forms on	A	. Equipment Description		
the computer, use only the	1.	Facility identifiers: (?)		
tab key to		CLEAN HARBORS OF BRAINTREE		
move your cursor – do		a. Facility name		
not use the		34839	1190564	
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number	
tab				
	2.	Emission unit identifiers:		
return		AG TANK A23- 2,400 GAL -NOT USED 2005- PC	CB	
		a. Facility's choice of emission unit name – edit as needed		
		24	24	
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #	
😈		d. Combined Units – enter number of individual units		
How to combine units?				
	3.	Emission unit installation and decommission dates:		
		1/1/1983		



a. Installation date – estimate if unknown (mm/dd/yyyy)

b. Decommission date (mm/dd/yyyy) - if applicable

Complete only if the unit was shut down permanently or replaced since the last report.

? 4.		nit replacement: it replacing another emission unit?
	☑ no	yes – enter DEP's emissions unit number for the unit being replaced below:
	b. DEP's Emis	ssion Unit Number and facility unit name

Unit description	ns:			
a. Description:	✓ above ground	below ground		
b. Roof type:	☐ floating roof ✓ fixed	☐ internal roof ☐ other:	Crasificathor	
10	7	2400	Specify other	
c. Height / Length	- feet d. Diameter - fe		gallons	=

6. Construction: \checkmark steel weld \square other weld \square rivet \square fiberglass \square gunite

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
24
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

Material stored (at start of year):	
NONE	
a. Name of material	10700100
	40708498
b. CAS number if single chemical	c. SC Code for standing / breathing loss
SPECIFY PHENOL:WORKING LOSS	
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C ?
f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	<u> </u>
New material stored (enter new material if cor	ntents changed during year of record): ?
a. Name of material	
b. CAS number if single chemical	c. SC Code for standing / breathing loss
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
f. Temperature – typical storage temp. in °Fahrenheit h. RVP – gasoline only	g. Annual throughput in gallons i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any	
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any	i. Total oxygen percent – gasoline only

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
23
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4	for EACH organic m	aterial storage tan	k.
Important: When filling out forms on	A.	Equipmen	t Description		
the computer, use only the tab key to	1.	Facility identified	ers: ? ORS OF BRAINTRE	ΞE	
move your cursor – do		a. Facility name			4400=04
not use the return key.		b. DEP Account nu	mhor		c. Facility AQ identifier – SSEIS ID number
Tab Lab		b. DEF Account no	mbei		c. Facility Act Identifier – 33E13 ID Humber
	2.	Emission unit id	dentifiers:		
return		AG TANK A22-	2,400 GAL -NOT	USED 2005- PC	В
		-	of emission unit name –	edit as needed	
		23			23
		b. Facility's emission	on unit number / code – e	edit as needed	c. DEP emissions unit # - SSEIS point #
How to combine units ?		d. Combined Units	– enter number of indivi	dual units	
units :	3.	Emission unit ir	nstallation and deco	mmission dates:	
		1/1/1983			
?			 estimate if unknown (n 	nm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
How to delete a unit?					Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit re	eplacement:		
•		a. Is this unit re	placing another em	ission unit?	
		v no □	yes – enter DEP's o	emissions unit nui	mber for the unit being replaced below:
		b. DEP's Emission	Unit Number and facility	y unit name	
?	5.	Unit description	ns:		
		a. Description:	✓ above ground	below groun	nd
		b. Roof type:	☐ floating roof ☑ fixed	internal roof other:	
		10	7	2400	Specify other

e. Capacity - gallons

c. Height / Length – feet d. Diameter – feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
23
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):	
	NONE	
	a. Name of material	7 40700400
	h OAO aankarii siada ahaasiad	40708498
	b. CAS number if single chemical SPECIFY PHENOL:WORKING LOSS	c. SC Code for standing / breathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
?)	0
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	_
3.	New material stored (enter new material if conte	ents changed during year of record): ?
	a. Name of material	
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
	f. Temperature – typical storage temp. in °Fahrenheit h. RVP – gasoline only	g. Annual throughput in gallons i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments	
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
B.	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
22
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Coi	mplete one AP-4 for EACH organic material storage tar	nk.
Important: When filling out forms on	A.	Equipment Description	
the computer, use only the tab key to	1.	Facility identifiers: ? CLEAN HARBORS OF BRAINTREE	
move your cursor – do		a. Facility name	4400504
not use the return key.		b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number
Tab		b. DET Account number	c. I acility Ac Identifier – SOLIS ID Humber
	2.	Emission unit identifiers:	
return		AG TANK A21- 5,000 GAL -NOT USED 2005-	
		a. Facility's choice of emission unit name – edit as needed	
		22	22
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
How to combine		d. Combined Units – enter number of individual units	
units?			
	3.	Emission unit installation and decommission dates:	
		1/1/1983	
		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) - if applicable
How to delete a unit?			Complete only if the unit was shut down permanently or replaced since the last report.
<u> </u>	4.	Emission unit replacement:	
•		a. Is this unit replacing another emission unit?	
		✓ no	imber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
?	5.	Unit descriptions:	
		a. Description: ☑ above ground ☐ below groun	nd
		b. Roof type:	
			Specify other

6. Construction: ✓ steel weld ☐ other weld ☐ rivet ☐ fiberglass ☐ gunite

c. Height / Length – feet d. Diameter – feet

5000

e. Capacity - gallons

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
22
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

NONE	
a. Name of material	10700000
h CAS number if single chemical	decision of the decision of th
	c. 30 code for standing / breathing loss
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	=
New material stored (enter new material if conte	ents changed during year of record): ?
a. Name of material	
b. CAS number if single chemical	c. SC Code for standing / breathing loss
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	_
Notes and Attachments	
Notes : please include in the space below any acyour submission.	dditional information that will help DEP understand
	a. Name of material b. CAS number if single chemical MISC.CHEMICAL STORAGE d. SC Code description – filled by eDEP f. Temperature – typical storage temp. in °Fahrenheit h. RVP – gasoline only j. Oxygenate name – gasoline only New material stored (enter new material if conternal a. Name of material b. CAS number if single chemical d. SC Code description – filled by eDEP f. Temperature – typical storage temp. in °Fahrenheit h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005 Year of record 21 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete o	ne AP-4 for	EACH organi	c materiai st	orage tank

on uter, 1.	Facility identifiers: 7	
he	CLEAN HARBORS OF BRAINTREE	
r	a. Facility name	
lo ie	34839	1190564
/.]]	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
	Emission unit identifiers:	
	AG TANK A20- 5,000 GAL -NOT USED 2005-	
	a. Facility's choice of emission unit name – edit as needed	
	21	21
	b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
	d. Combined Units – enter number of individual units	
3.	Emission unit installation and decommission dates:	
	1/1/1983	
	a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
elete		Complete only if the unit was shut down permanently or replaced since the last report.
? 4.	Emission unit replacement:	
	a. Is this unit replacing another emission unit?	
	✓ no yes – enter DEP's emissions unit nur	mber for the unit being replaced below:
	b. DEP's Emission Unit Number and facility unit name	
6 5	Linit descriptions	
1 5.	. Unit descriptions:	
	a. Description: 🗹 above ground 🗌 below groun	d
	b. Roof type:	
	8 8 5000	Specify other
		ty – gallons

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
21
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

	Material stored (at start of year):	
	NONE	
	a. Name of material	
		40799998
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	MISC.CHEMICAL STORAGE	- V
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	_
	New material stored (enter new material if conte	ents changed during year of record):
	a. Name of material	
-	b. CAS number if single chemical	c. SC Code for standing / breathing loss
-	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
-	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
	f. Temperature – typical storage temp. in °Fahrenheit h. RVP – gasoline only	g. Annual throughput in gallons i. Total oxygen percent – gasoline only
•	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments	
•	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
•	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
•	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
•	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
•	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
•	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
•	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
•	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only

paper copy of this form.

help

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
20
DEP EU# (old Point #)
1190564
Facility AQ identifier

Important:
When filling
out forms on
the computer,
use only the
tab key to
move your
cursor – do
not use the
return key.
tab

combine units?

a unit?

Complete one AP-4 for EACH organic material storage tank.					
Α.	. Equipment Description				
1.	Facility identifiers: ? CLEAN HARBORS OF BRAINTREE				
	a. Facility name				
	b. DEP Account nu	mber		c. Facility AQ identifier – SSEIS ID number	
2.	Emission unit ic	dentifiers:			
		5,000 GAL -NOT			
	a. Facility's choice of 20	of emission unit name –	edit as needed	20	
	b. Facility's emission unit number / code – edit as needed			c. DEP emissions unit # - SSEIS point #	
	d. Combined Units	– enter number of individ	lual units		
3.	3. Emission unit installation and decommission dates 1/1/1983 a. Installation date – estimate if unknown (mm/dd/yyyy)			b. Decommission date (mm/dd/yyyy) – if applicable	
		(,,,,,,	Complete only if the unit was shut down permanently or replaced since the last report.	
4.	Emission unit re	eplacement:			
)	a. Is this unit replacing another emission unit?				
	v no yes – enter DEP's emissions unit number for the unit being replaced below:				
b. DEP's Emission Unit Number and facility unit name					
5.	Unit description	s:			
	a. Description:	✓ above ground	below groun	nd	
	b. Roof type:	☐ floating roof ✓ fixed	☐ internal roo ☐ other:	Specify other	

5000

e. Capacity - gallons

8

c. Height / Length - feet

d. Diameter - feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
20
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):						
	NONE						
	a. Name of material	1					
		40799998					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
?	MISC.CHEMICAL STORAGE d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
	u. 30 code description – lined by ebbi	0					
	f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)					
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only	-					
8.	New material stored (enter new material if conte	nts changed during year of record): ?					
	a. Name of material						
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C g. Annual throughput in gallons					
	f. Temperature – typical storage temp. in ^o Fahrenheit						
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only						
В.	Notes and Attachments						
1.	Notes : please include in the space below any additional information that will help DEP understand						
	your submission.						
	2 Attachments:	ments to this form. For attachments that cannot be					

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

fixed

c. Height / Length - feet

6. Construction:

8

d. Diameter - feet

2005
Year of record
19
DEP EU# (old Point #)
1190564
Facility AQ identifier

combine units?

a unit?

Complete one AP-4 for EACH organic material storage tank.					
A.	A. Equipment Description				
1.	Facility identifiers: ?				
	CLEAN HARBORS OF BRAINTREE				
	a. Facility name 34839	1190564			
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number			
2.	Emission unit identifiers:				
	AG TANK A18- 5,000 GAL -NOT USED 2005-				
	a. Facility's choice of emission unit name – edit as needed 19	19			
	b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #			
	d. Combined Units – enter number of individual units				
3.	Emission unit installation and decommission dates: 1/1/1983 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.			
) 4.	Emission unit replacement:				
,	a. Is this unit replacing another emission unit?				
	✓ no				
	b. DEP's Emission Unit Number and facility unit name				
5.	Unit descriptions:				
	a. Description: 🗹 above ground 🗌 below grou	nd			
	b. Roof type:				

other:

5000

✓ steel weld □ other weld □ rivet □ fiberglass □ gunite

e. Capacity - gallons

Specify other

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
19
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7. Material stored (at start of year):	Material stored (at start of year):					
NONE						
a. Name of material						
	40799998					
b. CAS number if single chemical	c. SC Code for standing / breathing loss					
MISC.CHEMICAL STORAGE						
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)					
h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
j. Oxygenate name – gasoline only						
8. New material stored (enter new material if co	New material stored (enter new material if contents changed during year of record):					
a. Name of material						
b. CAS number if single chemical	c. SC Code for standing / breathing loss					
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons					
h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
j. Oxygenate name – gasoline only						
B. Notes and Attachments						
	Notes: please include in the space below any additional information that will help DEP understand					
your submission.						
2 Attachments: Check here to submit att	tachments to this form. For attachments that cannot be					

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

help

Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2005 Year of record 18 DEP EU# (old Point #) 1190564 Facility AQ identifier

Important:
When filling
out forms or
the compute
use only the
tab key to
move your
cursor – do
not use the
return key.
tab
return /

	Cor	Complete one AP-4 for EACH organic material storage tank.					
Important:							
When filling out forms on	Α.	Equipment	t Description				
the computer, use only the	1.	Facility identifie	rs: 🛜				
tab key to		CLEAN HARBO	RS OF BRAINTRE	E			
move your cursor – do		a. Facility name					
not use the		34839			1190564		
return key.		b. DEP Account nur	mber		c. Facility AQ identifier – SSEIS ID number		
tab							
	2.	Emission unit id	entifiers:				
return		AG TANK A17E	3- 500 GAL	-EMPTY 2005-			
		•	of emission unit name -	edit as needed			
		18			18		
		b. Facility's emission	n unit number / code – e	edit as needed	c. DEP emissions unit # - SSEIS point #		
2		d Combined Units	– enter number of individ	dual units			
How to combine		a. Combined Office	Cite named of mark	addi dilito			
units ?	3.	Emission unit installation and decommission dates:					
_		1/1/1983					
?			- estimate if unknown (m	nm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable		
How to delete			`		Complete only if the unit was shut down permanently		
a unit?					or replaced since the last report.		
?	4.	Emission unit re	eplacement:				
		a. Is this unit rep	placing another emi	ission unit?			
		✓ no	yes – enter DEP's e	mber for the unit being replaced below:			
		b. DEP's Emission	Unit Number and facility	/ unit name			
			ŕ				
6	\ 5.	Unit description	s:				
		, , , , , , , , , , , , , , , , , , , ,					
		a. Description:	✓ above ground	below groun	d		
		b. Roof type:	☐ floating roof	internal roof			
		b. Rooi type.	✓ fixed	other:			
			_	_	Specify other		
		5	4	500			

6.	Construction:	✓ steel weld	other weld riv	et	gunite gunite

e. Capacity - gallons

c. Height / Length – feet d. Diameter – feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
18
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7. M	Material stored (at start of year):					
Ν	NONE					
a.	Name of material					
		40799998				
	CAS number if single chemical	c. SC Code for standing / breathing loss				
	IISC.CHEMICAL STORAGE	- Venez processes in BCI et 250 C				
7 0°.	SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
f.	Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)				
?) h.	RVP – gasoline only	i. Total oxygen percent – gasoline only				
j. (Oxygenate name – gasoline only					
8. N	New material stored (enter new material if contents changed during year of record):					
a.	Name of material					
b.	CAS number if single chemical	c. SC Code for standing / breathing loss				
d.	SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
f.	Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons				
h.	RVP – gasoline only	i. Total oxygen percent – gasoline only				
j. (j. Oxygenate name – gasoline only					
B. N	lotes and Attachments					
1. N	Notes: please include in the space below any additional information that will help DEP understand					
yo	our submission.					
2	Attachments: Check here to submit attachme	ante to this form. For attachmente that cannot be				

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
17
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4	for EACH organic m	aterial storage tar	ık.
Important: When filling out forms on	A.	Equipmen	t Description		
the computer, use only the tab key to	1.	Facility identifie	ors: ? Ors of Braintre	E	
move your cursor – do		a. Facility name			
not use the return key.		b. DEP Account nu	wah a r		1190564
tab tab		b. DEP Account nu	mber		c. Facility AQ identifier – SSEIS ID number
	2.	Emission unit id	dentifiers:		
return		AG TANK A17	A- 3,900 GAL STIL	L BOTTOMS-EM	1TY 2005
		a. Facility's choice	of emission unit name –	edit as needed	
		17			17
		b. Facility's emission	on unit number / code – e	edit as needed	c. DEP emissions unit # - SSEIS point #
How to combine units ?		d. Combined Units	– enter number of individ	dual units	
	3.	Emission unit ir	nstallation and deco	mmission dates:	
		1/1/1983			
?			– estimate if unknown (n	nm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
How to delete a unit ?					Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit re	eplacement:		
		a. Is this unit re	placing another em	ission unit?	
		v no □	yes – enter DEP's e	emissions unit nu	mber for the unit being replaced below:
		b. DEP's Emission	Unit Number and facility	vunit name	
?	5.	Unit description	ıs:		
		a. Description:	✓ above ground	below grour	nd
		b. Roof type:	☐ floating roof <a>✓ fixed	internal roof other:	Specify other
		20	6	3900	opoony outer

6. Construction: \checkmark steel weld \square other weld \square rivet \square fiberglass \square gunite

e. Capacity - gallons

c. Height / Length – feet d. Diameter – feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
17
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

	Material stored (at start of year):	
	NONE	
	a. Name of material	1 40-0000
		4079998
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	MISC.CHEMICAL STORAGE	a Managara in DCI at 250 C
2	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	_
3.	New material stored (enter new material if conte	nts changed during year of record): ?
	a. Name of material	
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	_
В.	Notes and Attachments	
۱.	Notes : please include in the space below any acyour submission.	dditional information that will help DEP understand
	your submission.	

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
16
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4 for EACH organic material storage tan	nk.
Important: When filling out forms on	Α.	Equipment Description	
the computer, use only the tab key to move your	1.	Facility identifiers: CLEAN HARBORS OF BRAINTREE	
cursor – do		a. Facility name 34839	1190564
not use the return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
return	2.	Emission unit identifiers: AG TANK A11- 5,000 GAL WASTE STREAM A-2	1
		a. Facility's choice of emission unit name – edit as needed 16	16
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
How to combine units ?		d. Combined Units – enter number of individual units	
	3.	Emission unit installation and decommission dates:	
		1/1/1984	
		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
How to delete a unit?			Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit replacement:	
		a. Is this unit replacing another emission unit?	
		✓ no	mber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
?	5.	Unit descriptions:	
		a. Description: 🗹 above ground 🗌 below groun	nd
		b. Roof type: ☐ floating roof ☐ internal roof ☐ other:	
		13 8 5000	Specify other
			ity – gallons

6. Construction: ✓ steel weld ☐ other weld ☐ rivet ☐ fiberglass ☐ gunite

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
16
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7. Materia	al stored (at start of year):	
LIQUID	FUEL	
a. Name	of material	
		40799998
	umber if single chemical	c. SC Code for standing / breathing loss
	CHEMICAL STORAGE	_
d. SC Co	de description – filled by eDEP	e. Vapor pressure in PSI at 25° C 65.17
f. Tempe	rature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
h. RVP –	gasoline only	i. Total oxygen percent – gasoline only
j. Oxyger	nate name – gasoline only	_
8. New m	aterial stored (enter new material if conte	ents changed during year of record): 🥐
a. Name	of material	
b. CAS n	umber if single chemical	c. SC Code for standing / breathing loss
d. SC Co	de description – filled by eDEP	e. Vapor pressure in PSI at 25° C
f. Tempe	rature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
h. RVP –	gasoline only	i. Total oxygen percent – gasoline only
j. Oxyger	nate name – gasoline only	_
B. Note	s and Attachments	
1. Notes:	please include in the space below any a	dditional information that will help DEP understand
your su	ıbmission.	
2 Attac	hments: Check here to submit attack	nments to this form. For attachments that cannot be

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
15
DEP EU# (old Point #)
1190564
Facility AQ identifier

Important:
When filling
out forms on
the computer,
use only the
tab key to
move your
cursor - do
not use the
return key.
tab

combine units?

a unit?

Со	mplete one AP-4	for EACH organic m	aterial storage ta	nk.
A.	. Equipmen	t Description		
1.	Facility identified	ers: ? ORS OF BRAINTRE	E	
	a. Facility name 34839			1190564
	b. DEP Account nu	umber		c. Facility AQ identifier – SSEIS ID number
2.	Emission unit i	dentifiers:		
		- 9,800 GAL WAS		21
	a. Facility's choice15	of emission unit name -	edit as needed	15
		on unit number / code – e	edit as needed	c. DEP emissions unit # - SSEIS point #
	d. Combined Units	- enter number of indivi	dual units	
3.	1/1/1987	nstallation and deco		b. Decommission date (mm/dd/yyyy) – if applicable
		`	,,,,,	Complete only if the unit was shut down permanently or replaced since the last report.
4.	Emission unit r	eplacement:		
	a. Is this unit re	eplacing another em	ission unit?	
	v no □	yes – enter DEP's o	emissions unit nu	umber for the unit being replaced below:
	b. DEP's Emission	n Unit Number and facility	y unit name	
) 5.	Unit description	ne:		
)	Offit description	13.		
	a. Description:	✓ above ground	below grou	nd
	b. Roof type:	☐ floating roof ✓ fixed	internal roo	Specify other
				SDECITY OUTER

9800

✓ steel weld □ other weld □ rivet □ fiberglass □ gunite

e. Capacity - gallons

13

6. Construction:

c. Height / Length – feet

12

d. Diameter - feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
15
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

40799998
c. SC Code for standing / breathing loss
e. Vapor pressure in PSI at 25° C
65.17
g. Annual throughput in gallons (enter 0 if not used)
i. Total oxygen percent – gasoline only
_
nts changed during year of record):
c. SC Code for standing / breathing loss
e. Vapor pressure in PSI at 25° C
g. Annual throughput in gallons
i. Total oxygen percent – gasoline only
_
dditional information that will help DEP understand
oments to this form. For attachments that cannot be

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

help

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
14
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4 for EACH organic material storage tar	ık.
Important: When filling out forms on	Α.	Equipment Description	
the computer, use only the tab key to move your cursor – do not use the return key.	1.	Facility identifiers: CLEAN HARBORS OF BRAINTREE a. Facility name 34839 b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number
return	2.	Emission unit identifiers: AG TANK A9- 5,000 GAL WASTE STREAM B-40 a. Facility's choice of emission unit name – edit as needed 14	14
How to combine units ?		b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units	c. DEP emissions unit # - SSEIS point #
How to delete a unit?	3.	Emission unit installation and decommission dates: 1/1/1985 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit replacement: a. Is this unit replacing another emission unit? I no yes – enter DEP's emissions unit nu	mber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
?	5.	Unit descriptions: a. Description: ✓ above ground ☐ below ground	nd
		b. Roof type: ☐ floating roof ☐ internal roof ☐ type: ☐ fixed ☐ other:	Specify other

6. Construction: \checkmark steel weld \square other weld \square rivet \square fiberglass \square gunite

c. Height / Length – feet d. Diameter – feet

5000

e. Capacity - gallons

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
14
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

HALOGENATED FUEL	
a. Name of material	40799998
b. CAS number if single chemical	c. SC Code for standing / breathing loss
MISC.CHEMICAL STORAGE	o. Co couc for startaing / broading loss
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	74.61
f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	_
. New material stored (enter new material if conte	nts changed during year of record):
a. Name of material	
b. CAS number if single chemical	c. SC Code for standing / breathing loss
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	_
Natas and Attackments	
3. Notes and Attachments	
	dditional information that will help DEP understand
your submission.	
•	

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
13
DEP EU# (old Point #)
1190564
Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank
--

Important: When filling out forms on the computer use only the tab key to move your cursor – do not use the return key.

combine units?

a unit?

1.	Facility identifiers:					
	CLEAN HARBORS OF BRAINTREE					
	a. Facility name					
	34839	1190564				
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number				
2.	Emission unit identifiers:					
	AG TANK A8- 5,000 GAL WASTE STREAM A-	22				
	a. Facility's choice of emission unit name – edit as needed					
	13	13				
	b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #				
	d. Combined Units – enter number of individual units					
3.	Emission unit installation and decommission dates	3:				
3.	Emission unit installation and decommission dates 1/1/1987 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.				
3. 4.	1/1/1987	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently				
3.	1/1/1987 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently				
3.	a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit?	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently				
3.	a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit?	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.				
3.4.5.	a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? ✓ no	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.				
3.4.5.	a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? ☑ no ☐ yes – enter DEP's emissions unit r b. DEP's Emission Unit Number and facility unit name	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. number for the unit being replaced below:				

5000

e. Capacity - gallons

9

d. Diameter - feet

12

c. Height / Length - feet

Specify other

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
13
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):	
	LEAN WATER FOR INCINERATION	
	a. Name of material	
		40799998
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	MISC.CHEMICAL STORAGE	
_	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
\bigcirc		0.39
	f. Temperature – typical storage temp. in Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	_
8.	New material stored (enter new material if conte	ents changed during year of record): ?
	a. Name of material	
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	_
В.	Notes and Attachments	
1.	Notes : please include in the space below any ac your submission.	dditional information that will help DEP understand
	2. Attachments: Check here to submit attach	hments to this form. For attachments that cannot be

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
12
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Co	mplete one AP-4 for EACH organic material storage	tank.
Important: When filling out forms on	A.	Equipment Description	
the computer,	1.	Facility identifiers:	
use only the tab key to		CLEAN HARBORS OF BRAINTREE	
move your cursor – do		a. Facility name	
not use the		34839	1190564
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
tab			
	2.	Emission unit identifiers:	
return		AG TANK A7- 9,000 GAL WASTE STREAM A	-40
		a. Facility's choice of emission unit name – edit as needed	
		12	12
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
2		d. Combined Units – enter number of individual units	
How to combine units?		d. Combined office criter framber of marviadar aring	
unito .	3.	Emission unit installation and decommission date	s:
_		1/1/1987	
?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
How to delete a unit?			Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit replacement:	
•		a. Is this unit replacing another emission unit?	
		✓ no	number for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
?	5.	Unit descriptions:	
		a. Description: ☑ above ground ☐ below gro	ound

6. Construction: ✓ steel weld ☐ other weld ☐ rivet ☐ fiberglass ☐ gunite

9000

e. Capacity – gallons

Specify other

internal roof

other:

b. Roof type:

c. Height / Length - feet

13

floating roof

11

d. Diameter - feet

✓ fixed

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
12
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

	Material stored (at start of year):					
	HALOGENATED FUEL					
-	a. Name of material					
ſ		40722098				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	ORGANIC CHEM.SPECIFY IN COMMNETS	or o				
_	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
<u></u>	a. So sous accomption times by ober	74.61				
٤	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)				
	1. Temperature – typicai storage temp. III i amerineit	g. Annual throughput in gallons (enter o il not useu)				
2	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only					
	, exygenate name gassinis siny					
	New material stored (enter new material if conten	ts changed during year of record): ?				
=	a. Name of material					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
-	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons				
	i. Temperature – typicai storage temp. in Tramement					
		g. / umdar umougriput in ganono				
-	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
_	h. RVP – gasoline only					
_						
-	h. RVP – gasoline only j. Oxygenate name – gasoline only					
-	h. RVP – gasoline only					
3.	h. RVP – gasoline only j. Oxygenate name – gasoline only	i. Total oxygen percent – gasoline only				
3.	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments	i. Total oxygen percent – gasoline only				
3.	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any add	i. Total oxygen percent – gasoline only				
3.	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any add	i. Total oxygen percent – gasoline only				
3.	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any add	i. Total oxygen percent – gasoline only				
3.	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any add	i. Total oxygen percent – gasoline only				
3.	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any add	i. Total oxygen percent – gasoline only				
3.	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any add	i. Total oxygen percent – gasoline only				
3.	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any add	i. Total oxygen percent – gasoline only				
3.	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any add	i. Total oxygen percent – gasoline only				
3.	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any add	i. Total oxygen percent – gasoline only				
3.	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any add	i. Total oxygen percent – gasoline only				
3.	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any add	i. Total oxygen percent – gasoline only				
3.	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any add	i. Total oxygen percent – gasoline only				
3.	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any add	i. Total oxygen percent – gasoline only				
3.	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any add	i. Total oxygen percent – gasoline only				

sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2005
Year of record
11
DEP EU# (old Point #)
1190564
Facility AQ identifier

C	omple	te one	e AP-4	l tor	EACH	organic	material	storage	tank.

Important: When filling out forms on the computer, use only the tab key to move your cursor – do not use the return key.

combine units?

a unit?

a. Facility name 34839 b. DEP Account number Emission unit identifiers: AG TANK A6- 9,000 GAL WASTE STREAM A-32 a. Facility's choice of emission unit name – edit as needed 11 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units Emission unit installation and decommission dates: 1/1/1985 a. Installation date – estimate if unknown (mm/dd/yyyy) b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. Emission unit replacement: a. Is this unit replacing another emission unit? Image: Provided Since the last report. Decommission Decommission date (mm/dd/yyyy) – if applicable complete only if the unit was shut down permanently or replaced since the last report.			
a. Facility name 34839 b. DEP Account number Emission unit identifiers: AG TANK A6- 9,000 GAL WASTE STREAM A-32 a. Facility's choice of emission unit name – edit as needed 11 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units Emission unit installation and decommission dates: 1/1/1985 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? Important many control of the unit was shut down permanently or replaced since the last report. Deprivation of the unit being replaced below: b. Deprivation of the unit being replaced below: Unit descriptions: a. Description: above ground below ground	Α.	Equipment Description	
a. Facility name 34839 b. DEP Account number Emission unit identifiers: AG TANK A6- 9,000 GAL WASTE STREAM A-32 a. Facility's choice of emission unit name – edit as needed 11 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units Emission unit installation and decommission dates: 1/1/1985 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? Important many control of the unit was shut down permanently or replaced since the last report. Deprivation of the unit being replaced below: b. Deprivation of the unit being replaced below: Unit descriptions: a. Description: above ground below ground	1.	Facility identifiers: (2)	
a. Facility name 34839 b. DEP Account number Emission unit identifiers: AG TANK A6- 9,000 GAL WASTE STREAM A-32 a. Facility's choice of emission unit name – edit as needed 11 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units Emission unit installation and decommission dates: 1/1/1985 a. Installation date – estimate if unknown (mm/dd/yyyy) b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. Emission unit replacement: a. Is this unit replacing another emission unit? In o yes – enter DEP's emissions unit number for the unit being replaced below: b. DEP's Emission Unit Number and facility unit name Unit descriptions: a. Description: above ground below ground			
b. DEP Account number c. Facility AQ identifier – SSEIS ID number d. Emission unit number / code – edit as needed 11 c. DEP emissions unit # – SSEIS ID number d. DEP emissions unit # – SSEIS ID number b. Decompliance (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. c. Emission unit replacement: a. Is this unit replacement: a. Is this unit replacing another emission unit? D. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. c. Emission unit # Decommission date (mm/dd/			
AG TANK A6- 9,000 GAL WASTE STREAM A-32 a. Facility's choice of emission unit name – edit as needed 11 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units 11 c. DEP emissions unit # – SSEIS point # c. DEP emissions unit # – SSEIS point # b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. Emission unit replacement: a. Is this unit replacing another emission unit? no yes – enter DEP's emissions unit number for the unit being replaced below: b. DEP's Emission Unit Number and facility unit name Unit descriptions: a. Description: above ground below ground		34839	1190564
a. Facility's choice of emission unit name – edit as needed 11 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units 11 c. DEP emissions unit # – SSEIS point # 12 c. DEP emissions unit # – SSEIS point # 13 b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. 13 b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. 14 c. DEP emissions unit # – SSEIS point # 15 c. DEP emissions unit # – SSEIS point # 16 c. DEP emissions unit # – SSEIS point # 17 c. DEP emissions unit # – SSEIS point # 18 c. DEP emissions unit # – SSEIS point # 19 c. DEP emission unit # – SSEIS point # 10 c. DEP emission unit # – SSEIS point # 11 c. DEP emission unit # – SSEIS point # 12 c. DEP emission unit # – SSEIS point # 13 c. DEP emission unit # – SSEIS point # 14 c. DEP emissions unit # – SSEIS point # 15 c. DEP emissions unit # – SSEIS point # 16 c. DEP emissions unit # – SSEIS point # 17 c. DEP emissions unit # – SSEIS point # 18 c. DEP emissions unit # – SSEIS point # 19 c. DEP emissions unit # – SSEIS point # 10 c. DEP emissions unit # – SSEIS point # 10 c. DEP emissions unit # – SSEIS point # 11 c. DEP emissions unit # – SSEIS point # 10 c. DEP emissions unit # – SSEIS point # 10 c. DEP emissions unit # – SSEIS point # 10 c. DEP emissions unit # – SSEIS point # 10 c. DEP emissions unit # – SSEIS point # 11 c. DEP emissions unit # – SSEIS point # 12 c. DEP emissions unit # – SSEIS point # 14 c. DEP emissions unit # – SSEIS point # 15 c. DEP emissions unit # – SSEIS point # 16 c. DEP emissions unit # – SSEIS point # 17 c. DEP emissions unit # – SSEIS point # 18 c. DEP emissions unit # – SSEIS point # 18 c. DEP emissions unit # – SSEIS point # 19 c. DEP emissions unit # – SSEIS point # 10 c. DEP emissions unit # – SSEIS point # 10 c. DEP emissions unit # – SSEIS point # 10 c. D		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
a. Facility's choice of emission unit name – edit as needed 11 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units Emission unit installation and decommission dates: 1/1/1985 a. Installation date – estimate if unknown (mm/dd/yyyy) b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. Emission unit replacement: a. Is this unit replacing another emission unit? In o yes – enter DEP's emissions unit number for the unit being replaced below: b. DEP's Emission Unit Number and facility unit name Unit descriptions: a. Description: above ground below ground		Emission unit identifiers:	
a. Facility's choice of emission unit name – edit as needed 11 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units Emission unit installation and decommission dates: 1/1/1985 a. Installation date – estimate if unknown (mm/dd/yyyy) b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. Emission unit replacement: a. Is this unit replacing another emission unit? In o yes – enter DEP's emissions unit number for the unit being replaced below: b. DEP's Emission Unit Number and facility unit name Unit descriptions: a. Description: above ground below ground		AG TANK A6- 9,000 GAL WASTE STREAM A-3	32
b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units Emission unit installation and decommission dates: 1/1/1985 a. Installation date – estimate if unknown (mm/dd/yyyy) b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. Emission unit replacement: a. Is this unit replacing another emission unit? In o yes – enter DEP's emissions unit number for the unit being replaced below: b. DEP's Emission Unit Number and facility unit name Unit descriptions: a. Description: In above ground below ground			
d. Combined Units – enter number of individual units Emission unit installation and decommission dates: 1/1/1985 a. Installation date – estimate if unknown (mm/dd/yyyy) b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. Emission unit replacement: a. Is this unit replacing another emission unit? In o yes – enter DEP's emissions unit number for the unit being replaced below: b. DEP's Emission Unit Number and facility unit name Unit descriptions: a. Description: In above ground below ground		11	11
Emission unit installation and decommission dates: 1/1/1985 a. Installation date – estimate if unknown (mm/dd/yyyy) b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. Emission unit replacement: a. Is this unit replacing another emission unit? ✓ no		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
Emission unit installation and decommission dates: 1/1/1985 a. Installation date – estimate if unknown (mm/dd/yyyy) b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. Emission unit replacement: a. Is this unit replacing another emission unit? ✓ no			
a. Installation date – estimate if unknown (mm/dd/yyyy) b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. Emission unit replacement: a. Is this unit replacing another emission unit? ✓ no		d. Combined Units – enter number of individual units	
a. Is this unit replacement: a. Is this unit replacing another emission unit? ☑ no ☐ yes – enter DEP's emissions unit number for the unit being replaced below: b. DEP's Emission Unit Number and facility unit name J. Unit descriptions: a. Description: ☑ above ground ☐ below ground			
a. Is this unit replacing another emission unit? ☑ no ☐ yes – enter DEP's emissions unit number for the unit being replaced below: b. DEP's Emission Unit Number and facility unit name Unit descriptions: a. Description: ☑ above ground ☐ below ground			
 ✓ no		Emission unit replacement:	
b. DEP's Emission Unit Number and facility unit name i. Unit descriptions: a. Description: above ground below ground		a. Is this unit replacing another emission unit?	
b. DEP's Emission Unit Number and facility unit name i. Unit descriptions: a. Description: above ground below ground		✓ no	umber for the unit being replaced below:
. Unit descriptions: a. Description: ☑ above ground ☐ below ground			anies. Ist the drift being replaced below.
. Unit descriptions: a. Description: ☑ above ground ☐ below ground			
a. Description: above ground below ground		b. DEP's Emission Unit Number and facility unit name	
a. Description: ✓ above ground ☐ below ground			
a. Description: ✓ above ground ☐ below ground	j.	Unit descriptions:	
		1	
b Doct type:		<u>_</u>	
		a. Description: 🗹 above ground 🗌 below grou	ınd

6.	Construction:	steel weld	other weld	☐ rivet	fiberglass	gunite

other:

9000

e. Capacity - gallons

Specify other

✓ fixed

c. Height / Length – feet d. Diameter – feet

11

13

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
11
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

Material stored (at start of year):					
NON RCRA SPEC OIL & WATER					
a. Name of material	40799998				
b. CAS number if single chemical	c. SC Code for standing / breathing loss				
MISC.CHEMICAL STORAGE	ů ů				
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C ?				
f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)				
h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
j. Oxygenate name – gasoline only	_				
New material stored (enter new material if conte	ents changed during year of record): 🥐				
a. Name of material					
b. CAS number if single chemical	c. SC Code for standing / breathing loss				
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons				
h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
j. Oxygenate name – gasoline only	_				
Notes and Attachments					
	dditional information that will help DEP understan				
Notes: please include in the space below any a	dditional information that will help DEP understand				
Notes: please include in the space below any a	dditional information that will help DEP understand				
Notes: please include in the space below any a	dditional information that will help DEP understand				
Notes: please include in the space below any a	dditional information that will help DEP understand				
Notes: please include in the space below any a	dditional information that will help DEP understand				
Notes: please include in the space below any a	dditional information that will help DEP understand				
Notes: please include in the space below any a	dditional information that will help DEP understand				
Notes: please include in the space below any a	dditional information that will help DEP understand				
Notes: please include in the space below any a	dditional information that will help DEP understand				
Notes: please include in the space below any a	dditional information that will help DEP understand				

paper copy of this form.