



Massachusetts Department of Environmental Protection

## **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: **CLEANHARBORS**

Transaction ID: **39422**

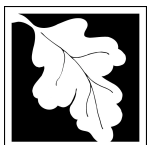
Document: **TURA - Form S Information**

Size of File: **528.63K**

Status of Transaction: **Submitted**

Date and Time Created: **3/29/2023:2:25:43 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.



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention

# TURA Billing Information Form

2004
Reporting Year
CLEAN HARBORS ENVI
Facility Name
34839
DEP Facility ID Number

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



**CLEAN HARBORS ENVIRONMENTAL SERVICES INC**

a. Facility Name

**CLEAN HARBORS OF BRAINTREE INC.**

b. Facility Legal Name (as known by the Dept. of Revenue and Secretary of the Commonwealth)

**CLEAN HARBORS OF BRAINTREE INC.**

c. Facility Site Name

**CLEAN HARBORS OF BRAINTREE INC.**

d. Facility d/b/a (doing business as) Name

**CLEAN HARBORS INC.**

e. Facility is a Subsidiary of or Owned by

**Chief Financial Officer/Accountant**

**STEPHEN**

f. First Name

**781 8491800**

i. Phone

**MOYNIHAN**

g. Last Name

**4450**

j. Ext.

h. Please Check if this is to whom the invoice should be sent. ☐

k. Fax

**Person Responsible for Accounts Payable**

**DAVID**

l. First Name

**781 8491800**

o. Phone

**MEDINA**

m. Last Name

**3342**

p. Ext.

n. Please Check if this is to whom the invoice should be sent. ☒

**781 3561574**

q. Fax

**Facility Site Address**

**1 HILL AVE**

r. Street Address (Line 1)

s. Street Address (Line 2)

**BRAINTREE**

t. City

**MA**

u. State

**021840000**

v. Zip

**Facility Billing Address**

**CLEAN HARBORS OF BRAINTREE INC.**

w. Address (Line 1)

**1501 WASHINGTON ST**

x. Address (Line 2)

**BRAINTREE**

y. City

**MA**

z. State

**021840000**

aa. Zip

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

**02184CLNHR385QU**

cc. Toxics Release Inventory (TRI) ID Number



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention

# Form S Cover Sheet

<b>2004</b>
Reporting Year
<b>CLEAN HARBORS ENVI</b>
Facility Name
<b>34839</b>
DEP Facility ID Number

## Section 1: General Information

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



Facility Name and Address:

<b>CLEAN HARBORS ENVIRONMENTAL SERVICES INC</b>		
a. Name		
<b>1 HILL AVE</b>		
b. Street Address		
<b>BRAINTREE</b>	<b>MA</b>	<b>021840000</b>
c. City	d. State	e. Zip Code
f. Are you making a trade secret claim for any information submitted in this COVER SHEET and/or Form S(s)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
g. If YES, attach a statement substantiating the claim. This copy is: Sanitized <input type="checkbox"/> Unsanitized <input checked="" type="checkbox"/>		

## Section 2: Certification Statement

This CERTIFICATION STATEMENT should be signed after all of the pages of the Form S Cover Sheet have been completed.

I hereby certify that I have reviewed this and all attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in these documents are accurate based on measurements and/or reasonable estimates using data available to the preparers of these documents. I am aware that there are significant penalties for willful or intentional submission of false or incomplete information.

<b>David S. Medina</b>	<b>06/14/2005</b>
a. Authorized Signature	b. Date (mm/dd/yyyy)
<b>DAVID</b>	<b>MEDINA</b>
c. First Name (print)	d. Last Name (print)
<b>FACILITY COMPLIANCE MGR</b>	<b>medinad@cleanharbors.com</b>
e. Position/Title	f. Email Address



# Form S Cover Sheet

<b>2004</b>
Reporting Year
<b>CLEAN HARBORS ENVI</b>
Facility Name
<b>34839</b>
DEP Facility ID Number

## Section 3: Chemicals Previously Reported That Are Not Reportable This Year

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

The codes to explain why the chemical is not reportable are: [1] Chemical Below Threshold But > 0; [2] No Chemical Use in Reporting Year; [3] Chemical Substitution; [4] Chemical Eliminated (No Substitution); [5] Decline in Business; [6] Other (Explain below in the additional comments section). Check all the codes, up to four, that apply.

a.1	<b>107211</b> CAS # of chemical not reportable (if applicable)	a.2	<b>ETHYLENE GLYCOL</b> Chemical Name
A3. Explanation of why the chemical is not reportable (check codes): <input checked="" type="checkbox"/> [1] <input type="checkbox"/> [2] <input type="checkbox"/> [3] <input type="checkbox"/> [4] <input type="checkbox"/> [5] <input type="checkbox"/> [6]			
a.4	 CAS # of chemical substituted for TURA chemical	a.5	 Chemical Name
b.1	<b>7439976</b> CAS # of chemical not reportable (if applicable)	b.2	<b>MERCURY</b> Chemical Name
b.3 Explanation of why the chemical is not reportable (check codes): <input type="checkbox"/> [1] <input type="checkbox"/> [2] <input type="checkbox"/> [3] <input type="checkbox"/> [4] <input checked="" type="checkbox"/> [5] <input type="checkbox"/> [6]			
b.4	 CAS # of chemical substituted for TURA chemical	b.5	 Chemical Name
c.1	<b>1026</b> CAS # of chemical not reportable (if applicable)	c.2	<b>LEAD COMPOUNDS</b> Chemical Name
c.3 Explanation of why the chemical is not reportable (check codes): <input checked="" type="checkbox"/> [1] <input type="checkbox"/> [2] <input type="checkbox"/> [3] <input type="checkbox"/> [4] <input type="checkbox"/> [5] <input type="checkbox"/> [6]			
c.4	 CAS # of chemical substituted for TURA chemical	c.5	 Chemical Name
d.1	 CAS # of chemical not reportable (if applicable)	d.2	 Chemical Name
d.3 Explanation of why the chemical is not reportable (check codes): <input type="checkbox"/> [1] <input type="checkbox"/> [2] <input type="checkbox"/> [3] <input type="checkbox"/> [4] <input type="checkbox"/> [5] <input type="checkbox"/> [6]			
d.4	 CAS # of chemical substituted for TURA chemical	d.5	 Chemical Name
e.1	 CAS # of chemical not reportable (if applicable)	e.2	 Chemical Name
e.3 Explanation of why the chemical is not reportable (check codes): <input type="checkbox"/> [1] <input type="checkbox"/> [2] <input type="checkbox"/> [3] <input type="checkbox"/> [4] <input type="checkbox"/> [5] <input type="checkbox"/> [6]			
e.4	 CAS # of chemical substituted for TURA chemical	e.5	 Chemical Name
f. Do you have more chemicals not subject to reporting this year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			



# Form S Cover Sheet

2004
Reporting Year
CLEAN HARBORS ENVI
Facility Name
34839
DEP Facility ID Number

## Section 4: Facility-Wide Listing of Production Units

A PRODUCTION UNIT is best thought of as the combination of the process (or activities) used to produce a product or service and the product or service. In this section, please identify the PRODUCTION UNITS at the facility, then use the production unit number to report on chemical use in the Form S.

If there has been a substantial change in a PRODUCTION UNIT from the previous reporting year, the PRODUCTION UNIT must be given a new, unique number.

Are all chemicals only used to treat wastewater? Yes ☐ No ☒ (if yes, then there are no production units associated with this facility).

3  
a. Production Unit #

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

☒ yes ☐ no

b. Describe the Process:

**STORAGE, HANDLING AND TRANSFER OF WASTE**

c. Describe the Product:

**POUNDS OF WASTE STORED**

Enter up to 4 four-digit SIC Codes that best describe the Product from this Production Unit:

4953

d. SIC Code

4959

e. SIC Code

4953

f. SIC Code

g. SIC Code

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

☐ area ☐ dollar ☐ hours ☐ kilowatt ☐ length ☐ N/A ☐ number ☐ volume ☒ weight

## Production Process Step Information For This Production Unit

i. Enter the production process codes to identify the process steps that involve TURA-reportable chemicals as an input, output or throughput. (See the reporting guidance document for the list of production process codes and instructions on when a given code needs to be listed.)

1. <b>GG-04</b> Process Code	2. Process Code	3. Process Code	4. Process Code
5. Process Code	6. Process Code	7. Process Code	8. Process Code
9. Process Code	10. Process Code	11. Process Code	12. Process Code
13. Process Code	14. Process Code	15. Process Code	16. Process Code
17. Process Code	18. Process Code	19. Process Code	20. Process Code
21. Process Code	22. Process Code	23. Process Code	24. Process Code



# Form S Cover Sheet

<b>2004</b>
Reporting Year
<b>CLEAN HARBORS ENVI</b>
Facility Name
<b>34839</b>
DEP Facility ID Number

List the TURA-reportable chemicals associated with this production unit. If a chemical is associated with ALL the process steps entered in i. above, check ALL. If a chemical is associated with some but not all of the process steps, check the numbers that correspond to the process codes entered in i. above (i.e. box 1 below corresponds to the process code entered in i.1).

j. Production unit number:

**3**

Prod. Unit #

k. TURA Chemical

**1040**

CAS # of Chemical

**POLYCYCLIC AROMATIC COMPOUNDS**

Chemical Name

Check "All" or the numbers that correspond to the process codes entered in i.

All. ☒

1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐  
13. ☐ 14. ☐ 15. ☐ 16. ☐ 17. ☐ 18. ☐ 19. ☐ 20. ☐ 21. ☐ 22. ☐ 23. ☐ 24. ☐

l. TURA Chemical

CAS # of Chemical

Chemical Name

Check "All" or the numbers that correspond to the process codes entered in i.

All. ☐

1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐  
13. ☐ 14. ☐ 15. ☐ 16. ☐ 17. ☐ 18. ☐ 19. ☐ 20. ☐ 21. ☐ 22. ☐ 23. ☐ 24. ☐

m. TURA Chemical

CAS # of Chemical

Chemical Name

Check "All" or the numbers that correspond to the process codes entered in i.

All. ☐

1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐  
13. ☐ 14. ☐ 15. ☐ 16. ☐ 17. ☐ 18. ☐ 19. ☐ 20. ☐ 21. ☐ 22. ☐ 23. ☐ 24. ☐

n. TURA Chemical

CAS # of Chemical

Chemical Name

Check "All" or the numbers that correspond to the process codes entered in i.

All. ☐

1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐  
13. ☐ 14. ☐ 15. ☐ 16. ☐ 17. ☐ 18. ☐ 19. ☐ 20. ☐ 21. ☐ 22. ☐ 23. ☐ 24. ☐

o. Are there more chemicals to report for this production unit?

☐ Yes ☒ No

p. Have additional production units been added to this facility?

☐ Yes ☒ No



# Form S Cover Sheet

2004
Reporting Year
CLEAN HARBORS ENVI
Facility Name
34839
DEP Facility ID Number

## Section 4: Facility-Wide Listing of Production Units

A PRODUCTION UNIT is best thought of as the combination of the process (or activities) used to produce a product or service and the product or service. In this section, please identify the PRODUCTION UNITS at the facility, then use the production unit number to report on chemical use in the Form S.

If there has been a substantial change in a PRODUCTION UNIT from the previous reporting year, the PRODUCTION UNIT must be given a new, unique number.

Are all chemicals only used to treat wastewater? Yes ☐ No ☒ (if yes, then there are no production units associated with this facility).

2  
a. Production Unit #

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

☐ yes ☒ no

b. Describe the Process:

STABILIZATION OF LEAD

c. Describe the Product:

DECHARACTERIZED WASTE.

Enter up to 4 four-digit SIC Codes that best describe the Product from this Production Unit:

4953

d. SIC Code

e. SIC Code

f. SIC Code

g. SIC Code

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

☐ area ☐ dollar ☐ hours ☐ kilowatt ☐ length ☐ N/A ☐ number ☐ volume ☒ weight

## Production Process Step Information For This Production Unit

i. Enter the production process codes to identify the process steps that involve TURA-reportable chemicals as an input, output or throughput. (See the reporting guidance document for the list of production process codes and instructions on when a given code needs to be listed.)

1. GG-01	2.	3.	4.
Process Code	Process Code	Process Code	Process Code
5.	6.	7.	8.
Process Code	Process Code	Process Code	Process Code
9.	10.	11.	12.
Process Code	Process Code	Process Code	Process Code
13.	14.	15.	16.
Process Code	Process Code	Process Code	Process Code
17.	18.	19.	20.
Process Code	Process Code	Process Code	Process Code
21.	22.	23.	24.
Process Code	Process Code	Process Code	Process Code



# Form S Cover Sheet

2004
Reporting Year
CLEAN HARBORS ENVI
Facility Name
34839
DEP Facility ID Number

List the TURA-reportable chemicals associated with this production unit. If a chemical is associated with ALL the process steps entered in i. above, check ALL. If a chemical is associated with some but not all of the process steps, check the numbers that correspond to the process codes entered in i. above (i.e. box 1 below corresponds to the process code entered in i.1).

j. Production unit number:   
Prod. Unit #

k. TURA Chemical

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

Check "All" or the numbers that correspond to the process codes entered in i. All. ☐

1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	6. <input type="checkbox"/>	7. <input type="checkbox"/>	8. <input type="checkbox"/>	9. <input type="checkbox"/>	10. <input type="checkbox"/>	11. <input type="checkbox"/>	12. <input type="checkbox"/>
13. <input type="checkbox"/>	14. <input type="checkbox"/>	15. <input type="checkbox"/>	16. <input type="checkbox"/>	17. <input type="checkbox"/>	18. <input type="checkbox"/>	19. <input type="checkbox"/>	20. <input type="checkbox"/>	21. <input type="checkbox"/>	22. <input type="checkbox"/>	23. <input type="checkbox"/>	24. <input type="checkbox"/>

l. TURA Chemical

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

Check "All" or the numbers that correspond to the process codes entered in i. All. ☐

1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	6. <input type="checkbox"/>	7. <input type="checkbox"/>	8. <input type="checkbox"/>	9. <input type="checkbox"/>	10. <input type="checkbox"/>	11. <input type="checkbox"/>	12. <input type="checkbox"/>
13. <input type="checkbox"/>	14. <input type="checkbox"/>	15. <input type="checkbox"/>	16. <input type="checkbox"/>	17. <input type="checkbox"/>	18. <input type="checkbox"/>	19. <input type="checkbox"/>	20. <input type="checkbox"/>	21. <input type="checkbox"/>	22. <input type="checkbox"/>	23. <input type="checkbox"/>	24. <input type="checkbox"/>

m. TURA Chemical

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

Check "All" or the numbers that correspond to the process codes entered in i. All. ☐

1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	6. <input type="checkbox"/>	7. <input type="checkbox"/>	8. <input type="checkbox"/>	9. <input type="checkbox"/>	10. <input type="checkbox"/>	11. <input type="checkbox"/>	12. <input type="checkbox"/>
13. <input type="checkbox"/>	14. <input type="checkbox"/>	15. <input type="checkbox"/>	16. <input type="checkbox"/>	17. <input type="checkbox"/>	18. <input type="checkbox"/>	19. <input type="checkbox"/>	20. <input type="checkbox"/>	21. <input type="checkbox"/>	22. <input type="checkbox"/>	23. <input type="checkbox"/>	24. <input type="checkbox"/>

n. TURA Chemical

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

Check "All" or the numbers that correspond to the process codes entered in i. All. ☐

1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	6. <input type="checkbox"/>	7. <input type="checkbox"/>	8. <input type="checkbox"/>	9. <input type="checkbox"/>	10. <input type="checkbox"/>	11. <input type="checkbox"/>	12. <input type="checkbox"/>
13. <input type="checkbox"/>	14. <input type="checkbox"/>	15. <input type="checkbox"/>	16. <input type="checkbox"/>	17. <input type="checkbox"/>	18. <input type="checkbox"/>	19. <input type="checkbox"/>	20. <input type="checkbox"/>	21. <input type="checkbox"/>	22. <input type="checkbox"/>	23. <input type="checkbox"/>	24. <input type="checkbox"/>

o. Are there more chemicals to report for this production unit? ☐ Yes ☒ No

p. Have additional production units been added to this facility? ☐ Yes ☒ No





# Form S Cover Sheet

2004
Reporting Year
CLEAN HARBORS ENVI
Facility Name
34839
DEP Facility ID Number

## Section 4: Facility-Wide Listing of Production Units

A PRODUCTION UNIT is best thought of as the combination of the process (or activities) used to produce a product or service and the product or service. In this section, please identify the PRODUCTION UNITS at the facility, then use the production unit number to report on chemical use in the Form S.

If there has been a substantial change in a PRODUCTION UNIT from the previous reporting year, the PRODUCTION UNIT must be given a new, unique number.

Are all chemicals only used to treat wastewater? Yes ☐ No ☒ (if yes, then there are no production units associated with this facility).

1  
a. Production Unit #

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

☐ yes ☒ no

b. Describe the Process:

**SOLVENT RECOVERY**

c. Describe the Product:

**RECLAIMED HALOGENATED SOLVENTS. TRICHLOROETHYLENE, METHYLENE CHLORIDE, 1-1-1 TRICHLOROETHANE, AND TETRACHLOROETHYLENE.**

Enter up to 4 four-digit SIC Codes that best describe the Product from this Production Unit:

4953

d. SIC Code

e. SIC Code

f. SIC Code

g. SIC Code

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

☐ area ☐ dollar ☐ hours ☐ kilowatt ☐ length ☐ N/A ☐ number ☐ volume ☒ weight

## Production Process Step Information For This Production Unit

i. Enter the production process codes to identify the process steps that involve TURA-reportable chemicals as an input, output or throughput. (See the reporting guidance document for the list of production process codes and instructions on when a given code needs to be listed.)

1. DD-02 Process Code	2. Process Code	3. Process Code	4. Process Code
5. Process Code	6. Process Code	7. Process Code	8. Process Code
9. Process Code	10. Process Code	11. Process Code	12. Process Code
13. Process Code	14. Process Code	15. Process Code	16. Process Code
17. Process Code	18. Process Code	19. Process Code	20. Process Code
21. Process Code	22. Process Code	23. Process Code	24. Process Code



# Form S Cover Sheet

2004
Reporting Year
CLEAN HARBORS ENVI
Facility Name
34839
DEP Facility ID Number

List the TURA-reportable chemicals associated with this production unit. If a chemical is associated with ALL the process steps entered in i. above, check ALL. If a chemical is associated with some but not all of the process steps, check the numbers that correspond to the process codes entered in i. above (i.e. box 1 below corresponds to the process code entered in i.1).

j. Production unit number:

Prod. Unit #

k. TURA Chemical

CAS # of Chemical

Chemical Name

Check "All" or the numbers that correspond to the process codes entered in i.

All. ☐

1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐  
13. ☐ 14. ☐ 15. ☐ 16. ☐ 17. ☐ 18. ☐ 19. ☐ 20. ☐ 21. ☐ 22. ☐ 23. ☐ 24. ☐

l. TURA Chemical

CAS # of Chemical

Chemical Name

Check "All" or the numbers that correspond to the process codes entered in i.

All. ☐

1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐  
13. ☐ 14. ☐ 15. ☐ 16. ☐ 17. ☐ 18. ☐ 19. ☐ 20. ☐ 21. ☐ 22. ☐ 23. ☐ 24. ☐

m. TURA Chemical

CAS # of Chemical

Chemical Name

Check "All" or the numbers that correspond to the process codes entered in i.

All. ☐

1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐  
13. ☐ 14. ☐ 15. ☐ 16. ☐ 17. ☐ 18. ☐ 19. ☐ 20. ☐ 21. ☐ 22. ☐ 23. ☐ 24. ☐

n. TURA Chemical

CAS # of Chemical

Chemical Name

Check "All" or the numbers that correspond to the process codes entered in i.

All. ☐

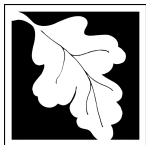
1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐  
13. ☐ 14. ☐ 15. ☐ 16. ☐ 17. ☐ 18. ☐ 19. ☐ 20. ☐ 21. ☐ 22. ☐ 23. ☐ 24. ☐

o. Are there more chemicals to report for this production unit?

☐ Yes ☒ No

p. Have additional production units been added to this facility?

☐ Yes ☒ No



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention

# Toxics Use Report - Form S

Chemical Use Facility-Wide and by Production Units

2004

Reporting Year

CLEAN HARBORS ENVIR

Facility Name

34839

DEP Facility ID Number

POLYCYCLIC AROMATIC

Chemical Name

## Section 1: Facility-Wide Use of Listed Chemical

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



1040

a. CAS # of chemical

POLYCYCLIC AROMATIC COMPOUNDS

b. Chemical Name (Dioxin will be assumed to be grams, decimal points may be used)

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

0

c. Manufactured

5767

e. Otherwise used

0

g. Shipped in or as product

0

d. Processed

0

f. Generated as Byproduct

☐ h. check to input Form R or A information to DEP.

## Section 2: Optional Questions

When the amounts reported in c, d and e in Section 1 are added together, the sum will in many cases equal the sum of f and g. In other words, lines c,d and e will often form a "materials balance." If lines c,d and e are not in approximate balance, you may use this section to explain why. Indicate all the reasons that apply by entering the number of pounds on the appropriate line below (e.g., 4,000 Chemical was held in inventory).

a. Chemical was recycled on site

b. Chemical was consumed or transformed

c. Chemical was held in inventory

d. Chemical is a compound

e. Other (explain below)

f. Did anything non-routine occur at your facility during the reporting year which affected the data reported? Yes ☐ No ☒ If yes, please explain.

## Section 3: Chemicals Used in Waste Treatment Units

a. Is this chemical used to treat waste or control pollution? Yes ☐ No ☒

b. If yes, please enter the "quantity of chemical" code for the amount used to treat waste or control pollution:

☐ a. up to 5,000 lbs. ☐ b. 5,000 + to 10,000 lbs. ☐ c. more than 10,000 lbs.

c. Optional - You may enter the amount:



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention

# Toxics Use Report - Form S

Chemical Use Facility-Wide and by Production Units

2004

Reporting Year

CLEAN HARBORS ENVIRO

Facility Name

34839

DEP Facility ID Number

POLYCYCLIC AROMATIC

Chemical Name

## Section 4: Toxics Use by Production Unit

003

a. Production  
Unit #

2003

b. Base Year

c. Quantity of Chemical Code:

☐ a. up to 5,000 lbs. ☒ b. 5,000 + to 10,000 lbs. ☐ c. more than 10,000 lbs.

0

d. Byproduct Reduction Index (BRI)

0

e. Emissions Reduction Index

f. Toxics Use Reduction Techniques Code:

g. If you are changing the (1) base year, and/or (2) estimating methods (that significantly alter previously reported data) for this PRODUCTION UNIT REPORT, describe the change:

h. Optional Section: If the BRI or ERI are negative or they do not accurately reflect progress, you may use the space below to describe why:

i. Production  
Unit #

j. Base Year

k. Quantity of Chemical Code:

☐ a. up to 5,000 lbs. ☐ b. 5,000 + to 10,000 lbs. ☐ c. more than 10,000 lbs.

l. Byproduct Reduction Index (BRI)

m. Emissions Reduction Index (ERI)

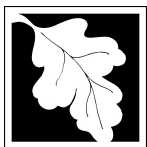
n. Toxics Use Reduction Techniques Code:

o. If you are changing the (1) base year, and/or (2) estimating methods (that significantly alter previously reported data) for this PRODUCTION UNIT REPORT, describe the change:

p. Optional Section: If the BRI or ERI are negative or they do not accurately reflect progress, you may use the space below to describe why:

q. Are there more production units using this chemical? Yes ☐ No ☒

r. Are there more chemicals to report? Yes ☐ No ☒



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention

# Toxics Use Fee Worksheet

2004
Reporting Year
CLEAN HARBORS ENVI
Facility Name
34839
DEP Facility ID Number

**Important:**

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



CLEAN HARBORS ENVIRONMENTAL SERVICES INC		
a. Facility Name		
1 HILL AVE		
b. Facility Site Address		
BRAINTREE	MA	021840000
c. City	d. State	e. Zip Code

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

Use the following schedule to determine your fee for the 2004 reporting year.

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

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

Enter # of Form Ss you are filing:

Multiply LINE g by \$1,100.

Add LINE f and LINE h.

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

Your fee is the amount entered in LINE j. DO NOT SEND YOUR PAYMENT with your toxics use report. DEP will send a bill in the amount owed after receipt of your report. **Payment is DUE 30 days after your receipt of the billing document.**

f.	1850
g.	1
h.	1100
i.	2950
j.	2950

I hereby certify that I have reviewed this and all attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and information in this and related documents are accurate based upon measurement and/or personnel records. I agree on behalf of the filing company, to remit the required Toxics Use Fee as determined in Line j (above) to the Commonwealth of Massachusetts as required by 301 CMR 40.03. I further certify that the information contained within this filing is true and accurate pertaining to the TURA Billing Information Form.

David S. Medina
k. Signed under pains of perjury by an authorized company representative

06/14/2005
l. Date (mm/dd/yyyy)