

eDEP Transaction Copy

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

Username: CLEANHARBORS

Transaction ID: 166667

Document: AQ Source Registration Package

Size of File: 4992.59K

Status of Transaction: Submitted

Date and Time Created: 3/29/2023:4:35:02 PM

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

Source Registration Overview

Create or Amend a Source Registration Forms Package



A. Create a Source Registration Package

1. Select existing or new facility:

Existing Facilities: To create a complete package for 2007 check box.

check if you added emission units or

IMPOR



2. Validate this form:

2. Validate this form:



B. Amend a Source Registration

Facility Name: CLEAN HARBORS OF BRAINTREE

Our records indicate that this facility has: 64 Emission Units (points) and 8

stacks since your last report.





Additional units (if any) listed on following pages

~	 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). 							
		?	?	?	?			
	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	2006			
~	BOILER #1-CLEAVER BROOKS- #2 OIL 0.3%S	3	3	AP-1	2006			
~	GENERATOR #2-CUMMINS #NT855G2 #2 DIESEL	50	50	AP-1	2006			
~	GENERATOR #1-CATERPILLAR 558.5 KW #2 OIL-0.3%S	55	55	AP-1	2006			
~	2 LENNOX FURNACES SR 20Q5-140/154 0.246 MMBTU/HR	64	64	AP-1	2006			
✓	THREE DISTILLATION UNITS- 710 GAL/HR NOT USED 06	4	4	AP-2	2006			
~	2 DRUM CRUSHING LINES	5	5	AP-2	2006			
~	REPACKAGING SOLVENTS	61	61	AP-2	2006			
~	PAINT CAN POUR-OFF + CRUSHING	65	65	AP-2	2006			
~	INCINERATOR #1-VENT-O-MATIC CAE 500 #2 OIL-0.2%S	1	1	AP-3	2006			
✓	AG TANK A1-9,800 GAL WASTE STREAM A-21	6	6	AP-4	2006			
~	AG TANK A2-9,800 GAL WASTE STREAM A-22	7	7	AP-4	2006			
~	AG TANK A3-9,800 GAL WASTE STREAM A-22	8	8	AP-4	2006			

1. If you need to correct or add to a previously submitted Source Registration for 2007 check the boxes in the list below to select the forms/units you wish to work on. Check here to add new units:

New Facilities – check if you have never before submitted a Source Registration

Physical Stacks





Year of Record

1190564

Facility AQ identifier



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

Source Registration Overview

2007

Year of Record

1190564 Facility AQ identifier

Cre	eate or Amend a Source Registration Forms Package					
	Emission unit name (from prior submittals)	Fa	acility's ID#	DEP#	AP form	Last update
✓	AG TANK A4- 5,200 GAL WASTE STREAM A-40		9	9	AP-4	2006
~	AG TANK A5- 5,200 GAL WASTE STREAM A-22		10	10	AP-4	2006
~	AG TANK A6- 9,000 GAL WASTE STREAM A-32		11	11	AP-4	2006
~	AG TANK A7- 9,000 GAL WASTE STREAM A-40		12	12	AP-4	2006
~	AG TANK A8- 5,000 GAL WASTE STREAM A-22		13	13	AP-4	2006
~	AG TANK A9- 5,000 GAL WASTE STREAM B-40		14	14	AP-4	2006
✓	AG TANK A10- 9,800 GAL WASTE STREAM A-21		15	15	AP-4	2006
✓	AG TANK A11- 5,000 GAL WASTE STREAM A-21		16	16	AP-4	2006
✓	AG TANK A17A- 3,900 GAL STILL BOTTOMS-EMTY 2005		17	17	AP-4	2005
✓	AG TANK A17B- 500 GAL -EMPTY 2005-		18	18	AP-4	2006
✓	AG TANK A18- 5,000 GAL -NOT USED 2005-		19	19	AP-4	2005
✓	AG TANK A19- 5,000 GAL -NOT USED 2005-		20	20	AP-4	2005
	AG TANK A20- 5,000 GAL -NOT USED 2005-		21	21	AP-4	2005
	AG TANK A21- 5,000 GAL -NOT USED 2005-		22	22	AP-4	2005
✓	AG TANK A22- 2,400 GAL -PCB		23	23	AP-4	2006
✓	AG TANK A23- 2,400 GAL - PCB		24	24	AP-4	2006
~	AG TANK A24- 2,400 GAL - PCB		25	25	AP-4	2006
✓	AG TANK A25- 1,000 GAL -NOT USED 2006- PCB		26	26	AP-4	2006
✓	AG TANK F1- 2,000 GAL -NOT USED 2006-		27	27	AP-4	2006
✓	AG TANK F2- 2,000 GAL -NOT USED 2006		28	28	AP-4	2006
✓	AG TANK F3-/SS 2,000 GAL -NOT USED 2006-		29	29	AP-4	2006
✓	AG TANK F4- 2,000 GAL -NOT USED 2006		30	30	AP-4	2006
✓	AG TANK F5- 2,000 GAL -NOT UESD 2006- SOLVENT		31	31	AP-4	2006
✓	AG TANK F6- 2,000 GAL -NOT UESD 2006- SOLVENT		32	32	AP-4	2006
	AG TANK F7- 1,500 GAL -NOT USED 2005- SOLVENT		33	33	AP-4	2005
	AG TANK F8- 1,500 GAL -NOT USED 2006- SOLVENT		34	34	AP-4	2006
	AG TANK P1- 3,000 GAL - NOT USED 2005- TCE		35	35	AP-4	2006
✓	AG TANK P2- 3,000 GAL -NOT USED 2006-		36	36	AP-4	2006
✓	AG TANK P3- 3,000 GAL -NOT USED 2006		37	37	AP-4	2006
✓	AG TANK P4- 3,000 GAL -NOT USED 2006		38	38	AP-4	2006
✓	AG TANK P5- 3,000 GAL -NOT USED 2006		39	39	AP-4	2006
✓	AG TANK P6- 3,000 GAL -NOT USED 2006		40	40	AP-4	2006
		_				

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

2007

Year of Record

Source Registration Overview

1190564 Facility AQ identifier

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Create or Amend a	Source E	Pagistration	Forme	Dackada
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		0		5

	Emission unit name	Facility's ID#	DEP#	AP form	Last update
~	AG TANK P7- 3,000 GAL -NOT USED 2006	41	41	AP-4	2006
✓	AG TANK P8- 3,000 GAL -NOT USED 2006	42	42	AP-4	2006
✓	AG TANK P9- 3,000 GAL -NOT USED 2006	43	43	AP-4	2006
✓	AG TANK P10- 3,000 GAL -NOT USED 2006	44	44	AP-4	2006
~	AG TANK P11- 3,000 GAL -NOT USED 2006	45	45	AP-4	2006
✓	AG TANK P12- 3,000 GAL -NOT USED 2006	46	46	AP-4	2006
✓	AG TANK P13- 2400 GAL -NOT USED 2006	47	47	AP-4	2006
✓	AG TANK P14- 2400GAL -NOT USED 2006	48	48	AP-4	2006
~	AG TANK A13- 4,000 GAL #2 DIESEL -0.3%S	51	51	AP-4	2006
✓	AG TANK A12- 6,300 GAL #2 FUEL-0.3%S	52	52	AP-4	2006
✓	AG TANK B1- POLYOLEFIN WASTEWATER NO VOCS	53	53	AP-4	2006
✓	AG TANK B2- POLYOLEFIN TANK WASTEWATER NO VOCS	54	54	AP-4	2006
✓	AG TANK B3- POLYOLEFIN TANKS WASTEWATER NO VOCS	56	56	AP-4	2006
	AG TANK B4- POLYOLEFIN H WASTEWATER NO VOCS	57	57	AP-4	2006
✓	AG TANK B5- POLYHLEFIN H TANKS WASTEWATER NO VOCS	58	58	AP-4	2006
✓	AG TANK B6- POLYOLEFIN H TANKS WASTEWATER NO VOCS	59	59	AP-4	2006
✓	AG TANK B7- POLYOLEFIN H TANKS WASTEWATER NO VOCS	60	60	AP-4	2006
✓	AG TANK B8- POLYOLEFIN H TANKS WASTEWATER NO VOCS	62	62	AP-4	2006
	AG TANK B9 POLYOLEFIN H TANKS WASTEWATER NO VOCS	63	63	AP-4	2006
✓	STACK #1- INCINERATOR #1-VENT-O-MATIC- DOWN 2006	1	1	AP-STAC	2006
✓	STACK #2- BOILER #2- HURST #30- #2 OIL 0.3%S	2	2	AP-STAC	2006
✓	1 STACK BOILER #1-CLEAVER BROOKS- #2 OIL	3	3	AP-STAC	2006
✓	THREE DISTILLATION UNITS- NOT USED 2006	4	4	AP-STAC	2006
	2 DRUM CRUSHING LINES- NOT USED IN 2006	5	5	AP-STAC	2006
✓	1 STACK GENERATOR (2)- CUMMINS & CATERPILLAR	7	7	AP-STAC	2006
	1 STACK-2 FURNACES LENNOX	9	9	AP-STAC	2006
✓	CUT OFF ROOM - PAINT CAN POUR OFF+CRUSHING ZERO 06	10	10	AP-STAC	2006

ř	
	OR

	Massachusetts Department of Environmental Protection Bureau of Waste Prevention – Air Quality BWP AQ AP-SR Source Registration
Important: When filling out forms on the	A. Facility Information
computer, use only the tab key to move your	 Facility - the site or works at which the regulated activity occurs: CLEAN HARBORS OF BRAINTREE

••••	2007
	Year of Record
	1190564
	Facility AQ identifier



cursor - do not

	Facility - the site or works at which the regulated a 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			
	7813807100 g. Facility Phone Number	78138071 h. Facility Fa				
	g. Facility Flight Nulliber	n. Facility Fa				
•	Mailing address: same address as facility address					
	1 HILL AVE					
	a. Facility Mailing Address / PO Box Line 1					
	b. Facility Mailing Address / PO Box Line 2					
	BRAINTREE c. City/Town	d. State	021840000 e. Zip Code			
		u. olate	C. 219 0000			
	Facility type – check one:					
	Utility Private Tribal Federal	State 🗆 L	ocal Government			
	Utility Private Tribal Federal] State 🛛 L	ocal Government			
] State 🛛 L	ocal Government			
-	Utility Private Tribal Federal ORIS Facility Code - for large electrical utilities only:	State L				
	ORIS Facility Code - for large electrical utilities only:					
	ORIS Facility Code - for large electrical utilities only: ID numbers:	ORIS Facilit				
	ORIS Facility Code - for large electrical utilities only: ID numbers: 34839	ORIS Facility	y Code			
	ORIS Facility Code - for large electrical utilities only: ID numbers:	ORIS Facility				
	ORIS Facility Code - for large electrical utilities only: ID numbers: 34839 a. DEP Account number / FMF Facility #	ORIS Facility 1190564 b. Facility AC	y Code			
ι. 5.	ORIS Facility Code - for large electrical utilities only: ID numbers: 34839	ORIS Facility 1190564 b. Facility Ac	y Code			



7. North American Industry Classification System (NAICS) 6 digits:

b.

a.

d.

8. Facility description (what is being produced and how it is being produced at this facility – update as needed):

CLEAN HARBORS OF BRAINTREE INC. IS A HAZARDOUS WASTE TSDF. NO PRODUCTION AT THIS FACILITY.

c.

9. Facility's normal hours of operation:

	a. Start time	06:30 PM b. End Time			🗌 c. C	ontinuou	s - 24 x	7 x 52	
	d. Which days is the facilit	ty open?	□s	₽ M	🖌 Т	✔ W	1	🖌 F	□s
10.	Number of employees:	25							



11. Facility Owner: asme address as facility mailing address (will copy address into fields below)

Please contact your DEP Regional Office if the ownership of this facility has changed.

CLEAN HARBORS ENVIRON	MENTAL SERVICE	ES INC	
a. Owner or Corporation Name			
DIR OF CORP COMPLIANCE			
b. Mailing Address Line 1 (for owner or	r corporation)		
42 LONGWATER DRIVE			
c. Mailing Address Line 2			
NORWELL		MA	020610000
d. City/Town		e. State	f. Zip Code
UNITED STATES			
g. Country			
7817925000			
h. Owner Phone Number	i. Extension	j. Owner Fa	ax Number
medinad@cleanharbors.com	า		
k. Owner E-mail Address		_ `	axpayer Identification Number - 9 digits)
		\bigcirc	

"



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

BWP AQ AP-SR

A. Facility Information (cont.)

Source Registration

2007
Year of Record
1190564
Facility AQ identifier

12. F		as facility address as facility mailing address			
Г				gaddiess	
	a. Facility Contact First Name		Contact Last	Name	
1	HILL AVENUE				
b	. Mailing Address Line 1				
	. Mailing Address Line 2				
_	BRAINTREE		MA e. State	<u>021840000</u>	
	I. City/Town JSA			f. Zip Code Cleanharbors.com	
	J. Country		h. E-mail Add		
-	7813807134			807193	
		j. Extension		Number	
3. A	Air emissions information contact:			act name and address	
г	DAVID	e address as facility address MEDINA			
	Air emissions contact First Name		contact Last Name		
	HILL AVENUE				
b	o. Mailing Address Line 1				
С	:. Mailing Address Line 2				
E	BRAINTREE		MA	021840000	
	I. City/Town		e. State	f. Zip Code	
	JSA			©cleanharbors.com	
-	g. Country		h. E-mail Address 7813807193		
	7813807134	· =			
1.	Phone Number	j. Extension	K. Fax	Number	
8. F	Preparer				
	dentification information for preparer of	tal: 🛛 🗹	same as facility air emissions contact nam		
				and address	
				same as facility contact name and address same address as facility address	
г	DAVID				
	a. Preparer First Name	MEDINA Preparer Last Name			
	I HILL AVENUE			Endino	
	. Mailing Address Line 1				
	:. Mailing Address Line 2				
	BRAINTREE		MA	021840000	
	I. City/Town		e. State	f. Zip Code	
	JSA			©cleanharbors.com	
-	J. Country		h. E-mail Add		
7	7813807134		7813	807193	

j. Extension

k. Fax Number



Bureau of Waste Prevention – Air Quality

BWP AQ AP-SR

2007 Year of Record 1190564 Facility AQ identifier

Source Registration

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

"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:

David S. Medina Signature of Responsible Official 02/21/2008 Date eDEP enters these fields automatically on submission. Responsible official – complete all fields below:

DAVID

a. Print First Name MEDINA

b. Print Last Name

FACILITY COMPLIANCE MANAGER

c. Title

7813807134 d. Phone Number

medinad@cleanharbors.com

e. E-mail Address



What if you are not a Responsible Official?



Bureau of Waste Prevention – Air Quality

BWP AQ AP-TES

2007 Year of record

1190564 Facility AQ identifier

Total Emissions Statement & Hazardous Air Pollutant List

A. Annual Total Emissions Statement

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the 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. **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	.0606	.0338	.8544	.7029	.163
	eDEP only	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	0.0663	0.0382	1.0797	0.6933	0.1619
		Tons	Tons	Tons	Tons	Tons
	Potential emissions at max	9.8747	9.5163	16.8433	142.5868	35.7217
	capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
9	Facility-wide max allowed				17.3	
	emissions – annual:	Tons	Tons	Tons	Tons	Tons
on o	Facility-wide max allowed				9400.0000	
-vi	emissions - short term:	Pounds	Pounds	Pounds	Pounds	Pounds
ti it	Short term period:				MONTH	
Facility-wide estrictions on						
(?)	Basis: DEP approval number or regulation:	. <u></u> .			MBR-95-RES-047	
	Pollutant:	VOC	нос	*Reserved*	NH3	*Reserved*
	Actual for previous year	.0215	0	0	.0362	
	eDEP only	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	0.0198	0	0	0.0382	
		Tons	Tons	Tons	Tons	Tons
	Potential emissions at max	41.5546	0	0	9.4992	
	capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
ĺ	Facility-wide max allowed	36.2				
≥	emissions – annual:	Tons	Tons	Tons	Tons	Tons
o de	Facility-wide max allowed	23600.0000				
acility-wide strictions only	emissions – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
ility	Short term period:	MONTH				
Facility-wide estrictions on	Basis: DEP approval	MBR-95-RES-047				





Bureau of Waste Prevention - Air Quality

AQ AP-TES RV

2007 Year of record 1190564 Facility AQ identifier

Total Emissions Statement & Hazardous Air Pollutant List

A. Annual Total Emissions Statement (cont.)

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

a.				
a.	DEP approval # (most recent)	Amount of restriction	Restriction units	Per unit time
	Description of fuel, raw material	or product restricted		
b.	DEP approval # (most recent)	Amount of restriction	Restriction units	Per unit time
	Description of fuel, raw material	or product restricted		
c.	DEP approval # (most recent)	Amount of restriction	Restriction units	Per unit time
	Description of fuel, raw material	or product restricted		

B. Greenhouse Gas List

no - skip to section D.

Use

1. Please indicate which - if any - of the following greenhouse gas chemicals are used and/or emitted by checking the appropriate box:

GHG thresholds - what to report and what not to report here

Emitted Nitrous oxide N2O Sulfur Hexafluoride (SF6)

Use	Emitted
	Hydrofluo
	Perfluoro

orocarbons (HFC's) erfluorocarbons (PFCs)

C. Hazardous Air Pollutant (HAP) List

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

ves - indicate which chemicals are used and which are emitted by checking the appropriate boxes

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

What is

		Hazardous Air Pollutants				Hazardous Air Pollutants	
Use	Em	itted	CAS #	Use	Em	itted	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 Benzidine Benzotrichloride 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

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

Use	Emitted		CAS #	Use	Emitted		CAS #
		Biphenyl	92-52-4			2.4-Dinitrotoluene	121-14-2
	~	Bis(2-ethylhexyl)phthalate	117-81-7		┙	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		2	Epichlorohydrin (1-Chloro-2,3-epoxypropane	
		1.3-Butadiene	106-99-0		~	1,2-Epoxybutane (1,2-Butylene oxide)	106-88-7
		Calcium cyanamide	156-62-7		~	Ethyl acrylate	140-88-5
		Captan	133-06-2		2	Ethyl benzene	100-41-4
	- -	Carbaryl	63-25-2		2	Ethyl carbamate (Urethane)	51-79-6
	~	Carbon disulfide	75-15-0			Ethyl chloride (Chloroethane)	75-00-3
	~	Carbon tetrachloride	56-23-5			Ethylene dibromide (1,2-Dibromoethane)	
	~	Carbonyl sulfide	463-58-1		☑	Ethylene dichloride (1,2-Dichloroethane)	
	~	Catechol	120-80-9		☑	Ethylene glycol	107-21-1
		Chloramben	133-90-4		☑	Ethylene imine (Aziridine)	151-56-4
	~	Chlordane	57-74-9		2	Ethylene oxide	75-21-8
	2	Chlorine	7782-50-5			Ethylene thiourea	96-45-7
	·	Chloroacetic acid	79-11-8			Ethylidene dichloride (1,1-Dichloroethane)	
		2-Chloroacetophenone	532-27-4		☑	Formaldehyde	50-00-0
	2	Chlorobenzene	108-90-7		2	Heptachlor	76-44-8
		Chlorobenzilate	510-15-6			Hexachlorobenzene	118-74-1
	2	Chloroform	67-66-3			Hexachloro-butadiene	87-68-3
		Chloromethyl methyl ether	107-30-2			Hexachlorocyclopentadiene	77-47-4
		Chloroprene	126-99-8		☑	Hexachloroethane	67-72-1
	~	Cresols (mixed isomers)	1319-77-3			Hexamethylene-1,6-diisocyanate	822-06-0
	·	m-Cresol	108-39-4			Hexamethylphosphoramide	680-31-9
	<u> </u>	o-Cresol	95-48-7		☑	Hexane	110-54-3
	۲ ۲	p-Cresol	106-44-5		2	Hydrazine	302-01-2
	۲ ۲	Cumene	98-82-8		2	Hydrochloric acid	7647-01-0
	۲ ۲	2,4-D, salts and esters	94-75-7		2	Hydrogen fluoride	7664-39-3
		DDE	72-55-9			Hydrogen sulfide	7783-06-4
		Diazomethane	334-88-3		☑	Hydroquinone	123-31-9
		Dibenzofuran	132-64-9			Isophorone	78-59-1
		1,2-Dibromo-3-chloropropane	96-12-8		2	Lindane	58-89-9
		Dibutylphthalate	84-74-2		2	Maleic anhydride	108-31-6
	2	1,4-Dichlorobenzene	106-46-7		2	Methanol	67-56-1
		3,3-Dichlorobenzidene	91-94-1		2	Methoxychlor	72-43-5
		Dichloroethylether (Bis(2-chloroethyl)ether)			2	Methyl bromide (Bromomethane)	74-83-9
		1,3-Dichloropropene (1,3-Dichloropropylene)			2	Methyl chloride (Chloromethane)	74-87-3
		Dichlorvos	62-73-7		2	Methyl chloroform (1,1,1-Trichloroethane)	
	•	Diethanolamine	111-42-2			Methyl ethyl ketone (not required)	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		2	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		☑	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		☑	Methylene chloride (Dichloromethane)	75-09-2
		Dimethyl phthalate	131-11-3			Methylene diphenyl diisocyanate(MDI)	101-68-8
	- -	Dimethyl sulfate	77-78-1			4,4-Methylenedianiline	101-00-0
		4,6-Dinitro-o-cresol and salts	534-52-1		☑	Naphthalene	91-20-3
		2,4-Dinitrophenol	51-28-5			Nitrobenzene	91-20-3 98-95-3
			01200				00 00-0

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Total Emissions Statement & Hazardous Air Pollutant List

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

Use	Emitted	CAS #
П	4-Nitrobiphenyl	92-93-3
	4-Nitrophenol	100-02-7
	2-Nitropropane	79-46-9
	□ N-Nitrosodimethylamine	62-75-9
	□ N-Nitrosomorpholine	59-89-2
	□ N-Nitroso-N-methylurea	684-93-5
	Parathion	56-38-2
	Pentachloronitrobenzene (Quintozene)	82-68-8
	Pentachlorophenol	87-86-5
	Phenol	108-95-2
	Phenylenediamine	106-50-3
	Phosgene	75-44-5
	Phosphine	7803-51-2
	Phosphorous	7723-14-0
	Phthalic anhydride	85-44-9
	PCBs	1336-36-3
	1,3- Propane sultone	1120-71-4
	beta-Propiolactone	57-57-8
	Propionaldehyde	123-38-6
	🗌 Propoxur (Baygon)	114-26-1
	Propylene dichloride (1,2 Dichloropropane)78-87-5
	Propylene oxide	75-56-9
	1,2-Propylenimine (2-Methyl aziridine)	75-55-8
	Quinoline	91-22-5
	Quinone	106-51-4
	✓ Styrene	100-42-5
	Styrene oxide	96-09-3
	2,3,7,8-Tetrachlorodibenzo-p-dioxin	1746-01-6
	1,1,2,2-Tetrachloroethane	79-34-5
	 Tetrachloroethylene (Perchloroethylene) 	127-18-4
	Titanium tetrachloride	7550-45-0
	✓ Toluene	108-88-3
	Toluene-2,4- diamine	95-80-7
	2,4-Toluene diisocyanate	584-84-9
	🗌 o-Toluidene	95-53-4
	I,2,4-Trichlorobenzene	120-82-1
	1,1,2-Trichloroethane	79-00-5
	Trichloroethylene	79-01-6
	2,4,5-Trichlorophenol	95-95-4
	Triethylamine	121-44-8
		1582-09-8
	2,2,4-Trimethylpentane	540-84-1
	☑ Vinyl acetate	108-05-4
	Vinyl bromide	593-60-2
	Vinyl chloride	75-01-4

Use	Emitted	CAS #
	 Vinylidene chloride (1,1-Dichloroethylene) Xylene (mixed isomers) m-Xylene o-Xylene p-Xylene Antimony 	75-35-4 1330-20-7 108-38-3 95-47-6 106-42-3 7440-36-0
Arse □ □	nic compounds: ☑ Arsenic ☑ Arsine	7440-38-2 7784-42-1
Othe	er Metals: ② Beryllium ② Cadmium ③ Chromium ④ Cobalt ④ Lead ④ Manganese ④ Mercury ④ Nickel ⑤ Selenium	7440-41-7 7440-43-9 7440-47-3 7440-48-4 7439-92-1 7439-96-5 7439-97-6 7440-02-0 7782-49-2
	Coke oven emissions	
	 Cyanide compounds (XCN where X=+ group where a formal dissociation may Hydrogen cyanide 	
	Glycol ethers (include mono- and di- e glycol, diethylene glycol, and triethylen (OCH2CH2)n-OR' where n = 1, 2, or 3 less; or R= phenyl or alkyl substituted alkyl C7 or less; or OR' consisting of c ester, sulfate, phosphate, nitrate or su	he glycol R- B: R = alkyl C7 or phenyl; R' = H or arboxylic acid lfonate.
	Fine mineral fibers (includes glass mid wool fibers, rock wool fibers and slag characterized as "respirable" (fiber dia micrometers) and possessing an aspe length divided by fiber diameter) > 3)	wool fibers, each meter < 3.5
	Polycyclic Organic Matters (POM) (inc compounds with more than one benze which have a boiling point greater that C)	ene ring, and
	Radionuclides (a type of atom which	spontaneously

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undergoes radioactive decay)



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Total Emissions Statement & Hazardous Air Pollutant List

D. Hazardous Air Pollutant Emissions



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.



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HAP

Total Emissions Statement & Hazardous Air Pollutant List

F. Hazardous Air Pollutant Emissions

HAP

Emissions (in tons/yr): Enter the actual and potential emissions for your largest single HAP (i.e., the HAP your facility emitted the most of for this year of record). Enter emissions for any additional HAPs, and then validate the form. Do not enter Total HAP emissions here – eDEP will present another form for Total HAPs after you validate this form.

HAP

Max Allowable Emissions (in tons/yr): Enter only restrictions (limits) that apply to the entire facility. If there are no such restrictions, leave blank.



Read

First

	HAP name:	METHANOL	TOLUENE	XYLENES (MIXTURE OF
s?	CAS # for individual HAPs if applicable:	67561	108883	1330207
	Actual for previous year eDEP only:	.27 Tons	Tons	Tons
		0.2620	0.2000	0.0320
	Actual for year of record:	Tons	Tons	Tons
	Potential emissions at max	12.8000	12.8000	12.8000
_	capacity uncontrolled:	Tons	Tons	Tons
	Maximum allowed	18.6000	18.6000	18.6000
e	emissions – annual:	Tons	Tons	Tons
ž ,	Maximum allowed	5000.0000	5000.0000	5000.0000
o <mark>it</mark>	emissions – short term:	Pounds	Pounds	Pounds
er facility-wide limits only	Short term period:	MONTH	MONTH	MONTH
	Basis for max allowed – DEP approval # or regulation:	MBR-95-RES-047	MBR-95-RES-047	MBR-95-RES-047
		НАР	НАР	НАР
	HAP name:			
	CAS # for individual HAPs if applicable:			
	Actual for previous year			
	eDEP only:	Tons	Tons	Tons
	Actual for year of record:	Tons	Tons	Tons
	Potential emissions at max			
	capacity uncontrolled:	Tons	Tons	Tons
e	Maximum allowed emissions – annual:	Tons	Tons	Tons
er facility-wide limits only	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds
r faci limits	Short term period:			
<u>+</u> -	Basis for max allowed – DEP approval # or regulation:			

Do you have emissions to report for individual HAPs in addition to those above? U yes v no

eDEP online filers: if you check yes, the system will provide you with an additional blank emissions table after you validate this form.



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Total Emissions Statement & Hazardous Air Pollutant List

G. Total Hazardous Air Pollutant (HAP) Emissions

1. **Total HAP Emissions** – Enter your TOTAL HAP emissions for the facility below. Please enter any facility-wide restrictions on TOTAL HAPs below as well:

	Tacility-wide Total	
a. Actual for previous year eDEP only:	1.1	
	Tons	_
b. Actual for year of record:	1.042	
	Tons	
c. Potential at max capacity uncontrolled:	53.6000	
	Tons	
d. Max allowed emissions – annual:	18.6	Facility-wide restriction only
	Tons	
 e. Max allowed emissions – short term: 	10600.0000	Facility-wide restriction only
	Pounds	
f. Short term period:	MONTH	
g. Basis for max allowed emissions:	MBR-95-RES-047	DEP approval # or regulation

Facility-Wide Total HAP Emissions

?

	Ма	ssachusetts Department of Environme	ntal Protection	2007		
	Bu	reau of Waste Prevention – Air Quality		Year of record 64		
	B	WP AQ AP-1		DEP EU# (old Point #) 1190564		
	En	nission Unit – Fuel Utilization Equipment		Facility AQ identifier		
Important: When filling out forms on	Α.	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: 🕜				
		2 LENNOX FURNACES SR 20Q5-140/154 0.246	6 MMBTU/HR			
return		a. Facility's choice of emission unit name – edit as needed 64	64			
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # – old p	oint #		
		d. ORIS ID # - for large electrical utilities only	e. Combined Units – enter num	ber of individual units		
	3.	DEP approvals – leave blank if not applicable: ?				
		a. Most recent approval number	b. DEP approval date (mm/dd/y	уууу)		
	4.	4. Is this unit exempt under 310 CMR 7.02 Plan Approvals ? 🛛 🗹 yes 🗌 no				
How to delete a unit?	5. 6.	If exempt from Plan Approval, indicate reason why BELOW THRESHOLDS IN 310 CMR 7.02 (2)(B) 7 AND 15 Reason for exemption Emission unit installation date and decommission		gulation):		
(click ?-icon)		6/1/1995				
		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 no	umber 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 requ	uirements for this emissions	unit ?		
		✓ yes - specify reporting frequency below	no – skip to question a	Зс		
		b. Reporting frequency - check all that apply:				
		(include Operating Permit and Plan Approval reports, but not e		S		
		c. Is this unit subject to (check all that apply):				

🗌 NESHAP	MACT

		assachusetts Department of E reau of Waste Prevention – Air Qu		tal Protection	2007 Year of record 64
	B	SWP AQ AP-1			DEP EU# (old Point #) 1190564
	Er	nission Unit – Fuel Utilization E	quipment		Facility AQ identifier
	Α.	Equipment Description	(cont.)		
?	9.	Equipment:			
How to report on combined		a. Type: 🗌 boiler 🗹 furnace 🗌	engine 🗌 of	ther:	
units?	?	If engine, is this an emergency gene	erator? 🗌 yes	Describe "other" e	equipment type
		LENNOX		SR20Q5-140	
		b. Manufacturer		c. Model number	
		0.1230		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)
if data unknown or		f. Type of burner – check one:	rotary	🗌 mech. atomiz	er 🗌 steam atomizer
not available ?			air atomize	r 🔲 traveling grate	e 🗌 hand fired
			✓ other:	MECH ATOMIZE	ER
		DEOVETT		"other" burner type AFG	
		BECKETT g. Burner manufacturer		h. Burner model num	her
		6/1/1995		n. Burner moder num	
6	10.	. Hours of operation for the emission	unit: a. 🗌 d	check if continuous	ly operated – 24 x 7 x 52 17
		b. Number of hours per day	. Number of days p	per week	d. Number of weeks per year
		e. Percent of total annual operation	that occurs in e	ach calendar quart	ter:
		74.0 18.0 0.0	8.0	Sum of Q1+Q2+Q3+	
		Q1 Q2 Q3	Q4	or 0% if the unit was	not operated for any quarter
	11.	. Ozone season operation schedule –	May 1 through	September 30:	
		0)		0
			o. Ozone season da	ays per week	c. Weeks operated in ozone season
	12	Emission release point – select one:	? En	ngines click here for inst	ructions:
		Non-Stack Release Points:		Physical Stacks:	
		☐ fugitive ☐ horizontal vent ☐ engine exh. ☐ downward faci ☐ vertical stack/vent less than 10	ng vent	vertical stack vertical with rair	n cap/sleeve
		If Non-Stack release point, skip to question			
	13	. Link this unit to a physical stack (if a	. , .	k from the list below	<i>N</i> :
		9 1 STACK-2 FURNACES LENNO		07/01//	
		Facility's stack identifier from STACK form – 1 If the stack for this unit is not listed, save and	-		ack form before completing to this form.

		of Environmental Protection	2007 Year of record
	Bureau of Waste Prevention – A	•	64
	BWP AQ AP-1		DEP EU# (old Point #) 1190564
	Emission Unit – Fuel Utilizatio		Facility AQ identifier
	A. Equipment Descripti	, ,	
?	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 this unit. eDEP will add another
How to delete a control ?	yes – answer a through i	✓ no – skip to question 15	page of control devices after this form.
	Air pollution control device 1	Air pollution control device 2	Air pollution control device 3
(a. Type		
Dennet		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 blank if not applicable.	f. DEP approval # (most recent)	DEP approval # (most recent)	DEP approval # (most recent)
	g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
L	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)
	? i. Percent overall efficiency - er	ter for all pollutants that the device w	vas 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.
NO2			
NH3	% Overall eff.	% Overall eff.	% Overall eff.
НОС	% 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.
	Specify "Other"	Specify "Other"	Specify "Other"

?	Massachusetts De Bureau of Waste Prev BWP AQ Emission Unit – Fue A. Equipment D 15. Is there monitoring	2007 Year of record 64 DEP EU# (old Point #) 1190564 Facility AQ identifier		
How to delete a monitor?	☐ yes – answer a t			
		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 estimate	b. Manufacturer:	Describe "other"	Describe "other"	Describe "other"
	c. Model number: d. Monitor ID #:			
	e. Installation date:	Facility's Designation	Facility's Designation	Facility's Designation
l l	f. DEP approval #:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
Leave f, g, h blank if not applicable.	g. DEP approval date: h. Decommission date: i. Recorder ?	(mm/dd/yyyy) (mm/dd/yyyy) yes no	(mm/dd/yyyy) (mm/dd/yyyy) yes no	(mm/dd/yyyy) (mm/dd/yyyy) yes no
	j. Audible alarm ?	🗌 yes 🔲 no	🗌 yes 🔲 no	🗌 yes 🔲 no
2	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:

aqap1s.doc • revised 09/07/05

	Massachusetts Department of Environmer	ntal Protection 2007	
	Bureau of Waste Prevention – Air Quality	Year o 64	f record
	BWP AQ AP-1	• •	U# (old Point #)
	Emission Unit – Fuel Utilization Equipment	1190	
		Facility	AQ identifier
	B. Fuels and Emissions		
	 Fuel Name / Characteristics: Number of fuels for this unit (previous records): 1 	FURNACES #1(2)-LENNOX SF Fuel name	20Q5 #2 OIL-
		 DEP Fuel #	
How does eDEF landle multiple uels?	 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). When to NOT check this box ? 	Delete this fuel: check box if you a fuel in this unit permanently. You r this year of record even if amount i be removed from the unit in the ne	must still report for is "0" – the fuel will
	a. Source Classification Code (SCC) ?	10500105	
	(see instructions):	SC Code (call DEP if SC code will not v INDUS.SPACE HEAT-DISTILL	,
		SCC Code Description – filled by eDEP	
	b. Type of fuel – check one:	no.2 no.4 no.6	
	Note: The option to have eDEP calculate your	🗌 diesel 🗌 coal 🗌 natu	ral gas
	emissions is not available if your fuel type is "other".	☐ jet fuel ✓ other - describe: FUEL NO 2	
	c. Sulfur content for oils and coal $(0 - 2.2)$:	Describe "other" fuel .138	
	d Ash contant for sile and soal (0, 10);	Percent by weight 0	
Note for e:	d. Ash content for oils and coal (0 -10):	Percent by weight	
Enter the Maximum			
Fuel Rate at	e. Maximum hourly fuel rate for all firing burners:	0.0022 1000 C	GALLONS
which the unit can burn	e. Maximum houry fuel fate for all fining burners.		per hour
uel (its absolute uncontrolled		Enter "0" if unit decommissioned prior to	this Year of Record
design capacity). Do	f. Do you have fuel or usage restrictions?	🗹 yes 📃 no - skip to question :	2
not enter the normal	g. DEP approval number for restrictions:	EXEMPT	
peration ate nor any estricted		Most recent for this fuel	
(allowable) rate.	h. Annual use restriction (amount or hours):	111.2520 1000 0	GALLONS
	For this fuel	Quantity Units	
	 Short term use restriction (amount or hours): For this fuel 	9.2710 1000 0 Quantity Units	GALLONS
		·	_
		Per: 🗹 month 🗌 week 🗌 day	hour
		CAUTION: check your amount vs.units	
		12.7880 1000 C	GALLONS

2. Annual usage:

Enter "0" if not used in the year of record

1000 GALLONS

a. Amount – year of record

8.765

b. Units

?)



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit – Fuel Utilization Equipment

B. Fuels and Emissions (cont.)

or regulation:



Part 75 Re

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

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:

	Delletert				
	Pollutant:	□ PM10	□ PM2.5	□ SO2	□ NO2
	Actual for previous year	0.01	0.0036	0.1867	0.09
rements	eDEP only	Tons	Tons	Tons	Tons
	Actual for year of record:	0.0130	0.0050	0.2720	0.1280
	Actual for year of record.	Tons	Tons	Tons	Tons
	Potential emissions at max	0.02	0.01	0.41	0.19
	capacity uncontrolled:	Tons	Tons	Tons	Tons
	Emission factor:	2.000000	0.830000	142.000000	20.000000
		1000 GALLONS	1000 GALLONS	1000 GALLONS	1000 GALLONS
	in pounds per unit:				4 4000
	Maximum allowed emissions – annual:	Tons			1.1000 Tons
	Maximum allowed emissions – short term: Short term period (or MMBtu):	TONS	Tons	Tons	0.0910
	short term:	Pounds	Pounds	Pounds	Pounds
	Short term period (or MMBtu):				MONTH
	Basis – DEP approval number or regulation:				EXEMPT
	Pollutant:	🗆 со		🗌 NH3	specify
		□ co 0.02	□ voc 0.0015	□ NH3 0.0035	specify
	Pollutant: Actual for previous year eDEP only:	0.02 Tons	0.0015 Tons	0.0035 Tons	specify
	Actual for previous year eDEP only:	0.02 Tons 0.0320	0.0015	0.0035	
	Actual for previous year	0.02 Tons 0.0320 Tons	0.0015 Tons 0.0020 Tons	0.0035 Tons 0.0050 Tons	
	Actual for previous year eDEP only: Actual for year of record: Potential emissions at max	0.02 Tons 0.0320 Tons 0.05	0.0015 Tons 0.0020 Tons 0.0030	0.0035 Tons 0.0050 Tons 0.01	Tons
	Actual for previous year eDEP only: Actual for year of record:	0.02 Tons 0.0320 Tons 0.05 Tons	0.0015 Tons 0.0020 Tons 0.0030 Tons	0.0035 Tons 0.0050 Tons 0.01 Tons	Tons
	Actual for previous year eDEP only: Actual for year of record: Potential emissions at max	0.02 Tons 0.0320 Tons 0.05	0.0015 Tons 0.0020 Tons 0.0030	0.0035 Tons 0.0050 Tons 0.01	Tons
	Actual for previous year eDEP only: Actual for year of record: Potential emissions at max capacity uncontrolled:	0.02 Tons 0.0320 Tons 0.05 Tons	0.0015 Tons 0.0020 Tons 0.0030 Tons	0.0035 Tons 0.0050 Tons 0.01 Tons	Tons
	Actual for previous year eDEP only: Actual for year of record: Potential emissions at max capacity uncontrolled: Emission factor:	0.02 Tons 0.0320 Tons 0.05 Tons 5.000000	0.0015 Tons 0.0020 Tons 0.0030 Tons 0.340000	0.0035 Tons 0.0050 Tons 0.01 Tons 0.800000 1000 GALLONS	Tons
	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 –	0.02 Tons 0.0320 Tons 0.05 Tons 5.000000	0.0015 Tons 0.0020 Tons 0.0030 Tons 0.340000	0.0035 Tons 0.0050 Tons 0.01 Tons 0.800000	Tons
	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 –	0.02 Tons 0.0320 Tons 0.05 Tons 5.000000 1000 GALLONS	0.0015 Tons 0.0020 Tons 0.0030 Tons 0.340000 1000 GALLONS	0.0035 Tons 0.0050 Tons 0.01 Tons 0.800000 1000 GALLONS	Tons Tons Tons
	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 –	0.02 Tons 0.0320 Tons 0.05 Tons 5.000000 1000 GALLONS Tons	0.0015 Tons 0.0020 Tons 0.0030 Tons 0.340000 1000 GALLONS	0.0035 Tons 0.0050 Tons 0.01 Tons 0.800000 1000 GALLONS Tons	Tons Tons Tons Tons

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



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

2. Attachments:

C. Notes and Attachments

your submission.

☐ 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.

	Bu	assachusetts Department of Environmen reau of Waste Prevention – Air Quality	ntal Protection	2007 Year of record 55
	B	SWP AQ AP-1		DEP EU# (old Point #)
	Er	nission Unit – Fuel Utilization Equipment		1190564 Facility AQ identifier
Important: When filling out forms on	Α.	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 - SSEI	S ID number
tab	2.	Emission unit identifiers: ?		
		GENERATOR #1-CATERPILLAR 558.5 KW #2 O	IL-0.3 PERS	
return		 a. Facility's choice of emission unit name – edit as needed 55 	55	
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # – old p	point #
		d. ORIS ID # - for large electrical utilities only	e. Combined Units – enter num	ber 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/	уууу)
How to	5.	If exempt from Plan Approval, indicate reason why Reason for exemption	(e.g., cite a specific DEP re	egulation):
delete a unit? (click ?-icon)	6.	Emission unit installation date and decommission of 5/4/1989	date:	
		a. Installation date - estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd	
?	7.	Emission unit replacement:	Complete only if the unit was replaced since the last repor	
		a. Is this unit replacing another emission unit?		
		✓ no yes – enter DEP's emission unit nu	mber 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 requi	irements for this emissions	unit ?
		✓ yes - specify reporting frequency below	no – skip to question	8c
		b. Reporting frequency - check all that apply:		
		(include Operating Permit and Plan Approval reports, but not ex		ES
		c. Is this unit subject to (check all that apply):		

c. Is this unit su	ubject to (chec	k all that apply):
🗌 NESHAP	🔲 NSPS	MACT

		assachusetts Department of reau of Waste Prevention – Air Q		ntal Protection		2007 Year of record 55
		WP AQ AP-1				DEP EU# (old Point #) 1190564
	En	nission Unit – Fuel Utilization E	Equipment			Facility AQ identifier
	Α.	Equipment Description	(cont.)			
?	9.	Equipment:				
How to report on combined		a. Type: 🗌 boiler 🗌 furnace 🕨	🛛 engine 🗌 d	other:		
units ?	?	If engine, is this an emergency gen	erator? 🗌 yes	Describe "other"	equipment	type
		CATERPILLAR		3412DIT		
		b. Manufacturer		c. Model number		
		5.3480		1		
What to do		d. Max input rating MMBtu/hr (enter "0" if no	t applicable)	e. Number of burner	rs (enter "0"	if not applicable)
if data unknown or		f. Type of burner – check one:	rotary	🗌 mech. atomiz	zer [steam atomizer
not available ?			🗌 air atomize	er 🔲 traveling grat	te [hand fired
			✓ other:	MECH ATOMIZ	ER	
				"other" burner type		
		CATERPILLR g. Burner manufacturer		N/A h. Burner model num	bor	
		6/1/1989		n. Bumer model hun	IDEI	
	10.	Hours of operation for the emission	unit: a. 🗌 1	check if continuous	sly operat 12	red – 24 x 7 x 52
		b. Number of hours per day	c. Number of days	per week		er of weeks per year
		e. Percent of total annual operation	that occurs in e	each calendar quar	ter:	
		25.0 25.0 25.0	25.0	Sum of Q1+Q2+Q3+		100%
		$\frac{20.0}{Q1} \qquad \frac{20.0}{Q2} \qquad \frac{20.0}{Q3}$	Q4	or 0% if the unit was		
	11	Ozone season operation schedule -	May 1 through	h Sontombor 20:		
				n September 30.	F	
		a. Ozone season hours per day	b. Ozone season c	avs per week	5 c. Weeks (operated in ozone season
	10	Emission release point - select one		and a second state of a second se		a
	12.	Emission release point – select one	[.] .	ngines click here for ins	aructions:	
		Non-Stack Release Points:		Physical Stacks:		
		☐ fugitive ☐ horizontal ven ☐ engine exh. ☐ downward fac ☐ vertical stack/vent less than 10	ing vent	 vertical stack vertical with rai 	n cap/slee	eve
		If Non-Stack release point, skip to question				
	13.	Link this unit to a physical stack (if a	applicable) – pic	ck from the list belo	W:	
		7 1 STACK GENERATOR (2)- C				
		Facility's stack identifier from STACK form – If the stack for this unit is not listed, save and	-		tack form b	efore completing to this form.

		t of Environmental Protection	n 2007 Year of record
	Bureau of Waste Prevention – A	55	
	BWP AQ AP-1	DEP EU# (old Point #) 1190564	
	Emission Unit – Fuel Utilization		Facility AQ identifier
	A. Equipment Descripti	on (cont.)	
\bigcirc	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	Tuno	Tuno
		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
<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)
L	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)
		nter for all pollutants that the device v	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			
NO2	% Overall eff.	% Overall eff.	% Overall eff.
	% 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.
Othe	r		
	% Overall eff.	% Overall eff.	% Overall eff.
	Specify "Other"	Specify "Other"	Specify "Other"

	Massachusetts De Bureau of Waste Pre BWP AQ Emission Unit – Fu A. Equipment D 15. Is there monitoring	2007 Year of record 55 DEP EU# (old Point #) 1190564 Facility AQ identifier		
How to delete a monitor?	🗌 yes – answer a			
		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 estimate	b. Manufacturer:	Describe "other"	Describe "other"	Describe "other"
	 c. Model number: d. Monitor ID #: e. Installation date: f. DEP approval #: 	Facility's Designation (mm/dd/yyyy)	Facility's Designation (mm/dd/yyyy)	Facility's Designation (mm/dd/yyyy)
Leave f, g, h blank if not applicable.	g. DEP approval date: h. Decommission date: i. Recorder ?	(mm/dd/yyyy) (mm/dd/yyyy) yes no	(mm/dd/yyyy) (mm/dd/yyyy) yes no	(mm/dd/yyyy) (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"

	Massachusetts Department of Environmer	ntal Protection	2007
	Bureau of Waste Prevention – Air Quality		Year of record 55
\sim	BWP AQ AP-1		DEP EU# (old Point #)
	Emission Unit – Fuel Utilization Equipment		1190564
			Facility AQ identifier
	B. Fuels and Emissions		
	1. Fuel Name / Characteristics:	GENERATOR #1-CAT	ERPILLAR 558.5 KW #
		Fuel name	
	Number of fuels for this unit (previous records): 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 fuel in this unit permane this year of record even	box if you stopped using this <i>ntly</i> . You must still report for if amount is "0" – the fuel will it in the next report cycle.
	a. Source Classification Code (SCC)	20200102	
	(see instructions):	SC Code (call DEP if SC cod IC ENGINE- RECIP - #	
		SCC Code Description – filled	d 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 emissions is not available if your fuel type is "other".	🗌 jet fuel 🛛 other - c	describe:
		Describe "other" fuel	
	c. Sulfur content for oils and coal $(0 - 2.2)$:	.0401	
		Percent by weight	
Note for e:	d. Ash content for oils and coal (0 -10):	0 Percent by weight	
Enter the		i oloom by holghi	
Maximum Fuel Rate at		0.0200	
which the unit can burn	e. Maximum hourly fuel rate for all firing burners:	0.0380 Amount	1000 GALLONS Units per hour
fuel (its absolute			ed prior to this Year of Record.
uncontrolled design			
capacity). Do	f. Do you have fuel or usage restrictions?	yes no - skip to question 2	
not enter the normal	g. DEP approval number for restrictions:	MBR-89-COM-31	
operation rate nor any restricted		Most recent for this fuel	
(allowable) rate.	h. Annual use restriction (amount or hours): For this fuel	300 Quantity	HOUR
	i. Short term use restriction (amount or hours):	24	HOUR
	For this fuel	Quantity	Units
		Per: month week	🖌 day 🗌 hour
		CAUTION: check your amount	
		0.4560	1000 GALLONS

2. Annual usage:

Enter "0" if not used in the year of record

a. Amount – year of record

.494

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:

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:

	Pollutant:	□ PM10	PM2.5	🗌 SO2	□ NO2
?	Actual for previous year	0.01	0.01	0.0029	0.1492
75 Requirements	eDEP only:	Tons	Tons	Tons	Tons
		0.01	0.01	0.0030	0.14
	Actual for year of record:	Tons	Tons	Tons	Tons
	Potential emissions at max	7.07	7.07	1.98	100.56
	capacity uncontrolled:	Tons	Tons	Tons	Tons
	Emission factor:	0.310000	42.500000	0.290000	4.410000
	in pounds per unit:	1000 GALLONS	1000 GALLONS	1000 GALLONS	1000 GALLONS
	Maximum allowed emissions –				3.5000
- And	annual:	Tons	Tons	Tons	Tons
	Maximum allowed emissions –	Pounds	Pounds	Pounds	Pounds
, fue	short term:	Pounds	Pounds	Pounds	Pounds
For this fuel only	Short term period (or MMBtu):				
or 🗸		MBR-89-COM-31	MBR-89-COM-31	MBR-89-COM-31	MBR-89-COM-3
	Basis – DEP approval number or regulation:				
					other:
	Pollutant:	□ со		□ NH3	specify
	Actual for previous year	0.03	0.01	0.01	
	eDEP only:	Tons	Tons	Tons	Tons
		0.03	0.01	0.01	
	Actual for year of record:	Tons	Tons	Tons	Tons
	Potential emissions at max	21.66	7.75	7.07	
	capacity uncontrolled:	Tons	Tons	Tons	Tons
	Environie a factore	0.950000	0.340000	42.500000	
	Emission factor:				
		1000 GALLONS	1000 GALLONS	1000 GALLONS	
	in pounds per unit:	1000 GALLONS		1000 GALLONS	
	in pounds per unit: Maximum allowed emissions –		0.3000		
lu	in pounds per unit: Maximum allowed emissions – annual:	1000 GALLONS		1000 GALLONS	Tons
el only	in pounds per unit: Maximum allowed emissions – annual: Maximum allowed emissions –	Tons	0.3000 Tons	Tons	
s fuel only	in pounds per unit: Maximum allowed emissions – annual:		0.3000		Tons Pounds
this fuel only	in pounds per unit: Maximum allowed emissions – annual: Maximum allowed emissions –	Tons	0.3000 Tons	Tons	
For this fuel only	in pounds per unit: Maximum allowed emissions – annual: Maximum allowed emissions – short term:	Tons	0.3000 Tons	Tons	

2007 Year of record 55 DEP EU# (old Point #) 1190564

Facility AQ identifier

	Bu	Assachusetts Department of Environment Ireau of Waste Prevention – Air Quality SWP AQ AP-1 Inission Unit – Fuel Utilization Equipment Fuels and Emissions (cont.)	ental Protection	2007 Year of record 55 DEP EU# (old Point #) 1190564 Facility AQ identifier
?	4.	Ozone season emissions - May 1 through Sept	ember 30:	
		0.06	0.75	
		a. Typical day VOC emissions – pounds per day	b. Typical day NOx emission	ns –pounds per day

NOTE: The form will estimate the ozone season emissions for you. However, you may enter your

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

check to enter your own values

check to enter your own values

own values by checking the boxes above.

C. Notes and Attachments

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.

		ssachusetts Department of Environme eau of Waste Prevention – Air Quality	ntal Protection	2007 Year of record 50			
	B	WP AQ AP-1		DEP EU# (old Point #) 1190564			
	En	ission Unit – Fuel Utilization Equipment		Facility AQ identifier			
Important: When filling	Α.	Equipment Description					
out forms on the computer, use only the	1.	Facility identifiers:					
tab key to move your		CLEAN HARBORS OF BRAINTREE a. Facility name					
cursor - do not use the return		34839	1190564				
key.		b. DEP Account number	c. Facility AQ identifier - SSEIS	S ID number			
tab	2.	Emission unit identifiers: ?					
		GENERATOR #2-CUMMINS #NT855G2 #2 DIE	SEL				
return		a. Facility's choice of emission unit name – edit as needed 50	50				
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # – old p	point #			
		d. ORIS ID # - for large electrical utilities only	e. Combined Units – enter num	nber of individual units			
	3.	DEP approvals – leave blank if not applicable:	2				
		a. Most recent approval number	b. DEP approval date (mm/dd/	уууу)			
	4.	. Is this unit exempt under 310 CMR 7.02 Plan Approvals ? 🗹 yes 🗌 no					
Here to	5.	If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation): BELOW THRESHOLDS IN 310 CMR 7.02 (2)(B) 7 AND 15 Reason for exemption					
How to delete a unit? (click ?-icon)	6.	6. Emission unit installation date and decommission date:					
		8/1/1999 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd	/vvvv) – if applicable			
?	7.	Emission unit replacement:	Complete only if the unit was replaced since the last report	s shutdown permanently or			
		a. Is this unit replacing another emission unit?					
		✓ no yes – enter DEP's emission unit n	umber 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 requirements 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-ann (include Operating Permit and Plan Approval reports, but not e		ES			
		c. Is this unit subject to (check all that apply):					

NESHAP

NSPS

MACT

Solution of what be the end what by the end wh			assachusetts Department of En reau of Waste Prevention – Air Qual	2007 Year of record		
Image: Second Secon				iity		
A. Equipment Description (cont.) Prove the control of the emission unit: a. Equipment: a. Type: boiler furnace engine other: boiler '' I engine, is this an emergency generator? become the control of the emission of the emission unit: boild of the emission of the emission unit: boild of the emission unit the emission unit: boild of the emission unit the emi						
Provide a construction of the emission unit a. Equipment: a. Number of burner is determined in the emission unit b. Burner manufacturer b. Burner manufacturer c. Number of burner is determined in the emission unit b. Burner manufacturer b. Burner manufacturer b. Burner manufacturer c. Number of burner is determined in the emission unit b. Burner manufacturer b. Burner installation date (mm/ddyyyy) 10. Hours of operation for the emission unit b. Burner manufacturer b. Burner installation date (mm/ddyyyy) 10. Hours of operation for the emission unit c. Percent of total annual operation that occurs in each calendar quarter: 250 2		Er	nission Unit – Fuel Utilization Equ	lipment		Facility AQ identifier
a. Type: boller function function wirks of the standard		Α.	Equipment Description (co	ont.)		
a. Type: boiler furnace engine other: Describe "other" equipment type The regime, is this an emergency generator? yess no CUMMINGS 125-DGEA b. Manufacturer c. Model number 1.6880 e. Numhacturer 0. Max input raing MMBtuhr (enter '0' if not applicable) e. Number of burners (enter '0' if not applicable) f. Type of burner - check one:	?	9.	Equipment:			
If engine, is this an emergency generator? □ yes ☑ no CUMMINGS b. Manufacturer 1.6880 c. Model number c. Model number if data in dax input rating MMBu/hr (enter '0' if not applicable) if data a. Max input rating MMBu/hr (enter '0' if not applicable) if data if data if data if excellence? i. Type of burner - check one: □ other: □ other: i at atomizer h. Burner manufacturer i. Burner installation date (mmi/dd/yyyy) 10. Hours of operation for the emission unit: a. □ check if continuously operated - 24 x 7 x 52 1 b. Manufacturer i. Burner installation date (mmi/dd/yyyy) 10. Hours of operation for the emission unit: a. □ check if continuously operated - 24 x 7 x 52 1 b. Manufacturer i. Burner installation date (mmi/dd/yyyy) 10. Hours of operation for the emission unit: a. □ check if continuously operated - 24 x 7 x 52 1 b. Manufacturer i. Burner installati	on combined		a. Type: 🗌 boiler 🗌 furnace 🗹 e	ngine 🗌 otł		
What to define the term of burner is the term of term	units ?	?	If engine, is this an emergency genera	tor? 🗌 yes	Describe "other" equi	ipment type
<pre> 1.6880 1.6880 1. Max input rating MMBtuhr (enter '0' if not applicable) 1. Type of burner – check one:</pre>			CUMMINGS		125-DGEA	
Image: Maxing put rating MMBtu/hr (enter '0' if not applicable) e. Number of burners (enter '0' if not applicable) Image: Microward or not available? f. Type of burner – check one: in ot applicable) Image: Microward or not available? f. Type of burner – check one: in ot applicable) Image: Microward or not available? f. Type of burner – check one: in atomizer Image: Microward or not available? f. Type of burner – check one: in atomizer Image: Microward or not available? f. Type of burner – check one: in atomizer Image: Microward or not available? f. Type of burner – check one: in atomizer Image: Microward or not available? f. Type of burner – check one: in atomizer Image: Microward or not available? f. Type of burner – check one: in atomizer Image: Microward or not available? f. Type of burner – check one: in atomizer Image: Microward or not available? f. Burner installation date (mm/dd/yyyy) h. Burner manufacturer h. Burner manufacturer I. Burner installation date (mm/dd/yyyy) f. Number of hours per day f. Number of days per week f. Number of weeks per year e. Percent of total annual operation that occurs in each calendar quarter: 25.0 f. Numer of the microware of the microware of th			b. Manufacturer		c. Model number	
What indo f. Type of burner – check one: □ rotary □ mech. atomizer □ steam atomizer □ air atomizer □ air atomizer □ traveling grate □ hand fired □ other: □ other: □ other' □ □ Burner manufacturer h. Burner model number i. Burner installation date (mm/dd/yyyy) 10. Hours of operation for the emission unit: a. □ check if continuously operated – 24 x 7 x 52 1 b. Number of hours per day 1 c. Number of adys per week 12 25.0 25.0 25.0 25.0 Sum of 01+02+03+04 must = 100%, or 0% if the unit was not operated for any quarter 11. Ozone season operation schedule – May 1 through September 30: 1 a. Ozone season days per week 5 1 a. Zozone season hours per day 1 D. Ozone season days per week 5 1 a. Zozone season hours per day 1 D. Ozone season days per week 5 1 a. Zozone season hours per day 1 D. Ozone season days per week 5 1 a. Ozone season hours per day 1 D. Ozone season days per week 5 1 b. Ozone season days per week 5 C. Weeks operated in	\bigcirc					
unknown or not available ? 1. Type of burner – check one: I foldry I mech. atomizer I stearn atomizer i ar atomizer I traveling grate I hand fired g. Burner manufacturer h. Burner model number i. Burner installation date (mm/dd/yyyy) 10. Hours of operation for the emission unit: a.] check if continuously operated – 24 x 7 x 52 ? 1 1 I. Durner installation date (mm/dd/yyyy) 1 10. Hours of operation for the emission unit: a.] check if continuously operated – 24 x 7 x 52 ? 1 . Number of hours per day 1 e. Percent of total annual operation that occurs in each calendar quarter: 25.0 .25.1 .25.0 .25.0 .02 .25.0 .25.0 .03 .25.0 .25.0 .04 .03 .25.0 .03 .25.0 .25.0 .03 .25.0 .25.0 .04 .03 .5 .05	What to do		d. Max input rating MMBtu/hr (enter "0" if not app	olicable)	e. Number of burners (e	nter "0" if not applicable)
not available ?			f. Type of burner – check one:] rotary	mech. atomizer	steam atomizer
g. Burner manufacturer h. Burner model number i. Burner installation date (mm/dd/yyyy) 10. Hours of operation for the emission unit: a	not available ?] air atomizer	traveling grate	hand fired
g. Burner manufacturer h. Burner model number i. Burner installation date (mm/dd/yyyy) 10. Hours of operation for the emission unit: a. □ check if continuously operated – 24 x 7 x 52 1 b. Number of hours per day 1 c. Number of days per week 12 d. Number of hours per day 1 c. Number of days per week 1 25.0 25.0 Q1 25.0 Q2 25.0 Q3 25.0 Q4 or 0% if the unit was not operated for any quarter 1. Ozone season operation schedule – May 1 through September 30: 1 a. Ozone season per day b. Ozone season days per week 5 c. Weeks operated in ozone season 12. Emission release point – select one: (2) Non-Stack Release Points: □ fugitive horizontal vent □ engine exh. downward facing vent □ fugitive writical stack/vent less than 10ft Physical Stacks: W vertical stack/vent less than 10ft Writical stack W vertical stack (if applicable) – pick from the list below: 1 STACK GENERATOR (2)- CUMMINS AND CATERPILLAR <td< td=""><td></td><td></td><td>Г</td><td>other:</td><td></td><td></td></td<>			Г	other:		
1. Burner installation date (mm/dd/yyyy) 1. Burner installation date (mm/dd/yyyy) 1. Burner installation date (mm/dd/yyyy) 1. Hours of operation for the emission unit: a check if continuously operated – 24 x 7 x 52 1. Diversion of hours per day 1 2. Number of hours per day 1 2. Number of hours per day 1 2. Operation of total annual operation that occurs in each calendar quarter: 2. Operation of total annual operation that occurs in each calendar quarter: 2. Operation of 000 per day 25.0 0. Operation of total annual operation that occurs in each calendar quarter: 2. Operation of total annual operation that occurs in each calendar quarter: 2. Operation of 000 perated for any quarter 1. Ozone season operation schedule – May 1 through September 30: 1. a. Ozone season hours per day 1 b. Ozone season days per week 5 c. Weeks operated in ozone season 12. Emission release point – select one: Physical Stack If fugitive horizontal vent engine exh. downward facing vent If fugitive horizontal vent If Non-Stack release point, skip to question 14. Physical Stack If Non-Stack				Jourion	"other" burner type	
10. Hours of operation for the emission unit: a check if continuously operated – 24 x 7 x 52 1 1 1 12 1 c. Number of hours per day 1 12 c. Number of days per week 12 1 1 25.0 25.0 25.0 25.0 3 25.0 Sum of Q1+Q2+Q3+Q3+Q4 must = 100%, or 0% if the unit was not operated for any quarter 11. Ozone season operation schedule – May 1 through September 30: 1 5 . 1 a. Zoone season hours per day 1 5 . 1 a. Zoone season hours per day 1 Docene season days per week c. Weeks operated in ozone season 1 a. Zoone season hours per day 1 Docene season days per week c. Weeks operated in ozone season 12. Emission release point – select one: Image: Click here for instructions: Image: Click here for instructions: <td></td> <td></td> <td>g. Burner manufacturer</td> <td></td> <td>h. Burner model number</td> <td></td>			g. Burner manufacturer		h. Burner model number	
10. Hours of operation for the emission unit: a check if continuously operated – 24 x 7 x 52 1 1 1 12 1 c. Number of hours per day 1 12 c. Number of days per week 12 1 1 25.0 25.0 25.0 25.0 3 25.0 Sum of Q1+Q2+Q3+Q3+Q4 must = 100%, or 0% if the unit was not operated for any quarter 11. Ozone season operation schedule – May 1 through September 30: 1 5 . 1 a. Zoone season hours per day 1 5 . 1 a. Zoone season hours per day 1 Docene season days per week c. Weeks operated in ozone season 1 a. Zoone season hours per day 1 Docene season days per week c. Weeks operated in ozone season 12. Emission release point – select one: Image: Click here for instructions: Image: Click here for instructions: <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
 e. Percent of total annual operation that occurs in each calendar quarter: 25.0 25.0 25.0 25.0 26.0 27.0 28.0 29.0 20.0 20.0<th>6</th><th>10</th><th>. Hours of operation for the emission uni 1 1</th><th>it: a. 🗌 cl</th><th>-</th><th>•</th>	6	10	. Hours of operation for the emission uni 1 1	it: a. 🗌 cl	-	•
25.0 25.0 25.0 Q1 Sum of Q1+Q2+Q3+Q4 must = 100%, or 0% if the unit was not operated for any quarter 11. Ozone season operation schedule – May 1 through September 30: 1 5 1 a. Ozone season hours per day 1 5 1 a. Ozone season hours per day 1 0 12. Emission release point – select one: ? Engines click here for instructions: ? 1 fugitive horizontal vent Physical Stacks: ? ? 1 fugitive horizontal vent ? Yertical stack ? If Non-Stack Release point, skip to question 14. 14. ? Yertical stack/vent less than 10ft ? 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 1 2 2 2 2 2 2 2 2 2 13. Link this unit to a physical stack (if applicable) – pick from the list below: ? 1 ? ? ? ? 14. To Stack identifier from STACK form – to change stack name use STACK form * ?			b. Number of hours per day c. N	umber of days pe	d.	Number of weeks per year
25.0 25.0 25.0 Q			e. Percent of total annual operation that	t occurs in ea	ch calendar quarter:	
Q1 Q2 Q3 Q4 or 0% if the unit was not operated for any quarter 1. Ozone season operation schedule – May 1 through September 30: 1 5 1 a. Ozone season hours per day 1 5 a. Ozone season hours per day 1 6 b. Ozone season days per week 5 6. Weeks operated in ozone season 12. Emission release point – select one: ? Engines click here for instructions: 1 fugitive horizontal vent Physical Stacks: 1 fugitive horizontal vent Vertical stack 1 vertical stack/vent less than 10ft Vertical with rain cap/sleeve 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 AND CATERPILLAR Facility's stack identifier from STACK form – to change stack name use STACK form						
1 1 5 a. Ozone season hours per day b. Ozone season days per week 5 1 b. Ozone season days per week c. Weeks operated in ozone season 12. Emission release point – select one: • Engines click here for instructions: • 1 fugitive horizontal vent Physical Stacks: • • 1 in the intical stack/vent less than 10ft • • • • 1 Non-Stack release point, skip to question 14. •						
1 1 5 a. Ozone season hours per day b. Ozone season days per week 5 1 b. Ozone season days per week c. Weeks operated in ozone season 12. Emission release point – select one: • Engines click here for instructions: • 1 fugitive horizontal vent Physical Stacks: • • 1 in the intical stack/vent less than 10ft • • • • 1 Non-Stack release point, skip to question 14. •		11	Ozone season operation schedule – M	av 1 through	September 30	
a. Ozone season hours per day b. Ozone season days per week c. Weeks operated in ozone season 12. Emission release point – select one: Image: Comparison of the season days per week Image: Comparison days per week 12. Emission release point – select one: Image: Comparison days per week Image: Comparison days per week Image: Comparison days per week 12. Emission release point – select one: Image: Comparison days per week Image: Comparison days per week Image: Comparison days per week 12. Emission release point – select one: Image: Comparison days per week Image: Comparison days per week Image: Comparison days per week 13. Link this unit to a physical stack (if applicable) – pick from the list below: T 1 STACK GENERATOR (2)- CUMMINS AND CATERPILLAR 13. Comparison days per week Image: Comparison days per week Image: Comparison days per week Image: Comparison days per week 13. Link this unit to a physical stack (if applicable) – pick from the list below: T 1 STACK GENERATOR (2)- CUMMINS AND CATERPILLAR Image: The stack identifier from STACK form – to change stack name use STACK form Image: STACK form			1 1	ay i through	·	
Non-Stack Release Points: Physical Stacks: fugitive horizontal vent engine exh. downward facing vent vertical stack/vent less than 10ft vertical with rain cap/sleeve 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 AND CATERPILLAR Facility's stack identifier from STACK form – to change stack name use STACK form			a. Ozone season hours per day	zone season day		Weeks operated in ozone season
Non-Stack Release Points: Physical Stacks: fugitive horizontal vent engine exh. downward facing vent vertical stack/vent less than 10ft vertical with rain cap/sleeve 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 AND CATERPILLAR Facility's stack identifier from STACK form – to change stack name use STACK form					•	
 ☐ fugitivehorizontal vent vertical stack vertical stack vertical stack vertical stack / vertical stack vertical stack vertical with rain cap/sleeve vertical 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 AND CATERPILLAR Facility's stack identifier from STACK form – to change stack name use STACK form 		12	Emission release point – select one:	Eng	ines click here for instruc	tions: 🕐
 ☐ fugitive ☐ horizontal vent			Non-Stack Release Points:	P	hysical Stacks:	
13. Link this unit to a physical stack (if applicable) – pick from the list below: 7 1 STACK GENERATOR (2)- CUMMINS AND CATERPILLAR Facility's stack identifier from STACK form – to change stack name use STACK form			☐ fugitive ☐ horizontal vent ☐ engine exh. ☐ downward facing	Ŀ	vertical stack	ap/sleeve
7 1 STACK GENERATOR (2)- CUMMINS AND CATERPILLAR Facility's stack identifier from STACK form – to change stack name use STACK form			If Non-Stack release point, skip to question 14			
Facility's stack identifier from STACK form – to change stack name use STACK form		13	Link this unit to a physical stack (if appl	icable) – pick	from the list below:	
The second second state is a second			-	-		forms had an a second attack of the form

		t of Environmental Protection	2007 Year of record
	Bureau of Waste Prevention – A	•	50
	BWP AQ AP-1		DEP EU# (old Point #) 1190564
	Emission Unit – Fuel Utilizatio		Facility AQ identifier
	A. Equipment Descripti	on (cont.)	
?	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
(a. Type	Ter	Tax
	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 w	as 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			
VOC	% Overall eff.	% Overall eff.	% Overall eff.
	% 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			
Pb	% Overall eff.	% Overall eff.	% Overall eff.
Other	% Overall eff.	% Overall eff.	% Overall eff.
Ouler	% Overall eff.	% Overall eff.	% Overall eff.
	Specify "Other"	Specify "Other"	Specify "Other"

	Massachusetts De Bureau of Waste Pre BWP AQ Emission Unit – Fue A. Equipment D 15. Is there monitoring	2007 Year of record 50 DEP EU# (old Point #) 1190564 Facility AQ identifier				
How to delete 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 #:	Facility's Designation	Facility's Designation	Facility's Designation		
	e. Installation date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)		
(f. DEP approval #:	(mm/dd/yyyy)	(1111/00/9999)	(mm/dd/yyyy)		
Leave f, g, h blank if not	g. DEP approval date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)		
applicable.	h. Decommission date:					
	i. Recorder ?	(mm/dd/yyyy)	(mm/dd/yyyy) ☐ yes	(mm/dd/yyyy)		
	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 Environmen Bureau of Waste Prevention – Air Quality	tal Protection	2007 Year of record
	BWP AQ AP-1		50 DEP EU# (old Point #)
	Emission Unit – Fuel Utilization Equipment		1190564
			Facility AQ identifier
	B. Fuels and Emissions		
	1. Fuel Name / Characteristics:	GENERATOR #2-CUN	MINS #NT855G2- #2 OI
		Fuel name	
	Number of fuels for this unit (previous records): 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).	fuel in this unit p <i>ermane</i> this year of record even	box if you stopped using this ently. You must still report for if amount is "0" – the fuel will hit in the next report cycle.
	a. Source Classification Code (SCC) (see instructions):	20200102 SC Code (call DEP if SC cod IC ENGINE- RECIP - #	2 DIESEL OIL
	b. Type of fuel – check one:	SCC Code Description – fille	no.6
	Note: The option to have eDEP calculate your emissions is not available if your fuel type is "other".	☐ diesel	natural gas
	c. Sulfur content for oils and coal $(0 - 2.2)$:	Describe "other" fuel .138	
		Percent by weight	
	d. Ash content for oils and coal (0 -10):	0.0	
Note for e: Enter the Maximum Fuel Rate at which the unit can burn fuel (its absolute	e. Maximum hourly fuel rate for all firing burners:	Percent by weight 0.0120 Amount Enter "0" if unit decommission	1000 GALLONS Units per hour ned prior to this Year of Record.
uncontrolled design capacity). Do	f. Do you have fuel or usage restrictions?	🗹 yes 🗌 no - skip t	o question 2
not enter the normal	g. DEP approval number for restrictions:	EXEMPT 7.02	
operation rate nor any restricted (allowable) rate.	h. Annual use restriction (amount or hours):	Most recent for this fuel 300.0000	HOUR
	For this fuel	Quantity 24.0000	Units DAY
	 Short term use restriction (amount or hours): For this fuel 	Quantity	Units
		Per: month week	
		CAUTION: check your amour	nt vs units

2. Annual usage:

Enter "0" if not used in the year of record

0.1440

.494

a. Amount – year of record

1000 GALLONS

b. Units

?)



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit – Fuel Utilization Equipment

B. Fuels and Emissions (cont.)



Part 75 Rec

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

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:

	Pollutant:	□ PM10	□ PM2.5	□ SO2	
	Actual for previous year	0.01	0.01	0.0029	0.1492
ements	eDEP only:	Tons	Tons	Tons	Tons
		0.0031	0.0031	0.0009	0.0435
	Actual for year of record:	Tons	Tons	Tons	Tons
	Potential emissions at max	2.23	2.23	0.63	31.76
	capacity uncontrolled:	Tons	Tons	Tons	Tons
		0.310000	42.500000	0.290000	4.410000
	Emission factor:				
		1000 GALLONS	1000 GALLONS	1000 GALLONS	1000 GALLONS
	in pounds per unit:				
	Maximum allowed emissions –				
2	annual:	Tons	Tons	Tons	Tons
<u> </u>	Maximum allowed emissions -				
fue	short term:	Pounds	Pounds	Pounds	Pounds
For this fuel only	Short term period (or MMBtu):				
ort					
<u>ш</u>	Basis – DEP approval number				
	or regulation:				
					other:
	Pollutant:	□ со	□ voc	□ NH3	specify
	Actual for previous year	0.03	0.01	0.01	. ,
	eDEP only:	Tons	Tons	Tons	Tons
		0.0094	0.0034	0.0031	
	Actual for year of record:	Tons	Tons	Tons	Tone

Tons Tons Tons Tons 6.84 2.45 2.23 Potential emissions at max Tons capacity uncontrolled: Tons Tons Tons 0.950000 0.340000 42.500000 Emission factor: 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 -Pounds Pounds Pounds short term: Pounds Short term period (or MMBtu): Basis - DEP approval number or regulation:

2007

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

Facility AQ identifier

	Bu	Assachusetts Department of Environn Ireau of Waste Prevention – Air Quality SWP AQ AP-1 Inission Unit – Fuel Utilization Equipment Fuels and Emissions (cont.)	Year of record 50 DEP EU# (old Point #) 1190564
?	4.	Ozone season emissions – May 1 through Sep	tember 30:
		0.0020	0.24
		a. Typical day VOC emissions - pounds per day	b. Typical day NOx emissions -pounds per day

NOTE: The form will estimate the ozone season emissions for you. However, you may enter your

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

check to enter your own values

own values by checking the boxes above.

C. Notes and Attachments

your submission.

✓ check to enter your own values

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.
	Ма	assachusetts Department of Environment	al Protection	2007
		reau of Waste Prevention – Air Quality		Year of record
	B	WP AQ AP-1		3 DEP EU# (old Point #) 1190564
	En	nission Unit – Fuel Utilization Equipment		Facility AQ identifier
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	1190564	
		b. DEP Account number	c. Facility AQ identifier - SSEIS	ID number
	2.	Emission unit identifiers: 🕜		
		BOILER #1-CLEAVER BROOKS- #2 OIL 0.3 PERC	ENTSULFUR	
		a. Facility's choice of emission unit name – edit as needed 3	3	
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # – old po	pint #
		d. ORIS ID # - for large electrical utilities only	e. Combined Units – enter numb	per 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/y	/уу)
	4.	Is this unit exempt under 310 CMR 7.02 Plan Approv	vals ? 🗌 yes 🖌 no	
	5.	If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP re	gulation):
Llow to		Reason for exemption		
How to delete	6	Emission unit installation date and decommission da	ite.	
a unit? (click ?-icon)		9/1/1986		
· · · ·		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/y	yyy) – if applicable
2	7	Emission unit replacement:	Complete only if the unit was	
			replaced since the last report.	
		a. Is this unit replacing another emission unit?		
		✓ no yes – enter DEP's emission unit num	ber and name for the unit	peing 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 require	ements for this emissions u	nit ?
		✓ yes - specify reporting frequency below	no – skip to question 8	с
		b. Reporting frequency - check all that apply:		
		1. Monthly 2. Quarterly 3. Semi-annual	🗹 4. Annual 🗹 5. RE	S
		(include Operating Permit and Plan Approval reports, but not exce		
		c. Is this unit subject to (check all that apply):		

	🗌 NESHAP	NSPS	MACT
--	----------	------	------

		assachusetts Department of reau of Waste Prevention – Air C		ntal Protection	2007 Year of record	
		WP AQ AP-1			DEP EU# (old Point #) 1190564)
	En	nission Unit – Fuel Utilization E	Facility AQ identifier			
	Α.	Equipment Description	(cont.)			
?	9.	Equipment:				
How to report on combined		a. Type: 🗹 boiler 🗌 furnace [🗌 engine 🗌 d	other:		
units ?	?	If engine, is this an emergency ger	equipment type			
		CLEAVER BROOKS		CB800-150		
		b. Manufacturer		c. Model number		
?		2 d. Max input rating MMBtu/hr (enter "0" if no	ot applicable)	1 e. Number of burner	rs (enter "0" if not applicable)	
What to do						
if data unknown or not available ?		f. Type of burner – check one:	rotary	🗹 mech. atomiz	zer 🗌 steam atomizer	
			air atomize	er 🗌 traveling grat	te hand fired	
			other:			
		CL BROOKS		"other" burner type CB800-150-150		
		g. Burner manufacturer		h. Burner model num		
		9/1/1986 i. Burner installation date (mm/dd/yyyy)				
2	10.	Hours of operation for the emission	1		sly operated – 24 x 7 x 52 3	
		b. Number of hours per day	c. Number of days		d. Number of weeks per year	
		e. Percent of total annual operation				
		$\frac{56.0}{Q1} \qquad \frac{0}{Q2} \qquad \frac{0}{Q3}$	<u>44.0</u>	Sum of Q1+Q2+Q3- or 0% if the unit was	+Q4 must = 100%, s not operated for any quarter	
	11			h Santambar 20:		
		Ozone season operation schedule 0	- May 1 throug 0	n September 30.	0	
		a. Ozone season hours per day	b. Ozone season o	days per week	c. Weeks operated in ozone seaso	on
	12.	Emission release point – select one	e: ? E	ingines click here for ins	structions: 🥐	
		Non-Stack Release Points:		Physical Stacks:		
		☐ fugitive ☐ horizontal ver ☐ engine exh. ☐ downward fac ☐ vertical stack/vent less than 10	cing vent	 vertical stack vertical with rai 	n cap/sleeve	
		If Non-Stack release point, skip to question				
	13.	Link this unit to a physical stack (if a	•• •		W:	
		3 1 STACK BOILER #1-CLEAVE Facility's stack identifier from STACK form -				
		If the stack for this unit is not listed, save an	-		tack form before completing to this	form.

	Massachusetts Department Bureau of Waste Prevention – A	of Environmental Protection	n 2007 Year of record
	BWP AQ AP-1	•	3 DEP EU# (old Point #)
	Emission Unit – Fuel Utilization	1190564	
	A. Equipment Descripti		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 this unit. eDEP will add another
How to delete a control ?	yes – answer a through i	✓ no – skip to question 15	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 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)
L	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 v	was designed to control:
PM 10	% Overall eff.	% Overall eff.	% Overall eff.
PM 2.5	% Overall eff.	% Overall eff.	% Overall eff.
SO2			
со	% Overall eff.	% Overall eff.	% Overall eff.
	% 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			
Hg	% Overall eff.	% Overall eff.	% Overall eff.
-	% 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 De Bureau of Waste Pre BWP AQ Emission Unit – Fue A. Equipment D	2007 Year of record 3 DEP EU# (old Point #) 1190564 Facility AQ identifier		
	15. Is there monitoring	g equipment on this unit or i	its related control devices?	
How to delete a monitor?	🗌 yes – answer a	through I 🛛 🗹 no – skip to s	section 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	b. Manufacturer:	Describe "other"	Describe "other"	Describe "other"
'unknown' or 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 #:	(mm/dd/yyyy)	((mm/dd/yyyy)
Leave f, g, h blank if not	g. DEP approval date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
applicable.	h. Decommission date:			
	i. Recorder ?	(mm/dd/yyyy)	(mm/dd/yyyy) ☐ yes	(mm/dd/yyyy)
	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 Environmen	
	Bureau of Waste Prevention – Air Quality	Year of record
	BWP AQ AP-1	DEP EU# (old Point #)
	Emission Unit – Fuel Utilization Equipment	1190564 Facility AQ identifier
	B. Fuels and Emissions	
		BOILER #1-CLEAVER BROOKS #2 OIL-0.3 PE
	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 blank Sect. B form to your package).	Delete this fuel: check box if you stopped using this fuel in this unit p <i>ermanently</i> . 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 ?	
	a. Source Classification Code (SCC)	10200501
	a. Source Classification Code (SCC) (see instructions):	SC Code (call DEP if SC code will not validate) DIST.OIL- GRADE #1 OR #2 OIL
	h Type of fuel - check 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 emissions is not available if your fuel type is "other".	☐ jet fuel ☐ other - describe:
		Describe "other" fuel
	c. Sulfur content for oils and coal $(0 - 2.2)$:	.138
	d. Ash content for oils and coal (0 -10):	Percent by weight 0
Note for e: Enter the		Percent by weight
Maximum Fuel Rate at		
which the unit can burn	e. Maximum hourly fuel rate for all firing burners:	0.0430 1000 GALLONS Amount Units per hour
fuel (its absolute		Enter "0" if unit decommissioned prior to this Year of Record.
uncontrolled design		
capacity). Do not enter the	f. Do you have fuel or usage restrictions?	Ves no - skip to question 2
normal	g. DEP approval number for restrictions:	MBR-95-RES-047 Most recent for this fuel
operation rate nor any restricted (allowable) rate.		
	h. Annual use restriction (amount or hours):	376680.0000 GALLONS
	For this fuel i. Short term use restriction (amount or hours):	Quantity Units 31390.0000 GALLONS
	For this fuel	Quantity Units
		Per: 🗹 month 🗌 week 🗌 day 🗌 hour
		CAUTION: check your amount vs.units

2. Annual usage:

Enter "0" if not used in the year of record

0.1800

1.21

a. Amount – year of record

1000 GALLONS

b. Units

?)



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

B. Fuels and Emissions (cont.)



Part 75 Reg

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

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:

	Pollutant:	□ PM10	□ PM2.5	□ SO2	
	Actual for previous year	0.0006	0.0002	0.0119	0.0145
ents	eDEP only:	Tons	Tons	Tons	Tons
	Actual for year of record:	0.0002	0.0001	0.0038	0.0018
		Tons 0.3767	Tons 0.1563	Tons 8.0233	Tons 3.7668
	Potential emissions at max capacity uncontrolled:	Tons	Tons	Tons	Tons
		2.000000	0.830000	142	20.000000
	Emission factor:				
	in pounds per unit:	1000 GALLONS	1000 GALLONS	1000 GALLONS	1000 GALLONS
	Maximum allowed emissions –				
2	annual:	Tons	Tons	Tons	Tons
iel oi	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds
For this fuel only	Short term period (or MMBtu):				
Fort	Basis – DEP approval number or regulation:	MBR-86-COM-027	MBR-86-COM-027	MBR-86-COM-027	MBR-86-COM-02
					other:
	Pollutant:	□ со	□ voc	□ NH3	specify
	Actual for previous year	0.0030		0.0005	
	eDEP only	Tons	Tons	Tons	Tons
	Actual for year of record:	0.0005	0	0.0001	_
		Tons 0.9417	Tons 0.0640	Tons 0.1507	Tons
	Potential emissions at max capacity uncontrolled:	Tons	Tons	Tons	Tons
	Emission factor:	5	0.340000	0.80	
	in pounds per unit:	1000 GALLONS	1000 GALLONS	1000 GALLONS	
	Maximum allowed emissions –				
2	annuali	Tons	Tons	Tons	Tons
on	Maximum allowed emissions –				
For this fuel only	short term:	Pounds	Pounds	Pounds	Pounds
is.	Short term period (or MMBtu):				
÷					

2007 Year of record 3 DEP EU# (old Point #) 1190564

Facility AQ identifier



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

2. Attachments:

C. Notes and Attachments

your submission.

☐ 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.

		assachusetts Department of Environment reau of Waste Prevention – Air Quality	ntal Protection	2007 Year of record 2
	В	SWP AQ AP-1		DEP EU# (old Point #)
		nission Unit – Fuel Utilization Equipment		1190564 Facility AQ identifier
Important: When filling out forms on	Α.	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 - SS	EIS ID number
Tetum	2.	Emission unit identifiers: ?		
		BOILER #2-HURST #30 1.004 MMBTU/HR #2 C	DIL-0.3 S	
		a. Facility's choice of emission unit name – edit as needed 2	2	
		b. Facility's emission unit number / code – edit as needed	∠ c. DEP emissions unit # – o	ld point #
		d. ORIS ID # - for large electrical utilities only	e. Combined Units – enter r	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 App	rovals ? 🗹 yes 🗌 no)
How to delete a unit?	5. 6.	If exempt from Plan Approval, indicate reason why BELOW THRESHOLDS IN 310 CMR 7.02 (2)(B) 7 AND 15 Reason for exemption Emission unit installation date and decommission		regulation):
(click ?-icon)		5/1/2003	h Decembración data (ma	(dd(man)) if angliaghta
6	7	a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement:	 b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shutdown permanently 	was shutdown permanently or
U) '.	·	replaced since the last re	роп.
		 a. Is this unit replacing another emission unit? ✓ no	umber and name for the u	nit 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 requ	irements for this emissior	ns unit ?
		✓ yes - specify reporting frequency below	🗌 no – skip to questic	on 8c
		b. Reporting frequency - check all that apply:		
		(include Operating Permit and Plan Approval reports, but not e		RES
		c. Is this unit subject to (check all that apply):		

		essachusetts Department of reau of Waste Prevention – Air C		tal Protection	2007 Year of record
		WP AQ AP-1			DEP EU# (old Point #) 1190564
	En	nission Unit – Fuel Utilization E	Facility AQ identifier		
	Α.	Equipment Description	(cont.)		
?	9.	Equipment:			
How to report on combined		a. Type: 🗹 boiler 🗌 furnace [engine 🗌 of	ther:	
units?	?	If engine, is this an emergency ger	nerator? 🗌 yes	Describe "other" eo	quipment type
		HURST		4VT-50BHP	
		b. Manufacturer		c. Model number	
\bigcirc		1		1	
What to do		d. Max input rating MMBtu/hr (enter "0" if no		e. Number of burners	(enter "0" if not applicable)
if data unknown or		f. Type of burner – check one:	rotary	🖌 mech. atomize	er 🗌 steam atomizer
not available ?			🗌 air atomize	r 🔲 traveling grate	hand fired
			other:		
				"other" burner type	
		HURST g. Burner manufacturer		30 h. Burner model numb	er
		5/1/2003			
	10.	Hours of operation for the emission	unit: a. 🗌 d	check if continuous	y operated – 24 x 7 x 52
?		24	7		22
			c. Number of days p		d. Number of weeks per year
		e. Percent of total annual operation	that occurs in e	ach calendar quarte	er:
		<u>56.0</u> <u>14.0</u> <u>0</u>	30.0	Sum of Q1+Q2+Q3+Q	Q4 must = 100%, not operated for any quarter
		Q1 Q2 Q3	Q4		
	11.	Ozone season operation schedule	 May 1 through 	September 30:	
		1 a. Ozone season hours per day	1 b. Ozone season da	ave per week	1 c. Weeks operated in ozone season
		a. Ozone season nours per day		ays per week	. Weeks operated in 020he season
	12.	Emission release point – select one	e: ? En	igines click here for instr	uctions: 🕐
		Non-Stack Release Points:		Physical Stacks:	-
		☐ fugitive ☐ horizontal ver ☐ engine exh. ☐ downward fac ☐ vertical stack/vent less than 10	nt [cing vent [✓ vertical stack ☐ vertical with rain	cap/sleeve
		If Non-Stack release point, skip to question			
	13.	Link this unit to a physical stack (if a	, .		Γ.
		2 STACK #2- BOILER #2- HURST Facility's stack identifier from STACK form -			
		If the stack for this unit is not listed, save an	-		ck form before completing to this form.

	Massachusetts Department Bureau of Waste Prevention – A	of Environmental Protectio	Year of record
	BWP AQ AP-1		2 DEP EU# (old Point #)
	Emission Unit – Fuel Utilizatio		1190564 Facility AQ identifier
	A. Equipment Description		Facility AQ identilier
	14. Is there a pollution control device		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 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
	e. Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)
Leave f , g , h blank if not applicable.	f. DEP approval # (most recent)	DEP approval # (most recent)	DEP approval # (most recent)
	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	ter 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"

	 Massachusetts Department of Environmental Protection Bureau of Waste Prevention – Air Quality BWP AQ AP-1 Emission Unit – Fuel Utilization Equipment A. Equipment Description (cont.) 			2007 Year of record 2 DEP EU# (old Point #) 1190564 Facility AQ identifier
		gequipment on this unit or i	its related control devices?	
How to delete a monitor?	☐ yes – answer a	section 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	b. Manufacturer:	Describe "other"	Describe "other"	Describe "other"
'unknown' or 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 #:			
Leave f , g , h blank if not	g. DEP approval date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
applicable.	h. Decommission date:			
	i. Recorder ?	(mm/dd/yyyy)	(mm/dd/yyyy) ☐ yes	(mm/dd/yyyy)
	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 Environmer Bureau of Waste Prevention – Air Quality	ntal Protection	2007 Year of record 2
	BWP AQ AP-1		DEP EU# (old Point #)
	Emission Unit – Fuel Utilization Equipment		1190564 Facility AQ identifier
	B. Fuels and Emissions		
0	 Fuel Name / Characteristics: Number of fuels for this unit (previous records): 1 	BOILER #2-HURST #3 Fuel name 1 DEP Fuel #	30 - #2 OIL-0.3 SULFU
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). When to NOT check this box ? 	fuel in this unit p <i>ermane</i> this year of record even	box if you stopped using this ntly. You must still report for if amount is "0" – the fuel will it in the next report cycle.
	a. Source Classification Code (SCC)	10200501	
	(see instructions):	SC Code (call DEP if SC code will not validate) DIST.OIL- GRADE #1 OR #2 OIL	
		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 emissions is not available if your fuel type is "other".	🗌 jet fuel 🗌 other - c	describe:
	c. Sulfur content for oils and coal (0 – 2.2):	Describe "other" fuel .138 Percent by weight	
	d. Ash content for oils and coal (0 -10):	0	
Note for e: Enter the Maximum		Percent by weight	
Fuel Rate at which the	e. Maximum hourly fuel rate for all firing burners:	0.0110	1000 GALLONS
unit can burn		Amount	Units per hour
fuel (its absolute uncontrolled		Enter "0" if unit decommission	ed prior to this Year of Record.
design capacity). Do	f. Do you have fuel or usage restrictions?	🗹 yes 🗌 no - skip to	question 2
not enter the normal	g. DEP approval number for restrictions:	EXEMPT	
operation rate nor any restricted		Most recent for this fuel	
(allowable) rate.	h. Annual use restriction (amount or hours): For this fuel	91980.0000 Quantity	GALLONS Units
	i. Short term use restriction (amount or hours): For this fuel	9271.0000 Quantity	GALLONS Units
		Per: 🗹 month 🗌 week	day hour
		CAUTION: check your amount 37.7400	t <mark>vs.units</mark> 1000 GALLONS
		JI.1400	1000 GALLONG

2. Annual usage:

Enter "0" if not used in the year of record

a. Amount – year of record

30.485

b. Units

?)



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

B. Fuels and Emissions (cont.)



Part 75 Red

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

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:

	Pollutant:	□ PM10	□ PM2.5	□ SO2	□ NO2
irements	Actual for previous year	0.03	0.01	0.65	0.30
	eDEP only.	Tons	Tons	Tons	Tons
	Actual for year of record:	0.04	0.02	0.80	0.38
		Tons	Tons	Tons	Tons
	Potential emissions at max	0.13	0.05	2.80	1.31
	capacity uncontrolled:	Tons 2.000000	Tons 0.830000	Tons 142.000000	Tons 20.000000
	Emission factor:	2.000000	0.030000	142.000000	20.000000
	in pounds per unit:	1000 GALLONS	1000 GALLONS	1000 GALLONS	1000 GALLON
	Maximum allowed emissions –				
		Tons	Tons	Tons	Tons
	Maximum allowed emissions –				
	short term:	Pounds	Pounds	Pounds	Pounds
	Maximum allowed emissions – short term: Short term period (or MMBtu):				
1	Basis – DEP approval number	EXEMPT	EXEMPT	EXEMPT	EXEMPT
	or regulation:				
					other:
	Pollutant:	□ со	□ voc	□ NH3	specify
	Actual for previous year	0.08		0.0122	
	eDEP only:	Tons	Tons	Tons	Tons
	eDEP only.				
		0.09	0.0038	0.02	
	Actual for year of record:	0.09 Tons	0.0038 Tons	Tons	Tons
	Actual for year of record: Potential emissions at max	0.09 Tons 0.23	0.0038 Tons 0.0096	Tons 0.0385	Tons
	Actual for year of record:	0.09 Tons 0.23 Tons	0.0038 Tons 0.0096 Tons	Tons 0.0385 Tons	
	Actual for year of record: Potential emissions at max	0.09 Tons 0.23	0.0038 Tons 0.0096	Tons 0.0385	Tons
	Actual for year of record: Potential emissions at max capacity uncontrolled:	0.09 Tons 0.23 Tons	0.0038 Tons 0.0096 Tons	Tons 0.0385 Tons	Tons
	Actual for year of record: Potential emissions at max capacity uncontrolled: Emission factor:	0.09 Tons 0.23 Tons 5.000000 1000 GALLONS	0.0038 Tons 0.0096 Tons 0.340000	Tons 0.0385 Tons 0.800000	Tons
	Actual for year of record: Potential emissions at max capacity uncontrolled: Emission factor: in pounds per unit: Maximum allowed emissions –	0.09 Tons 0.23 Tons 5.000000	0.0038 Tons 0.0096 Tons 0.340000	Tons 0.0385 Tons 0.800000	Tons
	Actual for year of record: Potential emissions at max capacity uncontrolled: Emission factor: in pounds per unit: Maximum allowed emissions –	0.09 Tons 0.23 Tons 5.000000 1000 GALLONS Tons	0.0038 Tons 0.0096 Tons 0.340000 1000 GALLONS Tons	Tons 0.0385 Tons 0.800000 1000 GALLONS Tons	Tons Tons Tons
	Actual for year of record: Potential emissions at max capacity uncontrolled: Emission factor: in pounds per unit: Maximum allowed emissions –	0.09 Tons 0.23 Tons 5.000000 1000 GALLONS	0.0038 Tons 0.0096 Tons 0.340000 1000 GALLONS	Tons 0.0385 Tons 0.800000 1000 GALLONS	Tons
	Actual for year of record: Potential emissions at max capacity uncontrolled: Emission factor: in pounds per unit: Maximum allowed emissions –	0.09 Tons 0.23 Tons 5.000000 1000 GALLONS Tons	0.0038 Tons 0.0096 Tons 0.340000 1000 GALLONS Tons	Tons 0.0385 Tons 0.800000 1000 GALLONS Tons	Tons Tons Tons
-	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:	0.09 Tons 0.23 Tons 5.000000 1000 GALLONS Tons	0.0038 Tons 0.0096 Tons 0.340000 1000 GALLONS Tons	Tons 0.0385 Tons 0.800000 1000 GALLONS Tons	Tons Tons Tons

2007

2

Year of record

1190564

DEP EU# (old Point #)

Facility AQ identifier

	Massachusetts Department of Environmental Protection Bureau of Waste Prevention – Air Quality	2007 Year of rec 2
	BWP AQ AP-1 Emission Unit – Fuel Utilization Equipment B. Fuels and Emissions (cont.)	DEP EU# (1190564 Facility AQ
?	4. Ozone season emissions – May 1 through September 30:	

NOTE: The form will estimate the ozone season emissions for you. However, you may enter your

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

70.2240

b. Typical day NOx emissions -pounds per day

check to enter your own values

2. Attachments:

0.7022

a. Typical day VOC emissions - pounds per day

check to enter your own values

own values by checking the boxes above.

C. Notes and Attachments

your submission.

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.

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

	Bu	assachusetts Department of Environment reau of Waste Prevention – Air Quality	al Protection	2007 Year of record 65
	В	SWP AQ AP-2		DEP EU# (old Point #)
	En	nission Unit – Process Description		1190564 Facility AQ identifier
Important: When filling out forms on the computer, use only the	Α.	Emission Unit – Process Descripti Facility identifiers:	on	
tab key to move your		CLEAN HARBORS OF BRAINTREE		
cursor - do not		a. Facility name 34839	1190564	
use the return key.		b. DEP Account number	c. Facility AQ identifier – SSE	S ID number
Tebun	2.	Emission unit identifiers: ? PAINT CAN POUR-OFF + CRUSHING		
		 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 S	SEIS Point #)
		d. Combined Units – enter number of individual units		
	3.	DEP approvals – leave blank if not applicable		
		MBR-95-RES-047	11/14/1995	
		a. Most recent approval number	b. DEP approval date (mm/dd/y	/ууу)
	4.	Is this unit exempt under 310 CMR 7.02 Plan Appro	ovals ? 🗌 yes 🛛 🗹 no	
	5.	If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP re	egulation):

6. Equipment manufacturer and model number and type:

Reason for exemption

How to report on combined units ?	APPLETON a. Manufacturer PAINT CAN COMPACTOR c. Equipment Type	500 b. Model number
How to delete a unit ? (click ?-icon) 7.	Emission unit installation and decommission dates: 8/1/1995 a. Installation date – estimate if unknown (mm/dd/yyyy)	9/1/2007 b. Decommission date (mm/dd/yyyy) – if applicable

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

	assachusetts Department of Environmental Protection reau of Waste Prevention – Air Quality	2007 Year of record			
	SWP AQ AP-2	65 DEP EU# (old Point #)			
		1190564			
	nission Unit – Process Description	Facility AQ identifier			
Α.	Emission Unit – Process Description (cont.)				
8.	Emission unit replacement:				
	a. Is this unit replacing another emission unit?				
	\checkmark no \square yes – enter DEP' s emissions unit number for the unit bei	ng replaced below:			
	DEP' s emission unit number and facility unit name				
9.	Additional state reporting requirements:				
	a. Are there other routine air quality reporting requirements for this emission	ons unit ?			
	✓ yes – specify reporting frequency below □ no – skip to ques	stion 9c			
	b. Reporting frequency – check all that apply:				
	🗌 Monthly 🔲 Quarterly 🔲 Semi-annual 🔲 Annual 🖬 RES				
	(include Operating Permit and Plan Approval reports, but not exceedance reporting)				
	c. Is this unit subject to (check all that apply):				
10.	Hours of operation for the emission unit: a. \Box check if continuously of	perated – 24 x 7 x 52			
10.		-			
10.	412b. Number of hours per dayc. Number of days per weekd. N	perated – 24 x 7 x 52 Jumber of weeks per year			
10.	412b. Number of hours per dayc. Number of days per weekd. Ne. Percent of total annual operationthat occurs in each calendar quarter:	lumber of weeks per year			
10.	4 1 2 b. Number of hours per day c. Number of days per week d. N e. Percent of total annual operation that occurs in each calendar quarter: 0 100.0 0 0 100.0 0 0 Sum of Q1+Q2+Q3+Q4 m	Number of weeks per year			
?	412b. Number of hours per day $c.$ Number of days per week $d.$ Ne. Percent of total annual operation that occurs in each calendar quarter: 0 100.0 0 $Q1$ $Q2$ $Q3$ $Q4$ 0% if the unit was not appreciately on the second se	Number of weeks per year			
?	412b. Number of hours per day $c.$ Number of days per week $d.$ Number of days per weeke. Percent of total annual operation that occurs in each calendar quarter: 0 100.0 0 $Q1$ 100.0 0 $Q2$ 0 0 $Q3$ 0 0 $Q4$ 0° (or 0% if the unit was not of 00% of the unit was not of	Number of weeks per year			
?	412b. Number of hours per day $c.$ Number of days per week $d.$ Number of days per weeke. Percent of total annual operation that occurs in each calendar quarter: 0 100.0 0 $Q1$ 100.0 0 $Q2$ 0 0 $Q3$ 0 0 Ozone season schedule – May 1 through September 30: 2	Jumber of weeks per year nust = 100% operated for any quarter)			
?	412b. Number of hours per day $c.$ Number of days per week $d.$ Number of days per week $d.$ Number of days per weeke. Percent of total annual operation that occurs in each calendar quarter: 0 100.0 0 0 $Q1$ 100.0 0 0 $Q2$ 0 0 0 $Q4$ Sum of Q1+Q2+Q3+Q4 m (or 0% if the unit was not of Q2Ozone season schedule – May 1 through September 30: 1 4 1 2	Jumber of weeks per year nust = 100% operated for any quarter)			
?	412b. Number of hours per day $c.$ Number of days per week $d.$ Number of days per weeke. Percent of total annual operation that occurs in each calendar quarter: 0 100.0 0 $Q1$ 100.0 0 $Q2$ 0 0 $Q3$ 0 0 Ozone season schedule – May 1 through September 30: 2	Jumber of weeks per year nust = 100% operated for any quarter)			
11.	412b. Number of hours per day $c.$ Number of days per week $d.$ Number of days per weeke. Percent of total annual operation that occurs in each calendar quarter: 0 100.0 0 $Q1$ 100.0 0 $Q2$ 0 0 $Q3$ 0 0 Ozone season schedule – May 1 through September 30: 2	Jumber of weeks per year nust = 100% operated for any quarter)			
? 11.	4 1 2 b. Number of hours per day c. Number of days per week d. N e. Percent of total annual operation that occurs in each calendar quarter: 0 0 0 100.0 0 0 01 100.0 0 0 01 02 03 04 Sum of $01+02+03+04$ m (or 0% if the unit was not of 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	Jumber of weeks per year nust = 100% operated for any quarter)			
? 11.	412b. Number of hours per dayc. Number of days per weekd. Ne. Percent of total annual operation that occurs in each calendar quarter: $0 \\ Q1$ $100.0 \\ Q2$ $0 \\ Q3$ $0 \\ Q4$ Sum of Q1+Q2+Q3+Q4 m (or 0% if the unit was not of Q1Ozone season schedule – May 1 through September 30: $4 \\ a. Ozone season hours per day$ $1 \\ b. Ozone season days per week$ $2 \\ c. V$ Emission release point – select one: $2 \\ c. V$ Non-Stack Release Points:Physical Stacks:	Jumber of weeks per year nust = 100% operated for any quarter)			
11.	4 1 2 b. Number of hours per day c. Number of days per week d. N e. Percent of total annual operation that occurs in each calendar quarter: 0 0 0 01 100.0 0 0 Q4 Sum of Q1+Q2+Q3+Q4 m (or 0% if the unit was not to 0 02 02 03 0 Q4 Sum of Q1+Q2+Q3+Q4 m (or 0% if the unit was not to 0 02 03 0 Q4 Sum of Q1+Q2+Q3+Q4 m (or 0% if the unit was not to 0 02 02 03 0 Q4 Sum of Q1+Q2+Q3+Q4 m (or 0% if the unit was not to 0 02 02 03 0 0 Sum of Q4 Sum of Q1+Q2+Q3+Q4 m (or 0% if the unit was not to 0 02 02 1 b. Ozone season schedule – May 1 through September 30: 4 2 a. Ozone season hours per day 1 b. Ozone season days per week 2 c. V Emission release point – select one: Physical Stacks: I fugitive horizontal vent Physical stack I gooseneck I I Vertical stack	Jumber of weeks per year nust = 100% operated for any quarter) Weeks operated in ozone seaso			
2	4 1 2 b. Number of hours per day c. Number of days per week d. N e. Percent of total annual operation that occurs in each calendar quarter: 0 0 0 0 100.0 0 0 0 2 0 100.0 0 0 0 2 0 1 0 0 0 2 0 1 0 0 0 2 0 0 0 0 0 2 0 0 0 0 0 2 0 0 0 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 2 0 0 0 0 0 0 0 2 0 0 0 0 0 0 0	Jumber of weeks per year nust = 100% operated for any quarter) Weeks operated in ozone seaso			
? 11. 12.	4 1 2 b. Number of hours per day c. Number of days per week d. N e. Percent of total annual operation that occurs in each calendar quarter: 0 0 0 100.0 0 0 Q4 0 0 0 Q4 Sum of Q1+Q2+Q3+Q4 m (or 0% if the unit was not of Q4 0 0 0 Q4 Sum of Q1+Q2+Q3+Q4 m (or 0% if the unit was not of Q4 0 0 Q4 Sum of Q1+Q2+Q3+Q4 m (or 0% if the unit was not of Q4 0 0 Q4 Sum of Q1+Q2+Q3+Q4 m (or 0% if the unit was not of Q4 0 0 Q4 Sum of Q1+Q2+Q3+Q4 m (or 0% if the unit was not of Q4 0 0 Q4 Sum of Q1+Q2+Q3+Q4 m (or 0% if the unit was not of Q4 0 0 Q4 Sum of Q1+Q2+Q3+Q4 m (or 0% if the unit was not of Q4 0 0 Q4 Sum of Q1+Q2+Q3+Q4 m (or 0% if the unit was not of Q4 0 0 Q4 Sum of Q1+Q2+Q3+Q4 m (or 0% if the unit was not of Q4 0 0 1 Image: Calendary of Q4 Image: Calendary of Q4 1 0 0 2 C. Vertical Stack Image: Calendary of Q4	Jumber of weeks per year nust = 100% operated for any quarter) Weeks operated in ozone seaso			
? 11. 12.	4 1 2 b. Number of hours per day c. Number of days per week d. N e. Percent of total annual operation that occurs in each calendar quarter: 0 0 0 0 100.0 0 0 Q4 Sum of Q1+Q2+Q3+Q4 m (or 0% if the unit was not all through September 30: 0 0 Q3 0 Q4 Sum of Q1+Q2+Q3+Q4 m (or 0% if the unit was not all through September 30: 0 0 Q3 0 Q4 Sum of Q1+Q2+Q3+Q4 m (or 0% if the unit was not all through September 30: 0 1 D D D D Q4 C. Number of % if the unit was not all through September 30: 4 2 1 D. Ozone season days per week 2 C. Numer of days per week 2 4 0 2 1 D. Ozone season days per week 2 C. Numer of days per week 2 5 Non-Stack Release Points: Physical Stacks: Physical Stacks: Puertical stack Puertical stack 9 gooseneck downward facing vent Puertical stack Puertical with rain ca If Non-Stack release point, skip to question 14. I I	Jumber of weeks per year nust = 100% operated for any quarter) Weeks operated in ozone seaso			

	Massachusetts De Bureau of Waste Prev	partment of Environn	nental Protection	2007 Year of record				
	BWP AQ	•		65 DEP EU# (old Point #)				
	Emission Unit – Pro			1190564 Facility AQ identifier				
		it – Process Descri	intion (cont.)	Facility AQ identilier				
?	 14. Is there monitoring equipment on this emissions unit or its related control devices ? ☐ yes – answer a through I Image: Provide the second s							
How to delete monitor	a	Monitor 1	Monitor 2	Monitor 3				
ĺ	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:							
	f. DEP approval #:	(mm/dd/yyyy) MBR-95-RES-047	(mm/dd/yyyy) MBR-95-RES-047	(mm/dd/yyyy) MBR-95-RES-047				
Leave f, g, h	g. DEP approval date:	11/14/1995 (mm/dd/yyyy)	11/14/1995 (mm/dd/yyyy)	11/14/1995 (mm/dd/yyyy)				
applicable.	h. Decommission date:							
	i. Recorder ?	(mm/dd/yyyy)	(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: 				
				20001100 01101				

	Massachusetts Departmen	t of Environmental Protection	on 2007
	Bureau of Waste Prevention –		Year of record
	BWP AQ AP-	•	65 DEP EU# (old Point #)
	•		1190564
	Emission Unit – Process De	scription	Facility AQ identifier
1	A. Emission Unit – Proc	cess Description (cont.)	
?	15. Are there air pollution control d	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
	а. Туре	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) MBR-95-RES-047	Installation date (mm/dd/yyyy) MBR-95-RES-047	Installation date (mm/dd/yyyy) MBR-95-RES-047
Leave f, g, h	f. DEP approval # (most recent)	DEP approval # (most recent)	DEP approval # (most recent)
blank if not ≺	11/14/1995 g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
applicable.			
Ĺ	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)
	i. Percent overall efficiency – e	enter for all pollutants that the device	e was designed to control:
PM 10	% Overall eff.	% Overall eff.	% Overall eff.
PM 2.5			
<u></u>	% Overall eff.	% Overall eff.	% Overall eff.
SO2	% Overall eff.	% Overall eff.	% Overall eff.
CO	% Overall eff.	% Overall eff.	% Overall eff.
VOC			
NO2	% Overall eff.	% Overall eff.	% Overall eff.
NO2	% Overall eff.	% Overall eff.	% Overall eff.
NH3	% Overall eff.	% Overall eff.	% Overall eff.
HOC			
HYC	% Overall eff.	% Overall eff.	% Overall eff.
me	% Overall eff.	% Overall eff.	% Overall eff.
Hg	% Overall eff.	% Overall eff.	% Overall eff.
Pb			
Other	% Overall eff.	% Overall eff.	% Overall eff.
Ouler	% Overall eff.	% Overall eff.	% Overall eff.
	Specify " Other"	 Specify " Other"	Specify " Other"

		assachusetts Department of Environmen ureau of Waste Prevention – Air Quality	tal Protection	2007 Year of record
				65
		BWP AQ AP-2 mission Unit – Process Description		DEP EU# (old Point #) 1190564
		•		Facility AQ identifier
	B	. Emissions for Raw Materials/Finis	hed 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:	PAINT CANS	
?		a. Raw material or finished product name: Number of segments for this unit (previous records): 1		
How does eDE handle multiple		b. Is material/product an input or output ?	🖌 input 🗌 output	1 DEP #
raw materials o finished products ?	r	c. Process description:	PAINT CAN POUR - OFF	+ CRUSHING
		d. Source Classification Code (SCC): (see instructions)	49099999 SC Code (call DEP if SC Code (ORGANIC SOLVENT N	,
?		e. Maximum process rate for material/product:	SCC Description – filled by eDE 1 Amount	P upon validation TONS Units per hour
Note: Definition of Maximum process rate		f. If organic material, give weight % of:	VOC	НОС
		g. Total actual raw material used or finished product produced for year of record:	HYC 5.9400 Amount 0	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
	\bigcirc	i. DEP approval number for restrictions:	MBR-95-RES-047 Most recent approval number for	r this material or product
		 j. Short term raw material/finished product restriction – if none, leave blank: 	Quantity (amount or hours)	
			Per: month weel	day 🗌 hour
		 k. Annual material/product restriction – if 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 #
	(Plow to make a new air pollution control device appear in these drop menus?	check here if ALL air pollut unit apply to this material/p	

BWP AQ AP-2 Emission Unit - Process Description • Page 5

09/19/05

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

2.

Emission Unit – Process Description

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

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

Important: Leaving blanks for	Pollutant	PM10	PM2.5	SO2	NO2	со
Actual and Potential emissions means that you are certifying that	Actual for previous year 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 capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Emission factor:					
	In pounds per unit::					
al or V	Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
For this material or product only (leave blank if none)	Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
r this I produ	Short term period:					
(je Fo	Basis: DEP approval number or regulation:	MBR-95-RES	MBR-95-RES	MBR-95-RES	MBR-95-RES	MBR-95-RES
?						Other:
Important: Reporting now required for	Pollutant	VOC	нос	*Reserved*	NH3	specify
t-Butyl Acetate	Actual for previous year eDEP only:	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	0.0002 Tons	Tons	Tons	Tons	Tons
	Potential emissions at maximum capacity uncontrolled:	0.2780 Tons	Tons	Tons	Tons	Tons
	Emission factor:	1.450000				
	In pounds per unit:	TONS				
al or one)	Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
nateria ct only nk if no	Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
For this material or product only (leave blank if none)	Short term period:					
For fiea	Basis - DEP approval number or regulation:	MBR-95-RES	MBR-95-RES	MBR-95-RE	MBR-95-RES	MBR-95-RES

check to enter your own values

Massachusetts Department of Environmental Protection	2007	
Bureau of Waste Prevention – Air Quality	Year of record 65	
BWP AQ AP-2	DEP EU# (old Point #) 1190564 Facility AQ identifier	
Emission Unit – Process Description		

0.1320	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.

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.

Ru		tal Protection	
Du	reau of Waste Prevention – Air Quality		Year of record
D			
D			DEP EU# (old Point #) 1190564
Emission Unit – Process Description			Facility AQ identifier
Α.	Emission Unit – Process Descripti	on	
1.	Facility identifiers:		
	CLEAN HARBORS OF BRAINTREE		
	a. Facility name		
	b. Der Account 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	2	
		9 11/9/1988	
	a. Most recent approval number	b. DEP approval date (mm/dd	/уууу)
4.	Is this unit exempt under 310 CMR 7.02 Plan Appro	ovals ? 🗌 yes 🛛 🗹 no	
5.	If exempt from Plan Approval, indicate reason why	(e.g., cite a specific DEP	regulation):
	Reason for exemption		
	En A. 1. 2. 3.	 A. Emission Unit – Process Description 1. Facility identifiers: <u>CLEAN HARBORS OF BRAINTREE</u> a. Facility name <u>34839</u> b. DEP Account number 2. Emission unit identifiers: <u>REPACKAGING SOLVENTS</u> a. Facility's choice of emission unit name – edit as needed <u>61</u> b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units 3. DEP approvals – leave blank if not applicable. <u>MBR-88-IND-229</u> a. Most recent approval number 4. Is this unit exempt under 310 CMR 7.02 Plan Approx 5. If exempt from Plan Approval, indicate reason why 	Emission Unit – Process Description A. Emission Unit – Process Description 1. Facility identifiers: CLEAN HARBORS OF BRAINTREE a. Facility name 34839 b. DEP Account number 2. Emission unit identifiers: REPACKAGING SOLVENTS a. Facility's choice of emission unit name – edit as needed 61 c. DEP emissions unit # (old 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 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 in the form Plan Approval, indicate reason why (e.g., cite a specific DEP in the form Plan Approval, indicate reason why (e.g., cite a specific DEP in the form Plan Approval, indicate reason why (e.g., cite a specific DEP in the form Plan Approval, indicate reason why (e.g., cite a specific DEP in the form Plan Approval, indicate reason why (e.g., cite a specific DEP in the form Plan Approval, indicate reason why (e.g., cite a specific DEP in the form Plan Approval, indicate reason why (e.g., cite a specific DEP in the form Plan Approval, indicate reason why (e.g., cite a specific DEP in the form Plan Approval, indicate reason why (e.g., cite a specific DEP in the form Plan Approval, indicate reason why (e.g., cite a specific DEP in the form Plan Approval, indicate reason why (e.g., cite a specific DEP in the form Plan Approval, indicate reason why (e.g., cite a specific DEP in the form Plan Approval, indicate reason why (e.g., cite a specific DEP in the form Plan Approval, indicate reason why (e.g., cite a specific DEP in the form Plan Approval, indicate reason why (e.g., cite a specific DEP in the form Plan Approval, indicate reason who form Pl

? How to report on combined units?

6. Equipment manufacturer and model number and type: N/A N/A a. Manufacturer b. Model number DRUMS AND BULK TANKERS FOR PACKAGING SOLVENTS c. Equipment Type



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.

	ssachusetts Department of Environmental Protection reau of Waste Prevention – Air Quality	2007 Year of record
	WP AQ AP-2	61 DEP EU# (old Point #)
		1190564
	hission Unit – Process Description	Facility AQ identifier
Α.	Emission Unit – Process Description (cont.)	
8.	Emission unit replacement:	
	a. Is this unit replacing another emission unit?	
	✓ no	ng replaced below:
	DEP's emission unit number and facility unit name	
9.	Additional state reporting requirements:	
	a. Are there other routine air quality reporting requirements for this emission ✓ yes – specify reporting frequency below □ no – skip to ques	
	b. Reporting frequency – check all that apply:	
	🗌 Monthly 📋 Quarterly 📋 Semi-annual 🔽 Annual 🗹 RES	
	(include Operating Permit and Plan Approval reports, but not exceedance reporting)	
	c. Is this unit subject to (check all that apply):	
10.	Hours of operation for the emission unit: a. Check if continuously operation	perated – 24 x 7 x 52
$\overline{2}$	0 0 0 b. Number of hours per day c. Number of days per week 0	lumber of weeks per year
		uniber of weeks per year
	e. Percent of total annual operation that occurs in each calendar quarter:	
	$\frac{0}{Q1} \qquad \frac{0}{Q2} \qquad \frac{0}{Q3} \qquad \frac{0}{Q4} \qquad \frac{3}{2} \qquad \frac{0}{Q4} \qquad \frac{1}{Q} \qquad$	operated for any quarter)
11	Ozone season schedule – May 1 through September 30:	
	0 0 0	
		Veeks operated in ozone seasor
12.	Emission release point – select one:	
	Non-Stack Release Points: Physical Stacks:	
	☐ fugitive ☐ horizontal vent vertical stack	
	gooseneck downward facing vent vertical stack/vent less than 10ft	p/sleeve
	If Non-Stack release point, skip to question 14.	
13.	Link this unit to a physical stack (if applicable) – pick from the list below:	
	4 THREE DISTILLATION UNITS- NOT USED 2008	
	Facility' s stack identifier from STACK form- to change stack name use the STACK form	orm before completing this form

	Massachusetts De	2007 Year of record		
	Bureau of Waste Prev	,		61
	BWP AQ	AP-2		DEP EU# (old Point #) 1190564
	Emission Unit – Pro	ocess Description		Facility AQ identifier
?	🗌 yes – answer a	equipment on this emissio	ns unit or its related control ip to Question 15	devices ?
How to delete monitor	a	Monitor 1	Monitor 2	Monitor 3
ĺ	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 #: e. Installation date: f. DEP approval #:	Facility' s Designation	Facility' s Designation	Facility' s Designation
		(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
Leave f, g, h blank if not	g. DEP approval date:			
applicable.	h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder ?	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	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 Departmen Bureau of Waste Prevention –	2007 Year of record 61	
	BWP AQ AP-2	DEP EU# (old Point #) 1190564	
	Emission Unit – Process Des	scription	Facility AQ identifier
	A. Emission Unit – Proc	cess Description (cont.)	
\bigcirc	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
	а. Туре	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)
applicable.	g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
C	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)
PM 10	i. Percent overall efficiency – e	nter for all pdlutants 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.
NO2		% 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.
Other		% Overall eff.	% Overall eff.
	Specify " Other"	Specify " Other"	Specify " Other"

	Massachusetts Department of Environmental Protection			2007
		ureau of Waste Prevention – Air Quality		Year of record
	C			61
		3WP AQ AP-2		DEP EU# (old Point #) 1190564
	E	mission Unit – Process Description		Facility AQ identifier
	Β.	Emissions for Raw Materials/Finisl	hed 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	unit permanently. You mus	or making this product in this st still report data for this year
		your package).	will be removed from the ur	" 0" – the material / product nit in the next report cycle.
	1.	Operation description:	SOLVENTS	
?		a. Raw material or finished product name: Number of segments for this unit (previous records): 1		
How does eDEF handle multiple		b. Is material/product an input or output ?	✓ input □ output	1 DEP #
raw materials or finished products ?	r	c. Process description:	REPACKAGING SOLVEN PACKAGED IN 2006-	NTS -NONE
		d. Source Classification Code (SCC): (see instructions)	49099999 SC Code (call DEP if SC Code (ORGANIC SOLVENT N	
			SCC Description – filled by eDE	
?		e. Maximum process rate for material/product:	0 Amount	TONS Units per hour
Note: Definition of Maximum process rate		f. If organic material, give weight % of: ?	VOC	нос
p			HYC	
		g. Total actual raw material used or finished	0.0000	TONS
		product produced for year of record:	Amount 0	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
	?	i. DEP approval number for restrictions:	Most recent approval number fo	r this material or product
		 j. Short term raw material/finished product restriction – if none, leave blank: 	Quantity (amount or hours)	
		restriction – if none, leave blank.	Per: month week	
		 k. Annual material/product restriction – if none, leave blank: 	Quantity (amount or hours)	Units
		I. Indicate which air pollution control devices from		
		Section A, Question 15 control this material/product by listing the facility-	Device ID #	Device ID #
		designated control device ID # for each unit that applies:	Device ID #	Device ID #
			Device ID #	Device ID #
		Plow to make a new air pollution control device appear in these drop menus?	check here if ALL air pollut unit apply to this material/p	

09/19/05

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

2.

Emission Unit – Process Description

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

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

Important: Leaving blanks for	Pollutant	PM10	PM2.5	SO2	NO2	со
Actual and Potential emissions means that you are certifying that	Actual for previous year 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 capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Emission factor:					
	In pounds per unit::					
ial or ly none)	Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
materi uct on	Max allowed — short term:	Pounds	Pounds	Pounds	Pounds	Pounds
For this material or product only (leave blank if none)	Short term period:	MBR-87-IND-	MBR-87-IND-	MBR-87-IND-	MBR-87-IND-	MBR-87-IND-
	number or regulation:					
Important:						Other:
Reporting now required for	Pollutant	VOC	НОС	*Reserved*	NH3	specify
t-Butyl Acetate	Actual for previous year eDEP only:	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	Tons	Tons	Tons	Tons	Tons
	Potential emissions at maximum capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Emission factor:					
	In pounds per unit:					
al or /	Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
For this material or product only (leave blank if none)	Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
this I vrodu	Short term period:					
For flear	Basis - DEP approval number or regulation:	MBR-87-IND-			MBR-87-IND-	

check to enter your own values

2007 Year of record 61 DEP EU# (old Point #) 1190564 Facility AQ identifier

Massachusetts Department of Environmental Protection Bureau of Waste Prevention – Air Quality	2007 Year of record 61	
BWP AQ AP-2 Emission Unit – Process Description	DEP EU# (old Point #) 1190564	
	Facility AQ identifier	
3. Ozone season emissions – May 1 through September 30:		

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. Howe 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.

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.

		assachusetts Department of Environmen	tal Protection	2007
	Bu	reau of Waste Prevention – Air Quality		Year of record
	B	SWP AQ AP-2		5 DEP EU# (old Point #)
		nission Unit – Process Description		1190564
		•	-	Facility AQ identifier
Important: When filling out forms on	Α.	Emission Unit – Process Descript	ion	
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 – S	SEIS ID number
return	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 # (o	ld SSEIS Point #)
		d. Combined Units – enter number of individual units		
	3.	DEP approvals – leave blank if not applicab	2	
		MBR-87-IND-191	1/13/1988	
		a. Most recent approval number	b. DEP approval date (mm/	dd/yyyy)
		Is this unit exempt under 310 CMR 7.02 Plan Appro		

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

	6.	ł
(?)		Г

Equipment manufacturer and model number and type:				
GREENBECK	18 SWB			
a. Manufacturer b. Model number				
DRUM CRUSHER				
c. Equipment Type				



How to report on combined units?

Emission unit installation and decommission dates:

6/1/1986

Reason for exemption

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.

Massachusetts Department of Environmental Protection Bureau of Waste Prevention – Air Quality	2007 Year of record				
BWP AQ AP-2	5 DEP EU# (old Point #)				
Emission Unit – Process Description	1190564				
	Facility AQ identifier				
A. Emission Unit – Process Description (cont.)					
8. Emission unit replacement:					
a. Is this unit replacing another emission unit?					
\checkmark no \bigcirc 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 routine air quality reporting requirements for this emi	ssions unit ?				
✓ yes – specify reporting frequency below ☐ no – skip to quere	uestion 9c				
b. Reporting frequency – check all that apply:					
🗌 Monthly 🔲 Quarterly 🔲 Semi-annual 🖌 Annual 🖌 RES					
(include Operating Permit and Plan Approval reports, but not exceedance reporting)					
c. Is this unit subject to (check all that apply):					
10. Hours of operation for the emission unit: a. 🗌 check if continuously	y operated – 24 x 7 x 52				
▲ 1	1				
1 1 b. Number of hours per day c. Number of days per week	d. Number of weeks per year				
e. Percent of total annual operation that occurs in each calendar quarte	er:				
0 100.0 0 0 Sum of Q1+Q2+Q3+G					
Q1 Q2 Q3 Q4 (or 0% if the unit was	not operated for any quarter)				
11. Ozone season schedule – May 1 through September 30:					
1 1	1				
a. Ozone season hours per day b. Ozone season days per week	c. Weeks operated in ozone seaso				
12. Emission release point – select one:					
Non-Stack Release Points: Physical Stacks:					
☐ fugitive ☐ horizontal vent vertical stack					
gooseneck downward facing vent vertical with rain vertical stack/vent less than 10ft	cap/sleeve				
If Non-Stack release point, skip to question 14. 13. Link this unit to a physical stack (if applicable) – pick from the list belov	v.				
	ν.				
5 2 DRUM CRUSHING LINES- Facility's stack identifier from STACK form- to change stack name use the STACK form	1				
If the stack for this unit is not listed, save and exit this form now and complete a new Sta					

	Massachusetts Department of Environmental Protection Bureau of Waste Prevention – Air Quality			2007 Year of record
		,		5
	BWP AQ Emission Unit – Pro			DEP EU# (old Point #) 1190564 Facility AQ identifier
		it – Process Descri	intion (cont.)	
_		equipment on this emission	• • • •	dovicos 2
How to delete	🗌 yes – answer a		kip to Question 15	
monitor	a	Monitor 1	Monitor 2	Monitor 3
ĺ	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 #:		Facilitadas Dasiensetian	Facilitat a Danian ation
	e. Installation date:	Facility' s Designation	Facility' s Designation	Facility' s Designation
	f. DEP approval #:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
Leave f, g, h blank if not	g. DEP approval date:			
applicable.	h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder ?	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	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 Bureau of Waste Prevention –	2007 Year of record 5 DEP EU# (old Point #) 1190564		
	BWP AQ AP-2			
	Emission Unit – Process Des	scription	Facility AQ identifier	
	A. Emission Unit – Proc	cess Description (cont.)		
1 How to delete a control	15. Are there air pollution control de	Check here if you need to report more than 3 air pollution control devices on		
	☐ 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	
	а. Туре	Туре	Туре	
Do not leave blank – if unknown write ' unknown' or estimate	b. Manufacturer	Manufacturer	Manufacturer	
	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	
Leave f, g, h blank if not applicable.	e. Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	
	f. DEP approval # (most recent)	DEP approval # (most recent)	DEP approval # (most recent)	
	g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	
C	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	
PM 10		nter for all pdlutants that the device wa	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.	
voc		% Overall eff.	% Overall eff.	
NO2	% Overall eff.	% Overall eff.	% Overall eff.	
NH3		% Overall eff.	% Overall eff.	
НОС		% Overall eff.	% Overall eff.	
HYC		% Overall eff.	% Overall eff.	
Hg		% 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			2007 Year of record 5 DEP EU# (old Point #) 1190564		
		•		Facility AQ 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 mus	or making this product in this st still report data for this year " 0" – the material / product		
	1.	Operation description:	RCRA EMPTY DRUMS			
?		a. Raw material or finished product name: Number of segments for this unit (previous records): 1				
How does eDEP handle multiple raw materials or finished products ?		b. Is material/product an input or output ?	🗹 input 🗌 output	1 DEP #		
)r	c. Process description:	2 DRUM CRUSHING LIN	ES DRUMS		
		d. Source Classification Code (SCC): (see instructions)	39999998 SC Code (call DEP if SC Code will not validate) MISC INDUSTRIAL PROCESS			
			SCC Description – filled by eDE			
?		e. Maximum process rate for material/product:	40 Amount	BARRELS Units per hour		
Note: Definition of Maximum process rate		f. If organic material, give weight % of:	VOC	НОС		
		g. Total actual raw material used or finished product produced for year of record:	HYC 0.0080 Amount	1000 EACH Units		
		Enter " 0" if not used in the year of record	Prior year – eDEP only	1000 EACH 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: 🗌 month 🗌 weel	🕻 🗌 day 🔲 hour		
		 k. Annual material/product restriction – if 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 pollut unit apply to this material/p			

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Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

2.

Emission Unit – Process Description

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

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

Important: Leaving blanks for	Pollutant	PM10	PM2.5	SO2	NO2	со
Actual and Potential emissions means that you are certifying that	Actual for previous year 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 capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Emission factor:			<u> </u>		
	In pounds per unit::			<u> </u>		
al or y	Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
For this material or product only (leave blank if none)	Max allowed — short term:	Pounds	Pounds	Pounds	Pounds	Pounds
or this prodi	Short term period:					
F	Basis: DEP approval number or regulation:					
?						Other:
Important: Reporting now required for	Pollutant	VOC	нос	*Reserved*	NH3	specify
t-Butyl Acetate	Actual for previous year eDEP only:	0 Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	0.0004 Tons	Tons	Tons	Tons	Tons
	Potential emissions at maximum capacity uncontrolled:	12.0000 Tons	Tons	Tons	Tons	Tons
	Emission factor:	0.110000				
	In pounds per unit:	EACH				
n or	Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
For this material or product only (leave blank if none)	Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
this r vrodu ve bla	Short term period:					
For (leav	Basis - DEP approval number or regulation:	MBR-87-IND-				

check to enter your own values

Massachusetts Department of Environmental Protection Bureau of Waste Prevention – Air Quality	2007 Year of record 5 DEP EU# (old Point #) 1190564	
BWP AQ AP-2		
Emission Unit – Process Description	Facility AQ identifier	

0.0060	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	

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 Protection			2007					
	Bu	reau of Waste Prevention – Air Quality		Year of record 4					
	B	WP AQ AP-2		DEP EU# (old Point #)					
	Emission Unit – Process Description			1190564					
Important: When filling out forms on the computer,		•		Facility AQ identifier					
	A. Emission Unit – Process Description								
	1.	Facility identifiers:							
use only the tab key to		CLEAN HARBORS OF BRAINTREE							
move your cursor - do not		a. Facility name	_	_					
use the return key.		34839 b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number						
			C. Facility AQ Identifier - 33EIS ID Humber						
tab									
	2.	Emission unit identifiers: 🕐							
return		THREE DISTILLATION UNITS 710 GAL/HR NOT USED 2007							
		a. Facility' s choice of emission unit name – edit as needed 4	Λ						
		 b. Facility' s emission unit number / code – edit as needed 	c. DEP emissions unit # (old SS	EIS 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	11/9/1988 b. DEP approval date (mm/dd/yy)						
				yy)					
	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:							
		LUWA/PFAUDLER/CLEAN HARBORS	F-1						
How to report on combined		a. Manufacturer THIN FILM EVAPORATOR/ WIPE FILM EVAP./BA							
units ?		c. Equipment Type							
How to	_								
delete a unit ?	7.	Emission unit installation and decommission dates:							
(click ?-icon)		11/9/1988 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/y	yyy) – if applicable					
			Complete only if the unit was	shut down permanently					
			or replaced since the last repo	rt.					
E	BWP mission U A. Emiss	AQ AI nit – Proces	s Description		4 DEP EU# (old Point #) 1190564				
------------	------------------------------	--	---	---------------------------------------	--	--	--	--	--
Eı A	mission U A. Emiss	nit – Proces	s Description						
Ā	. Emiss		•						
		ion Unit –			Facility AQ identifier				
8.	Emission		Process Des	cription (cont.)					
		unit replaceme	nt:						
	a. Is this	unit replacing a	nother emission uni	t?					
	🖌 no	🗌 yes – en	er DEP's emission	ns unit number for the	e unit being replaced below:				
	DEP's emi	ssion unit number a	nd facility unit name						
9.	Additiona	I state reporting	requirements:						
			air quality reporting g frequency below	g requirements for thi ☐ no – skip	s emissions unit ? o to question 9c				
	b. Report	b. Reporting frequency – check all that apply:							
	Month	☐ Monthly ☐ Quarterly ☐ Semi-annual 🖌 Annual 🖌 RES							
	(include O	(include Operating Permit and Plan Approval reports, but not exceedance reporting)							
	c. Is this	c. Is this unit subject to (check all that apply):							
10	D. Hours of	operation for the			uously operated – 24 x 7 x 52				
\bigcirc	0 b Number of	of hours per day	0	of days per week	d. Number of weeks per year				
	<i>y</i>								
	e. Percen	t of total annua		urs in each calendar					
	0 Q1	0 Q2	$\frac{0}{\mathbf{Q3}}$ $\frac{0}{\mathbf{Q4}}$	Sum of Q1+Q2 (or 0% if the un	+Q3+Q4 must = 100% it was not operated for any quarter)				
11			- May 1 through S						
	0		0		0				
		ason hours per day		eason days per week	c. Weeks operated in ozone seasor				

	Massachusetts De Bureau of Waste Prev	partment of Environm	ental Protection	2007 Year of record
	BWP AQ	•		4 DEP EU# (old Point #)
	Emission Unit – Pro			1190564 Facility AQ identifier
	A. Emission Uni	t – Process Descri	ption (cont.)	
?		equipment on this emissio	• • • •	devices ?
How to delete monitor	a	Monitor 1	Monitor 2	Monitor 3
ĺ	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:			
	f. DEP approval #:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
Leave f, g, h blank if not	g. DEP approval date:			
applicable.	h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder ?	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	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:

	Massachusetts Departmen	t of Environmental Protecti	on 2007
	Bureau of Waste Prevention –		Year of record
		י ר	
	BWP AQ AP-2		DEP EU# (old Point #) 1190564
	Emission Unit – Process De	scription	Facility AQ identifier
	A. Emission Unit – Prod	cess Description (cont.)	
\bigcirc	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
	TUBE AND SHELL CONDENSER a. Type UNKNOWN	Туре	Туре
Do not leave blank –	b. Manufacturer UNKNOWN	Manufacturer	Manufacturer
f unknown write unknown' or	C. Model number	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)	Installation date (mm/dd/yyyy)
Leave f , g , h	f. DEP approval # (most recent) 11/9/1988	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)
		nter for all pollutants that the device	e was designed to control:
PM 10	% Overall eff.	% Overall eff.	% Overall eff.
PM 2.5	5 0 % Overall eff.	% Overall eff.	% Overall eff.
SO2	2 0 % Overall eff.	% Overall eff.	% Overall eff.
CC) 0		
VOC		% 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.
	% 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"

BWP AQ AP-2 Emission Unit - Process Description • Page 4

	Μ	assachusetts Department of Environmen	tal Protection	2007	
		ureau of Waste Prevention – Air Quality		Year of record 4	
	F	3WP AQ AP-2		DEP EU# (old Point #)	
		-		1190564	
		mission Unit – Process Description		Facility AQ identifier	
	Β.	. Emissions for Raw Materials/Finis	hed 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		
?		a. Raw material or finished product name: Number of segments for this unit (previous records): 1			
How does eDEF handle multiple		b. Is material/product an input or output ?	🗹 input 🗌 output	1 DEP #	
raw materials or finished products ?	r	c. Process description:	STILLS #4, 5, 6- CHLORI DOWN 2007		
		d. Source Classification Code (SCC): (see instructions)	30184001 SC Code (call DEP if SC Code	will not validate)	
			GENERAL PROCESSES		
\bigcirc		e. Maximum process rate for material/product:	710	GALLONS	
			Amount	Units per hour	
Note: Definition of Maximum process rate		f. If organic material, give weight % of:	VOC	НОС	
		g. Total actual raw material used or finished	HYC 0.0000	TONS	
		product produced for year of record:	Amount	Units	
		Enter "0" if not used in the year of record		TONS	
			Prior year – eDEP only	Units prior year	
(?	h. Do you have raw material or finished product restrictions?		to question 1.I	
	?	i. DEP approval number for restrictions:	MBR-88-IND-229 Most recent approval number for	or this material or product	
		j. Short term raw material/finished product	710	GALLONS	
		restriction – if none, leave blank:	Quantity (amount or hours)	Units	
			Per: 🗌 month 🗌 weel	k 🗌 day 🗹 hour	
		 k. Annual material/product restriction – if none, leave blank: 	6132000.0000 Quantity (amount or hours)	GALLONS 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 #	
	(Phow to make a new air pollution control device appear in these drop menus?	check here if ALL air pollut 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

2.

Emission Unit – Process Description

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

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

Important: Leaving blanks for	Pollutant	PM10	PM2.5	SO2	NO2	со
Actual and Potential emissions means that you are certifying that	Actual for previous year 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 capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Emission factor:					
	In pounds per unit::					
al or y one)	Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
For this material or product only (leave blank if none)	Max allowed — short term:	Pounds	Pounds	Pounds	Pounds	Pounds
or this produ	Short term period:		MBR-88-IND-	MBR-88-IND-	MBR-88-IND-	MBR-88-IND-
F	Basis: DEP approval number or regulation:	MBR-88-IND-				
\bigcirc						Other:
Important: Reporting now required for	Pollutant	VOC	нос	*Reserved*	NH3	specify
t-Butyl Acetate	Actual for previous year eDEP only:	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	Tons	Tons	Tons	Tons	Tons
	Potential emissions at maximum capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Emission factor:					
	In pounds per unit:					
al or V	Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
For this material or product only (leave blank if none)	Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
this n produ ve bla	Short term period:					
For (lea	Basis - DEP approval number or regulation:	MBR-88-IND-	MBR-88-IND-	MBR-88-IND	MBR-88-IND-	MBR-88-IND-

check to enter your own values

2007 Year of record 4 DEP EU# (old Point #) 1190564 Facility AQ identifier

Massachusetts Department of Environmental Protection Bureau of Waste Prevention – Air Quality BWP AQ AP-2	2007 Year of record 4 DEP EU# (old Point #) 1190564	
Emission Unit – Process Description	Facility AQ identifier	
3. Ozone season emissions – May 1 through September 30:		
0 0		

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

a. Typical ozone day VOC emissions - pounds per day

own values by checking the boxes above for VOC and NOx.

NOTE: The form has estimated the emissions for you. However, you may enter your

check to enter your own values

C. Notes and Attachments

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.

b. Typical ozone day NOx emissions - pounds per day

check to enter your own values

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

2007 Year of record 1 DEP EU# (old Point#) 1190564 Facility AQ identifier

Important: When filling out forms on the	Α.	Emission Unit – Incinerator Informa	ation
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 b. DEP Account number	1190564
tab		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
return	2.	Emission unit identifiers:	
		STACK 1 POINT 1 SEGMENT	
		 a. Facility's choice of emission unit name – edit as needed 1 	1
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # – SSEIS point #
	3.	DEP approvals – leave blank if not applicable: 2	
		MBR-89-INC-003	5/17/1993
		a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)
Row to delete	4.	Emission unit installation and decommission dates: 5/1/1989 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.
	5.	Emission unit replacement?	
		a. Is this unit, replacing another emission unit?	
		✓ no yes – enter DEP's emissions unit nun	nber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility's unit name	
	6.	Are there routine air quality reporting requirements for Registration)?	or this emissions unit (other than Source
		a. Are there other routine air quality reporting require	ments for this emissions unit ?
			o – skip to question 6c
		 Reporting frequency – check all that apply: 	
		Monthly Quarterly Semi-annual 🖌 Annu	al 🗹 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	

		assachusetts Department of Environment reau of Waste Prevention – Air Quality	al Protection	2007 Year of record	
	B	SWP AQ AP-3		DEP EU# (old Point#)	
		nission Unit – Incinerator: Solid Waste, Sludge, N	Medical Waste, other	1190564	
		Emission Unit – Incinerator Inform	-	Facility AQ identifier	
Note: This section is not for	7.	Incinerator description:	()		
afterburners or other pollution control		a. Type: 🗌 commercial 🗌 industrial 🔲 medical			
equipment.		🗌 municipal 🗌 sludge 🖌 other:	INCINERATOR Specify "other" incinerator ty	pe	
		VENT-O -MATIC	CAE500		
		b. Manufacturer:	c. Model number 350		
		d. Maximum operating capacity:	amount in units of: ☑ pounds OR ☐ tons of v	vaste per hour	
		e. Pounds of steam per hour	f. MMBtu per hour		
	8.	☐ Type 1 Waste ☐ Type 2 Waste ☐ Type 3 Waste ☑ Type 4 Waste ☐ Type 5 Waste	 mix of rubbish & garba 	-	
		Specify Other Waste	Гуре		
	9.	Source Classification Code (SCC) (see instructions):	50200505 SC Code (call DEP if SC co INCINERATION-SPCL	-PATHOLOGICAL	
	10.	Amount of material incinerated in year of record:	SC Code Description – filled 0.0000 Tons 0	by eDEP upon validation	
	11.	. Charging rate restriction (for batch units only):	Tons in previous year – eDEP only a. Amount b. pounds 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		
	15.	Automatic feeder?	Square Feet 🗹 yes 🗌 no		

2007

R	WP A	Δ	P_3				1 DEP EU# (d	old Point#)
		-	r: Solid Wast		Modical	lasta othor	1190564	·
				-			Facility AQ	identifier
Α.	Emissior	n Unit –	Incinerato	or Inform	mation (d	cont.)		
16.	Hours of ope	ration for the	e emission uni	t: a. 🗌	check if con	ntinuously ope	rated – 24 x	7 x 52
	0		0			0		
	b. Number of hours per day		c. Nu	umber of days	s per week	d. Nun	nber of weeks	per year
	e. Percent of	total annua	l operation tha	t occurs in	each calend	ar quarter:		
		0	0	0		of Q1+Q2+Q3+Q	Q4 must = 100%	%
	Q1 (ີ 22	Q3	Q4	or 0	if the unit was not	t operated for a	any quarter
	0 a. Ozone seasor Emission rele			zone season (days per week	0 c. We	eks operated ir	n ozone seaso
	0 a. Ozone seasor Emission rele		select one:	zone season (days per week Physical S	c. We	eks operated ir	n ozone seaso
	0 a. Ozone seasor Emission rele Non-Stack	ease point – Release Po hor eck 🗌 dov	select one:	?	Physical S	c. We	·	n ozone seaso
18.	0 a. Ozone seasor Emission rele Non-Stack Gugosene U vertical	ease point – Release Pc D hor eck D dow stack/vent le	y b. Oz select one: ints: izontal vent wnward facing ess than 10ft kip to question 20.	? vent	Physical S	C. We Stacks: stack with rain cap/	·	n ozone seaso
18.	0 a. Ozone seasor Emission rele Non-Stack Guitive goosene vertical If Non-Stack re Link this unit	ease point – Release Po hor eck dow stack/vent lo elease point, s to a physica	y b. Oa select one: iints: izontal vent wnward facing ess than 10ft kip to question 20. Il stack (if appli	? vent	Physical S	C. We Stacks: stack with rain cap/	·	n ozone seaso
18.	0 a. Ozone seasor Emission rele Non-Stack Guitive goosene vertical If Non-Stack re Link this unit f 1 STACK #1- INCIDE	ease point – Release Po hor eck dov stack/vent lo elease point, s to a physica erator #1-vent	y b. Oz select one: ints: izontal vent wnward facing ess than 10ft kip to question 20. Il stack (if appli o-MATIC- NA 2007	? vent icable) – pi	Physical S vertical vertical ck from the I	Gtacks: stack with rain cap/	·	n ozone seaso
18.	0 a. Ozone seasor Emission relev Non-Stack goosene vertical If Non-Stack ro Link this unit for 1 STACK #1- INCINE Facility's stack io	ease point – Release Po Chor eck dow stack/vent lo elease point, s to a physica ERATOR #1-VENT	y b. Oa select one: iints: izontal vent wnward facing ess than 10ft kip to question 20. Il stack (if appli	vent icable) – pi	Physical S Vertical vertical ck from the I	C. Wei C. Wei Stacks: I stack I with rain cap/ ist below:	/sleeve	
18.	0 a. Ozone seasor Emission relev Non-Stack goosene vertical If Non-Stack ro Link this unit for 1 STACK #1- INCINE Facility's stack io	ease point – Release Po Chor eck dow stack/vent lo elease point, s to a physica ERATOR #1-VENT	y b. Oz select one: bints: izontal vent wnward facing ess than 10ft kip to question 20. Il stack (if appli o-MATIC- NA 2007 TACK form – to ch	vent icable) – pi	Physical S Vertical vertical ck from the I	C. Wei C. Wei Stacks: I stack I with rain cap/ ist below:	/sleeve	
18.	0 a. Ozone seasor Emission relev Non-Stack goosene vertical If Non-Stack ro Link this unit for 1 STACK #1- INCINE Facility's stack io	ease point – Release Po Chor eck dow stack/vent lo elease point, s to a physica ERATOR #1-VENT	y b. Oz select one: bints: izontal vent wnward facing ess than 10ft kip to question 20. Il stack (if appli o-MATIC- NA 2007 TACK form – to ch	vent icable) – pi	Physical S Vertical vertical ck from the I	C. Wei C. Wei Stacks: I stack I with rain cap/ ist below:	/sleeve	
18.	0 a. Ozone seasor Emission relev Non-Stack goosene vertical If Non-Stack ro Link this unit for 1 STACK #1- INCINE Facility's stack io	ease point – Release Po Chor eck dow stack/vent le elease point, s to a physica ERATOR #1-VENT dentifier from S ais unit is not lis	y b. Oz select one: ints: izontal vent wnward facing ess than 10ft kip to question 20. Il stack (if appli -0-MATIC- NA 2007 TACK form – to cl sted, save and exit	vent icable) – pi	Physical S	C. Wei C. Wei Stacks: I stack I with rain cap/ ist below:	'sleeve	
18.	0 a. Ozone seasor Emission rele Non-Stack G fugitive goosene vertical If Non-Stack rr Link this unit 1 STACK #1- INCINE Facility's stack for th Temperature	ease point – Release Po chor eck dov stack/vent le elease point, s to a physica ERATOR #1-VENT dentifier from S is unit is not lis - degrees i	y b. Oz select one: ints: izontal vent wnward facing ess than 10ft kip to question 20. Il stack (if appli -0-MATIC- NA 2007 TACK form – to cl sted, save and exit	vent icable) – pi	Physical S	C. Wei C. Wei Stacks: I stack I with rain cap/ ist below: TACK form a new Stack form	'sleeve	ing to this form
19.	0 a. Ozone seasor Emission relea Non-Stack goosene vertical If Non-Stack re Link this unit 1 STACK #1- INCINE Facility's stack ic If the stack for th	ease point – Release Po chor eck dov stack/vent le elease point, s to a physica ERATOR #1-VENT dentifier from S is unit is not lis - degrees i	y b. Oz select one: ints: izontal vent wnward facing ess than 10ft kip to question 20. Il stack (if appli -0-MATIC- NA 2007 TACK form – to cl sted, save and exit	vent icable) – pi	Physical S Vertical vertical ck from the I name use the S ^T w and complete Primary	C. Wei C. Wei Stacks: I stack I with rain cap/ ist below: TACK form a new Stack form	'sleeve	ing to this form

21. Retention time in seconds

a. Operating retention time:	Lower	Upper
b. Permitted retention time:	Lower	Upper

Diffection Il Waste, other In (CONT.) Ech. atomizer iveling grate	Year of record 1 DEP EU# (old Point#) 1190564 Facility AQ identifier steam atomizer hand fired
a (CONt.) ech. atomizer aveling grate	DEP EU# (old Point#) 1190564 Facility AQ identifier
a (CONt.) ech. atomizer aveling grate	Facility AQ identifier
ech. atomizer iveling grate	steam atomizer
veling grate	
veling grate	
fy "other" burner type	
ximum rating MMBtu /	hr
ode (call DEP if SC co .FUEL/NO EMSN	de will not validate) S-DISTILLATE OIL by eDEP upon validation
iesel 🗌 natural FUEL	no.6 gas
	1000 GALLONS
	Units per hour
	1000 GALLONS
nt – year of record	Units 1000 GALLONS
/ear – eDEP only	Units
_	
es ∐ no – sł ⊱89-INC-003	kip to question 23
recent for this fuel	
9600 iity 300	1000 GALLONS Units 1000 GALLONS
	ode Description – filled o.2 no.4 iesel natural iesel natural ibe "other "fuel Int by weight 50 nt O0 nt – year of record year – eDEP only es no – sk

assachusetts Department of Environmer ureau of Waste Prevention – Air Quality	ntal Protection	2007 Year of record
SWP AQ AP-3 nission Unit – Incinerator: Solid Waste, Sludge,	Medical Waste, other	1 DEP EU# (old Point#) 1190564 Facility AQ identifier
. Emission Unit – Incinerator Inform	-	
. Secondary chamber auxiliary burners:		
Is there a secondary chamber?	o – if no skip to Question 2	24
a. Type of burner – check one: air atomize other:	☐ mech. atomizer er ☐ traveling grate	steam atomizer hand fired
	Specify "other" burner type	
b. Burner manufacturer		
c. Burner model number	d. Maximum rating MMBtu/h	r
e. Source Classification C code (SCC): (see instructions)	SC Code (call DEP if SC co	
f Turne of fuel - sheely one.	SC Code Description – fillec	I by eDEP upon validation
f. Type of fuel – check one:		gas 🗌 other – descr
	Describe "other" fuel	
g. Sulfur content for oils (0-2.2):		
h. Maximum hourly fuel rate for all firing burners:	Percent by weight	
	Amount	Units per hour
i. Total actual fuel used for year of record: (Enter "0" if not used in the year of record)	Amount – year of record	Units
	Prior year – eDEP only	Units
j. Do you have fuel usage restrictions?	🗌 yes 🛛 🗹 no – sł	kip to question 24
k. DEP approval number for fuel restrictions:	Most recent for this fuel	
I. Annual usage restriction (for this fuel):	Quantity	Units
m. Short term fuel use restriction (for this fuel):	Quantity	Units
	·	eek 🗌 day 🗌 hou

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

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

A. Emission Unit – Incinerator Information (cont.)

24. Is there an air pollution control device/s on this emissions unit?

ves – answer a through i

 \square no – skip to question 25

Air pollution control device
page of control devices after this form
this unit. eDEP will add another

Check here if you need to report more than 3 air pollution control devices on

Air pollution control device SODIUM-ALKALI SCRUBBING 252 197 Type a. Type Type 0 0 0 Do not b. Manufacturer Manufacturer Manufacturer leave blank -0 0 0 if unknown c. Model number Model number Model number 'unknown' or 2 CAE500 1CAE500 3 CAE500 estimate d. Facility's ID for this device Facility's ID for this device Facility's ID for this device 4/1/1989 4/1/1989 4/1/1989 Installation date (mm/dd/yyyy) e. Installation date (mm/dd/yyyy) Installation date (mm/dd/yyyy) f. DEP approval # (most recent) DEP approval # (most recent) DEP approval # (most recent) Leave f, g, h blank if not g. DEP approval date (mm/dd/yyyy) DEP approval date (mm/dd/yyyy) DEP approval date (mm/dd/yyyy) applicable. h. Decommission date (mm/dd/yyyy) Decommission date (mm/dd/yyyy) Decommission date (mm/dd/yyyy) 2 i Percent overall efficiency – enter for all pollutants that the device was designed to control. F Ρ

	I. Percent overall efficiency –	enter for all pollutants that the devi	ce was designed to control:
PM 10	99	99	99
	% Overall eff.	% Overall eff.	% Overall eff.
PM 2.5	0	0	0
	% Overall eff.	% Overall eff.	% Overall eff.
SO2	0	0	0
	% Overall eff.	% Overall eff.	% Overall eff.
CO	0	0	0
	% Overall eff.	% Overall eff.	% Overall eff.
VOC	0	0	0
	% Overall eff.	% Overall eff.	% Overall eff.
NO2	0	0	0
	% Overall eff.	% Overall eff.	% Overall eff.
NH3	0	0	0
	% Overall eff.	% Overall eff.	% Overall eff.
HOC	0	0	0
	% Overall eff.	% Overall eff.	% Overall eff.
HYC	0	0	0
	% Overall eff.	% Overall eff.	% Overall eff.
Hg		0	0
5	% Overall eff.	% Overall eff.	% Overall eff.
Pb	0	0	0
	% Overall eff.	% Overall eff.	% Overall eff.
Other	99	99	99
	% Overall eff.	% Overall eff.	% Overall eff.
	TOTAL SUSPENDED PARTICULATES	TOTAL SUSPENDED PARTICULATES	TOTAL SUSPENDED PARTICULATES
	Specify "Other"	Specify "Other"	Specify "Other"

2007 Year of record 1 DEP EU# (old Point#) 1190564 Facility AQ identifier

How to delete a control?

write

Air pollution control device

	Massachusetts De Bureau of Waste Prev	partment of Environme vention – Air Quality	ental Protection	2007 Year of record
	BWP AQ	AP-3		1 DEP EU# (old Point#)
		erator: Solid Waste, Sludge	e, Medical Waste, other	1190564 Facility AQ identifier
	A. Emission Un	it – Incinerator Infor	mation (cont.)	
?	25. Is there monitoring ✓ yes – answer a t	equipment on this emission		
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 'unknown' or		DYNATROL Describe "other"	Describe "other"	Describe "other"
estimate	b. Manufacturer:	DYNATROL		
	c. Model number:	NO. 110M		
	d. Monitor ID #:	1		Facility's Decimation
	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)	(mm/dd/yyyy)
Leave f, g, h < blank if not	g. DEP approval date:	5/17/1993	(mm/dd/ssss)	(mm/dd/ssss)
applicable.	h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder?	(mm/dd/yyyy) ☐ yes ✔ no	(mm/dd/yyyy)	(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:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

2007 Year of record 1 DEP EU# (old Point#) 1190564 Facility AQ identifier

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

B. Emissions

1. Total emissions for this emissions unit - tons per year:

	Pollutant	PM10	PM2.5	SO2	NO2	со
Important: Leaving blanks for	Actual for previous year	0	0	0	0	0 Tons
Actual and Potential emissions means that you are certifying that	eDEP only: Actual for year of record:	Tons 0.0000 Tons	Tons 0.0000 Tons	Tons 0.0000 Tons	Tons 0.0000 Tons	0.0000 Tons
there were less than 0.0001 (or zero) tons of emissions for each	Potential emissions at max. capacity uncontrolled:	.048 Tons	0.0000 Tons	3 Tons	5 Tons	6 Tons
blank.						
	Emission factor units in pounds per:					
init Die	Maximum allowed emissions – annual:	Tons	Tons	Tons	Tons	Tons
ntire ∟ Iy k fino	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
For the entire unit only (leave blank if none)	Short term period (or MMBtu):					
For (lea	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
						Other:
	Pollutant	voc	нос	*Reserved*	NH3	Specify
	Actual for previous year eDEP only:	0 Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	0.0000 Tons	Tons	Tons	Tons	Tons
	Potential emissions at maximum capacity uncontrolled:	19 Tons	Tons	Tons	Tons	Tons
	Emission factor:					
	Emission factor units in pounds per:					
jit Je	Maximum allowed emissions – annual:	Tons	Tons	Tons	Tons	Tons
ntire unit Iy k if none)		Pounds	Pounds	Pounds	Pounds	Pounds
For the enti only (leave blank i	Short term period (or MMBtu):					
For (leav	Basis – DEP approval number or regulation:	MBR-91-INC-003B				
2	2. Ozone season emissio	ons – May 1 thro	ugh September	30:		
NOTE for	0 a. Typical day VOC emissio	no noundo nor dev		0 b. Typical day NO	x emissions – pound	la par dav
Ozone Season Emissions	check to enter your own				your own values	is per udy
		values			your own values	

Bureau of Waste Prevention – Air Quality

BWP AQ AP-3

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

2007
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

WP AQ AP-4 B

Emission Unit - Organic Material Storage

2007 Year of record 9 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 for EACH	l organic material storage tank.
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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
tab			
	2.	Emission unit identifiers:	
return		AG TANK A4- 5,200 GAL WASTE STREAM A-40	
		a. Facility's choice of emission unit name – edit as needed	
		9 b. Facility's emission unit number / code – edit as needed	9 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:	
9		1/1/1986	
		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 groun	d
		b. Roof type: I floating roof I internal roof	
		✓ fixed other:	Specify other
		10.66 10.50 5200	
		c. Height / Length – feet d. Diameter – feet e. Capacitation	ity – 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

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	<u> </u>
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25º C
52	138601.0000
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): 📿
, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ents changed during year of record): ?
New material stored (enter new material if conte	ents changed during year of record): ?
New material stored (enter new material if conte a. Name of material	
New material stored (enter new material if conte a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

j. Oxygenate name - gasoline only

B. Notes and Attachments

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

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2007 Year of record

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

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 8 DEP EU# (old Point #) 1190564 Facility AQ identifier

	Complete one AP-4 fo	or EACH org	janic material	storage tank.
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?

How to combine units ?

How to d a unit ?

Α.	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	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			
	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?			
	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			
5.	Unit descriptions:			
	a. Description: 🔽 above ground 🗌 below ground			
	b. Roof type: I floating roof I internal roo	f		
	✓ fixed other:			
	 ✓ fixed □ other: 14.66 11.50 9800 	Specify other		

6. Construction: 🗹 steel weld 🗌 other weld 🗌 rivet 🗌 fiberglass 🗌 gunite

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

7. Material stored (at start of year):



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 25º C
52	0
f. Temperature – typical storage temp. in $^\circ$ 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	_
	- ents changed during year of record): 2
	ents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if conte a. Name of material	ents changed during year of record): ?
New material stored (enter new material if conte	ents changed during year of record): ?
New material stored (enter new material if conte	ents changed during year of record): ?
New material stored (enter new material if conte a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss
New material stored (enter new material if conte a. Name of material	
New material stored (enter new material if conte a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss
New material stored (enter new material if conte a. Name of material b. CAS number if single chemical d. SC Code description – filled by eDEP	c. SC Code for standing / breathing loss e. Vapor pressure in PSI at 25° C

j. Oxygenate name - gasoline only

B. Notes and Attachments

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2007 Year of record 8 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention – Air Quality

νρ αο αρ-4 B

Emission Unit - Organic Material Storage

2007 Year of record 7 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 for EAC	l organic material storage tank
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Important: When filling	Α.	Equipment Description	
out forms on the computer,	1	Facility identifiers:	
use only the tab key to			
move your		CLEAN HARBORS OF BRAINTREE a. Facility name	
cursor – do		34839	1190564
not use the return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
tab			
	2.	Emission unit identifiers:	
return		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 #
\bigcirc			
How to combine units ?		d. Combined Units – enter number of individual units	
	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
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 nur	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	ld
		b. Roof type: ☐ floating roof ☐ internal roof	Specify other
		14.66 11.50 9800	
			ity – 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

A. Equipment Description (cont.)

7. Material stored (at start of year):



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 25º C
52	1443.0000
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): 📿
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ents changed during year of record): ?
New material stored (enter new material if conte	ents changed during year of record):
New material stored (enter new material if conter a. Name of material	
New material stored (enter new material if conte a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

j. Oxygenate name - gasoline only

B. Notes and Attachments

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2007

Year of record

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 63 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 for EACH	l organic material storage tan	k.
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2

How to combine units ?

How to c a unit ?

Λ.	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 B9 POLYOLEFIN H TANKS WASTEW	ATER NO VOCS
	a. Facility's choice of emission unit name - edit as needed	
	63	63
	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 date	es:
3.	Emission unit installation and decommission date 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 or replaced since the last report.
3. 4.	1/1/1977	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently
3. 4.	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
3.	1/1/1977 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.	1/1/1977 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.
ā.	1/1/1977 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? Image: No Image: yes – enter DEP's emissions 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.	1/1/1977 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? Image: no Image: yes – enter DEP's emissions unit 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.

6. Construction: Steel weld is other weld rivet fiberglass gunite

6250

e. Capacity - gallons

11.75

d. Diameter - feet

10.50

c. Height / Length - feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

. . al (a .



Material stored (at start of year):	
WASTEWATER NO VOCS NOT APPLICABLE	TO REPORT
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
52	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 ^o Fahrenheit	g. Annual throughput in gallons
	gi / unidai unidagi più in ganono

h. RVP – gasoline only

j. Oxygenate name - gasoline only

B. Notes and Attachments

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

2. Attachments:
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2007 Year of record 63 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 62 DEP EU# (old Point #) 1190564 Facility AQ identifier

	lai storage tank.
Complete one AP-4 for EACH organic materi	ial 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.

1ab

How to combine units ?

How to a unit ?

		Facility identifiers: 🥎	
34839 1190564 b. DEP Account number c. Facility AQ identifier - SSEIS ID number 2. Emission unit identifiers: AG TANK B8-POLYOLEFIN H TANKS WASTEWATER NO VOCS a. Facility's choice of emission unit name - edit as needed 62 b. Facility's emission unit number / code - edit as needed 62 c. DEP emissions unit # - SSEIS point # 62 d. Combined Units - enter number of individual units b. 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 permaner or replaced since the last report. 4. Emission unit replacement: a. Is this unit replacement: a. Is this unit replacement: a. Is this unit replacement: a. Is this unit replacement: a. Is this unit replacement: a. Is this unit replacement: a. Is this unit replacement: a. Is the unit was and facility unit name 5. Unit descriptions: a. Descriptions: a. Description: above ground below ground b. Roof type: floating roof internal roof		CLEAN HARBORS OF BRAINTREE	
b. DEP Account number c. Facility AQ identifier - SSEIS ID number c. Facility AQ identifier - SSEIS point # c. Facility is choice of emission unit number / code - edit as needed c. DEP emissions unit # - SSEIS point # c. DEP emission unit # - SSEIS point # c. DEP emission date (mm/dd/yyyy) - if applicable Complete only if the unit was shut down permaner or replaced since the last report. c. Complete only if the unit was shut down permaner or replaced since the last report. c. Emission unit replacement: a. Is this unit replacement: a. Is this unit replacement: b. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. Descriptions: a. Descriptions: a. Description: b. Roof type: c. facility and facility unit name c. Description		a. Facility name	
2. Emission unit identifiers: AG TANK B8- POLYOLEFIN H TANKS WASTEWATER NO VOCS a. Facility's choice of emission unit name – edit as needed 62 b. Facility's emission unit number / code – edit as needed 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 Complete only if the unit was shut down permaner or replaced since the last report. 4. Emission unit replacement: a. Is this unit replacing another emission unit? Ø no			
AG TANK B8-POLYOLEFIN H TANKS WASTEWATER NO VOCS a. Facility's choice of emission unit name – edit as needed 62 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units 3. Ernission 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 permaner or replaced since the last report. 4. Emission unit replacement: a. Is this 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: a. Description: a. Description: a. Description:		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
AG TANK B8-POLYOLEFIN H TANKS WASTEWATER NO VOCS a. Facility's choice of emission unit name – edit as needed 62 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units 3. Ernission 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 permaner or replaced since the last report. 4. Emission unit replacement: a. Is this 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: a. Description: a. Description: a. Description:			
a. Facility's choice of emission unit name – edit as needed 62 b. Facility's emission unit number / code – edit as needed 62 c. DEP emissions unit # – SSEIS point # 62 d. Combined Units – enter number of individual units 62 a. Issicial 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 permaner or replaced since the last report. 4. Emission unit replacement: a. Is this unit replacing another emission unit? i. no j 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 descriptions: a. Description: a. Description: above ground below ground	2.	Emission unit identifiers:	
62 62 b. Facility's emission unit number / code – edit as needed c. DEP emissions unit # – SSEIS point # d. Combined Units – enter number of individual units c. DEP emissions unit # – SSEIS point # 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 permaner or replaced since the last report. 4. Emission unit replacement: 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 5. Unit descriptions: a. Description: ✓ above ground below ground b. Roof type: ✓ ✓ Ínternal roof		AG TANK B8- POLYOLEFIN H TANKS WASTEW	/ATER NO VOCS
b. Facility's emission unit number / code – edit as needed c. DEP emissions unit # - SSEIS point # d. Combined Units – enter number of individual units c. DEP emissions unit # - SSEIS point # 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 permaner or replaced since the last report. 4. Emission unit replacement: a. Is this unit replacing another emission unit? in no j 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 descriptions: a. Description: a. Description: b. Roof type: floating roof internal roof		-	
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 Complete only if the unit was shut down permaner or replaced since the last report. 4. Emission unit replacement: 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 5. Unit descriptions: a. Description: a. Description: a. Description: a. Description: a. Description: a. Description: internal roof			-
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 permaner 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 Emission Unit Number and facility unit name 5. Unit descriptions: a. Description: above ground b. Roof type: floating roof		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # – SSEIS point #
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 permaner 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 Emission Unit Number and facility unit name 5. Unit descriptions: a. Description: above ground b. Roof type: floating roof		d. Combined Units – enter number of individual units	
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 permaner 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 Emission Unit Number and facility unit name 5. Unit descriptions: a. Description: a. Description: above ground b. Roof type: floating roof			
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 permaner 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 Emission Unit Number and facility unit name 5. Unit descriptions: a. Description: a. Description: above ground b. Roof type: floating roof			
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 permaner or replaced since the last report. 4. Emission unit replacement: a. Is this unit replacing another emission unit? in o in yes – enter DEP's emissions unit number for the unit being replaced below: b. DEP's Emission Unit Number and facility unit name Joint descriptions: a. Description: internal roof 	3.	Emission unit installation and decommission dates	:
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 Emission Unit Number and facility unit name 5. Unit descriptions: a. Description: a. Description: image: b. Roof type: image:		1/1/1977	
 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 Emission Unit Number and facility unit name 5. Unit descriptions: a. Description: above ground below ground b. Roof type: floating roof internal roof 		a. Installation date - estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) - if applicable
 4. Emission unit replacement: a. Is this unit replacing another emission unit? in no intervention 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 descriptions: a. Description: intervention intervention			Complete only if the unit was shut down permanently
 a. Is this unit replacing another emission unit? no get - enter DEP's emissions unit number for the unit being replaced below: b. DEP's Emission Unit Number and facility unit name 5. Unit descriptions: a. Description: get above ground get below ground b. Roof type: get floating roof get internal roof 			or replaced since the last report.
 i. no get 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 descriptions: a. Description: get above ground get below ground b. Roof type: get floating roof get internal roof 	4.	Emission unit replacement:	
 b. DEP's Emission Unit Number and facility unit name 5. Unit descriptions: a. Description: above ground below ground b. Roof type: floating roof internal roof 		a. Is this unit replacing another emission unit?	
 b. DEP's Emission Unit Number and facility unit name 5. Unit descriptions: a. Description: above ground below ground b. Roof type: floating roof internal roof 			
 5. Unit descriptions: a. Description: ✓ above ground □ below ground b. Roof type: □ floating roof □ internal roof 		no ves – enter DEP's emissions unit n	umber for the unit being replaced below:
 5. Unit descriptions: a. Description: ✓ above ground □ below ground b. Roof type: □ floating roof □ internal roof 		✓ no yes – enter DEP's emissions unit n	umber for the unit being replaced below:
a. Description: 🗹 above ground 🗌 below ground b. Roof type: 🔲 floating roof 🔛 internal roof			umber for the unit being replaced below:
a. Description: 🗹 above ground 🗌 below ground b. Roof type: 🔲 floating roof 🔛 internal roof			umber for the unit being replaced below:
b. Roof type: floating roof internal roof			umber for the unit being replaced below:
b. Roof type: floating roof internal roof	5.	b. DEP's Emission Unit Number and facility unit name	umber for the unit being replaced below:
	5.	b. DEP's Emission Unit Number and facility unit name Unit descriptions:	
	5.	b. DEP's Emission Unit Number and facility unit name Unit descriptions:	
	5.	 b. DEP's Emission Unit Number and facility unit name Unit descriptions: a. Description: above ground below group 	und

6. Construction: 🗌 steel weld 🖌 other weld 🗌 rivet 🔲 fiberglass 🗌 gunite	

7000

e. Capacity - gallons

9.60

11.75

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

Matarialata d (at atom of



Material stored (at start of year):		
WASTEWATER NO VOCS NOT APPLICABLE	TO REPORT	
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 25º C	
52	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		
f. Temperature – typical storage temp. in °Fahrenheit	e. Vapor pressure in PSI at 25° C	
	g. Annual throughput in gallons	

h. RVP – gasoline only

j. Oxygenate name - gasoline only

B. 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. 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.

2007 Year of record 62 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention – Air Quality

WP AQ AP-4 B

Important:

Emission Unit - Organic Material Storage

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

2007 Year of record 60 DEP EU# (old Point #) 1190564 Facility AQ identifier

A. Equipment Description				
,	1.	Facility identifiers: 🔗		
		CLEAN HARBORS OF BRAINTREE		

When filling out forms on	А.	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 B7- POLYOLEFIN H TANKS WASTEWA	ATER NO VOCS	
		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 #	
\bigcirc		d. Combined Units – enter number of individual units		
How to combine units ?				
	3.	Emission unit installation and decommission dates:		
-		1/1/1977		
\bigcirc		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.	
2	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:	
			5	
		b. DEP's Emission Unit Number and facility unit name		
?	5.	Unit descriptions:		
-		a. Description: 🖌 above ground 🗌 below grour	nd	
		b. Roof type:	f	
		✓ fixed Other:		
		11 50 10 0050	Specify other	
		11.50 c. Height / Length - feet10 d. Diameter - feet6250 e. Capado	tity – gallons	

steel weld vother weld rivet fiberglass gunite 6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

Motorial stars d (at atom of



WASTEWATER NO VOCS NOT APPLICABLE	
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
52	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	-
j. Oxygenate name – gasoline only New material stored (enter new material if conte	ents changed during year of record):
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ents changed during year of record): ?
New material stored (enter new material if conte	ents changed during year of record): ?
New material stored (enter new material if conter a. Name of material	
New material stored (enter new material if conternation of material a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

h. RVP – gasoline only

j. Oxygenate name - gasoline only

B. Notes and Attachments

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

2. Attachments:
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2007 Year of record 60 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 6 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 for EACH	organic material storage tank.
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How to combine units ?

How to d a unit ?

	Facility identifiers:	
	CLEAN HARBORS OF BRAINTREE	
	a. Facility name	
	34839 b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
	b. DEF Account number	
2.	Emission unit identifiers:	
	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	6 a DED amingiona unit #SEEIC paint #
	b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # – SSEIS point #
	d. Combined Units – enter number of individual units	<u>.</u>
3.	Emission unit installation and decommission date 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:	
4.	Emission unit replacement: a. Is this unit replacing another emission unit?	
4.	a. Is this unit replacing another emission unit?	
1.	a. Is this unit replacing another emission unit?	number for the unit being replaced below:
1.	a. Is this unit replacing another emission unit?	number for the unit being replaced below:
1.	 a. Is this unit replacing another emission unit? no yes – enter DEP's emissions unit b. DEP's Emission Unit Number and facility unit name 	number for the unit being replaced below:
1 . 5.	a. Is this unit replacing another emission unit?	number for the unit being replaced below:
4. 5.	 a. Is this unit replacing another emission unit? no yes – enter DEP's emissions unit b. DEP's Emission Unit Number and facility unit name 	
5.	 a. Is this unit replacing another emission unit? no yes – enter DEP's emissions unit b. DEP's Emission Unit Number and facility unit name Unit descriptions: 	ound

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

e. Capacity - gallons

d. Diameter - feet

c. Height / Length - feet

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

7. Material stored (at start of year):



Material stored (at start of year).	
FLAMMABLE LIQUIDS	
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 25º C
52	61821.0000
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	_
	_
j. Oxygenate name – gasoline only New material stored (enter new material if cont	_
j. Oxygenate name – gasoline only New material stored (enter new material if cont a. Name of material	tents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if cont a. Name of material b. CAS number if single chemical	tents changed during year of record):

j. Oxygenate name - gasoline only

B. 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. 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.

2007 Year of record 6 DEP EU# (old Point #) 1190564

Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 59 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete	one AP-4	for EACH	organic mater	ial storage tank.



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How to combine units ?

How to a unit ?

	Equipment Description		
1.	Facility identifiers: 📿		
	CLEAN HARBORS OF BRAINTREE		
	a. Facility name		4400504
	34839 b. DEP Account number		1190564 c. Facility AQ identifier – SSEIS ID number
2.	Emission unit identifiers:		
	AG TANK B6- POLYOLEFIN H TAN	IKS WASTEWA	TER NO VOCS
	a. Facility's choice of emission unit name – ec	dit as needed	50
	59 b. Facility's emission unit number / code – edi	it as needed	59 c. DEP emissions unit # - SSEIS point #
	d. Combined Units - enter number of individu	al units	
	a. Installation date – estimate if unknown (mm	n/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 emis	sion unit?	
	✓ no yes – enter DEP's en	nissions unit nur	nber for the unit being replaced below:
	b. DEP's Emission Unit Number and facility u	init name	
5.	Unit descriptions:		
5.	Unit descriptions: a. Description: 🗹 above ground	below groun	d
ō.		 below groun internal roof other: 	d Specify other

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

A. Equipment Description (cont.)

. . al (a .



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
52	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	
j. Oxygenate name – gasoline only New material stored (enter new material if co	ntents changed during year of record): ?
New material stored (enter new material if con	ntents changed during year of record):
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ntents changed during year of record): ?
New material stored (enter new material if co	ntents changed during year of record): ?
New material stored (enter new material if con a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss
New material stored (enter new material if con a. Name of material	
New material stored (enter new material if con a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

j. Oxygenate name - gasoline only

B. Notes and Attachments

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

2. Attachments:
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2007 Year of record 59 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Important: When filling out forms on Emission Unit - Organic Material Storage

2007 Year of record 58 DEP EU# (old Point #) 1190564 Facility AQ identifier

A Faunment Description	
A. Equipment Description	
-	

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

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			
	2.	Emission unit identifiers:				
		AG TANK B5- POLYHLEFIN H TANKS WASTEWA	IER NO VOCS			
		 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 #			
How to combine units ?		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			
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 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				
	b. Roof type:	☐ floating roof ✔ fixed	☐ internal roof ☐ other:	Specify other			
	10.50	11.75	6250	opeony enter			
	c. Height / Length -	- feet d. Diameter - fe	et e. Capacity -	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

A. Equipment Description (cont.)

Motorial ate 1 / - 1 - 1 - - 1 - - 1



a. Name of material	30187097
b. CAS number if single chemical	c. SC Code for standing / breathing loss
SPECIFY LIQUID:BREATHING LOSS	o. Co code for standing / breathing loss
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
52	
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	_
j. Oxygenate name – gasoline only New material stored (enter new material if conte	ents changed during year of record): ?
, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ents changed during year of record): ?
New material stored (enter new material if conte	ents changed during year of record): ?
New material stored (enter new material if conternation of material a. Name of material	
New material stored (enter new material if conter a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

h. RVP – gasoline only

j. Oxygenate name - gasoline only

B. Notes and Attachments

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

2. Attachments:
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2007 Year of record 58 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit – Organic Material Storage

2007 Year of record 57 DEP EU# (old Point #) 1190564 Facility AQ identifier



2

How to combine units ?

How to **a** unit ?

Α.	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 B4- POLYOLEFIN H WASTEWATER NO VOCS			
	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:			
	1/1/1977			
	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 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	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 ground	nd		
	b. Roof type: I floating roof I internal roo	f		
	✓ fixed			
		Specify other		
	9.50 11.75 7000			
	c. Height / Length - feet d. Diameter - feet e. Capad	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

A. Equipment Description (cont.)

Matarialata d (at atom of



Material stored (at start of year):	
CORROSIVES NO VOCS NOT APPLICABLE	TO REPORT
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 25º C
52	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 ^o Fahrenheit	
	g. Annual throughput in gallons

h. RVP – gasoline only

j. Oxygenate name - gasoline only

B. Notes and Attachments

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

2. Attachments:
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2007 Year of record 57 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 56 DEP EU# (old Point #) 1190564 Facility AQ identifier

Con	nplete	one A	AP-4 for	EACH	organic	material	storage	tank.
-	_	-		-				



?

How to combine units ?

How to **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 B3- POLYOLEFIN TANKS WASTEWA	TER NO VOCS		
	a. Facility's choice of emission unit name – edit as needed			
	56	56		
	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:			
-	1/1/1977			
	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		
		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 no	umber for the unit being replaced below:		
	b. DEP's Emission Unit Number and facility unit name			
	Unit descriptions:			
5.	•			
5.				
5.	a. Description: 🗹 above ground 🗌 below grou	nd		
5.	a. Description: 🗹 above ground 🗌 below grou	nd		
5.	b. Roof type: floating roof internal roo			
5.				

6. Construction: 🗹 steel weld 🗌 other weld 🗌 rivet 🗌 fiberglass 🗌 gunite
Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

d (a N 4 -. .



a. Name of material	O REPORT
	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 52	e. Vapor pressure in PSI at 25º 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	_
	ents changed during year of record): 2
New material stored (enter new material if conter a. Name of material	ents changed during year of record): ?
New material stored (enter new material if conte	ents changed during year of record): ?
New material stored (enter new material if conternation of material a. Name of material	
New material stored (enter new material if conternation of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

h. RVP – gasoline only

j. Oxygenate name - gasoline only

B. Notes and Attachments

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2. Attachments:
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2007 Year of record 56 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 54 DEP EU# (old Point #) 1190564 Facility AQ identifier

Cor	nplete	one	AP-4 for	EACH	organic	material	storage t	ank.
	_							

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
tab			
	2.	Emission unit identifiers:	
return		AG TANK B2- POLYOLEFIN TANK WASTEWATE	ER NO VOCS
		a. Facility's choice of emission unit name – edit as needed	
		54	54 c. DEP emissions unit # - SSEIS point #
		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:	
		1/1/1987	
(?)		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.
2	4.	Emission unit replacement:	
		a. Is this unit replacing another emission unit?	
		✓ no yes – enter DEP's emissions unit nur	nber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
2	5.	Unit descriptions:	
			a
		a. Description: 🗹 above ground 🗌 below groun	u
		b. Roof type: 🔄 floating roof 🛛 🗌 internal roof	
		✓ fixed	Or a sife setter
		11.50 10 6250	Specify other
			ty – gallons

6.	Construction:	steel weld	✓ other weld	ivet	fiberglass	🗌 gunite	
----	---------------	------------	--------------	------	------------	----------	--

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

d (a N 4 -. .



a. Name of material	O REPORT
	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 52	e. Vapor pressure in PSI at 25º 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	_
	ents changed during year of record): 2
New material stored (enter new material if conter a. Name of material	ents changed during year of record): ?
New material stored (enter new material if conte	ents changed during year of record): ?
New material stored (enter new material if conternation of material a. Name of material	
New material stored (enter new material if conternation of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

h. RVP – gasoline only

j. Oxygenate name - gasoline only

B. Notes and Attachments

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

2. Attachments:
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2007 Year of record 54 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 53 DEP EU# (old Point #) 1190564 Facility AQ identifier



?

How to combine units ?

How to a unit ?

A	Equipment Description					
^{r,} 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:					
ļ	AG TANK B1- POLYOLEFIN WASTEWATER NO VOCS					
	a. Facility's choice of emission unit name - edit as needed					
	53	53				
	b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #				
	d. Combined Units – enter number of individual units					
2	Emission withinstellation and decomparison datase					
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.				
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:				
		inder 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: 🗌 floating roof 🗌 internal roo	f				
	✓ fixed					
		Specify other				
	<u>11.50</u> <u>10</u> <u>6250</u>					
	c. Height / Length - feet d. Diameter - feet e. Capa	city – gallons				

6. Construction:	steel weld 🔽 other wel	d 🗌 rivet 🗌 fiberç	lass 🗌 gunite
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Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

Motorial ate 1 / - 1 - 1 - - 1 - - 1



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
52	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	
j. Oxygenate name – gasoline only New material stored (enter new material if con	tents changed during year of record): ?
, ,,,	tents changed during year of record): ?
New material stored (enter new material if con	tents changed during year of record):
New material stored (enter new material if com a. Name of material	
New material stored (enter new material if com a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

h. RVP – gasoline only

j. Oxygenate name - gasoline only

B. 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. 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.

2007 Year of record 53 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 52 DEP EU# (old Point #) 1190564 Facility AQ identifier



?

How to combine units ?

How to a unit ?

Α.	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 A12- 6,300 GAL FUEL OIL # 2	
	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 #
	d. Combined Units – enter number of individual units	
	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?	
	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	
5.	Unit descriptions:	
	a. Description: 🖌 above ground 🗌 below ground	nd
	b. Roof type: floating roof internal roo	f
	✓ fixed	
		Specify other
	20 6 4000	

6. Construction: 🗹 steel weld 🗌 other weld 🗌 rivet 🔲 fiberglass 🗌 gunite	
--	--

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

7. Material stored (at start of year):



a. Name of material	
68476302	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
52	25605.0000
f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
	i. Total oxygen percent – gasoline only
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
n. RVP – gasoline only j. Oxygenate name – gasoline only	. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	
j. Oxygenate name – gasoline only New material stored (enter new material if co	
j. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material	ntents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material b. CAS number if single chemical	ntents changed during year of record):

B. Notes and Attachments

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

2007 Year of record 52 DEP EU# (old Point #) 1190564

Facility AQ identifier

2. Attachments: Check here to submit attachments 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

2007 Year of record 51 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4	for EACH	organic material	storage tank.
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How to combine units ?

How to d a unit ?

Α.	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 A13- 4,000 GAL #2 DIESEL -LOW	SULF
	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	
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?	
	🗹 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 grou	nd
	b. Roof type: floating roof internal roo	f
	✓ fixed	
		Specify other
	25 7 4000	

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

7. Material stored (at start of year):



. Name of material	
68334305	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 25º C
52	118936.0000
f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
	i Tatal avugan naraant gaaalina anku
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 New material stored (enter new material if con	_
j. Oxygenate name – gasoline only	_
j. Oxygenate name – gasoline only New material stored (enter new material if con	_
j. Oxygenate name – gasoline only New material stored (enter new material if con a. Name of material	ntents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if con a. Name of material b. CAS number if single chemical	ntents changed during year of record):

B. 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. For attachments that **cannot** be sent electronically, please list all such attachments in notes above and deliver them to DEP with a

2007 Year of record 51 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 48 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 for	EACH organi	c material storage	e tank.
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How to combine units ?

How to 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 P14- 2400GAL -NOT USED 200	7
	a. Facility's choice of emission unit name - edit as need	ed
	48	48
	b. Facility's emission unit number / code - edit as neede	c. DEP emissions unit # – SSEIS point #
	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)	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 Emission Unit Number and facility unit name	
	b. DEP's Emission Unit Number and facility unit name	
5.	b. DEP's Emission Unit Number and facility unit name Unit descriptions:	
5.	Unit descriptions:	w ground

6. Construction: 🗹 steel weld 🗌 other weld 🗌 rivet 🔲 fiberglass 🗌 gunite	
--	--

e. Capacity - gallons

d. Diameter - feet

c. Height / Length - feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

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	
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25º C
52	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
5	
j. Oxygenate name – gasoline only New material stored (enter new material if con	_
j. Oxygenate name – gasoline only	_
j. Oxygenate name – gasoline only New material stored (enter new material if con	_
j. Oxygenate name – gasoline only New material stored (enter new material if con a. Name of material	tents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if con a. Name of material b. CAS number if single chemical	tents changed during year of record):

j. Oxygenate name - gasoline only

B. Notes and Attachments

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2007 Year of record 48 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 47 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 fo	or EACH organic	c material storage	tank.
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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
tab			
	2.	Emission unit identifiers:	
return		AG TANK P13- 2400 GAL -NOT USED 2007	
		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 #
\bigcirc		d. Combined Units – enter number of individual units	
How to 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 a unit ?			Complete only if the unit was shut down permanently or replaced since the last report.
$\overline{2}$	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 groun	nd
		b. Roof type: floating roof internal roof fixed other:	
			Specify other
		$\frac{6}{2400}$	ity – gallons
		c. Height / Length - feet d. Diameter - feet e. Capac	ity – gailolis

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

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

7. Material stored (at start of year):



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
52	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
i Oxygenate name – gasoline only	—
j. Oxygenate name – gasoline only	_
	-
	ents changed during year of record): ?
New material stored (enter new material if conte	ents changed during year of record):
New material stored (enter new material if conte	ents changed during year of record): ?
j. Oxygenate name – gasoline only New material stored (enter new material if conte a. Name of material b. CAS number if single chemical	ents changed during year of record):
New material stored (enter new material if conte a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss
New material stored (enter new material if conternation a. Name of material	
New material stored (enter new material if conte a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss
New material stored (enter new material if conte a. Name of material b. CAS number if single chemical d. SC Code description – filled by eDEP	c. SC Code for standing / breathing loss e. Vapor pressure in PSI at 25° C

j. Oxygenate name - gasoline only

B. Notes and Attachments

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2007 Year of record 47 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 46 DEP EU# (old Point #) 1190564 Facility AQ identifier

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



How to combine units ?

How to a unit ?

2.	CLEAN HARB a. Facility name 34839 b. DEP Account no	ORS OF BRAINTRE	E	
2.	34839			
2.				4400504
2.	D. DET Account in	imbor		1190564 c. Facility AQ identifier – SSEIS ID number
2.				
2.				
	Emission unit i	dentifiers:		
		- 3,000 GAL -NOT		
		of emission unit name -		
	46			46
	b. Facility's emissi	on unit number / code – e	edit as needed	c. DEP emissions unit # - SSEIS point #
	d Combined Units	- enter number of indivi	dual unite	
	d. Combined Onits			
3.	Emission unit i	nstallation and deco	mmission dates.	
0.	1/1/1989			
		– estimate if unknown (n	nm/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 r	eplacement:		
	a is this unit re	eplacing another em	ission unit?	
		splacing another em		
	🖌 no 🗌	yes – enter DEP's	emissions unit nu	Imber for the unit being replaced below:
	b. DEP's Emission	n Unit Number and facility	y unit name	
5.	Unit description	ns:		
	a. Description:	above ground	below grou	nd
		_		
	b. Roof type:	floating roof	internal roo	f
	b. Roof type:	<pre>I floating roof</pre> ✓ fixed	<pre>internal roo other:</pre>	f Specify other

6. Construction: 🗹 steel weld 🗌 other weld 🗌 rivet 🔲 fiberglass 🗌 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

A. Equipment Description (cont.)

7. Material stored (at start of year):



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 25º C
52	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
i. Oxygenate name – gasoline only	_
j. Oxygenate name – gasoline only New material stored (enter new material if conte	-
j. Oxygenate name – gasoline only New material stored (enter new material if conte a. Name of material	ents changed during year of record): ?
New material stored (enter new material if conte	ents changed during year of record):
New material stored (enter new material if conter a. Name of material	
New material stored (enter new material if conter a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

j. Oxygenate name - gasoline only

B. Notes and Attachments

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

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2007 Year of record 46 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention – Air Quality

νρ αο αρ-4 B

Emission Unit - Organic Material Storage

2007 Year of record 45 DEP EU# (old Point #) 1190564 Facility AQ identifier



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		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 P11- 3,000 GAL -NOT USED 2007	
		a. Facility's choice of emission unit name - edit as needed	
		45	45
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # – SSEIS point #
$\overline{2}$		d. Combined Units – enter number of individual units	
How to combine units ?			
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 a unit ?			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 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 grour	nd
		b. Roof type: I floating roof I internal roof I fixed I other:	
			Specify other

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

3000

e. Capacity - gallons

12

c. Height / Length - feet

8

d. Diameter - feet

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

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	
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25º C
52	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
3	
j. Oxygenate name – gasoline only	
	_
j. Oxygenate name – gasoline only New material stored (enter new material if cont	_
j. Oxygenate name – gasoline only New material stored (enter new material if cont a. Name of material	ents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if cont a. Name of material b. CAS number if single chemical	ents changed during year of record):

j. Oxygenate name - gasoline only

B. Notes and Attachments

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

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2007 Year of record 45 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

νρ αο αρ-4 R

Emission Unit - Organic Material Storage

2007 Year of record 44 DEP EU# (old Point #) 1190564 Facility AQ identifier

Со	mplete	one /	AP-4 for EACI	l organic material stora	ige tank.
	_	-			

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
tab			
	2.	Emission unit identifiers:	
return		AG TANK P10- 3,000 GAL -NOT USED 2007	
		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 #
(?)		d. Combined Units – enter number of individual units	
How to			
combine units ?			
	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 a unit ?			Complete only if the unit was shut down permanently or replaced since the last report.
$\overline{2}$	4.	Emission unit replacement:	
		a. Is this unit replacing another emission unit?	
		v 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	
?	5.	Unit descriptions:	
-		a. Description: 🗹 above ground 🗌 below groun	d
		b. Roof type: floating roof internal roof	
		✓ fixed	
		40 0 0000	Specify other
		1283000c. Height / Length - feetd. Diameter - feete. Capaci	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

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	
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25º C
52	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
5	
j. Oxygenate name – gasoline only New material stored (enter new material if con	_
j. Oxygenate name – gasoline only	_
j. Oxygenate name – gasoline only New material stored (enter new material if con	_
j. Oxygenate name – gasoline only New material stored (enter new material if con a. Name of material	tents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if con a. Name of material b. CAS number if single chemical	tents changed during year of record):

j. Oxygenate name - gasoline only

B. Notes and Attachments

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2007 Year of record 44 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 43 DEP EU# (old Point #) 1190564 Facility AQ identifier



?

How to combine units ?

How to a unit ?

1.	Facility identifiers: 👩	
	CLEAN HARBORS OF BRAINTREE	
	a. Facility name	1100501
	34839 b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number
2.	Emission unit identifiers:	
	AG TANK P9- 3,000 GAL -NOT USED 2007 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 #
	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)	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 no	umber for the unit being replaced below:
	b. DEP's Emission Unit Number and facility unit name	
5.	Unit descriptions:	
5.	Unit descriptions: a. Description: 🗹 above ground 🗌 below grou	nd
5.		

6. Construction: 🗹 steel weld 🗌 other weld 🗌 rivet 🔲 fiberglass 🗌 gunite

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

7. Material stored (at start of year):



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 25º C
52	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	
j. Oxygenate name – gasoline only New material stored (enter new material if co	ntents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material	
j. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

B. 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. 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.

2007 Year of record 43 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 42 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4	for EACH org	ganic material	storage tank.
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?

How to combine units ?

How to **a** a unit ?

	Equipment Description	
1.	Facility identifiers: 🕜	
	CLEAN HARBORS OF BRAINTREE	
	a. Facility name	
	34839 b. DEP Account number	
	b. DEF Account number	C. Facility AQ Identifier – SSEIS ID Humber
2.	Emission unit identifiers:	
	AG TANK P8- 3,000 GAL -NOT USED 200	
	a. Facility's choice of emission unit name – edit as neede	
	42 b. Facility's emission unit number / code – edit as neede	d c. DEP emissions unit # – SSEIS point #
	d. Combined Units – enter number of individual units	
	a. Installation date - estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) - if applicable
	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.	a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement:	Complete only if the unit was shut down permanently
4.	Emission unit replacement:	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?	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?	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?	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? Ino yes – enter DEP's emissions	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? Image: no image: yes - enter DEP's emissions image: b. DEP's Emission Unit Number and facility unit name Unit descriptions:	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? Image: no image: yes – enter DEP's emissions of the series of th	Complete only if the unit was shut down permanently or replaced since the last report.

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

A. Equipment Description (cont.)

7. Material stored (at start of year):



Name of material	
	40706022
b. CAS number if single chemical	c. SC Code for standing / breathing loss
PERCHLOROETHYLENE-WORKING LOSS	
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
52	0
f. Temperature – typical storage temp. in \degree Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
i Oxygenate name – gasoline only	_
j. Oxygenate name – gasoline only	-
j. Oxygenate name – gasoline only New material stored (enter new material if conte	ents changed during year of record):
	ents changed during year of record): ?
New material stored (enter new material if conte	ents changed during year of record):
New material stored (enter new material if conternation as Name of material	
New material stored (enter new material if conte a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

j. Oxygenate name - gasoline only

B. Notes and Attachments

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

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2007 Year of record 42 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 41 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4	for EACH orga	nic material storage tank
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Important: When filling	Α.	Equipment Description	
out forms on 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 P7- 3,000 GAL -NOT USED 2007	
		a. Facility's choice of emission unit name - edit as needed	
		41	41
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
\bigcirc		d. Combined Units – enter number of individual units	
How to combine units ?			
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 a unit ?			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 yes – enter DEP's emissions unit nut	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	d
		b. Roof type: I floating roof I internal roof I fixed I other:	Specify other
		12 8 3000	
			ity – gallons

6. Construction: 🖌 steel weld 🗌 other weld 🗌 rivet 🗌 fiberglass 🗌 guni	e
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Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

7. Material stored (at start of year):



Name of material	
79016	40722010
o. 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 25º C
52	0
f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
n. RVP – gasoline only	i. Total oxygen percent – gasoline only
, ,,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
New material stored (enter new material if cor	ntents changed during year of record):
New material stored (enter new material if cor a. Name of material	ntents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if cor a. Name of material b. CAS number if single chemical d. SC Code description – filled by eDEP	
New material stored (enter new material if cor a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

j. Oxygenate name – gasoline only

B. 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. 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.

2007 Year of record 41 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

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Emission Unit - Organic Material Storage

2007 Year of record 40 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 for EACI	I organic material storage ta	ınk.
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Important: When filling out forms on	Α.	Equipmen	t Description			
the computer,	1.	Facility identifie	ers: 🧑			
use only the tab key to		CLEAN HARB		E		
move your cursor – do		a. Facility name				
not use the return key.		34839 b. DEP Account nu	mbor			90564
		D. DEP Account no	Inibel		υ. Γα	acility AQ identifier – SSEIS ID number
	2.	Emission unit id	dentifiers:			
return		AG TANK P6-	3,000 GAL -NOT	USED 2007		
		-	of emission unit name -	edit as needed		
		40	··· · · · ·		40	50 · · · · · · · · · · · · · · · · · · ·
_		b. Facility's emission	on unit number / code – e	edit as needed	c. D	EP emissions unit # - SSEIS point #
How to combine units ?		d. Combined Units	- enter number of individ	dual units		
	3.	Emission unit i	nstallation and deco	mmission dates:		
		1/1/1989				
?		a. Installation date	 estimate if unknown (n 	nm/dd/yyyy)	b. D	ecommission date (mm/dd/yyyy) – if applicable
How to delete a unit ?						nplete only if the unit was shut down permanently aplaced since the last report.
\bigcirc	4.	Emission unit r	eplacement:			
		a. Is this unit re	placing another em	ission unit?		
		🖌 no 🗌	yes – enter DEP's e	emissions unit nu	mbe	r for the unit being replaced below:
		b. DEP's Emission	Unit Number and facility	y unit name		
?	5.	Unit descriptior	IS:			
		a. Description:	✓ above ground	below grour	nd	
		b. Roof type:	☐ floating roof ✔ fixed	☐ internal root ☐ other:	:	Specify other
		12	8	3000		

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

e. Capacity - gallons

d. Diameter - feet

c. Height / Length - feet

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

7. Material stored (at start of year):



a. Name of material	
75092	40722007
b. CAS number if single chemical	c. SC Code for standing / breathing loss
METHYLENE CHLORIDE-STAND.LOSS	
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
52	0
f. Temperature – typical storage temp. in $ m {}^\circ Fahrenheit$	g. Annual throughput in gallons (enter 0 if not used)
h. RVP – gasoline only	i. Total oxygen percent – 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	
j. Oxygenate name – gasoline only New material stored (enter new material if co	
j. Oxygenate name – gasoline only	
j. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material	ontents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if co	
j. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material b. CAS number if single chemical	ontents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material	ontents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material b. CAS number if single chemical	ontents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material b. CAS number if single chemical d. SC Code description – filled by eDEP	ontents changed during year of record): c. SC Code for standing / breathing loss e. Vapor pressure in PSI at 25° C

B. Notes and Attachments

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

2007 Year of record 40 DEP EU# (old Point #) 1190564

Facility AQ identifier

2. Attachments: Check here to submit attachments 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

2007 Year of record 39 DEP EU# (old Point #) 1190564 Facility AQ identifier



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How to combine units ?

How to d a unit ?

	Facility identifiers:	
	CLEAN HARBORS OF BRAINTREE	
	a. Facility name	
	34839 b. DEP Account number	1190564
	b. DEF Account number	c. Facility AQ identifier – SSEIS ID number
2.	Emission unit identifiers:	
	AG TANK P5- 3,000 GAL -NOT USED 2007	
	a. Facility's choice of emission unit name – edit as needed	
	39 b Eacilite's amission unit number (and a adit on peopled	39 c. DEP emissions unit # – SSEIS point #
	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	
	1/1/1989	
	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.
4.	Emission unit replacement:	
	a. Is this unit replacing another emission unit?	
	✓ no yes – enter DEP's emissions unit n	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	Ind
	b. Roof type: I floating roof I internal roo	s f

6. Construction: 🖌 steel weld 🗌 other weld 🗌 rivet 🗌 fiberglass 🗌 gunite

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

7. Material stored (at start of year):



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
52	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
account only	
j. Oxygenate name – gasoline only	
j. Oxygenate name – gasoline only	_
	_
j. Oxygenate name – gasoline only New material stored (enter new material if con	_
j. Oxygenate name – gasoline only	_
j. Oxygenate name – gasoline only New material stored (enter new material if con	_
j. Oxygenate name – gasoline only New material stored (enter new material if con a. Name of material b. CAS number if single chemical	ntents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if con a. Name of material	ntents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if con a. Name of material b. CAS number if single chemical	ntents changed during year of record):

B. Notes and Attachments

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

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2007 Year of record 39 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 38 DEP EU# (old Point #) 1190564 Facility AQ identifier



Important: When filling	Α.	Equipment Description	
the computer,	1.	Facility identifiers:	
use only the			
move your		CLEAN HARBORS OF BRAINTREE a. Facility name	
cursor – do		34839	1190564
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
tab			
	2.	Emission unit identifiers:	
return		AG TANK P4- 3,000 GAL -NOT USED 2007	
		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 #
$\overline{2}$		d. Combined Units – enter number of individual units	
How to combine			
When filling but forms on the computer, use only the rab key to move your cursor – do not use the return key.	_		
	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
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 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: ☐ floating roof ☐ internal roof ✔ fixed ☐ other:	Specify other
		12 8 3000	
			ity – gallons

6.	Construction:	✓ steel weld	other weld	🗌 rivet	fiberglass	🗌 gunite	
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Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

7. Material stored (at start of year):



a. Name of material	
	40799998
NONE a. Name of material b. CAS number if single chemical MISC.CHEMICAL STORAGE d. SC Code description – filled by eDEP 52 f. Temperature – typical storage temp. in °Fahrenheit h. RVP – gasoline only j. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss
MISC.CHEMICAL STORAGE	
a. Name of material b. CAS number if single chemical MISC.CHEMICAL STORAGE d. SC Code description – filled by eDEP 52 f. Temperature – typical storage temp. in [°] Fahrenheit h. RVP – gasoline only j. Oxygenate name – gasoline only New material stored (enter new material if co	e. Vapor pressure in PSI at 25° C
52	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
i. Oxvgenate name – gasoline only	_
a. Name of material b. CAS number if single chemical MISC.CHEMICAL STORAGE d. SC Code description – filled by eDEP 52 f. Temperature – typical storage temp. in [°] Fahrenheit h. RVP – gasoline only j. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material	-
New material stored (enter new material if conte	ents changed during year of record): ?
New material stored (enter new material if conter a. Name of material	ents changed during year of record):
New material stored (enter new material if conte a. Name of material b. CAS number if single chemical	
New material stored (enter new material if conte a. Name of material b. CAS number if single chemical d. SC Code description – filled by eDEP	c. SC Code for standing / breathing loss

j. Oxygenate name - gasoline only

B. Notes and Attachments

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

2. Attachments:
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2007 Year of record 38 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 37 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 fo	or EACH organic	c material storage	tank.
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2

How to combine units ?

How to a unit ?

Α	. Equipmen	t Description		
1.	Facility identifie	ers: 🕜		
	CLEAN HARB		ΞE	
	a. Facility name			
	34839			1190564
	b. DEP Account nu	umber		c. Facility AQ identifier – SSEIS ID number
2.	Emission unit i	dentifiers:		
	AG TANK P3-	3,000 GAL -NOT	USED 2007	
5		of emission unit name -		
	37			37
	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	
4	Emission unit r	- estimate if unknown (n		 b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.
9		-		
	a. Is this unit re	eplacing another em	ission unit?	
	🖌 no 🛛	ves – enter DFP's (emissions unit n	umber for the unit being replaced below:
	b. DEP's Emission	n Unit Number and facility	y unit name	
2 5.	Unit descriptions:			
	a. Description:	above ground	below grou	nd
	b. Roof type:	floating roof	internal roo)t
		✓ fixed	other:	Specify other
	12	8	3000	
		-		

6. Construction: 🗹 steel weld 🗌 other weld 🗌 rivet 🔲 fiberglass 🗌 gunite

e. Capacity - gallons

d. Diameter - feet

c. Height / Length - feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

7. Material stored (at start of year):



a. Name of material	40700000
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 25º C
52	0
f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
	i. Total oxygen percent – gasoline only
h. RVP – gasoline only	
h. RVP – gasoline only j. Oxygenate name – gasoline only	
j. Oxygenate name – gasoline only	
j. Oxygenate name – gasoline only	
j. Oxygenate name – gasoline only New material stored (enter new material if co	
j. Oxygenate name – gasoline only New material stored (enter new material if co	
j. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material	ontents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material	ontents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss
j. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss
j. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material b. CAS number if single chemical d. SC Code description – filled by eDEP	ontents changed during year of record): c. SC Code for standing / breathing loss e. Vapor pressure in PSI at 25° C

B. Notes and Attachments

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

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2007 Year of record 37 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 36 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 fo	or EACH o	organic material	storage tank.
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?

How to combine units ?

How to a unit ?

Α.	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 P2- 3,000 GAL -NOT USED 2007-	
	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	
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
		Complete only if the unit was shut down permanently or replaced since the last report.
4.	Emission unit replacement:	
I	a. Is this unit replacing another emission unit?	
	v no yes – enter DEP's emissions unit n	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	Ind
	b Roof type:	hf
	b. Roof type: floating roof internal roo fixed other:	of
		of Specify other

6.	Construction:	✓ steel weld	other weld	☐ rivet	fiberglass	gunite	
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Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

7. Material stored (at start of year):



. 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 25º C
52	0
f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
	· Total annual manager and
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	_
	_
j. Oxygenate name – gasoline only	_
j. Oxygenate name – gasoline only	_
j. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material	ntents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if co	_
j. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material b. CAS number if single chemical	ntents changed during year of record): ?
j. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material	ntents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material b. CAS number if single chemical	ntents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material b. CAS number if single chemical d. SC Code description – filled by eDEP	ntents changed during year of record): ? c. SC Code for standing / breathing loss e. Vapor pressure in PSI at 25° C

B. Notes and Attachments

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

2007 Year of record 36 DEP EU# (old Point #) 1190564

Facility AQ identifier

2. Attachments: Check here to submit attachments 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

2007 Year of record 35 DEP EU# (old Point #) 1190564 Facility AQ identifier

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



Important: When filling	Α.	Equipmen	t Description				
out forms on the computer,	1	Facility identifie	ers:				
use only the tab key to		-					
move your							
cursor – do		a. Facility name 34839			1190564		
not use the return key.		b. DEP Account nu	Imper		c. Facility AQ identifier – SSEIS ID number		
tab		5. DET Account in					
	2.	Emission unit i	dentifiers:				
return		AG TANK P1-	3.000 GAL - NO	T USED 2007			
			of emission unit name -				
		35			35		
		b. Facility's emissi	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 i	nstallation and deco	mmission dates:			
		1/1/1989					
		a. Installation date	- 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.		
2	4.	Emission unit r	eplacement:				
		a. Is this unit re	eplacing another em	ission unit?			
		🗹 no 🗌	yes – enter DEP's e	emissions unit nu	mber for the unit being replaced below:		
		b. DEP's Emission	n Unit Number and facility	y unit name			
?5		Unit descriptions:					
		a. Description:	✓ above ground	below groun	nd		
		b. Roof type:	☐ floating roof ✓ fixed	☐ internal roo ☐ other:	f Specify other		
		12	8	3000			

6. Construction: 🗹 steel weld 🗌 other weld 🗌 rivet 🔲 fiberglass 🗌 gunite	6.	Construction:	✓ steel weld	other weld	☐ rivet	fiberglass	🗌 gunite	
--	----	---------------	--------------	------------	---------	------------	----------	--

e. Capacity - gallons

d. Diameter - feet

c. Height / Length - feet
Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

7. Material stored (at start of year):



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	3
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
52	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
h. RVP – gasoline only j. Oxygenate name – gasoline only	i. I otal oxygen percent – gasoline only
j. Oxygenate name – gasoline only	
j. Oxygenate name – gasoline only New material stored (enter new material if c	
j. Oxygenate name – gasoline only	
j. Oxygenate name – gasoline only New material stored (enter new material if o a. Name of material	contents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if c	
j. Oxygenate name – gasoline only New material stored (enter new material if o a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss
j. Oxygenate name – gasoline only New material stored (enter new material if o a. Name of material	contents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if o a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss
j. Oxygenate name – gasoline only New material stored (enter new material if o a. Name of material b. CAS number if single chemical d. SC Code description – filled by eDEP	c. SC Code for standing / breathing loss e. Vapor pressure in PSI at 25° C

B. Notes and Attachments

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

2007 Year of record 35 DEP EU# (old Point #) 1190564

Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 34 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 for EACH	l organic material storage tank
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How to combine units ?

How to a unit ?

1.	Facility identifiers: ?	
	CLEAN HARBORS OF BRAINTREE	
	a. Facility name 34839	1100564
	b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number
		,
2.	Emission unit identifiers:	
	AG TANK F8- 1,500 GAL -NOT USED 2007- SC	DLVENT
	a. Facility's choice of emission unit name – edit as needed	0.4
	34 b. Facility's emission unit number / code – edit as needed	34 c. DEP emissions unit # – SSEIS point #
		$c.$ DEF emissions unit π = 35E15 point π
	d. Combined Units – enter number of individual units	
3.	Emission unit installation and decommission dates	:
3.	Emission unit installation and decommission dates <u>1/1/1987</u> 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. 4.	1/1/1987	b. Decommission date (mm/dd/yyyy) – if applicable
3. 4.	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.	1/1/1987 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.	1/1/1987 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.	1/1/1987 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? Image: No Image: Yes – enter DEP's emissions unit not provide the second secon	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.	1/1/1987 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? Image: no Image: yes – enter DEP's emissions unit not provide the series of the serie	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.	1/1/1987 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? Image: no Image: get yes – enter DEP's emissions unit not yes – enter DEP's emissions unit not yes – enter DEP's emissions unit not yes – enter data and facility unit name b. DEP's Emission Unit Number and facility unit name Unit descriptions: a. Description: Image: above ground image: below ground image:	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.	1/1/1987 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? Image: no Image: yes – enter DEP's emissions unit not be below unit not be below group b. DEP's Emission Unit Number and facility unit name Unit descriptions: a. Description:	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.

6.	Construction:	✓ steel weld	other weld rive	et 🗌 fiberglass	🗌 gunite	
----	---------------	--------------	-----------------	-----------------	----------	--

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

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	
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25º C
52	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
gaat to y	
j. Oxygenate name – gasoline only	
	tents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if con	tents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if con a. Name of material	
j. Oxygenate name – gasoline only New material stored (enter new material if con a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

j. Oxygenate name - gasoline only

B. 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. 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.

2007 Year of record 34 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention – Air Quality

B WP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 33 DEP EU# (old Point #) 1190564 Facility AQ identifier



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
tab			
	2.	Emission unit identifiers:	
return		AG TANK F7- 1,500 GAL -NOT USED 2007 SOL	VENT
		a. Facility's choice of emission unit name - edit as needed	
		33	33
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
$\overline{2}$		d. Combined Units – enter number of individual units	
How to			
combine units ?			
	3.	Emission unit installation and decommission dates:	
_		1/1/1987	9/29/2006
(2)		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
How to aelete a unit ?			Complete only if the unit was shut down permanently or replaced since the last report.
6	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	
6	5.	Unit descriptions:	
		a. Description: 🔽 above ground 🗌 below grour	
		a. Description: 🗹 above ground 🗌 below grour	IU
		b. Roof type: I floating roof I internal roof	
		internation inter	
			Specify other
		9 5 1500	
		c. Height / Length - feet d. Diameter - feet e. Capac	ity – 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

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	
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25º 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 conte	ents changed during year of record):
a. Name of material	•
a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss
	c. SC Code for standing / breathing loss e. Vapor pressure in PSI at 25° C
b. CAS number if single chemical	

j. Oxygenate name - gasoline only

B. Notes and Attachments

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

TANK WAS PUT THROUGH CLOSURE. FINAL APPROVAL BY MA DEP IN A LETTER DATED SEPTEMBER 29, 2006.

2. Attachments: Check here to submit attachments 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.

2007 Year of record 33 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 32 DEP EU# (old Point #) 1190564 Facility AQ identifier



?

How to combine units ?

How to **a** a unit ?

	Facility identifiers:		
	CLEAN HARBORS OF BRAINTREE		
	a. Facility name		
	34839		190564
	b. DEP Account number	C.	Facility AQ identifier – SSEIS ID number
2.	Emission unit identifiers:		
	AG TANK F6- 2,000 GAL -NOT UESD 2	2007- SOLV	ENT
	a. Facility's choice of emission unit name - edit as ne		
	32		2
	b. Facility's emission unit number / code – edit as nee	eded c.	DEP emissions unit # - SSEIS point #
	d. Combined Units – enter number of individual units		
3.	Emission unit installation and decommission	on dates:	
	1/1/1983		
	a. Installation date - estimate if unknown (mm/dd/yyy	y) b	Decommission date (mm/dd/yyyy) – if applicable
			omplete only if the unit was shut down permanently replaced since the last report.
	Emission unit replacement:		
1.	Emission unit replacement:		
1.	a. Is this unit replacing another emission u	nit?	
1.	a. Is this unit replacing another emission u		per for the unit being replaced below:
1.	a. Is this unit replacing another emission u		per for the unit being replaced below:
ł.	a. Is this unit replacing another emission u	ns unit numt	per for the unit being replaced below:
ŀ. 5.	a. Is this unit replacing another emission u	ns unit numt	per for the unit being replaced below:
і . 5.	 a. Is this unit replacing another emission u no yes – enter DEP's emission b. DEP's Emission Unit Number and facility unit name Unit descriptions: 	ns unit numt	per for the unit being replaced below:
5.	 a. Is this unit replacing another emission u no yes – enter DEP's emission b. DEP's Emission Unit Number and facility unit name Unit descriptions: 	ns unit numt	per for the unit being replaced below:
5.	 a. Is this unit replacing another emission u no yes – enter DEP's emission b. DEP's Emission Unit Number and facility unit name Unit descriptions: a. Description: above ground be b. Roof type: floating roof int 	ns unit numt	per for the unit being replaced below:

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

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	
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25º C
52	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
3	
j. Oxygenate name – gasoline only	
	_
j. Oxygenate name – gasoline only New material stored (enter new material if cont	_
j. Oxygenate name – gasoline only New material stored (enter new material if cont a. Name of material	ents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if cont a. Name of material b. CAS number if single chemical	ents changed during year of record):

j. Oxygenate name - gasoline only

B. 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. 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.

2007 Year of record 32 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 31 DEP EU# (old Point #) 1190564 Facility AQ identifier

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

How to combine units ?

How to a unit ?

Α.	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 F5- 2,000 GAL -NOT UESD 2007- SO	LVENT
	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 #
	d. Combined Units – enter number of individual units	
		Complete only if the unit was shut down permanently or replaced since the last report.
1.	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	
	Unit descriptions:	
5.		
5.	a. Description: 🗹 above ground 🗌 below grou	nd
5.		

6.	Construction:	✓ steel weld	other weld	rivet	fiberglass	🗌 gunite	
----	---------------	--------------	------------	-------	------------	----------	--

e. Capacity - gallons

d. Diameter - feet

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

7. Material stored (at start of year):



JONE . Name of material	
a. Name of material	4070000
	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 25º C
52	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	_
j. Oxygenate name – gasoline only New material stored (enter new material if conte	
, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	ents changed during year of record): ?
New material stored (enter new material if contended)	 ents changed during year of record): ?
, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	ents changed during year of record): ?
New material stored (enter new material if contra a. Name of material	
New material stored (enter new material if contra a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

j. Oxygenate name - gasoline only

B. 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. 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.

2007 Year of record 31 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 30 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 for EACH	l organic material storage tank.
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Important: When filling	Α.	Equipmer	nt Description			
out forms on the computer,	1.	Facility identifie	ers:			
use only the tab key to		-				
move your		a. Facility name	ORS OF BRAINTRE			
cursor – do not use the		34839			1190)564
return key.		b. DEP Account nu	umber			cility AQ identifier – SSEIS ID number
tab						
	2.	Emission unit i	dentifiers:			
return		AG TANK F4-	2,000 GAL -NOT	USED 2007		
			of emission unit name -			
		30			30	
		b. Facility's emissi	on unit number / code – e	edit as needed	c. DEI	P emissions unit # - SSEIS point #
\bigcirc						
How to combine units ?		d. Combined Units	s – enter number of indivi	duai units		
	3.	Emission unit i	nstallation and deco	mmission dates:		
		1/1/1983				
(?)			– estimate if unknown (n	nm/dd/yyyy)	b. Dec	commission date (mm/dd/yyyy) – if applicable
How to delete a unit ?						lete only if the unit was shut down permanently laced since the last report.
2	4.	Emission unit r	eplacement:			
		a. Is this unit re	eplacing another em	ission unit?		
		🖌 no	yes – enter DEP's o	emissions unit nu	imber f	for the unit being replaced below:
		b. DEP's Emission	n Unit Number and facility	y unit name		
?	5.	Unit description	ns:			
		a. Description:	✓ above ground	below grou	nd	
		b. Roof type:	☐ floating roof ✔ fixed	☐ internal roo ☐ other:		Specify other
		12.16	5.33	2000		

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

e. Capacity - gallons

d. Diameter - feet

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

7. Material stored (at start of year):



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 25º C
52	0
f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
	i. Total oxygen percent – gasoline only
h. RVP – gasoline only	
j. Oxygenate name – gasoline only New material stored (enter new material if co	
j. Oxygenate name – gasoline only	
j. Oxygenate name – gasoline only New material stored (enter new material if co	
j. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material	ntents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material b. CAS number if single chemical	ntents changed during year of record):

B. Notes and Attachments

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

2007 Year of record 30 DEP EU# (old Point #) 1190564

Facility AQ identifier

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 29 DEP EU# (old Point #) 1190564 Facility AQ identifier



?

How to combine units ?

How to d a unit ?

Α.	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 F3-/SS 2,000 GAL -NOT USED 2007-	
	a. Facility's choice of emission unit name - edit as needed	
	29	29
	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:	
0.		
	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 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: floating roof internal root	
	ived ☐ other:	
		Specify other
	12.13 5.33 2000	

6. Construction: 🖌 steel weld 🗌 other weld 🗌 rivet 🗌 fiberglass 🗌 gunite

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

7. Material stored (at start of year):



. Name of material	
	40706022
b. CAS number if single chemical	c. SC Code for standing / breathing loss
PERCHLOROETHYLENE-WORKING LOSS	
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25º C
52	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	-
j. Oxygenate name – gasoline only New material stored (enter new material if conte	- nts changed during year of record): ?
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nts changed during year of record): ?
New material stored (enter new material if conte	nts changed during year of record):
New material stored (enter new material if conte	
New material stored (enter new material if conte a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

j. Oxygenate name - gasoline only

B. 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. 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.

2007 Year of record 29 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 28 DEP EU# (old Point #) 1190564 Facility AQ identifier



Important: When filling	Α.	Equipment Description Facility identifiers:					
out forms on the computer,	1						
use only the tab key to							
move your		a. Facility name	URS OF BRAINTRE				
cursor – do not use the		34839			1190564		
return key.		b. DEP Account nu	umber		c. Facility AQ identifier – SSEIS ID number		
tab							
	2.	Emission unit i	dentifiers:				
return		AG TANK F2- 2,000 GAL -NOT USED 2007					
		a. Facility's choice of emission unit name – edit as needed					
		28			28		
		b. Facility's emission	on unit number / code – e	edit as needed	c. DEP emissions unit # - SSEIS point #		
\bigcirc		d Combined Unite	ontor number of individ	dualumita			
How to combine units ?		d. Combined Units – enter number of individual units					
	3.	Emission unit i	nstallation and deco	mmission dates:			
		1/1/1984					
(?)		-	- 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.		
$\overline{2}$	4.	Emission unit r	eplacement:				
		a. Is this unit re	eplacing another em	ission unit?			
		🖌 no 🗌	yes – enter DEP's e	emissions unit nu	mber for the unit being replaced below:		
		b. DEP's Emission	n Unit Number and facility	y unit name			
?	5.	Unit descriptions:					
		a. Description:	✓ above ground	below grou	nd		
		b. Roof type:	☐ floating roof ✔ fixed	☐ internal roo ☐ other:	f Specify other		
		12.16	5.33	2000	-1		

6.	Construction:	✓ steel weld	other weld	☐ rivet	fiberglass	🗌 gunite	
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e. Capacity - gallons

d. Diameter - feet

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

7. Material stored (at start of year):



a. Name of material	40700040
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 25º C
52	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	
, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	
j. Oxygenate name – gasoline only New material stored (enter new material if con	tents changed during year of record):
, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	tents changed during year of record): ?
, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	tents changed during year of record): ?
New material stored (enter new material if con a. Name of material	
New material stored (enter new material if con	tents changed during year of record):
New material stored (enter new material if con a. Name of material	
New material stored (enter new material if con a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss
New material stored (enter new material if con a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss
New material stored (enter new material if con a. Name of material b. CAS number if single chemical d. SC Code description – filled by eDEP	c. SC Code for standing / breathing loss e. Vapor pressure in PSI at 25° C

B. Notes and Attachments

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

2007 Year of record 28 DEP EU# (old Point #) 1190564

Facility AQ identifier

2. Attachments: Check here to submit attachments 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

νρ αο αρ-4 B

Emission Unit - Organic Material Storage

2007 Year of record 27 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 for EAC	H organic material storage ta	ank.
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When filling	Α.	Equipmen	t Description	l		
out forms on the computer,	1.	Facility identifie	ers: 🕥			
use only the tab key to		-		= =		
move your		a. Facility name				
cursor – do		34839			1190564	
not use the return key.		b. DEP Account nu	umber		c. Facility AQ identifier – SSEIS ID number	
tab						
	2.	Emission unit i	dentifiers:			
return		AG TANK F1- 2,000 GAL -NOT USED 2007-				
			of emission unit name -			
		27			27	
		b. Facility's emissi	on unit number / code – e	edit as needed	c. DEP emissions unit # - SSEIS point #	
		d. Combined Units	- enter number of indivi	dual units		
How to combine						
units ?	•	Emission unit installation and decommission dates:				
	3.	Emission unit i	nstallation and deco	ommission 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	eplacing another em	ission unit?		
		🗹 no 🗌	yes – enter DEP's	emissions unit nu	mber for the unit being replaced below:	
		h DEP's Emission	n Unit Number and facilit	v unit name		
				,		
2	5.	Unit descriptions:				
		a. Description:	✓ above ground	below grou	nd	
		b. Roof type:	☐ floating roof ✓ fixed	☐ internal roo ☐ other:		
		10.10	F 00	0000	Specify other	
		12.16	5.33	2000		

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

e. Capacity - gallons

d. Diameter - feet

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

7. Material stored (at start of year):



NONE	
a. Name of material	
	40706024
b. CAS number if single chemical	c. SC Code for standing / breathing loss
TRICHLOROETHYLENE-WORKING LOSS	
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
52	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	
	ntents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if cor	ntents changed during year of record):
j. Oxygenate name – gasoline only New material stored (enter new material if cor a. Name of material	
j. Oxygenate name – gasoline only New material stored (enter new material if cor a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

j. Oxygenate name - gasoline only

B. 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. 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.

2007 Year of record 27 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 26 DEP EU# (old Point #) 1190564 Facility AQ identifier



?

How to combine units ?

How to c a unit ?

1.	Facility identifiers: CLEAN HARBORS OF BRAINTREE a. Facility name 34839 b. DEP Account number	
	a. Facility name 34839	
	34839	
	h DED Assount number	1190564
	D. DEP Account number	c. Facility AQ identifier – SSEIS ID number
2.	Emission unit identifiers:	
	AG TANK A25- 1,000 GAL -NOT USED 2007- PC	СВ
	a. Facility's choice of emission unit name – edit as needed	
	26	26
	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:	
5.		
	1/1/1987 a. Installation date – estimate if unknown (mm/dd/yyyy)	h Decommission data (mm/dd/www) if applicable
	a. Installation date – estimate ir 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?	
	v no yes – enter DEP's emissions unit n	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: floating roof internal roo fixed other:	f
		Specify other
	10.50 4 1000	

6.	Construction:	✓ steel weld	other weld	☐ rivet	fiberglass	🗌 gunite	
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Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

7. Material stored (at start of year):



a. Name of material	_
	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 25º C
52	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	_
j. Oxygenate name – gasoline only New material stored (enter new material if conte	ents changed during year of record): ?
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ents changed during year of record): ?
New material stored (enter new material if conte	ents changed during year of record):
New material stored (enter new material if conter a. Name of material	
New material stored (enter new material if conter a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

j. Oxygenate name - gasoline only

B. 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. 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.

2007 Year of record 26 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

νρ αο αρ-4 B

Emission Unit - Organic Material Storage

2007 Year of record 25 DEP EU# (old Point #) 1190564 Facility AQ identifier



Important: When filling out forms on	Α.	Equipment Description Facility identifiers: CLEAN HARBORS OF BRAINTREE					
the computer,	1.						
use only the tab key to							
move your		a. Facility name					
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 identifiers:					
return		AG TANK A24-	2,400 GAL - PCE	3			
		a. Facility's choice of emission unit name – edit as needed					
		25			25		
		b. Facility's emissic	n unit number / code – e	edit as needed	c. DEP emissions unit # - SSEIS point #		
\bigcirc		d Combined Lloite	– enter number of individ	dual unita			
How to combine units ?		a. Combined Units	- enter number of individ	Juar units			
	3.	Emission unit ir	stallation and deco	mmission dates:			
_		1/1/1983					
(?)			 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.		
2	4.	Emission unit re	eplacement:				
		a. Is this unit replacing another emission 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	/ unit name			
?	5.	Unit descriptions:					
		a. Description:	✓ above ground	below groun	nd		
		b. Roof type:	☐ floating roof ✔ fixed	☐ internal roof ☐ other:	Specify other		
		10.50	7	2400	Specily other		

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

e. Capacity - gallons

d. Diameter - feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)



Material stored (at start of year):	
OIL WITH POLYCHLORINATED BIPHENYLS	
a. Name of material	_
	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 25º C
52	4617.0000
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	-
a. Name of material	
b. CAS number if single chemical	c. SC Code for standing / breathing loss
	c. SC Code for standing / breathing loss e. Vapor pressure in PSI at 25° C
b. CAS number if single chemical	

j. Oxygenate name - gasoline only

B. 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. 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.

2007 Year of record 25 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 24 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 for EACH	l organic material storage tan	ık.
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How to combine units ?

How to a unit ?

 Facility identifiers: CLEAN HARBORS OF BRAINTREE a. Facility name 34839 b. DEP Account number 	c. Facility AQ identifier – SSEIS ID number
a. Facility name 34839	
34839	
b. DEP Account number	c. Facility AQ identifier - SSEIS ID number
2. Emission unit identifiers:	
AG TANK A23- 2,400 GAL - PCB	
a. Facility's choice of emission unit name - edit as needed	
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	
	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 ur	nit 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 g	ground
b. Roof type:	ıl roof
10.50 7 24	Specify other 400

6. Construction: 🗹 steel weld 🗌 other weld 🗌 rivet 🗌 fiberglass 🗌 gunite

e. Capacity - gallons

d. Diameter - feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)



Material stored (at start of year):	
OIL WITH POLYCHLORINATED BIPHENYLS	
a. Name of material	
	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
52	5027.0000
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 cont	ents changed during year of record): ?
·	
a. Name of material	
a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss
	c. SC Code for standing / breathing loss e. Vapor pressure in PSI at 25° C
b. CAS number if single chemical	

j. Oxygenate name - gasoline only

B. Notes and Attachments

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2. Attachments:
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2007 Year of record 24

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

Bureau of Waste Prevention – Air Quality

νρ αο αρ-4 B

Emission Unit - Organic Material Storage

2007 Year of record 23 DEP EU# (old Point #) 1190564 Facility AQ identifier



Important: When filling	Α.	Equipmen	t Description	l	
out forms on the computer,	1.	Facility identifie	ers: 🕥		
use only the tab key to		-		= F	
move your		a. Facility name			
cursor – do not use the		34839			1190564
return key.		b. DEP Account nu	umber		c. Facility AQ identifier – SSEIS ID number
tab					
	2.	Emission unit i	dentifiers:		
		AG TANK A22	- 2,400 GAL -PCB	5	
		a. Facility's choice	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 #
\bigcirc			and an annual second for the	due la colte	
How to combine units ?		a. Combined Units	- enter number of indivi	duai units	
	3.	Emission unit i	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.
2	4.	Emission unit r	eplacement:		
		a. Is this unit re	eplacing another em	ission unit?	
		🗹 no 🗌	yes – enter DEP's o	emissions unit nu	mber for the unit being replaced below:
		b. DEP's Emissior	n Unit Number and facility	y unit name	
?	5.	Unit descriptior	าร:		
		a. Description:	✓ above ground	below grour	nd
		b. Roof type:	☐ floating roof ✓ fixed	☐ internal root ☐ other:	f Specify other
		10.50	7	2400	

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

e. Capacity - gallons

d. Diameter - feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)



Material stored (at start of year):	
OIL WITH POLYCHLORINATED BIPHENYLS	
a. Name of material	
	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 25º C
52	3510.0000
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
b. CAS number if single chemical d. SC Code description – filled by eDEP	c. SC Code for standing / breathing loss e. Vapor pressure in PSI at 25° C

j. Oxygenate name - gasoline only

B. Notes and Attachments

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

2. Attachments:
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2007 Year of record 23 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 22 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 for EAC	I organic material storage tank.
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Use unit if the key to move your oncome the internal roof individual units Import Part Part Part Part Part Part Part Pa		1	Facility identifiers:		
a. Facility name 34839 1190564 cursor - do not use the not use the b. DEP Account number 1190564 c. Facility AQ identifier - SSEIS ID number contract AG TANK A21- 5,000 GAL -NOT USED 2007- a. Facility's choice of emission unit name - edit as needed 22 b. Facility's choice of emission unit name - edit as needed 22 22 c. Combined Units - enter number of individual units 22 d. Combined Units - enter number of individual units 22 entert a. 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. e unit? Installation and facility unit name iver or detect a unit? Is this unit replacement: a. Is this unit replacing another emission unit? iver or location is this unit replacing another emission unit? iver or location b. DEP's Emission Unit Number and facility unit name 0 DEP's Emission Unit Number and facility unit name 0 Descriptions: a. Descriptions: a. Description: a bove ground internal roof internal roof if fixed 8 8 5000					
Unsult use the return key. 34839 1190564 Image: Second constraints of the return key. b. DEP Account number c. Facility AQ identifier - SSEIS ID number Image: Second constraints of the return key. c. Emission unit identifiers: AG TANK A21 - 5,000 GAL -NOT USED 2007- a. Facility's choice of emission unit name - edit as needed 22 b. facility's emission unit number / code - edit as needed 22 c. DEP emissions unit # - SSEIS point # d. Combined Units - enter number of individual units 22 emission unit installation and decommission dates: 1/1/1983 9/29/2006 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. a. Is this unit replacement: a. Is this unit replacement: a. Is this unit replacement: a. Is this unit replaceing another emission unit? m no yes - enter DEP's emissions unit number for the unit being replaced below: b. DEP's Emission Unit Number and facility unit name Complete only if the unit being replaced below: b. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. Decription: a bove ground	•				
b. DEP Account number c. Facility AQ Identifier - SSEIS ID number			-	1190564	
Image: Second state of the second st					
AG TANK A21- 5,000 GAL -NOT USED 2007- a. Facility's choice of emission unit name - edit as needed 2 b. Facility's emission unit number / code - edit as needed 2 c. DEP emissions unit # - SSEIS point # Combined Units - enter number of individual units Complete only if the unit was shut down permanently or replaced since the last report. Complete only if the unit was shut down permanently or replaced since the last report. Complete only if the unit was shut down permanently or replaced since the last report. Complete only if the unit was shut down permanently or replaced since the last report. Complete only if the unit was shut down permanently or replaced since the last report. Complete only if the unit was shut down permanently or replaced since the last report. Complete only if the unit was shut down permanently or replaced below: Complete only if the unit was shut down permanently or replaced below: Complete only if the unit was shut down permanently or replaced below: Complete only if the unit was shut down permanently or replaced below: Complete only if the unit was shut down permanently or replaced below: Complete only if the unit was shut down permanently or replaced below: Complete only if the unit was shut down permanently or replaced below: Complete only if the unit was shut down permanently or replaced below: DePP's Emission Unit Number and facility unit name Complete only if the unit was shut down permanently or replaced below: Complete only if the unit was shut down permanently o	tab				
a. Facility's choice of emission unit name – edit as needed 2 b. Facility's emission unit number / code – edit as needed 4 c. Combined Units – enter number of individual units 4 c. Combined Units – enter number of individual units 5 c. DEP emissions unit # – SSEIS point # 5 c. DEP emissions unit # – SSEIS point # 5 c. DEP emissions unit # – SSEIS point # 5 c. DEP emission unit # – SSEIS point # 5 c. DEP emission unit # – SSEIS point # 5 c. DEP emission unit # – SSEIS point # 5 c. DEP emission unit # – SSEIS point # 5 c. DEP emission unit # – SSEIS point # 5 c. DEP emission unit # – SSEIS point # 5 c. DEP emission unit # – SSEIS point # 5 c. DEP emission unit # – SSEIS point # 5 c. DEP emission unit # – SSEIS point # 5 c. DEP emission unit # – SSEIS point # 5 c. DEP emission unit # – SSEIS point # 5 c. DEP emission unit # – SSEIS point # 5 c. DEP emission unit # – SSEIS point # 5 c. DEP emission unit # – SSEIS point # 5 c. DEP emission unit # – SSEIS point # 5 c. DEP emission unit # – SSEIS point # 5 c. DEP emission unit # – SSEIS point # 5 c. Decommission date = estimate if unknown (mm/dd/yyyy) 5 c. Decommission date = estimate if unknown (mm/dd/yyyy) 7 c. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently 7 c. emission unit replacement: 7 a. Is this unit replacement: 7 a. Is this unit replacement: 7 a. Is this unit replacing another emission unit number for the unit being replaced below: 7 b. DEP's Emission Unit Number and facility unit name 7 c. Unit descriptions: 7 a. Description: 7 a. Babove ground b. Roof type: 7 b. Def dating roof 7 c. fixed 7 c. Det for the unit permit		2.	Emission unit identifiers:		
22 . Facility's emission unit number / code - edit as needed . DEP emissions unit # - SSEIS point # 4. Combined Units - enter number of individual units . DEP emissions unit # - SSEIS point # • Combined Units - enter number of individual units 9/29/2006 • Installation date - estimate if unknown (mm/dd/yyyy) 9/29/2006 • Installation date - estimate if unknown (mm/dd/yyyy) 0. Decommission date (mm/dd/yyyy) - if applicable Complete only if the unit was shut down permanently or replaced since the last report. Complete only if the unit was shut down permanently or replaced since the last report. • In this unit replacement: a. Is this unit replacement: a. Is this unit replacing another emission unit number for the unit being replaced below: • In C In o yes - enter DEP's emissions unit number for the unit being replaced below: • DEP's Emission Unit Number and facility unit name . • DEP's Emission Unit Number and facility unit name . • Description: a. Description: a. Description: a. Description: @ above ground below ground b. Roof type: floating roof internal roof • Specify other Specify other	return		AG TANK A21- 5,000 GAL -NOT USED 2007-		
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a unit ?	(?)			b. Decommission date (mm/dd/yyyy) – if applicable	
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b. DEP's Emission Unit Number and facility unit name			a. Is this unit replacing another emission unit?		
 Unit descriptions: a. Description: a bove ground b. Roof type: floating roof fixed fixed			✓ no yes – enter DEP's emissions unit nu	mber for the unit being replaced below:	
a. Description: above ground below ground b. Roof type: floating roof fixed b. Roof type: Specify other			b. DEP's Emission Unit Number and facility unit name		
b. Roof type: floating roof internal roof fixed other: Specify other 8 8 5000	?	5.	Unit descriptions:		
Image: Specify other 8 8			a. Description: 🗹 above ground 🗌 below grour	nd	
8 8 5000					
			0 0 5000	Specify other	
				ity collops	

6. Construction: 🖌 steel weld 🗌 other weld 🗌 rivet 🔲 fiberglass 🗌 gun	ite
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Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

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 25º C
	0 5
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
 b. CAS number if single chemical d. SC Code description – filled by eDEP 	c. SC Code for standing / breathing loss e. Vapor pressure in PSI at 25° C

j. Oxygenate name - gasoline only

B. Notes and Attachments

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

TANK WAS PUT THROUGH CLOSURE. FINAL APPROVAL BY MA DEP IN A LETTER DATED SEPTEMBER 29, 2006.

2. Attachments: Check here to submit attachments 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.

2007 Year of record 22 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 21 DEP EU# (old Point #) 1190564 Facility AQ identifier



How to combine units ?

How to d a unit ?

Α.	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 A20- 5,000 GAL -NOT USED 2007-	
	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: <u>1/1/1983</u> a. Installation date – estimate if unknown (mm/dd/yyyy)	9/29/2006 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 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: I floating roof I internal roof I fixed I other:	
	8 8 5000	Specify other
		ity – gallons

6.	Construction:	✓ steel weld	other weld	🗌 rivet	fiberglass	🗌 gunite	
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Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

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
	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
	c. SC Code for standing / breathing loss e. Vapor pressure in PSI at 25° C
b. CAS number if single chemical	

j. Oxygenate name - gasoline only

B. Notes and Attachments

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

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2007 Year of record 21 DEP EU# (old Point #) 1190564

Facility AQ identifier

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 20 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one	AP-4 for EACH	organic material	storage tank.
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How to combine units ?

How to **a** unit ?

Α.	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 A19- 5,000 GAL -NOT USED 2007-	
	a. Facility's choice of emission unit name – edit as needed	00
	20	20
	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	9/29/2006
	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?	
	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	
5	Unit descriptions:	
0.		
	a. Description: \checkmark above ground \Box below ground	nd
	b. Roof type: floating roof internal root	T
	✓ fixed other:	Specify other
	8 8 5000	-11
		sity – 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

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	0
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
i Oxygenate name – gasoline only	_
j. Oxygenate name – gasoline only New material stored (enter new material if conte	ents changed during year of record): ?
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New material stored (enter new material if conte	ents changed during year of record): ?
New material stored (enter new material if conte a. Name of material	
New material stored (enter new material if conte a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

j. Oxygenate name - gasoline only

B. Notes and Attachments

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

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2007 Year of record 20 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention – Air Quality

VP AQ AP-4 B

Emission Unit - Organic Material Storage

2007 Year of record 19 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 for	r EACH organio	c material storage	tank.
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the computer, use only the view of the composition of the composit	Important: When filling out forms on	Α.	Equipment Description	
tab key in move your cursor - do not use the return key.		1.	Facility identifiers: 🥱	
cursor-do not use the return key. a - Aduity failine 348333 b. DEP Account number 1190564 c. Facility AQ identifier – SSEIS ID number view b. DEP Account number c. Facility AQ identifier – SSEIS ID number view AS TANK A18- 5,000 GAL - NOT USED 2007- a. Facility's choice of emission unit name – edit as needed 19 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units 19 c. DEP emissions unit # – SSEIS point # evelop a. Installation and decommission dates: 11/1/1983 a. Installation date – estimate if unknown (mm/dd/yyyy) g/29/2006 b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. evelop e. Installation unit replacement: a uni? a. Is this unit replacement: a. Is this unit replaceing another emission unit? in no jyes – enter DEP's emissions unit number for the unit being replaced below: b. DEP's Emission Unit Number and facility unit name cost type: above ground below ground b. Roof type: ftoating roof internal roof greating at the stating roof internal roof Specify other	tab key to		CLEAN HARBORS OF BRAINTREE	
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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? Image: Imag			1/1/1983	9/29/2006
a unit ?			a. Installation date - estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
 a. Is this unit replacing another emission unit? in iges – enter DEP's emissions unit number for the unit being replaced below: b. DEP's Emission Unit Number and facility unit name b. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. DEP's Emission Unit Number and facility unit name c. Dep's Emission Unit Number and facility unit name c. Dep's Emission Unit Number and facility unit name c. Dep's Emission Unit Number and facility unit name d. Dep's Emission Unit Number and facility unit name d. Dep's Emission Unit Number a				
 ino ges – enter DEP's emissions unit number for the unit being replaced below: b. DEP's Emission Unit Number and facility unit name b. DEP's Emission Unit Number and facility unit name content of above ground geology of the second second second second second geology of the second seco	?	4.	Emission unit replacement:	
b. DEP's Emission Unit Number and facility unit name			a. Is this unit replacing another emission unit?	
 Unit descriptions: a. Description: a. Description: above ground			v no yes – enter DEP's emissions unit nui	mber for the unit being replaced below:
a. Description: above ground below ground b. Roof type: floating roof fixed other: 8 8 8 5000			b. DEP's Emission Unit Number and facility unit name	
a. Description:	?		Unit descriptions:	
Image: system Image: system 8 8 5000			a. Description: 🗹 above ground 🗌 below groun	d
8 8 5000				
			8 8 5000	
				ity – 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

A. Equipment Description (cont.)

7. Material stored (at start of year):



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
	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 il conte	ents changed during year of record): ?
a. Name of material	ents changed during year of record):
	ents changed during year of record):
a. Name of material	
a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

j. Oxygenate name - gasoline only

B. Notes and Attachments

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

TANK WAS PUT THROUGH CLOSURE. FINAL APPROVAL BY MA DEP IN A LETTER DATED SEPTEMBER 29, 2006.

2. Attachments: Check here to submit attachments 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.

2007 Year of record 19 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

νρ αο αρ-4 R

Emission Unit - Organic Material Storage

2007 Year of record 18 DEP EU# (old Point #) 1190564 Facility AQ identifier



Important: When filling	Α.	Equipmen	t Description		
out forms on the computer,	1.	Facility identifie	ers: 🧑		
use only the tab key to		-		E	
move your cursor – do		a. Facility name			
not use the		34839			1190564
return key.		b. DEP Account nu	imber		c. Facility AQ identifier – SSEIS ID number
tab					
	2.	Emission unit i	dentifiers:		
return		AG TANK A17	B- 750 GAL	-EMPTY 2005-	-
		-	of emission unit name -	edit as needed	10
		18 h. Facilitu'a amiania	n unit number / oode	dit op poodod	18 a DEB amingiona unit #SELS point #
_		b. Facility's emissio	on unit number / code – e		c. DEP emissions unit # – SSEIS point #
$(\mathbf{?})$		d. Combined Units	- enter number of individ	dual units	
How to combine					
units ?	2		astallation and door	mminning datage	
	3.		nstallation and deco	mmission dates:	
\bigcirc		1/1/1983	actimata if unknown (n		h Decemmination data (mm/dd/www) if applicable
How to delete		a. Installation date	 estimate if unknown (m 	im/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 r	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	/ unit name	
\bigcirc	5.	Unit descriptior	IS:		
		o Decerintian			
		a. Description:	✓ above ground	below grour	iu
		b. Roof type:	floating roof	internal roof	
			✓ fixed	other:	Specify other
		6.50	4.83	700	

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

e. Capacity - gallons

d. Diameter - feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

7. Material stored (at start of year):



a. Name of material	
	40799998
o. CAS number if single chemical	c. SC Code for standing / breathing loss
MISC.CHEMICAL STORAGE	
I. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25º C
52	0
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	ontents changed during year of record):
. Oxygenate name – gasoline only New material stored (enter new material if co	ontents changed during year of record):
. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material	ontents changed during year of record): ?
. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material b. CAS number if single chemical	
. Oxygenate name – gasoline only New material stored (enter new material if co a. Name of material b. CAS number if single chemical d. SC Code description – filled by eDEP	c. SC Code for standing / breathing loss

B. Notes and Attachments

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2007 Year of record 18 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 17 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 for	r EACH organio	c material storage	tank.
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How to combine units ?

How to d a unit ?

1.	Facility identifiers:		
	a. Facility name		
	34839	1190564	
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number	
2.	Emission unit identifiers:		
	AG TANK A17A- 3,900 GAL STILL BOTTOMS-EMTY 2007		
	a. Facility's choice of emission unit name – edit as needed		
	17	17	
	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	1/1/1983	9/9/2006	
	 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:		
	h DED's Environment I with Number and facility with some		
	b. DEP's Emission Unit Number and facility unit name		
5	Unit descriptions:		
0.			
	a. Description: 🗹 above ground 🗌 below grour	nd	
	b. Roof type: I floating roof I internal root		
	✓ fixed other:	Specify other	

6. Construction: 🗹 steel weld 🗌 other weld 🗌 rivet 🗌 fiberglass 🗌 gunite
Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

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
	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
b. CAS number if single chemicald. SC Code description – filled by eDEP	c. SC Code for standing / breathing loss e. Vapor pressure in PSI at 25° C

j. Oxygenate name - gasoline only

B. Notes and Attachments

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

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2007 Year of record 17 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 16 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 for	EACH organ	nic material st	torage tank.
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How to combine units ?

How to a unit ?

Α.		~		
1.	Facility identifiers	s: 🕐		
		RS OF BRAINTRE	E	
	a. Facility name			4400504
	34839 b. DEP Account num	har		1190564
	D. DEP Account hum	Der		c. Facility AQ identifier – SSEIS ID number
2.	Emission unit ide	entifiers:		
	AG TANK A11-	5,000 GAL WAS	TE STREAM A-2	1
		emission unit name -	edit as needed	
	16			16
	b. Facility's emission	unit number / code – e	edit as needed	c. DEP emissions unit # - SSEIS point #
	d Combined Units	enter number of indivi	dual unite	
3.	1/1/1984	stallation and deco		b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently
3.	1/1/1984			
3. 4.	1/1/1984	estimate if unknown (r		Complete only if the unit was shut down permanently
3.	1/1/1984 a. Installation date – o Emission unit rep	estimate if unknown (r	nm/dd/yyyy)	Complete only if the unit was shut down permanently
3.	1/1/1984 a. Installation date – o Emission unit rep a. Is this unit rep	estimate if unknown (r blacement: lacing another em	nm/dd/yyyy) ission unit?	Complete only if the unit was shut down permanently or replaced since the last report.
3.	1/1/1984 a. Installation date – o Emission unit rep a. Is this unit rep	estimate if unknown (r blacement: lacing another em	nm/dd/yyyy) ission unit?	Complete only if the unit was shut down permanently
3.	1/1/1984 a. Installation date – o Emission unit rep a. Is this unit repl ☑ no □ ye	estimate if unknown (r blacement: lacing another em	nm/dd/yyyy) iission unit? emissions unit nu	Complete only if the unit was shut down permanently or replaced since the last report.
3.	1/1/1984 a. Installation date – o Emission unit rep a. Is this unit repl ☑ no □ ye	estimate if unknown (r blacement: lacing another em es – enter DEP's o	nm/dd/yyyy) iission unit? emissions unit nu	Complete only if the unit was shut down permanently or replaced since the last report.
3. 4.	1/1/1984 a. Installation date – o Emission unit rep a. Is this unit repl ☑ no □ ye	estimate if unknown (r blacement: lacing another em es – enter DEP's o Jnit Number and facility	nm/dd/yyyy) iission unit? emissions unit nu	Complete only if the unit was shut down permanently or replaced since the last report.
3. 4.	1/1/1984 a. Installation date - of Emission unit replation a. Is this unit replation ✓ no ye b. DEP's Emission U	estimate if unknown (n blacement: lacing another em es – enter DEP's o Jnit Number and facility	nm/dd/yyyy) iission unit? emissions unit nu	Complete only if the unit was shut down permanently or replaced since the last report. mber for the unit being replaced below:
3. 4.	1/1/1984 a. Installation date – of Emission unit replation and the point of	estimate if unknown (n blacement: lacing another em es – enter DEP's o Jnit Number and facility	nm/dd/yyyy) iission unit? emissions unit nu y unit name	Complete only if the unit was shut down permanently or replaced since the last report.

6. Construction: 🗹 steel weld 🗌 other weld 🗌 rivet 🔲 fiberglass 🗌 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

A. Equipment Description (cont.)

7. Material stored (at start of year):



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
52	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 a. Name of material	ents changed during year of record): ?
New material stored (enter new material if conte	ents changed during year of record):
New material stored (enter new material if conter a. Name of material	
New material stored (enter new material if conte a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

j. Oxygenate name - gasoline only

B. Notes and Attachments

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2007 Year of record 16 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 15 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 for EA	CH organic material	storage tank.
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How to combine units ?

How to 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 A10- 9,800 GAL WASTE STREAM A-	-21
	a. Facility's choice of emission unit name – edit as needed	
	15 b Facilité de aminetien unit number / code , adit de noorded	15 • DED emissions unit # _ SSEIS point #
	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 1/1/1987	S:
3.		b. Decommission date (mm/dd/yyyy) – if applicable
3.	1/1/1987	
3. 4.	1/1/1987	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently
3. 4.	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.	1/1/1987 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.	1/1/1987 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.	1/1/1987 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? Image: No Image: Yes – enter DEP's emissions unit mage: Yes – enter DEP's emissions u	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.
3.	1/1/1987 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.	1/1/1987 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? Image: No Image: Yes – enter DEP's emissions unit mage: Yes – enter DEP's emissions u	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.
3.	1/1/1987 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 not provide the provided of the prov	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 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? Image: No Image: Yes – enter DEP's emissions unit mage: Yes – enter DEP's emissions u	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 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 not provide the provided of the prov	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 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? Image: Im	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 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? Image: Im	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.

6.	Construction:	✓ steel weld	other weld	🗌 rivet	fiberglass	🗌 gunite	
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Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

7. Material stored (at start of year):



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 25º C
52	0.0000
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	_
j. Oxygenate name – gasoline only New material stored (enter new material if conte	ents changed during year of record): 🥐
New material stored (enter new material if conte	ents changed during year of record): ?
, ,,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ents changed during year of record): ?
New material stored (enter new material if conte	ents changed during year of record):
New material stored (enter new material if conter a. Name of material	
New material stored (enter new material if conter a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

j. Oxygenate name - gasoline only

B. Notes and Attachments

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2007 Year of record 15 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 14 DEP EU# (old Point #) 1190564 Facility AQ identifier



How to combine units ?

How to 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 A9- 5,000 GAL WASTE STREAM	B-40
	a. Facility's choice of emission unit name - edit as needed	
	14	14
	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 da	ates:
	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.
1.	Emission unit replacement:	
	a. Is this unit replacing another emission unit?	
	✓ no yes – enter DEP's emissions ur	nit number for the unit being replaced below:
	b. DEP's Emission Unit Number and facility unit name	
	b. DEP's Emission Unit Number and facility unit name	
	b. DEP's Emission Unit Number and facility unit name	
ō.	b. DEP's Emission Unit Number and facility unit name Unit descriptions:	
5.	Unit descriptions:	around
ō.		ground
ō.	Unit descriptions:	-

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

A. Equipment Description (cont.)

7. Material stored (at start of year):



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 25º C
52	68273.0000
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): ?
, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ents changed during year of record): ?
New material stored (enter new material if conte	ents changed during year of record): ?
New material stored (enter new material if conternation of material a. Name of material	
New material stored (enter new material if conter a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

j. Oxygenate name - gasoline only

B. Notes and Attachments

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2007 Year of record 14 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 13 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one	AP-4 for EACH	organic material	storage tank.
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How to combine units ?

How to **a** a unit ?

	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 A8- 5,000 GAL WASTE STREAM A-2	22
	a. Facility's choice of emission unit name – edit as needed	
		13 DEB and a local data data data data data data data da
	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	:
	1/1/1987	
	1/1/1987 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
		b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.
4.		Complete only if the unit was shut down permanently
4.	a. Installation date – estimate if unknown (mm/dd/yyyy)	Complete only if the unit was shut down permanently
4.	 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? 	Complete only if the unit was shut down permanently
4.	 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? 	Complete only if the unit was shut down permanently or replaced since the last report.
4.	 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? Image: no image: yes – enter DEP's emissions unit no image: yes – enter	Complete only if the unit was shut down permanently or replaced since the last report.
4 . ō.	 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? in o yes – enter DEP's emissions unit n b. DEP's Emission Unit Number and facility unit name 	Complete only if the unit was shut down permanently or replaced since the last report.
4.	 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? image: no image: yes – enter DEP's emissions unit no image: yes – enter DEP's emissions unit no image: b. DEP's Emission Unit Number and facility unit name b. DEP's Emission Unit Number and facility unit name Unit descriptions: a. Description: image: above ground image: below groun	Complete only if the unit was shut down permanently or replaced since the last report.
4.	 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? Image: no image: general gener	Complete only if the unit was shut down permanently or replaced since the last report.
1 .	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 n b. DEP's Emission Unit Number and facility unit name Unit descriptions: a. Description: ✓ above ground □ below ground b. Roof type: □ floating roof	Complete only if the unit was shut down permanently or replaced since the last report.

6. Construction: 🗹 steel weld 🗌 other weld 🗌 rivet 🔲 fiberglass 🗌 gunite	
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ſ	Massachusetts Department of Environme	ental Protection	2007
E	Bureau of Waste Prevention – Air Quality		Year of record
			13
	BWP AQ AP-4		DEP EU# (old Point #)
F	Emission Unit – Organic Material Storage		1190564
_	5 5		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 / b	reathing loop
	MISC.CHEMICAL STORAGE	c. SC Code for standing / c	nearning 1088
icon Code	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI a	25° C
	2 52	120930.0000	(?)
	f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in ga	llons (enter 0 if not used)
	h. RVP – gasoline only	i. Total oxygen percent – g	asoline only
	j. Oxygenate name – gasoline only	-	
8	8. New material stored (enter new material if conte	nts changed during year of	f record): 🥐
	a. Name of material		
	b. CAS number if single chemical	c. SC Code for standing / b	preathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI a	t 25º C
	f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in ga	llons
	h. RVP – gasoline only	i. Total oxygen percent – g	asoline only
	j. Oxygenate name – gasoline only	-	

B. Notes and Attachments

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Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 12 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 for EACH	l organic material storage tan	k.
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2

How to combine units ?

How to **a** a unit ?

Α.	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 A7- 9,000 GAL WASTE STREA	
	 a. Facility's choice of emission unit name – edit as needed 12 	
	b. Facility's emission unit number / code – edit as neede	ed 12 c. DEP emissions unit # – SSEIS point #
	d. Combined Units – enter number of individual units	
3.	Emission unit installation and decommission 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.
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 Emission Unit Number and facility unit name	
5.	Unit descriptions:	
	a. Description: 🗹 above ground 🗌 below	w ground
	b. Roof type: I floating roof interr	nal roof r:

6. Construction: 🗹 steel weld 🗌 other weld 🗌 rivet 🗌 fiberglass 🗌 gunite

e. Capacity - gallons

d. Diameter - feet

c. Height / Length - feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

7. Material stored (at start of year):



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 25º C
52	42603.0000
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): ?
j. Oxygenate name – gasoline only New material stored (enter new material if conte a. Name of material	ents changed during year of record): ?
New material stored (enter new material if conte	ents changed during year of record):
New material stored (enter new material if conter a. Name of material	
New material stored (enter new material if conter a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

j. Oxygenate name - gasoline only

B. Notes and Attachments

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2007 Year of record 12 DEP EU# (old Point #) 1190564 Facility AQ identifier

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 11 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 for EA	CH organic material	storage tank.
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How to combine units ?

How to a unit ?

1.	Facility identifie			
		ORS OF BRAINTRI	EE	
	a. Facility name			4400504
	34839 b. DEP Account nu	umbor		1190564 c. Facility AQ identifier – SSEIS ID number
	D. DEF Account no	unber		c. Facility AQ identifier – 33EIS ID humber
2.	Emission unit i	dentifiers:		
		9,000 GAL WAS	TE STREAM A-32	
	a. Facility's choice	of emission unit name -		
	11			11
	b. Facility's emissi	on unit number / code –	edit as needed	c. DEP emissions unit # - SSEIS point #
	a. Combined Units	- enter number of indiv	idual units	
•	E station and	(. 11 . (
3.	Emission unit i	nstallation and deco	ommission 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 r	eplacement:		
	a Is this unit re	eplacing another em	nission unit?	
		splacing another en		
	🖌 no 🗌	yes - enter DEP's	emissions unit nu	mber for the unit being replaced below:
	b DEP's Emission	n Unit Number and facilit	tv unit name	
	b. DEI GEMISSIO			
5	Unit description	06.		
) ^{3.}		10.		
	a. Description:	✓ above ground	below grour	nd
		_ 0	_ 0	
	b. Roof type:	floating roof	internal roof	
		✓ fixed	other:	
				Specify other
	14.66	10.50	9000	

6.	Construction:	✓ steel weld	other weld	☐ rivet	fiberglass	🗌 gunite	
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e. Capacity - gallons

d. Diameter - feet

c. Height / Length - feet

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

A. Equipment Description (cont.)

7. Material stored (at start of year):



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 25º C
52	266534.0000
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	_
j. Oxygenate name – gasoline only New material stored (enter new material if conte	ents changed during year of record): ?
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ents changed during year of record): ?
New material stored (enter new material if conte	ents changed during year of record): ?
New material stored (enter new material if conter a. Name of material	
New material stored (enter new material if conter a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

j. Oxygenate name - gasoline only

B. Notes and Attachments

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2007 Year of record 11 DEP EU# (old Point #) 1190564

Facility AQ identifier

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2007 Year of record 10 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 for	EACH organic material	storage tank.
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How to combine units ?

How to a unit ?

1.	Facility identifie	ers: 🕜			
	CLEAN HARB	ORS OF BRAINTRE	E		
	a. Facility name			4400504	
	34839 b. DEP Account nu	ımber		1190564 c. Facility AQ identifier – SSEIS ID number	
	D. DET ACCOUNT IN	uniber			
2.	Emission unit identifiers:				
		5,200 GAL WAS	F STREAM A-22	2	
		of emission unit name –		-	
	10			10	
	b. Facility's emissi	on unit number / code – e	edit as needed	c. DEP emissions unit # - SSEIS point #	
	d. Combined Units	- enter number of indivi	dual units		
3.	Emission unit i	nstallation and deco	mmission dates:		
	1/1/1986				
		- estimate if unknown (n	nm/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 re	eplacing another em	ission unit?		
	🖌 no 🗌	yes – enter DEP's	emissions unit nu	mber for the unit being replaced below:	
	b. DEP's Emission	n Unit Number and facility	y unit name		
5.	Unit description	ns:			
	a Description:	✓ above ground	below grour	ad	
	a. Description.				
	b. Roof type:	floating roof	internal roof	f	
	b. Roor type.	✓ fixed	other:		
				Specify other	
	10.50	10.50	5200		

6. Construction: 🗹 steel weld 🗌 other we	eld 🗌 rivet 🔲 fiberglass 🗌 gunite
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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

A. Equipment Description (cont.)

7. Material stored (at start of year):



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 25º C
52	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): ?
, ,,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 ents changed during year of record): ?
New material stored (enter new material if conte	ents changed during year of record):
New material stored (enter new material if conter a. Name of material	
New material stored (enter new material if conte a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss

j. Oxygenate name - gasoline only

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2007 Year of record 10 DEP EU# (old Point #) 1190564 Facility AQ identifier