

eDEP Transaction Copy

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Username: **CLEANHARBORS**

Transaction ID: 229329

Document: AQ Source Registration Package

Size of File: 4846.05K

Status of Transaction: Submitted

Date and Time Created: 3/30/2023:3:20:54 PM

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Bureau of Waste Prevention - Air Quality

Source Registration Overview

Create or Amend a Source Registration Forms Package

2008	
Year of Record	

1190564

Facility AQ identifier



A. Create a Source Registration Package

 Select existing or new facili 	ty:
---	-----

Existing Facilities: To create a complete package for 2008 check box.

check if you added emission units or stacks since your last report.

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



2. Validate this form:



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

B. Amend a Source Registration

- 1. If you need to correct or add to a previously submitted Source Registration for 2008 check the boxes in the list below to select the forms/units you wish to work on. Check here to add new units:
- 2. Validate this form:

Facility Name: CLEAN HARBORS OF BRAINTREE

Our records indicate that this facility has: 57 Emission Units (points) and Physical Stacks

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

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



amend a prior year's Source Registration?

		?	?	?	?
	Emission unit name (from prior submittals)	Facility's ID#	DEP#	AP form	Last update
/	BOILER #2-HURST #30 1.004 MMBTU/HR #2 OIL-0.3 S	2	2	AP-1	2007
/	BOILER #1-CLEAVER BROOKS- #2 OIL 0.3 PERCENTSULFUR	3	3	AP-1	2007
~	GENERATOR #2-CUMMINS #NT855G2 #2 DIESEL	50	50	AP-1	2007
/	GENERATOR #1-CATERPILLAR 558.5 KW #2 OIL-0.3 PERS	55	55	AP-1	2007
~	2 LENNOX FURNACES SR 20Q5-140/154 0.246 MMBTU/HR	64	64	AP-1	2007
~	THREE DISTILLATION UNITS 710 GAL/HR NOT USED 2007	4	4	AP-2	2007
/	2 DRUM CRUSHING LINES	5	5	AP-2	2007
/	REPACKAGING SOLVENTS	61	61	AP-2	2007
/	STACK 1 POINT 1 SEGMENT	1	1	AP-3	2007
/	AG TANK A1-9,800 GAL WASTE STREAM A-21	6	6	AP-4	2007
~	AG TANK A2-9,800 GAL WASTE STREAM A-22	7	7	AP-4	2007
~	AG TANK A3-9,800 GAL WASTE STREAM A-22	8	8	AP-4	2007
/	AG TANK A4- 5,200 GAL WASTE STREAM A-40	9	9	AP-4	2007

Additional units (if any) listed on following pages



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

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Source Registration Overview Create or Amend a Source Registration Forms Package

	Emission unit name (from prior submittals)	Facility's ID#	DEP#	AP form	Last update
	AG TANK A5- 5,200 GAL WASTE STREAM A-22	10	10	AP-4	2007
/	AG TANK A6- 9,000 GAL WASTE STREAM A-32	11	11	AP-4	2007
/	AG TANK A7- 9,000 GAL WASTE STREAM A-40	12	12	AP-4	2007
/	AG TANK A8- 5,000 GAL WASTE STREAM A-22	13	13	AP-4	2007
/	AG TANK A9- 5,000 GAL WASTE STREAM B-40	14	14	AP-4	2007
/	AG TANK A10- 9,800 GAL WASTE STREAM A-21	15	15	AP-4	2007
/	AG TANK A11- 5,000 GAL WASTE STREAM A-21	16	16	AP-4	2007
~	AG TANK A17B- 750 GAL -EMPTY 2005-	18	18	AP-4	2007
~	AG TANK A22- 2,400 GAL -PCB	23	23	AP-4	2007
~	AG TANK A23- 2,400 GAL - PCB	24	24	AP-4	2007
~	AG TANK A24- 2,400 GAL - PCB	25	25	AP-4	2007
~	AG TANK A25- 1,000 GAL -NOT USED 2007- PCB	26	26	AP-4	2007
/	AG TANK F1- 2,000 GAL -NOT USED 2007-	27	27	AP-4	2007
/	AG TANK F2- 2,000 GAL -NOT USED 2007	28	28	AP-4	2007
/	AG TANK F3-/SS 2,000 GAL -NOT USED 2007-	29	29	AP-4	2007
/	AG TANK F4- 2,000 GAL -NOT USED 2007	30	30	AP-4	2007
/	AG TANK F5- 2,000 GAL -NOT UESD 2007- SOLVENT	31	31	AP-4	2007
/	AG TANK F6- 2,000 GAL -NOT UESD 2007- SOLVENT	32	32	AP-4	2007
/	AG TANK F8- 1,500 GAL -NOT USED 2007- SOLVENT	34	34	AP-4	2007
/	AG TANK P1- 3,000 GAL - NOT USED 2007	35	35	AP-4	2007
/	AG TANK P2- 3,000 GAL -NOT USED 2007-	36	36	AP-4	2007
/	AG TANK P3- 3,000 GAL -NOT USED 2007	37	37	AP-4	2007
~	AG TANK P4- 3,000 GAL -NOT USED 2007	38	38	AP-4	2007
~	AG TANK P5- 3,000 GAL -NOT USED 2007	39	39	AP-4	2007
	AG TANK P6- 3,000 GAL -NOT USED 2007	40	40	AP-4	2007
	AG TANK P7- 3,000 GAL -NOT USED 2007	41	41	AP-4	2007
	AG TANK P7- 3,000 GAL -NOT USED 2007 AG TANK P8- 3,000 GAL -NOT USED 2007	41	41 42	AP-4	2007
	AG TANK P8- 3,000 GAL -NOT USED 2007	42	42	AP-4	2007
	AG TANK P8- 3,000 GAL -NOT USED 2007 AG TANK P9- 3,000 GAL -NOT USED 2007	42	42	AP-4	2007
	AG TANK P8- 3,000 GAL -NOT USED 2007 AG TANK P9- 3,000 GAL -NOT USED 2007 AG TANK P10- 3,000 GAL -NOT USED 2007	42 43 44	42 43 44	AP-4 AP-4	2007



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	Emission unit name	Facility's ID#	DEP#	AP form	Last update
	AG TANK P14- 2400GAL -NOT USED 2007	48	48	AP-4	2007
/	AG TANK A13- 4,000 GAL #2 DIESEL -LOW SULF	51	51	AP-4	2007
~	AG TANK A12- 6,300 GAL FUEL OIL # 2	52	52	AP-4	2007
/	AG TANK B1- POLYOLEFIN WASTEWATER NO VOCS	53	53	AP-4	2007
/	AG TANK B2- POLYOLEFIN TANK WASTEWATER NO VOCS	54	54	AP-4	2007
~	AG TANK B3- POLYOLEFIN TANKS WASTEWATER NO VOCS	56	56	AP-4	2007
/	AG TANK B4- POLYOLEFIN H WASTEWATER NO VOCS	57	57	AP-4	2007
/	AG TANK B5- POLYHLEFIN H TANKS WASTEWATER NO VOCS	58	58	AP-4	2007
~	AG TANK B6- POLYOLEFIN H TANKS WASTEWATER NO VOCS	59	59	AP-4	2007
/	AG TANK B7- POLYOLEFIN H TANKS WASTEWATER NO VOCS	60	60	AP-4	2007
/	AG TANK B8- POLYOLEFIN H TANKS WASTEWATER NO VOCS	62	62	AP-4	2007
~	AG TANK B9 POLYOLEFIN H TANKS WASTEWATER NO VOCS	63	63	AP-4	2007
/	STACK #1- INCINERATOR #1-VENT-O-MATIC- NA 2007	1	1	AP-STAC	2007
/	STACK #2- BOILER #2- HURST #30- #2 OIL 0.3 PER. S	2	2	AP-STAC	2007
/	1 STACK BOILER #1-CLEAVER BROOKS- #2 OIL	3	3	AP-STAC	2007
~	THREE DISTILLATION UNITS- NOT USED 2007	4	4	AP-STAC	2007
/	2 DRUM CRUSHING LINES-	5	5	AP-STAC	2007
/	1 STACK GENERATOR (2)- CUMMINS AND CATERPILLAR	7	7	AP-STAC	2007
	1 STACK-2 FURNACES LENNOX	9	9	AP-STAC	2007
/	CUT OFF ROOM - PAINT CAN POUR OFF+CRUSHING 2007	10	10	AP-STAC	2007



Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-SR

Source Registration

2008 Year of Record 1190564 Facility AQ identifier

Important:

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





Α.	Facility Information		
1.	Facility - the site or works at which the regulated a	activity occurs:	
	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	781380719	
	g. Facility Phone Number	h. Facility Fax	KNumber
^	Mallian address.		
2.	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	MA	021840000
	c. City/Town	d. State	e. Zip Code
3.	Facility type – check one:		
	☐ Utility	State 🗌 Lo	ocal Government
4.	ORIS Facility Code - for large electrical utilities		
ᅻ.	only:	ORIS Facility	Code
	,	·	
5.	ID numbers:		
-	34839	1190564	
	a. DEP Account number / FMF Facility #		identifier – SSEIS ID number
	a. z	D. I domity Alex	
6.	Location (check box to enter either UTM OR Lat/L	ong) :	
	a. UTM coordinates		✓ b. Latitude/Longitude



a. UTM coordinates	b. Latitud	e/Longitude
c. UTMHorizontal - meters d. UTM Vertical - meters e. UTM Zone	42.130570 f. Latitude 42.9° - 41.2°	g. Longitude – West 73.5° - 69.8° Enter positive values only.



Bureau of Waste Prevention - Air Quality

BWP AQ AP-SR

Source Registration

2008	
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1190564	
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	562211	stry Classification Syst	em (NAICS) 6 digits:	
	a.	b.	<u>C.</u>	d.
8.	Facility description (what is being produced	and how it is being pro	duced at this facility – upda
	CLEAN HARBORS AT THIS FACILITY.	OF BRAINTREE INC. I	S A HAZARDOUS WA	STE TSDF. NO PRODUCT
9.	Facility's normal hou	irs of operation:		
	06:00 AM a. Start time	06:30 PM b. End Time	c. Continuo	ous - 24 x 7 x 52
	d. Which days is the	facility open? S	M MT W	″ ☑T ☑F □S
10.	Number of employee	es: <u>21</u>	 ?	
11.	Facility Owner:	✓ same address as facility r	nailing address (will copy add	ress into fields below)
			the ownership of this fa	



c. Mailing Address Line 2

k. Owner E-mail Address

BRAINTREE

MA

021840000

d. City/Town

e. State

f. Zip Code

USA

g. Country

7813807100 h. Owner Phone Number

i. Extension

7813807193 j. Owner Fax Number

medinad@cleanharbors.com

I. Owner TIN (Taxpayer Identification Number - 9 digits)





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

2008 Year of Record 1190564 Facility AQ identifier

۹.	Facility Information (cont.)			
	, ,			
2.		me address as me address as		
	DAVID	ino address at	MEDINA	ing dadrooc
•	a. Facility Contact First Name		Contact Last	t Name
	1 HILL AVE			
	b. Mailing Address Line 1			
	c. Mailing Address Line 2			
	BRAINTREE		MA	021840000
	d. City/Town		e. State	f. Zip Code
	USA			@cleanharbors.com
	g. Country		h. E-mail Ad	
	7813807134			3807193
-	i. Phone Number	j. Extension	k. Fax	x Number
3.	Air emissions information contact:			ntact name and address acility address
	DAVID		MEDINA	
-	a. Air emissions contact First Name		Air emissions	s contact Last Name
	1 HILL AVE			
	b. Mailing Address Line 1			
-	c. Mailing Address Line 2			
	BRAINTREE		MA	021840000
-	d. City/Town		e. State	f. Zip Code
	USA			@cleanharbors.com
	g. Country		h. E-mail Ad	
-	7813807134			3807193
	i. Phone Number	j. Extension	K. Fax	x Number
_	B			
5.	Preparer			
	Identification information for preparer of t	this submitta	al: 🗾	same as facility air emissions contact name
				and address same as facility contact name and address
	DAVID		MEDINA	same address as facility address
	a. Preparer First Name		Preparer Las	st Name
	1 HILL AVE		. ropaioi La s	5. (4.10)
	b. Mailing Address Line 1			
	c. Mailing Address Line 2			
	BRAINTREE		MA	021840000
	d. City/Town		e. State	f. Zip Code
	USA			@cleanharbors.com
	g. Country		h. E-mail Ad	
	7813807134		7813	3807193
-		i. Extension	- I. F-	x Number



Bureau of Waste Prevention - Air Quality

BWP AQ AP-SR

Source Registration

2008

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1190564

Facility AQ identifier

C. Notes and Attachments

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

2. Attachments:

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

D. Certification



Who is a Responsible Official?

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

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

Signed under the pains and penalties of perjury:

David S. Medina

Signature of Responsible Official 03/09/2009

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





Bureau of Waste Prevention - Air Quality

BWP AQ AP-TES

Total Emissions Statement & Hazardous Air Pollutant List

Year of record 1190564 Facility AQ identifier

A. Annual Total Emissions Statement

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





1. Facility Identifiers:

CLEAN HARBORS OF BRAINTR

a. Facility name

34839

b. DEP Account number

1190564

c. Facility AQ identifier - SSEIS ID number

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

	Pollutant:	PM10	PM2.5	SO2	NO2	со
	Actual for previous year	.0663	.0382	1.0797	.6933	.1619
	eDEP only:	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	0.0445	0.0303	0.6033	0.5142	0.1206
		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
	Facility-wide max allowed				17.3	
U	emissions – annual:	Tons	Tons	Tons	Tons	Tons
g G	Facility-wide max allowed				9400	
-wi	emissions – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
Facility-wide	Short term period:				MONTH	
Fa.	Basis: DEP approval number or regulation:				MBR-95-RES-047	
	Pollutant:	voc	нос	*Reserved*	NH3	□ CO2 ②
	Actual for previous year	.0198	0	0	.0382	•
	eDEP only:	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	0.0226	0	0	0.0302	0.1200
		Tons	Tons			
		TONS	rons	Tons	Tons	Tons
	Potential emissions at max	41.2766	0	Tons 0	Tons 9.4992	Tons 0.0000
	Potential emissions at max capacity uncontrolled:					
ĺ	capacity uncontrolled: Facility-wide max allowed	41.2766	0	0	9.4992	0.0000
<u>-</u>	capacity uncontrolled:	41.2766 Tons 36.2 Tons	0	0	9.4992	0.0000
ide	Facility-wide max allowed emissions – annual: Facility-wide max allowed	41.2766 Tons 36.2	O Tons	0 Tons	9.4992 Tons	0.0000 Tons
/-wide ons only	Facility-wide max allowed emissions – annual: Facility-wide max allowed emissions – short term:	41.2766 Tons 36.2 Tons 23600 Pounds	0 Tons	0 Tons	9.4992 Tons	0.0000 Tons
Facility-wide estrictions only	Facility-wide max allowed emissions – annual: Facility-wide max allowed	41.2766 Tons 36.2 Tons 23600	O Tons	Tons	9.4992 Tons	O.0000 Tons



Bureau of Waste Prevention - Air Quality

BWP AQ AP-TES

2008 Year of record 1190564 Facility AQ identifier

Total Emissions Statement & Hazardous Air Pollutant List

A. Annual Total Emissions Statemer	t (cont.)
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•	

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

	MBR-86-COM-027	376680.0000	GALLONS	YEAR				
	DEP approval # (most recent)	pproval # (most recent) Amount of restriction		Per unit time				
	NUMBER 2 OIL 0/3PERCENT S	SULPHUR						
	Description of fuel, raw material or product restricted							
			LIGUE	\(\frac{1}{2}\)				
	MBR-89-COM-31	300.0000	HOUR	YEAR				
	DEP approval # (most recent)	Amount of restriction	Restriction units	Per unit time				
	NUMBER 2 OIL 0/3PERCENT SULPHUR							
	Description of fuel, raw material	or product restricted						
,	EXEMPT	111252.0000	GALLONS	YEAR				
	DEP approval # (most recent)	Amount of restriction	Restriction units	Per unit time				
	NUMBER 2 OIL 0/3PERCENT SULPHUR							
	Description of fuel, raw material or product restricted							

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

1.	Please indicate which – if any - of the following greenhouse gas chemicals are used and/or emitted by checking the appropriate box:					
	Use	Emitted Nitrous oxide N2O Sulfur Hexafluoride (SF6)	Use	Emitted Hydrofluorocarbons (HFC's) Perfluorocarbons (PFCs)		

C. Hazardous Air Pollutant (HAP) List

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

١.	boes your facility use any or the flazardous Air Folidiants regulated under Section 112 or the Clean
	Air Act that are listed below and on the following pages:

	2	
What	is a H	AP?

yes - indicate which chemicals are used and which a	are emitted by checking the appropriate boxes
no - skip to section D.	

		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

2008 Year of record 1190564

Facility AQ identifier

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

Use	Emi	tted	CAS#	Use	Emi	tted	CAS#
		Biphenyl	92-52-4			2,4-Dinitrotoluene	121-14-2
	~	Bis(2-ethylhexyl)phthalate	117-81-7		<u></u>	1,4-Dioxane (1,4-Diethyleneoxide)	123-91-1
		Bis(chloromethyl)ether	542-88-1			1,2-Diphenylhydrazine	122-66-7
	V	Bromoform	75-25-2		~	Epichlorohydrin (1-Chloro-2,3-epoxypropane)106-89-8
		1,3-Butadiene	106-99-0		V	1,2-Epoxybutane (1,2-Butylene oxide)	106-88-7
		Calcium cyanamide	156-62-7		V	Ethyl acrylate	140-88-5
		Captan	133-06-2		V	Ethyl benzene	100-41-4
	V	Carbaryl	63-25-2		V	Ethyl carbamate (Urethane)	51-79-6
	V	Carbon disulfide	75-15-0			Ethyl chloride (Chloroethane)	75-00-3
	V	Carbon tetrachloride	56-23-5			Ethylene dibromide (1,2-Dibromoethane)	106-93-4
	V	Carbonyl sulfide	463-58-1		V	Ethylene dichloride (1,2-Dichloroethane)	107-06-2
	V	Catechol	120-80-9		V	Ethylene glycol	107-21-1
		Chloramben	133-90-4		V	Ethylene imine (Aziridine)	151-56-4
	V	Chlordane	57-74-9		V	Ethylene oxide	75-21-8
	~	Chlorine	7782-50-5			Ethylene thiourea	96-45-7
	V	Chloroacetic acid	79-11-8			Ethylidene dichloride (1,1-Dichloroethane)	75-34-3
		2-Chloroacetophenone	532-27-4		~	Formaldehyde	50-00-0
	~	Chlorobenzene	108-90-7		~	Heptachlor	76-44-8
		Chlorobenzilate	510-15-6			Hexachlorobenzene	118-74-1
	~	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
	V	o-Cresol	95-48-7		V	Hexane	110-54-3
	~	p-Cresol	106-44-5		~	Hydrazine	302-01-2
	V	Cumene	98-82-8		V	Hydrochloric acid	7647-01-0
	V	2,4-D, salts and esters	94-75-7		V	Hydrogen fluoride	7664-39-3
		DDE	72-55-9			Hydrogen sulfide	7783-06-4
		Diazomethane	334-88-3		~	Hydroquinone	123-31-9
		Dibenzofuran	132-64-9			Isophorone	78-59-1
		1,2-Dibromo-3-chloropropane	96-12-8		~	Lindane	58-89-9
		Dibutylphthalate	84-74-2		~	Maleic anhydride	108-31-6
	~	1,4-Dichlorobenzene	106-46-7		~	Methanol	67-56-1
		3,3-Dichlorobenzidene	91-94-1		V	Methoxychlor	72-43-5
		Dichloroethylether (Bis(2-chloroethyl)ether)			V	Methyl bromide (Bromomethane)	74-83-9
		1,3-Dichloropropene (1,3-Dichloropropylene)			~	Methyl chloride (Chloromethane)	74-87-3
		Dichlorvos	62-73-7		~	Methyl chloroform (1,1,1-Trichloroethane)	
	~	Diethanolamine	111-42-2		~	, , ,	78-93-3
		N,N-Diethyl aniline (N,N-Dimethylaniline)	121-69-7			Methyl hydrazine	60-34-4
		Diethyl sulfate	64-67-5			Methyl iodide (Iodomethane)	74-88-4
		3,3-Dimethoxybenzidine	119-90-4		V	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	101-77-9
		4,6-Dinitro-o-cresol and salts	534-52-1		~	Naphthalene	91-20-3
		2,4-Dinitrophenol	51-28-5			Nitrobenzene	98-95-3



Bureau of Waste Prevention – Air Quality

BWP AQ AP-TES

Total Emissions Statement & Hazardous Air Pollutant List

Year of record
1190564
Facility AQ identifier

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

Use	Emitted	CAS#	Use	Emitted	CAS#
	☐ 4-Nitrobiphenyl	92-93-3		☑ Vinylidene chloride (1,1-Dichloroethylene)	75-35-4
	4-Nitrophenol	100-02-7		✓ Xylene (mixed isomers)	1330-20-7
	2-Nitropropane	79-46-9			108-38-3
	☐ N-Nitrosodimethylamine	62-75-9		□ o-Xylene	95-47-6
	☐ N-Nitrosomorpholine	59-89-2		☑ p-Xylene	106-42-3
	☐ N-Nitroso-N-methylurea	684-93-5		☑ Antimony	7440-36-0
	☐ Parathion	56-38-2	_		
	☐ Pentachloronitrobenzene (Quintozene)	82-68-8	Arse	nic compounds:	
	☐ Pentachlorophenol	87-86-5		☑ Arsenic	7440-38-2
	☑ Phenol	108-95-2		☑ Arsine	7784-42-1
	□ p-Phenylenediamine	106-50-3	_		
	☐ Phosgene	75-44-5	Othe	er Metals:	
	☐ Phosphine	7803-51-2		☑ Beryllium	7440-41-7
	☐ Phosphorous	7723-14-0		☐ Cadmium	7440-43-9
	☑ Phthalic anhydride	85-44-9		☑ Chromium	7440-47-3
	PCBs	1336-36-3		☐ Cobalt	7440-48-4
	☐ 1,3- Propane sultone	1120-71-4		☑ Lead	7439-92-1
	☐ beta-Propiolactone	57-57-8		☑ Manganese	7439-96-5
	☐ Propionaldehyde	123-38-6		☑ Mercury	7439-97-6
	☐ Propoxur (Baygon)	114-26-1		☑ Nickel	7440-02-0
	☐ Propylene dichloride (1,2 Dichloropropane	-		☐ Selenium	7782-49-2
	☐ Propylene oxide	75-56-9	_		
	☐ 1,2-Propylenimine (2-Methyl aziridine)	75-55-8		☐ Coke oven emissions	
	☑ Quinoline	91-22-5	_		
	Quinone	106-51-4		☑ Cyanide compounds (XCN where X=	H or any other
	☑ Styrene	100-42-5	_	group where a formal dissociation ma	•
	☐ Styrene oxide	96-09-3		☐ Hydrogen cyanide	74-90-8
	2,3,7,8-Tetrachlorodibenzo-p-dioxin	1746-01-6	_	_ ,g,	
	☐ 1,1,2,2-Tetrachloroethane	79-34-5		☑ Glycol ethers (include mono- and di-	esters of ethylene
	☑ Tetrachloroethylene (Perchloroethylene)		_	glycol, diethylene glycol, and triethyle	•
	☐ Titanium tetrachloride	7550-45-0		(OCH2CH2)n-OR' where $n = 1, 2, or$	0,
	기 Toluene	108-88-3		less; or R= phenyl or alkyl substituted	
	☐ Toluene-2,4- diamine	95-80-7		alkyl C7 or less; or OR' consisting of	,
		584-84-9	_	ester, sulfate, phosphate, nitrate or su	
	□ o-Toluidene	95-53-4		Fine mineral fibers (includes glass mi	
	✓ 1,2,4-Trichlorobenzene	120-82-1		wool fibers, rock wool fibers and slag	
	☑ 1,1,2-Trichloroethane	79-00-5		characterized as "respirable" (fiber dia micrometers) and possessing an asp	
	☑ Trichloroethylene	79-01-6		length divided by fiber diameter) > 3)	Sol ratio (iibci
	2,4,5-Trichlorophenol	95-95-4		Polycyclic Organic Matters (POM) (in	cludes organic
	☐ Triethylamine	121-44-8	_	compounds with more than one benz	•
	☐ Trifluralin	1582-09-8		which have a boiling point greater tha	O /
	2,2,4-Trimethylpentane	540-84-1		C)	•
	✓ Vinyl acetate	108-05-4		☐ Radionuclides (a type of atom which	spontaneously
	☐ Vinyl bromide	593-60-2		undergoes radioactive decay)	



operating permit?

Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

Total Emissions Statement & Hazardous Air Pollutant List

2008	
Year of record	
1190564	
Facility AQ identifier	

		A	4	• •
D.	Hazardous	Air Polli	utant Ei	missions

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



Bureau of Waste Prevention - Air Quality

BWP AQ AP-TES

Total Emissions Statement & Hazardous Air Pollutant List

2008 Year of record 1190564 Facility AQ identifier

F. Hazardous Air Pollutant Emissions



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.

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

(?)		HAP	HAP	HAP
Where do you enter TOTAL	HAP name:	XYLENES (MIXTURE OF O,	METHANOL	
HAP emissions?	CAS # for individual HAPs if applicable:	1330207	67561	
	Actual for previous year eDEP only:	.032 Tons	.262 Tons	.2 Tons
	Actual for year of record:	0.0170	0.3410	
	Potential emissions at max	Tons 12.8000	Tons 12.8	Tons
	capacity uncontrolled:	Tons	Tons	Tons
wide	Maximum allowed emissions – annual: Maximum allowed	18.6 Tons 5000	18.6 Tons 5000	Tons
er facility-wide limits only	emissions – short term: Short term period:	Pounds MONTH	Pounds MONTH	Pounds
?	Basis for max allowed – DEP approval # or regulation:	MBR-95-RES-047	MBR-95-RES-047	MBR-95-RES-047
		НАР	НАР	HAP
	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
9	Maximum allowed emissions – annual:	Tons	Tons	Tons
er facility-wide limits only	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds
∌r fac i Iimits	Short term period:			_
?	Basis for max allowed – DEP approval # or regulation:			

Do you have emissions to report for individual HAPs in addition to those above? \square yes \checkmark 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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BWP AQ AP-TES

Total Emissions Statement & Hazardous Air Pollutant List

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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:

Facility-Wide Total HAP Emissions

	a. Actual for previous year eDEP only:	1.042	
		Tons	
	b. Actual for year of record:	1.0040	
	·	Tons	_
	c. Potential at max capacity uncontrolled:	53.6000	
	· · ·	Tons	_
	d. Max allowed emissions – annual:	18.6000	Facility-wide restriction only
		Tons	-
	e. Max allowed emissions – short term:	10600	Facility-wide restriction only
		Pounds	_
	f. Short term period:	MONTH	_
?	g. Basis for max allowed emissions:	MBR-95-RES-047	DEP approval # or regulation



Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

Emission Unit - Fuel Utilization Equipment

2008 Year of record 64 DEP EU# (old Point #) 1190564

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		noolon one i doi ounzation zquipmont	Facility AQ Identifier			
Important: When filling out forms on	Α.	Equipment Description				
the computer, use only the	1.	Facility identifiers:				
tab key to		CLEAN HARBORS OF BRAINTREE				
move your cursor - do not		a. Facility name				
use the return key.		b. DEP Account number	1190564			
icy.			c. Facility AQ identifier – SSEIS ID number			
tab	2.	Emission unit identifiers:				
		2 LENNOX FURNACES SR 20Q5-140/154 0.246 M	IMBTU/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 point #			
		d. ORIS ID # - for large electrical utilities only	e. Combined Units – enter number of individual units			
	3.	DEP approvals – leave blank if not applicable:				
		a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)			
	4.	Is this unit exempt under 310 CMR 7.02 Plan Approvals ?				
	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				
How to		Reason for exemption				
delete a unit?	6.	Emission unit installation date and decommission date:				
(click ?-icon)		6/1/1994				
		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	ber 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 require	ements for this emissions unit?			
		✓ yes - specify reporting frequency below □ no – skip to question 8c				
		b. Reporting frequency - check all that apply:				
		☐ 1. Monthly ☐ 2. Quarterly ☐ 3. Semi-annual (include Operating Permit and Plan Approval reports, but not exce	-			
		c. Is this unit subject to (check all that apply):				
		☐ NESHAP ☐ NSPS ☐ MACT				



Bureau of Waste Prevention - Air Quality

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Emission Unit - Fuel Utilization Equipment



2008
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64
DEP EU# (old Point #)
1190564
Eacility AO identifier

?	9.	Equipmen	nt:				
How to report		а. Туре					
units ?		☐ boiler	✓ furnace	engine	other:		
			ramaco	origino	outlot:	Describe "other" equip	ment type
		LENNOX				SR20Q5-140	
		b. Manufact 0.1230	turer			c. Model number 1	
?			rating MMBtu/h	r (enter "0" if no	t applicable)		(enter "0" if not applicable)
f data unknown or		f. Type of	burner – che	ck one:	☐ rotary	mech. atomize	r steam atomizer
not available ?					air atomizer	traveling grate	☐ hand fired
					other:		
		BECKETT	Γ			"other" burner type AFG	
		g. Burner ma	anufacturer			h. Burner model number	er
		6/1/1995	tallation date (m	m/dd/\nnn\			
		i. Duillei ilisi	ialiation date (iii	im/aa/yyyy)			
	10.	Hours of c	operation for	the emission	unit: a. 🗌 c	heck if continuously	operated – 24 x 7 x 52
9	9	24			7	-	21
4		b. Number o	of hours per day		c. Number of days p	er week	d. Number of weeks per year
		e. Percent	t of total annu	ual operation	that occurs in ea	ach calendar quarte	er:
		61.0	10.0	0.0	29.0	Sum of Q1+Q2+Q3+Q	
		Q1	Q2	Q3	Q4	or 0% if the unit was no	ot operated for any quarter
	11.	Ozone sea	ason operation	on schedule	- May 1 through	September 30:	
		0			0		
		a. Ozone sea	ason hours per o	day	b. Ozone season da	ys per week c	:. Weeks operated in ozone season
	12.	Emission	release point	– select one	e: (2)	gines click here for instru	uctions: 2
	12.	Emission	release point	– select one	e: ? En	gines click here for instru	uctions:
	12.		release point ack Release F			gines click here for instru Physical Stacks:	uctions:
	12.	Non-Sta	ack Release F	Points: orizontal ver	F nt [Physical Stacks: Vertical stack	
	12.	Non-Sta	ack Release Five he exh. de	Points: orizontal ver ownward fac	nt [Physical Stacks:	
	12.	Non-Sta	ack Release Force has been been been been been been been bee	Points: orizontal ver ownward fac t less than 10	nt [ing vent]	Physical Stacks: Vertical stack	
		Non-Sta	ack Release Five he exh. de deck release point	Points: orizontal ver ownward fact t less than 10 , skip to questic	nt [ing vent of the content of the c	Physical Stacks: Vertical stack	cap/sleeve

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

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



Massachusetts Department of Environmental Protection

Bureau of Waste Prevention - Air Quality

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

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

?	14. Is there a pollution control of	Check here if you need to report mor than 3 air pollution control devices or		
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	f. DEP approval # (most recent)	DEP approval # (most recent)	DEP approval # (most recent)	
applicable.	g. DEP approval date (mm/dd/yyy	y) DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	

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



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Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

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15.	Is there monitoring	equipment or	n this unit	or its related	control devices	3?

How to delete a monitor?	☐ yes – answer a t	hrough I 🗹 no – skip to se	ection B	
		Monitor 1	Monitor 2	Monitor 3
	a. Monitor type:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:
Do not leave blank – if unknown write 'unknown' or 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:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
_	j. Audible alarm ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
7	k. Data system ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	I. Monitored pollutants (check all that apply):	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:

Describe "other"

Describe "other"

Describe "other"



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

Year of record 64 DEP EU# (old Point #) 1190564 Facility AQ identifier

B. Fuels and Emissions

	1.	Fuel Name / Characteristics: Number of fuels for this unit (previous records): 1	FURNACES #1(2)-LENNOX SR 20Q5 #2 OIL Fuel name 1
		Trumber of facis for this unit (previous records).	DEP Fuel #
How does eDEP handle multiple fuels?		Add a NEW fuel: Check the box if you need to add a fuel that you did not report on previously (eDEP will add a blank Sect. B form to your package).	Delete this fuel: check box if you stopped using this fuel in this unit permanently. You must still report for this year of record even if amount is "0" – the fuel will be removed from the unit in the next report cycle.
		When to NOT check this box ?	
		a Source Classification Code (SCC)	10500105
		a. Source Classification Code (SCC) (see instructions):	SC Code (call DEP if SC code will not validate) INDUS.SPACE HEAT-DISTILLATE OIL
			SCC Code Description – filled by eDEP
		b. Type of fuel – check one:	☑ no.2
			☐ 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:
			FUEL NO 2 Describe "other" fuel
		c. Sulfur content for oils and coal $(0 - 2.2)$:	.138 Percent by weight
		d. Ash content for oils and coal (0 -10):	0
Note for e: Enter the Maximum Fuel Rate at			Percent by weight 0.0022 1000 GALLONS
which the unit can burn		e. Maximum hourly fuel rate for all firing burners:	Amount Units per hour
fuel (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
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	19.2720 1000 GALLONS Units
		i. Short term use restriction (amount or hours):	0.0022 1000 GALLONS
		For this fuel	Quantity Units
			Per: month week day law hour
			CAUTION: check your amount vs.units
	2	Annual usage:	7.9222 1000 GALLONS
		Enter "0" if not used in the year of record	a. Amount – year of recordb. Units12.7881000 GALLONS

c. Total annual usage for prior year of record – eDEP only



Bureau of Waste Prevention - Air Quality

Emission Unit - Fuel Utilization Equipment

B. Fuels and Emissions (cont.)

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

2008 Year of record 64 DEP EU# (old Point #) 1190564 Facility AQ identifier



	Pollutant:	□ PM10	□ PM2.5	□ SO2	□ NO2
	r onutant.		☐ T WIZ.J	□ 302	☐ NO2
	Actual for previous year	0.0130	0.0050	0.2720	0.1280
	eDEP only	Tons	Tons	Tons	Tons
		0.0079	0.0033	0.1687	0.0792
	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	0.83	142	20
	in pounds per unit:	1000 GALLONS	1000 GALLONS	1000 GALLONS	1000 GALLONS
	Maximum allowed emissions –				1.1
_	annual:	Tons	Tons	Tons	Tons
о П	Maximum allowed emissions –				.091
For this fuel only	short term:	Pounds	Pounds	Pounds	Pounds MONTH
₹	Short term period (or MMBtu):				
Fo	Basis – DEP approval number or regulation:				EXEMPT

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

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

other: Pollutant: □ co □ VOC ☐ NH3 specify 0.0020 0.0050 0.0320 Actual for previous year Tons Tons Tons Tons eDEP only: 0.0198 0.0013 0.0032 Actual for year of record: Tons Tons Tons Tons 0.05 0.0030 0.01 Potential emissions at max Tons Tons capacity uncontrolled: Tons Tons 5 0.34 0.80 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:



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

В.	Fuels	and	Emissions	(cont)
┏.	i ucio	ana		1 GOI IL. 1

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

C. Notes and Attachments

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

2. Attachments:

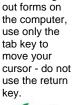
Check here to submit attachments to this form (e.g., calculations) - add a note in the field above
indicating what is attached. For eDEP on-line filers, this will create a new step on your Current
Submittal Page where you can attach electronic files to your submittal. Please list attachments
that cannot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



Bureau of Waste Prevention - Air Quality

2008 Year of record 55 DEP EU# (old Point #) 1190564

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







How to delete a unit? (click ?-icon

	iission Onit – Fuel Otilization Equipment	Facility AQ identifier				
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:					
	GENERATOR #1-CATERPILLAR 558.5 KW #2 O	IL-0.3 PERS				
	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 point #				
	d. ORIS ID # - for large electrical utilities only	e. Combined Units – enter number of individual units				
3.	DEP approvals – leave blank if not applicable:					
	MBR-89-COM-31	5/4/1989				
	a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)				
4.	Is this unit exempt under 310 CMR 7.02 Plan Appro	ovals ? ☐ yes 🗹 no				
5.	If exempt from Plan Approval, indicate reason why	If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation):				
	Reason for exemption					
.6	Emission unit installation date and decommission of	lato				
6.		iale.				
	5/4/1989	b December 1 date (and (11/1000)). "Constitution				
	a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shutdown permanently or				
7.	Emission unit replacement:	replaced since the last report.				
	a. Is this unit replacing another emission unit?					
	✓ no	mber and name for the unit being replaced below:				
	b. DEP's emission unit number and facility unit name					
8.	Additional state reporting requirements:					
٥.	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-annual
☐ 4. Annual
☐ 5. RES

(include Operating Permit and Plan Approval reports, but not exceedance reporting)

c. Is this unit subject to (check all that apply):

☐ NESHAP	■ NSPS
----------	--------





7 1 STACK GENERATOR (2)- CUMMINS AND CATERPILLAR Facility's stack identifier from STACK form – to change stack name use STACK form

Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

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

2008

A. Equipment Description (cont.)



What to do if data unknown or not available?

9.	Equipment:			
	a. Type			
	□ boiler □ furnace engir	ne other:		
			Describe "other" equipment type 3412DIT c. Model number	
	CATERPILLAR			
	b. Manufacturer			
	5.3480 d. Max input rating MMBtu/hr (enter "0" if not applicable)		e. Number of burners (enter "0" if not applicable)	
	d. Max input rating MMBtu/nr (enter 0 in	not applicable)	e. Number of burners (ente	o ir not applicable)
	f. Type of burner – check one:	☐ rotary	✓ mech. atomizer	steam atomizer
		air atomizer	☐ traveling grate	hand fired
		other:		
	CATERPILLR		"other" burner type N/A	
	g. Burner manufacturer 6/1/1989		h. Burner model number	
	i. Burner installation date (mm/dd/yyyy)			
	()			
10.	Hours of operation for the emissi	on unit: a. 🗌 c	heck if continuously op	erated – 24 x 7 x 52
10.	1	1	12	
10.	1 b. Number of hours per day	1 c. Number of days pe	er week 12 d. Nu	erated – 24 x 7 x 52
10.	b. Number of hours per day e. Percent of total annual operations.	1 c. Number of days pe on that occurs in ea	er week 12 d. Nu	
10.	1 b. Number of hours per day e. Percent of total annual operation 25.0 25 25	c. Number of days per on that occurs in ea	er week $\frac{12}{\text{d. Nu}}$ ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu	mber of weeks per year st = 100%,
10.	b. Number of hours per day e. Percent of total annual operations.	1 c. Number of days pe on that occurs in ea	er week $\frac{12}{\text{d. Nu}}$	mber of weeks per year st = 100%,
	1 b. Number of hours per day e. Percent of total annual operation 25.0 25 25	1 c. Number of days per on that occurs in ea 25 Q4	er week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op	mber of weeks per year st = 100%,
	1 b. Number of hours per day e. Percent of total annual operations and the second seco	1 c. Number of days per on that occurs in ea 25 Q4	er week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op	mber of weeks per year st = 100%,
	1 b. Number of hours per day e. Percent of total annual operation schedum of the season operation	1 c. Number of days person that occurs in each occu	ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op September 30:	mber of weeks per year st = 100%, erated for any quarter
	1 b. Number of hours per day e. Percent of total annual operation schedules and the second season operation schedules and the season operation schedules and the season operation schedules and the season operation schedules are season operation schedules.	1 c. Number of days person that occurs in each occu	ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op September 30:	mber of weeks per year st = 100%,
11.	b. Number of hours per day e. Percent of total annual operation and the second season operation schedules. Ozone season hours per day	1 c. Number of days per on that occurs in ea 25 Q4 le – May 1 through b. Ozone season day	re week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op September 30: ys per week 12 d. Nu	mber of weeks per year st = 100%, erated for any quarter eks operated in ozone season
11.	1 b. Number of hours per day e. Percent of total annual operation schedum of the season operation	1 c. Number of days per on that occurs in ea 25 Q4 le – May 1 through b. Ozone season day	ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op September 30:	mber of weeks per year st = 100%, erated for any quarter eks operated in ozone season
11.	b. Number of hours per day e. Percent of total annual operation and the second season operation schedules. Ozone season hours per day	1 c. Number of days per on that occurs in each 25 Q4 le - May 1 through 1 b. Ozone season day one: ? Eng	re week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op September 30: ys per week 12 d. Nu	mber of weeks per year st = 100%, erated for any quarter eks operated in ozone season
11.	1 b. Number of hours per day e. Percent of total annual operation and the second season operation schedular and the season hours per day Emission release point – select of the season operation schedular and the season hours per day	1 c. Number of days person that occurs in each on that occurs in each occurs in e	ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op September 30: ys per week Since Click here for instruction Physical Stacks: ✓ vertical stack	mber of weeks per year st = 100%, erated for any quarter eks operated in ozone season s: ?
11.	1 b. Number of hours per day e. Percent of total annual operation services and services are services and services are ser	1 c. Number of days per on that occurs in each 25 Q4 le - May 1 through 1 b. Ozone season day one: Pent racing vent	er week d. Nu each calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op September 30: ys per week gines click here for instruction Physical Stacks:	mber of weeks per year st = 100%, erated for any quarter eks operated in ozone season s: ?
11.	b. Number of hours per day e. Percent of total annual operation and the second season operation schedus and the season operation schedus and the season hours per day Emission release point — select of the season operation schedus and the season hours per day Emission release point — select of the season hours per day Non-Stack Release Points:	1 c. Number of days per on that occurs in each 25 Q4 le - May 1 through 1 b. Ozone season day one: Pent racing vent	ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op September 30: ys per week Since Click here for instruction Physical Stacks: ✓ vertical stack	mber of weeks per year st = 100%, erated for any quarter eks operated in ozone season s: ?
11.	1 b. Number of hours per day e. Percent of total annual operation services and services are services and services are ser	1 c. Number of days person that occurs in each on that occurs in each on that occurs in each one. 25 Q4 le - May 1 through one: b. Ozone season days one: English of the content of the content occurs in each occurs of the content occurs occurs on the content occurs of the content occurs occurs on the content occurs occurs on the content occurs of the content occurs occurs on the content occurs occurs occurs on the content occurs occurs on the content occurs occurs occurs on the content occurs occu	ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op September 30: ys per week Since Click here for instruction Physical Stacks: ✓ vertical stack	mber of weeks per year st = 100%, erated for any quarter eks operated in ozone season s: ?

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

aqap1s.doc • revised 09/07/05



Bureau of Waste Prevention - Air Quality

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

2008 Year of record 55 DEP EU# (old Point #) 1190564 Facility AQ identifier

?	14. Is there a pollution control device	e on this emissions unit?	Check here if you need to report more than 3 air pollution control devices on
How to delete a control ?	yes – answer a through i	✓ no – skip to question 15	this unit. eDEP will add another page of control devices after this form.
	Air pollution control device 1	Air pollution control device 2	Air pollution control device 3
(
	а. Туре	Туре	Туре
Do not 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	f. DEP approval # (most recent)	DEP approval # (most recent)	DEP approval # (most recent)
applicable.	g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)

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



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

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

2008			
Year o	f record		
55			
DEP E	U# (old	Point #)	
1190	564		
Facility	AQ ide	entifier	

 . 10 111010 111	.oog o	quipinoni	011 11110	arm or r	io rolatoa	oonino a

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 estimate	b. Manufacturer: c. Model number:	Describe "other"	Describe "other"	Describe "other"
	d. Monitor ID #:			
	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 applicable.	g. DEP approval date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
аррисаые.	h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder ?	∐ yes ∐ no	∐ yes	∐ yes ∐ no
	j. Audible alarm ?	∐ yes ∐ no	∐ yes	☐ yes ☐ no
(k. Data system ?	∐ yes	☐ yes ☐ no	∐ yes
	I. Monitored pollutants (check all that apply):	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:
		Describe "other"	Describe "other"	Describe "other"



Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

2008 Year of record 55 DEP EU# (old Point #) 1190564 Facility AQ identifier

B. Fuels and Emissions

			GENERATOR #1-CAT	ERPILLAR 558.5 KW #
	1.	Fuel Name / Characteristics:	Fuel name	
2		Number of fuels for this unit (previous records): 1	DEP Fuel #	
How does eDEF handle multiple fuels?	0	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 permane this year of record even	box if you stopped using this ontly. You must still report for if amount is "0" – the fuel will it in the next report cycle.
		When to NOT check this box ?	be removed from the diff	it in the next report eyele.
		a. Source Classification Code (SCC) (see instructions):	20200102 SC Code (call DEP if SC cod IC ENGINE- RECIP- D	
			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 - o	describe:
		c. Sulfur content for oils and coal (0 – 2.2):	Describe "other" fuel 0.0401	
		d Ash content for allo and appl (0, 10);	Percent by weight 0.0	
Note for e:		d. Ash content for oils and coal (0 -10):	Percent by weight	
Enter the Maximum Fuel Rate at which the unit can burn fuel (its absolute		e. Maximum hourly fuel rate for all firing burners:	O.0380 Amount Enter "0" if unit decommission	1000 GALLONS Units per hour ded prior to this Year of Record.
uncontrolled design capacity). Do		f. Do you have fuel or usage restrictions?	✓ yes □ no - skip to	o 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 Units
		i. Short term use restriction (amount or hours):	24	HOUR
		For this fuel	Quantity	Units
			Per: month week	✓ day hour
			CAUTION: check your amount	t vs.units
	2	Annual unage:	0.6236	1000 GALLONS
	۷.	Annual usage:	a. Amount – year of record	b. Units
		Enter "0" if not used in the year of record	c. Total annual usage for prio	GALLONS r year of record – eDEP only



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

B. Fuels and Emissions (cont.)

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

2008
Year of record
55
DEP EU# (old Point #)
1190564
Facility AQ identifier



	Pollutant:	☐ PM10	☐ PM2.5	□ SO2	□ NO2
	Actual for previous year eDEP only:	0.01 Tons	0.01 Tons	0.0030 Tons	0.14 Tons
		0.0132	0.0132	0.0037	0.1883
	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:	0.31	42.50	0.29	4.41
	in pounds per unit:	1000 GALLONS	1000 GALLONS	1000 GALLONS	1000 GALLONS
	Maximum allowed emissions –				3.5
ا ح	annual:	Tons	Tons	Tons	Tons
For this fuel only	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds
this	Short term period (or MMBtu):				
[Pasis – DEP approval number or regulation:	MBR-89-COM-31	MBR-89-COM-31	MBR-89-COM-31	MBR-89-COM-3

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

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

other: Pollutant: □ co □ VOC ☐ NH3 specify 0.03 0.01 0.01 Actual for previous year Tons Tons Tons Tons eDEP only: 0.0406 0.0145 0.0132 Actual for year of record: Tons Tons Tons Tons 21.66 7.75 7.07 Potential emissions at max Tons capacity uncontrolled: Tons Tons Tons 0.95 0.34 42.50 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 short term: **Pounds Pounds** Short term period (or MMBtu): MBR-89-COM-31 MBR-89-COM-31 MBR-89-COM-31 Basis - DEP approval number or regulation:



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

В.	Fuels	and	Emissions	(cont)
┏.	i ucio	ana		1 GOI IL. 1

2008
Year of record
55
DEP EU# (old Point #)
1190564
Facility AQ identifier

4		
	\mathbf{Z}	
_		O

4.	Ozone season	emissions -	May 1	through	September 30:	

0.06	0.75
a. Typical day VOC emissions – pounds per day	b. Typical day NOx emissions –pounds per day
check to enter your own values	check to enter your own values

NOTE: The form will estimate the ozone season emissions for you. However, you may enter your own values by checking the boxes above.

C. Notes and Attachments

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

2. Attachments:

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



Bureau of Waste Prevention - Air Quality

2008 Year of record 50 DEP EU# (old Point #) 1190564

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







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

=n	nission Unit – Fuel Utilization Equipment	Facility AQ identifier		
Α.	Equipment Description			
1.	Facility identifiers:			
	CLEAN HARBORS OF BRAINTREE			
	a. Facility name	4400004		
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number		
2	Emission unit identifiers:	6. Facility Act Identifier Goele 15 Humber		
2.				
	GENERATOR #2-CUMMINS #NT855G2 #2 DIES a. Facility's choice of emission unit name – edit as needed	DEL		
	50	50		
	b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # – old point #		
	d. ORIS ID # – for large electrical utilities only	e. Combined Units – enter number of individual units		
3.	DEP approvals – leave blank if not applicable:			
	EXEMPT	5/4/1989		
	a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)		
4.	Is this unit exempt under 310 CMR 7.02 Plan Appre	ovals? 🗹 yes 🗌 no		
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				
3.	Emission unit installation date and decommission date:			
	8/1/1999			
	a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable		
7.	Emission unit replacement:	Complete only if the unit was shutdown permanently or replaced since the last report.		
	a. Is this unit replacing another emission unit?			
	✓ no yes – enter DEP's emission unit nu	mber and name for the unit being replaced below:		
	,	3 1		
	b. DEP's emission unit number and facility unit name			
3.	Additional state reporting requirements:			
	a. Are there other routine air quality reporting requi	rements for this emissions unit?		
	✓ yes - specify reporting frequency below	☐ no – skip to question 8c		
	b. Reporting frequency - check all that apply:			
	□ 4 Mandalla □ C C catalla □ C C C			
	1. Monthly 2. Quarterly 3. Semi-annua	_		
	(include Operating Permit and Plan Approval reports, but not ex	ceedance reporting)		
	c. Is this unit subject to (check all that apply):			

□ NESHAP

■ NSPS

■ MACT



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

2008
Year of record
50
DEP EU# (old Point #)
1190564
Facility AO identifier

?
How to report
on combined
units?

What to do if data unknown or not available?

9.	Equipment:					
	a. Type					
	☐ boiler ☐ furnace ✔ engine	other:				
		_	Describe "other" equip	oment type		
	CUMMINGS		125-DGEA			
	b. Manufacturer1.6880		c. Model number			
	d. Max input rating MMBtu/hr (enter "0" if not	applicable)	e. Number of burners	(enter "0" if not applicable)		
	f. Type of burner – check one:	☐ rotary	mech. atomize	er steam atomizer		
		air atomizer	traveling grate	☐ hand fired		
		other:				
			"other" burner type			
	g. Burner manufacturer		h. Burner model numb	er		
	i. Burner installation date (mm/dd/yyyy)					
10.	Hours of operation for the emission	unit: a. 🗌 d	heck if continuously	y operated - 24 x 7 x 52		
1	1	1		12		
,	b. Number of hours per day	. Number of days p	er week	d. Number of weeks per year		
	e. Percent of total annual operation that occurs in each calendar quarter:					
	25 25 25	25	Sum of Q1+Q2+Q3+0	Q4 must = 100%,		
	Q1 Q2 Q3	Q4		not operated for any quarter		
11.	Ozone season operation schedule -	- May 1 through	September 30:			
		1		5		
		o. Ozone season da	ys per week	c. Weeks operated in ozone season		
12.	Emission release point – select one:	: ? En	gines click here for instr	uctions: (?)		
	Non-Stack Release Points:	F	Physical Stacks:			
	☐ fugitive ☐ horizontal vent	t	vertical stack			
	engine exh. downward faci		vertical with rain	cap/sleeve		
	vertical stack/vent less than 10	π				
	If Non-Stack release point, skip to question					
13	Link this unit to a physical stack (if a	nnlicable) – nick	from the list below	r·		

13

7 1 STACK GENERATOR (2)- CUMMINS AND CATERPILLAR

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

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



Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

2008

2000
Year of record
50
DEP EU# (old Point #)
1190564
Eacility AO identifier

?	14.	Is there a pollution control device	e o	n this emissions unit?		Check here if you need to report more than 3 air pollution control devices on
How to delete a control ?		yes – answer a through i	/	no – skip to question 15		this unit. eDEP will add another page of control devices after this form.
		Air pollution control device 1		Air pollution control device 2		Air pollution control device 3
		а. Туре		Туре		Туре
Do not leave blank –		b. Manufacturer		Manufacturer		Manufacturer
if unknown write 'unknown' or		c. Model number		Model number		Model number
estimate	<u> </u>	d. Facility's ID for this device		Facility's ID for this device		Facility's ID for this device
>	<u>(1)</u>	e. Installation date (mm/dd/yyyy) EXEMPT		Installation date (mm/dd/yyyy) EXEMPT		Installation date (mm/dd/yyyy) EXEMPT
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 - en	ter	for all pollutants that the device	wa	s designed to control:
PM 10 PM 2.5		% Overall eff.		% Overall eff.		% Overall eff.
		% 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.				
НОС				% Overall eff.		% Overall eff.
HYC		% Overall eff.		% Overall eff.		% Overall eff.
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"



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

Bureau of Waste Prevention - Air Quality

A. Equipment Description (cont.)

Year of record 50 DEP EU# (old Point #) 1190564 Emission Unit - Fuel Utilization Equipment Facility AQ identifier

2008

How to delete a monitor?							
		Monitor 1	Monitor 2	Monitor 3			
Do not	a. Monitor type:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:			
leave blank – if unknown write 'unknown' or estimate	b. Manufacturer:	Describe "other"	Describe "other"	Describe "other"			
Communic	c. Model number:						
	d. Monitor ID #: e. Installation date:	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	f. DEP approval #: 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)	(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 Environmental ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-1

Emission Unit – Fuel Utilization Equipment

2008 Year of record 50 DEP EU# (old Point #) 1190564 Facility AQ identifier

B. Fuels and Emissions

	4	First Name / Characteristics	GENERATOR #2-CUMMINS #NT855G2- #2 OI
	1.	Fuel Name / Characteristics:	Fuel name
		Number of fuels for this unit (previous records): 1	1
2			DEP Fuel #
How does eDEF nandle multiple uels?	o	Add a NEW fuel: Check the box if you need to add a fuel that you did not report on previously (eDEP will add a blank Sect. B form to your package).	Delete this fuel: check box if you stopped using this fuel in this unit permanently. You must still report for this year of record even if amount is "0" – the fuel will be removed from the unit in the next report cycle.
		When to NOT check this box ?	be removed from the time in the risk report eyele.
		a. Source Classification Code (SCC) ?	20200102
		(see instructions):	SC Code (call DEP if SC code will not validate)
		(See instructions).	IC ENGINE- RECIP- DIESEL
			SCC Code Description – filled by eDEP
		b. Type of fuel – check one:	
		b. Type of fact. officer office.	☐ no.2 ☐ no.4 ☐ no.6
			✓ diesel ☐ coal ☐ natural gas
		Note: The option to have eDEP calculate your emissions is not available if your fuel type is "other".	☐ jet fuel ☐ other - describe:
			Describe "other" fuel
		c. Sulfur content for oils and coal $(0 - 2.2)$:	.138
			Percent by weight
		d. Ash content for oils and coal (0 -10):	0
Note for e: Enter the			Percent by weight
Maximum			
Fuel Rate at		A Marchan and Contracts for all Contracts and	0.0120 1000 GALLONS
which the unit can burn		e. Maximum hourly fuel rate for all firing burners:	Amount Units per hour
fuel (its			·
absolute			Enter "0" if unit decommissioned prior to this Year of Record.
uncontrolled design		_	
capacity). Do		f. Do you have fuel or usage restrictions?	yes no - skip to question 2
not enter the		g. DEP approval number for restrictions:	EXEMPT 7.02
normal operation		g. BET approval namber for restrictions.	Most recent for this fuel
rate nor any			
restricted (allowable)			
rate.		h. Annual use restriction (amount or hours):	300 HOUR
		For this fuel	Quantity Units
		i. Short term use restriction (amount or hours):	24 DAY
		For this fuel	Quantity Units
			Per: ☐ month ☐ week 🗹 day ☐ hour
			CAUTION: check your amount vs.units
	2	Annual usage:	0.1440 1000 GALLONS
		· ·	a. Amount – year of record b. Units
		Enter "0" if not used in the year of record	.144 1000 GALLONS c. Total annual usage for prior year of record – eDEP only
			c. Total annual usage for phor year of record — eight only



Bureau of Waste Prevention - Air Quality

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

Read **First**

Part 75 Requirements

DEP EU# (old Point #) 1190564 Emission Unit - Fuel Utilization Equipment Facility AQ identifier B. Fuels and Emissions (cont.)

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:

☐ NO2 Pollutant: ☐ PM10 ☐ PM2.5 ☐ SO2 0.0031 0.0031 0.0009 0.0435 Actual for previous year Tons Tons Tons Tons eDEP only: 0.0031 0.0037 0.0009 0.0435 ctual for year of record: Tons Tons Tons Tons 2.23 2.23 31.76 0.63 otential emissions at max capacity uncontrolled: Tons Tons Tons Tons 0.31 4.41 42.50 0.29 Emission factor: 1000 GALLONS 1000 GALLONS 1000 GALLONS 1000 GALLONS in pounds per unit: Maximum allowed emissions – annual: Tons Tons Tons Tons For this fuel only Maximum allowed emissions short term: Pounds **Pounds** Pounds Pounds Short term period (or MMBtu): **EXEMPT EXEMPT EXEMPT EXEMPT** Basis - DEP approval number or regulation: other:

					otner:
	Pollutant:	□ со	□ voc	□ NH3	specify
	Actual for previous year	0.0094	0.0034	0.0031	
	eDEP only:	Tons	Tons	Tons	Tons
	Actual for year of records	0.0094	0.0034	0.0037	
	Actual for year of record:	Tons	Tons	Tons	Tons
	Potential emissions at max	6.84	2.45	2.23	
	capacity uncontrolled:	Tons	Tons	Tons	Tons
	Emission factor:	0.95	0.34	42.50	
	in pounds per unit:	1000 GALLONS	1000 GALLONS	1000 GALLONS	
	Maximum allowed emissions –				
<u>~</u>	annual:	Tons	Tons	Tons	Tons
5	Maximum allowed emissions -				
fuel	short term:	Pounds	Pounds	Pounds	Pounds
For this fuel only	Short term period (or MMBtu):				
For	Basis – DEP approval number or regulation:	EXEMPT	EXEMPT		

2008

50

Year of record



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

R	Fuels and	Emissions	(cont)
D.	rueis aiiu		(COHL.)

2008
Year of record
50
DEP EU# (old Point #)
1190564
Facility AQ identifier

_	

4.	Ozone season	emissions -	May 1	through	September	30:
----	--------------	-------------	-------	---------	-----------	-----

0.02
a. Typical day VOC emissions – pounds per day

✓ check to enter your own values

0.24
b. Typical day NOx emissions –pounds per day

✓ check to enter your own values

NOTE: The form will estimate the ozone season emissions for you. However, you may enter your own values by checking the boxes above.

C. Notes and Attachments

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

2. Attachments:

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



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

2008 Year of record 3 DEP EU# (old Point #) 1190564 Facility AQ identifier

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





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

A. Equipment Description

1. Facility identifiers: CLEAN HARBORS OF BRAINTREE a. Facility name 34839 b. DEP Account number 2. Emission unit identifiers: BOILER #1-CLEAVER BROOKS-#2 OIL 0.3 PERCENTSULFUR a. Facility's choice of emission unit name – edit as needed 3 b. Facility's emission unit number / code – edit as needed d. ORIS ID # – for large electrical utilities only d. ORIS ID # – for large electrical utilities only e. Combined Units – enter number of individual units DEP approvals – leave blank if not applicable: MBR-86-COM-027 a. Most recent approval number b. DEP approval date (mm/dd/yyyy) 1. Is this unit exempt under 310 CMR 7.02 Plan Approvals? yes no 1. Most recent approval number 6. Emission unit installation date and decommission date: 9/1/1986 a. Installation date – estimate if unknown (mm/dd/yyyy) 7. Emission unit replacement: a. Is this unit replacing another emission unit? In o yes – enter DEP's emission unit number and name for the unit was shutdown permanently or replaced since the last report. a. Are there other routine air quality reporting requirements for this emissions unit? In o - skip to question 8c b. Reporting frequency - check all that apply: 1. Monthly 2. Quarterly 3. Semi-annual 4. Annual 5. RES (include Operating Permit and Plan Approval reports, but not exceedance reporting) C. Is this unit subject to (check all that apply): NESCHAR	1	Equility identifiers:				
a. Facility name 34839 b. DEP Account number c. Facility AQ identifier - SSEIS ID number 2. Emission unit identifiers: BOILER #1-CLEAVER BROOKS- #2 OIL 0.3 PERCENTSULFUR a. Facility's choice of emission unit name - edit as needed 3 b. Facility's emission unit number / code - edit as needed d. ORIS ID # - for large electrical utilities only a. MBR-86-COM-027 a. Most recent approval number b. DEP approvals - leave blank if not applicable: MBR-86-COM-027 a. Most recent approval number b. DEP approval celectrical utilities only b. DEP approvals - leave blank if not applicable: MBR-86-COM-027 a. Most recent approval number b. DEP approval of the unit exempt under 310 CMR 7.02 Plan Approvals? MBR-86-COM-027 b. DEP approval date (mm/dd/yyyy) If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation): Reason for exemption Emission unit installation date and decommission date: 9/1/1986 a. Installation date - estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacement: a. Is this unit replacing another emission unit? In o	١.	·				
DEP Account number 2. Emission unit identifiers:						
2. Emission unit identifiers: BOILER #1-CLEAVER BROOKS- #2 OIL 0.3 PERCENTSULFUR a. Facility's choice of emission unit name - edit as needed 3. b. Facility's emission unit number / code - edit as needed d. ORIS ID # - for large electrical utilities only 3. DEP approvals - leave blank if not applicable: MBR-86-COM-027 a. Most recent approval number 4. Is this unit exempt under 310 CMR 7.02 Plan Approvals? yes no 5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation): Reason for exemption 6. Emission unit installation date and decommission date: 9/1/1986 a. Installation date - estimate if unknown (mm/dd/yyyy) 17. Emission unit replacement: a. Is this unit replacing another emission unit? In o yes - enter DEP's emission unit number 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-annual 4. Annual 5. RES (include Operating Permit and Plan Approval reports, but not exceedance reporting) c. Is this unit subject to (check all that apply):		•	1190564			
BOILER #1-CLEAVER BROOKS- #2 OIL 0.3 PERCENTSULFUR a. Facility's choice of emission unit name – edit as needed 3 b. Facility's emission unit number / code – edit as needed d. ORIS ID # – for large electrical utilities only e. Combined Units – enter number of individual units 3. DEP approvals – leave blank if not applicable: MBR-86-COM-027 a. Most recent approval number 4. Is this unit exempt under 310 CMR 7.02 Plan Approvals? yes no 5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation): Reason for exemption Reason for exemption 6. Emission unit installation date and decommission date: 9/1/1986 a. Installation date – estimate if unknown (mm/dd/yyyy) b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shutdown permanently or replaced since the last report. a. Is this unit replacing another emission unit? In no yes – enter DEP's emission unit number 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-annual 4. Annual 5. RES (include Operating Permit and Plan Approval reports, but not exceedance reporting) c. Is this unit subject to (check all that apply):		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number			
a. Facility's choice of emission unit name — edit as needed 3 b. Facility's emission unit number / code — edit as needed d. ORIS ID # — for large electrical utilities only 3. DEP approvals — leave blank if not applicable: MBR-86-COM-027 a. Most recent approval number b. DEP approval date (mm/dd/yyyy) 4. Is this unit exempt under 310 CMR 7.02 Plan Approvals? — yes no 5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation): Reason for exemption 6. Emission unit installation date and decommission date: 9/1/1986 a. Installation date — estimate if unknown (mm/dd/yyyy) 7. Emission unit replacement: a. Is this unit replacing another emission unit? no yes — enter DEP's emission unit number and name for the unit being replaced below: b. DEP's emissions unit number and facility unit name 8. Additional state reporting requirements: a. Are there other routine air quality reporting requirements for this emissions unit? Pyes - specify reporting frequency below no — skip to question 8c b. Reporting frequency - check all that apply: 1. Monthly 2. Quarterly 3. Semi-annual 4. Annual 5. RES (include Operating Permit and Plan Approval reports, but not exceedance reporting) c. Is this unit subject to (check all that apply):	2.	Emission unit identifiers:				
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a. Most recent approval number b. DEP approval date (mm/dd/yyyy) 4. Is this unit exempt under 310 CMR 7.02 Plan Approvals?	3.	DEP approvals – leave blank if not applicable:				
4. Is this unit exempt under 310 CMR 7.02 Plan Approvals?		MBR-86-COM-027	9/11/1986			
5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation): Reason for exemption 6. Emission unit installation date and decommission date: 9/1/1986 a. Installation date – estimate if unknown (mm/dd/yyyy) b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shutdown permanently or replaced since the last report. a. Is this unit replacing another emission unit? In no yes – enter DEP's emission unit number 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? In yes - specify reporting frequency below no – skip to question 8c b. Reporting frequency - check all that apply: 1. Monthly 2. Quarterly 3. Semi-annual 4. Annual 5. RES (include Operating Permit and Plan Approval reports, but not exceedance reporting) c. Is this unit subject to (check all that apply):		a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)			
Reason for exemption 6. Emission unit installation date and decommission date: 9/1/1986 a. Installation date – estimate if unknown (mm/dd/yyyy) b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shutdown permanently or replaced since the last report. a. Is this unit replacing another emission unit? In no yes – enter DEP's emission unit number 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? In yes - specify reporting frequency below no - skip to question 8c b. Reporting frequency - check all that apply: 1. Monthly 2. Quarterly 3. Semi-annual 4. Annual 5. RES (include Operating Permit and Plan Approval reports, but not exceedance reporting) c. Is this unit subject to (check all that apply):	4.	Is this unit exempt under 310 CMR 7.02 Plan Appr	rovals? ☐ yes 🗹 no			
6. Emission unit installation date and decommission date: 9/1/1986 a. Installation date – estimate if unknown (mm/dd/yyyy) b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shutdown permanently or replaced since the last report. a. Is this unit replacing another emission unit? In no yes – enter DEP's emission unit number 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? In o skip to question 8c b. Reporting frequency - check all that apply: 1. Monthly 2. Quarterly 3. Semi-annual 4. Annual 5. RES (include Operating Permit and Plan Approval reports, but not exceedance reporting) c. Is this unit subject to (check all that apply):	5.	If exempt from Plan Approval, indicate reason why	(e.g., cite a specific DEP regulation):			
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7. Emission unit replacement: a. Is this unit replacing another emission unit? ☑ no ☐ yes – enter DEP's emission unit number 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-annual ☑ 4. Annual ☑ 5. RES (include Operating Permit and Plan Approval reports, but not exceedance reporting) c. Is this unit subject to (check all that apply):			h Decembracion data (anni dala (anni) if anni abla			
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 8. Additional state reporting requirements: a. Are there other routine air quality reporting requirements for this emissions unit? ✓ yes - specify reporting frequency below		✓ no yes – enter DEP's emission unit nu	umber and name for the unit being replaced below:			
 8. Additional state reporting requirements: a. Are there other routine air quality reporting requirements for this emissions unit? ✓ yes - specify reporting frequency below						
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-annual ✓ 4. Annual ✓ 5. RES (include Operating Permit and Plan Approval reports, but not exceedance reporting) c. Is this unit subject to (check all that apply):		b. DEP's emission unit number and facility unit name				
 ✓ yes - specify reporting frequency below □ no – skip to question 8c b. Reporting frequency - check all that apply: □ 1. Monthly □ 2. Quarterly □ 3. Semi-annual ✓ 4. Annual ✓ 5. RES (include Operating Permit and Plan Approval reports, but not exceedance reporting) c. Is this unit subject to (check all that apply): □ 	8.	Additional state reporting requirements:				
 b. Reporting frequency - check all that apply: ☐ 1. Monthly ☐ 2. Quarterly ☐ 3. Semi-annual 4. Annual 5. RES (include Operating Permit and Plan Approval reports, but not exceedance reporting) c. Is this unit subject to (check all that apply): 		a. Are there other routine air quality reporting requirements for this emissions unit?				
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(include Operating Permit and Plan Approval reports, but not exceedance reporting) c. Is this unit subject to (check all that apply):		b. Reporting frequency - check all that apply:				
(include Operating Permit and Plan Approval reports, but not exceedance reporting) c. Is this unit subject to (check all that apply):			-1			
		_ , _ , _				
□ NESHAD □ NODS □ MACT		c. Is this unit subject to (check all that apply):				
LINEQUAE IINSPS IINAUI		□ NESHAP □ NSPS □ MACT				



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

1190564 Facility AQ identifier

Year of record

DEP EU# (old Point #)

2008

A. Equipment Description (cont.)



What to do if data unknown or not available?

9.	Equipment:			
	a. Type			
	✓ boiler ☐ furnace ☐ engine	other:		
	CLEAVER BROOKS		Describe "other" equipment CB800-150	type
	b. Manufacturer		c. Model number	
	2		1	"O" "
	d. Max input rating MMBtu/hr (enter "0" if not	applicable)	e. Number of burners (enter	r "U" if not applicable)
	f. Type of burner – check one:	☐ rotary	✓ mech. atomizer	steam atomizer
		air atomizer	☐ traveling grate	☐ hand fired
		other:		
	CL BROOKS		"other" burner type CB800-150-150	
	g. Burner manufacturer 9/1/1986		h. Burner model number	
	i. Burner installation date (mm/dd/yyyy)			
	in Daniel in Standard in date (initial date)			
10.	Hours of operation for the emission	unit: a. □ c	heck if continuously ope	erated – 24 x 7 x 52
10.	Hours of operation for the emission			erated – 24 x 7 x 52
10.		unit: a. □ c 1 c. Number of days pe		erated – 24 x 7 x 52
10.	b. Number of hours per day	1 c. Number of days pe	er week 1 d. Nu	
10.	b. Number of hours per day e. Percent of total annual operation	1 c. Number of days pe that occurs in ea	er week d. Nu ach calendar quarter:	mber of weeks per year
10.	b. Number of hours per day	1 c. Number of days pe	er week 1 d. Nu	mber of weeks per year st = 100%,
	b. Number of hours per day e. Percent of total annual operation 0.0 Q1 Q2 Q3	1 c. Number of days per that occurs in ea 100.0 Q4	er week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not ope	mber of weeks per year st = 100%,
	b. Number of hours per day e. Percent of total annual operation 0.0	1 c. Number of days per that occurs in ea 100.0 Q4	er week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not ope	mber of weeks per year st = 100%,
	b. Number of hours per day e. Percent of total annual operation 0.0	that occurs in ea 100.0 Q4 May 1 through	ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not ope September 30:	mber of weeks per year st = 100%, erated for any quarter
	b. Number of hours per day e. Percent of total annual operation 0.0	that occurs in ea 100.0 Q4 May 1 through	ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not ope September 30:	mber of weeks per year st = 100%,
	b. Number of hours per day e. Percent of total annual operation 0.0	that occurs in ea 100.0 Q4 May 1 through	ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not ope September 30:	mber of weeks per year st = 100%, erated for any quarter
11.	b. Number of hours per day e. Percent of total annual operation 0.0	that occurs in ea 100.0 Q4 May 1 through 0 b. Ozone season day	ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not ope September 30:	mber of weeks per year st = 100%, erated for any quarter eks operated in ozone season
11.	b. Number of hours per day e. Percent of total annual operation 0.0	that occurs in ea 100.0 Q4 - May 1 through b. Ozone season day Eng	er week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not open. September 30: ys per week oc. Week	mber of weeks per year st = 100%, erated for any quarter eks operated in ozone season
11.	b. Number of hours per day e. Percent of total annual operation 0.0 0.0 Q2 Q3 Ozone season operation schedule - 0 a. Ozone season hours per day Emission release point – select one Non-Stack Release Points:	that occurs in ea 100.0 Q4 May 1 through Db. Ozone season day Eng	er week d. Nu ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not ope September 30: ys per week c. Wee Physical Stacks:	mber of weeks per year st = 100%, erated for any quarter eks operated in ozone season
11.	e. Percent of total annual operation 0.0	that occurs in ea 100.0 Q4 May 1 through Db. Ozone season day Eng	er week d. Nu ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not ope September 30: ys per week or c. Wee Physical Stacks: vertical stack	mber of weeks per year st = 100%, erated for any quarter eks operated in ozone season s: ?
11.	e. Percent of total annual operation 0.0	that occurs in ea 100.0 Q4 - May 1 through b. Ozone season day ting vent	er week d. Nu ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not ope September 30: ys per week c. Wee Physical Stacks:	mber of weeks per year st = 100%, erated for any quarter eks operated in ozone season s: ?
11.	b. Number of hours per day e. Percent of total annual operation 0.0	that occurs in ea 100.0 Q4 - May 1 through b. Ozone season day ting vent	er week d. Nu ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not ope September 30: ys per week or c. Wee Physical Stacks: vertical stack	mber of weeks per year st = 100%, erated for any quarter eks operated in ozone season s: ?

3 1 STACK BOILER #1-CLEAVER BROOKS- #2 OIL

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

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



Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

2008	
Year of record	
3	
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Facility AQ identifier

?	14. Is there a pollution control devi	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	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	f. DEP approval # (most recent)	DEP approval # (most recent)	DEP approval # (most recent)
applicable.	g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)
PM 10	i. Percent overall efficiency - er	nter for all pollutants that the device	was designed to control:
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.
	% Overall eff.	% Overall eff.	% Overall eff.
HOC	% Overall eff.	% Overall eff.	% Overall eff.
HYC	% Overall eff.	% Overall eff.	% Overall eff.
Hg	% Overall eff.	% Overall eff.	% Overall eff.
Pb	% Overall eff.	% Overall eff.	% Overall eff.
Other	% Overall eff.	% Overall eff.	% Overall eff.
	Specify "Other"	Specify "Other"	Specify "Other"



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

?
How to delete
a monitor?

15	Is there monitoring equipment	on this u	nit or its	related con	trol devices?

How to delete a monitor?	☐ yes – answer a	through I	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 'unknown' or estimate	b. Manufacturer:	Describe "other"	Describe "other"	Describe "other"
estimate	c. Model number:			
	d. Monitor ID #: e. Installation date:	Facility's Designation	Facility's Designation	Facility's Designation
	f. DEP approval #:	(mm/dd/yyyy)	(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:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	j. Audible alarm?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
9	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	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2

H2S

HCL

Opacity

Describe "other"

other – describe:

H2S

] HCL

Opacity

Describe "other"

other – describe:

H2S

HCL

Opacity

Describe "other"

other – describe:

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DEP EU# (old Point #)

Facility AQ identifier



Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

2008 Year of record DEP EU# (old Point #) 1190564 Facility AQ identifier

B. Fuels and Emissions

			BOILER #1-CLEAVER BROOKS #2 OIL-0.3	B PE
	1.	Fuel Name / Characteristics:	Fuel name	
		Number of fuels for this unit (previous records): 1	1	
2			DEP Fuel #	
How does eDEF nandle multiple uels?	0	Add a NEW fuel: Check the box if you need to add a fuel that you did not report on previously (eDEP will add a blank Sect. B form to your package).	Delete this fuel: check box if you stopped using the fuel in this unit permanently. You must still report for this year of record even if amount is "0" – the fuel we be removed from the unit in the next report cycle.	or
		When to NOT check this box?		
		a. Source Classification Code (SCC)	10200501	
		(see instructions):	SC Code (call DEP if SC code will not validate) DIST.OIL- GRADE NO.1 OR NO.2 OIL	
			SCC Code Description – filled by eDEP	
		b. Type of fuel – check one:	COO COUG Description Inica by CDE	
		2. Type of the circumstance	☑ no.2	
			□ diagol □ gool □ potentino	
		N. T. C. L. DER L.L.	☐ 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	
		` '	Percent by weight	
		d. Ash content for oils and coal (0 -10):	0	
Note for e: Enter the			Percent by weight	
Maximum				
Fuel Rate at which the		e. Maximum hourly fuel rate for all firing burners:	0.0430 1000 GALLONS	
unit can burn		o. Maximum mounty rate rate for all filling barriers.	Amount Units per hour	
fuel (its absolute			Enter "0" if unit decommissioned prior to this Year of Rec	ord.
uncontrolled				
design capacity). Do		f. Do you have fuel or usage restrictions?	✓ yes	
not enter the		g. DEP approval number for restrictions:	MBR-95-RES-047	
normal operation		g. DEF approval flumber for restrictions.	Most recent for this fuel	
rate nor any				
restricted (allowable)				
rate.		h. Annual use restriction (amount or hours):	376680 GALLONS	
		For this fuel	Quantity Units 31390 GALLONS	
		 Short term use restriction (amount or hours): For this fuel 	Quantity Units	
		i or the rue.		
			Per: 🗹 month 🗌 week 🔲 day 🔲 hour	
			CAUTION: check your amount vs.units	
			0.3200 1000 GALLONS	
	2.	Annual usage:	a. Amount – year of record b. Units	
		Enter "0" if not used in the year of record	.18 1000 GALLONS	
			c. Total annual usage for prior year of record – eDEP on	ly



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:

2008
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DEP EU# (old Point #)
1190564
Facility AQ identifier



	Pollutant:	☐ PM10	☐ PM2.5	□ SO2	□ NO2
	Actual for previous year	0.0002	0.0001	0.0038	0.0018
	eDEP only:	Tons	Tons	Tons	Tons
		0.0003	0.0001	0.01	0.0032
	Actual for year of record:	Tons	Tons	Tons	Tons
	Potential emissions at max	0.3767	0.1563	8.0233	3.7668
	capacity uncontrolled:	Tons	Tons	Tons	Tons
	Emission factor:	2.000000	0.83	142	20
	in pounds per unit:	1000 GALLONS	1000 GALLONS	1000 GALLONS	1000 GALLONS
1	Maximum allowed emissions –				
≥ '	annual:	Tons	Tons	Tons	Tons
For this fuel only	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds
this	Short term period (or MMBtu):				
[PBasis – DEP approval number or regulation:	MBR-86-COM-027	MBR-86-COM-027	MBR-86-COM-027	MBR-86-COM-02

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

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

other: Pollutant: □ co □ VOC ☐ NH3 specify 0.0001 0.0005 0 Actual for previous year Tons Tons Tons Tons eDEP only: 0.0008 0.0001 0.0001 Actual for year of record: Tons Tons Tons Tons 0.9417 0.0640 0.1507 Potential emissions at max Tons Tons capacity uncontrolled: Tons Tons 5 0.34 0.80 Emission factor: 1000 GALLONS 1000 GALLONS 1000 GALLONS in pounds per unit: Maximum allowed emissions annual: Tons Tons Tons Tons Maximum allowed emissions -Pounds Pounds Pounds short term: **Pounds** Short term period (or MMBtu): MBR-86-COM-027 MBR-86-COM-027 Basis - DEP approval number or regulation:

For this fuel only



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

B.	Fuels and	Emissions	(cont)	١
D.	i ucis allu		(COLIC.)	,

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Year of record
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?)	4.	Ozone season emissions – May 1 through Se	otember 30:	
		0	0	
		a. Typical day VOC emissions – pounds per day	b. Typical day NOx emissions –pounds per day	
		check to enter your own values	check to enter your own values	

NOTE: The form will estimate the ozone season emissions for you. However, you may enter your own values by checking the boxes above.

C. Notes and Attachments

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

2. Attachments:

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



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

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		iission Onit – Fuei Otilization Equipment	Facility AQ identifier	
Important: When filling out forms on	Α.	Equipment Description		
the computer, use only the	1.	Facility identifiers:		
tab key to		CLEAN HARBORS OF BRAINTREE		
move your cursor - do not		a. Facility name		
use the return		34839	1190564	
key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number	
tab	2.	Emission unit identifiers:		
		BOILER #2-HURST #30 1.004 MMBTU/HR #2 OIL	-0.3 S	
return		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 # – old point #	
		d. ORIS ID # - for large electrical utilities only	e. Combined Units – enter number of individual units	
	3.	DEP approvals – leave blank if not applicable:		
		a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)	
	4.	Is this unit exempt under 310 CMR 7.02 Plan Approx	vals ? ☑ yes □ no	
	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		
How to		Reason for exemption		
delete	6.	Emission unit installation date and decommission date:		
a unit? (click ?-icon)		5/1/2003		
		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable	
9	7	Emission unit replacement:	Complete only if the unit was shutdown permanently or	
U U	, .	·	replaced since the last report.	
		a. Is this unit replacing another emission unit?		
		✓ no	nber and name for the unit being replaced below:	
		b. DEP's emission unit number and facility unit name		
	8.	Additional state reporting requirements:		
		a. Are there other routine air quality reporting require	ements for this emissions unit?	
		✓ yes - specify reporting frequency below	☐ no – skip to question 8c	
		b. Reporting frequency - check all that apply:		
		☐ 1. Monthly ☐ 2. Quarterly ☐ 3. Semi-annual	I 🗹 4. Annual 🗹 5. RES	
		(include Operating Permit and Plan Approval reports, but not exce	_	
		c. Is this unit subject to (check all that apply):		
		☐ NESHAP ☐ NSPS ☐ MACT		



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)



How to report on combined units?

?
What to do
if data
unknown or
not available ?

9.	Equipment:			
	a. Type			
	✓ boiler ☐ furnace ☐ engine	e 🔲 other:		
	LILIDET		Describe "other" equipment	type
	HURST b. Manufacturer		4VT-50BHP c. Model number	
	1		1	
	d. Max input rating MMBtu/hr (enter "0" if no	ot applicable)	e. Number of burners (ente	r "0" if not applicable)
	f. Type of burner – check one:	☐ rotary	✓ mech. atomizer	steam atomizer
		air atomizer	traveling grate	☐ hand fired
		other:		
	HURST		"other" burner type 30	
	g. Burner manufacturer		h. Burner model number	
	5/1/2003 i. Burner installation date (mm/dd/yyyy)			
10.	Hours of operation for the emission	n unit: a. □ c		erated – 24 x 7 x 52
10.	Hours of operation for the emission 24 b. Number of hours per day	n unit: a. c	24	erated – 24 x 7 x 52
10.	24	7 c. Number of days po	er week 24 d. Nu	
10.	b. Number of hours per day	7 c. Number of days po	er week 24 d. Nu	mber of weeks per year
10.	b. Number of hours per day e. Percent of total annual operation	7 c. Number of days pon that occurs in ea	er week 24 d. Nu ach calendar quarter:	umber of weeks per year
	b. Number of hours per day e. Percent of total annual operation 52.6 13.2 0.1	$\frac{7}{\text{c. Number of days point}}$ that occurs in each $\frac{34.1}{Q4}$	er week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op	umber of weeks per year
	b. Number of hours per day e. Percent of total annual operation 52.6	$\frac{7}{\text{c. Number of days point}}$ that occurs in each $\frac{34.1}{Q4}$	er week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op	umber of weeks per year
		$\frac{7}{\text{c. Number of days point}}$ that occurs in each $\frac{34.1}{Q4}$	er week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op September 30:	imber of weeks per year ust = 100%, erated for any quarter
111.	b. Number of hours per day e. Percent of total annual operation 52.6	7 c. Number of days pont that occurs in each occurs	er week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op September 30: ys per week 1 c. Wee	imber of weeks per year list = 100%, erated for any quarter eks operated in ozone season
11.	24 b. Number of hours per day e. Percent of total annual operation 52.6 Q1 Q2 Q2 Q3 Ozone season operation schedule 16	7 c. Number of days pont that occurs in each occurs	er week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op September 30:	imber of weeks per year list = 100%, erated for any quarter eks operated in ozone season
11.	b. Number of hours per day e. Percent of total annual operation 52.6	7 c. Number of days pon that occurs in each occurs	er week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op September 30: ys per week 1 c. Wee	imber of weeks per year ust = 100%, erated for any quarter eks operated in ozone season
111.	b. Number of hours per day e. Percent of total annual operation 52.6	7 c. Number of days per on that occurs in early and the second of the se	er week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op September 30: ys per week ignes click here for instruction Physical Stacks: vertical stack	imber of weeks per year list = 100%, erated for any quarter eks operated in ozone season
11.	b. Number of hours per day e. Percent of total annual operation 52.6	7 c. Number of days point that occurs in each and a second a secon	er week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op September 30: ys per week c. Wee Physical Stacks:	inst = 100%, erated for any quarter eks operated in ozone season
11.	b. Number of hours per day e. Percent of total annual operation 52.6	7 c. Number of days per on that occurs in each of the second of the seco	er week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op September 30: ys per week ignes click here for instruction Physical Stacks: vertical stack	imber of weeks per year list = 100%, erated for any quarter eks operated in ozone season
11.	b. Number of hours per day e. Percent of total annual operation 52.6	c. Number of days point that occurs in each of the second	er week ach calendar quarter: Sum of Q1+Q2+Q3+Q4 mu or 0% if the unit was not op September 30: ys per week c. Wee Physical Stacks: vertical stack vertical with rain cap/	imber of weeks per year list = 100%, erated for any quarter eks operated in ozone season

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

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

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Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

Year of record

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Facility AQ identifier

2	14. Is there a pollution control device	e on this emissions unit?	Check here if you need to report more than 3 air pollution control devices on
How to delete a control ?	yes – answer a through i	✓ no – skip to question 15	this unit. eDEP will add another page of control devices after this form.
	Air pollution control device 1	Air pollution control device 2	Air pollution control device 3
	а. Туре	Туре	Туре
Do not 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	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)
DM 40	? i. Percent overall efficiency - en	ter for all pollutants that the device	e 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.
СО	% Overall eff.	% Overall eff.	% Overall eff.
VOC	% Overall eff.	% Overall eff.	% Overall eff.
NO2	% Overall eff.	% Overall eff.	% Overall eff.
NH3	% Overall eff.	% Overall eff.	% Overall eff.
HOC	% Overall eff.	% Overall eff.	% Overall eff.
HYC	% Overall eff.	% Overall eff.	% Overall eff.

% Overall eff.

% Overall eff.

% Overall eff.

Specify "Other"

Hg

Pb

Other

% Overall eff.

% Overall eff.

% Overall eff.

Specify "Other"

% Overall eff.

% Overall eff.

% Overall eff.

Specify "Other"



Bureau of Waste Prevention - Air Quality

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

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

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

How to delete a monitor?	yes – answer a	through I ✓ no – skip to	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 'unknown' or estimate	b. Manufacturer: c. Model number:	Describe "other"	Describe "other"	Describe "other"
	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:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder ? j. Audible alarm ?	☐ yes ☐ no	☐ 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"

Describe "other"



Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

2008 Year of record DEP EU# (old Point #) 1190564 Facility AQ identifier

B. Fuels and Emissions

	_			
	1	Fuel Name / Characteristics:	BOILER #2-HURST #30 -	#2 OIL-0.3 SULFU
	1.		Fuel name	
_		Number of fuels for this unit (previous records): 1	1	
?			DEP Fuel #	
How does eDE andle multiple uels?	o	Add a NEW fuel: Check the box if you need to add a fuel that you did not report on previously (eDEP will add a blank Sect. B form to your package).	Delete this fuel: check box if you fuel in this unit permanently. You this year of record even if amou be removed from the unit in the	ou must still report for nt is "0" – the fuel will
		When to NOT check this box ?		
		a. Source Classification Code (SCC)	10200501	
		(see instructions):	SC Code (call DEP if SC code will no DIST.OIL- GRADE NO.1 OR	
			SCC Code Description - filled by eDI	EP
		b. Type of fuel – check one:	☑ no.2 □ no.4 □ no	0.6
			☐ diesel ☐ coal ☐ na	itural gas
		Note: The option to have eDEP calculate your emissions is not available if your fuel type is "other".	☐ jet fuel ☐ other - describ	oe:
			Describe "other" fuel	
		c. Sulfur content for oils and coal $(0 - 2.2)$:	.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			0.0110	O CALLONG
which the unit can burn		e. Maximum hourly fuel rate for all firing burners:		ts per hour
fuel (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	on 2
not enter the normal		g. DEP approval number for restrictions:	EXEMPT	
operation			Most recent for this fuel	
rate nor any restricted				
(allowable)			04000	
rate.		h. Annual use restriction (amount or hours):		LLONS
		For this fuel	Quantity Unit 9271 GA	ts LLONS
		 Short term use restriction (amount or hours): For this fuel 	Quantity Unit	-
		To the last		
			Per: 🗹 month 🗌 week 🔲 da	ay 🔲 hour
			CAUTION: check your amount vs.unit	S
				0 GALLONS
	2.	Annual usage:		Inits
		Enter "0" if not used in the year of record	37.74 1000 GALI	
			c. Total annual usage for prior year o	



Bureau of Waste Prevention - Air Quality

Emission Unit - Fuel Utilization Equipment

B. Fuels and Emissions (cont.)

or regulation:

1190564 Facility AQ identifier

Year of record

DEP EU# (old Point #)

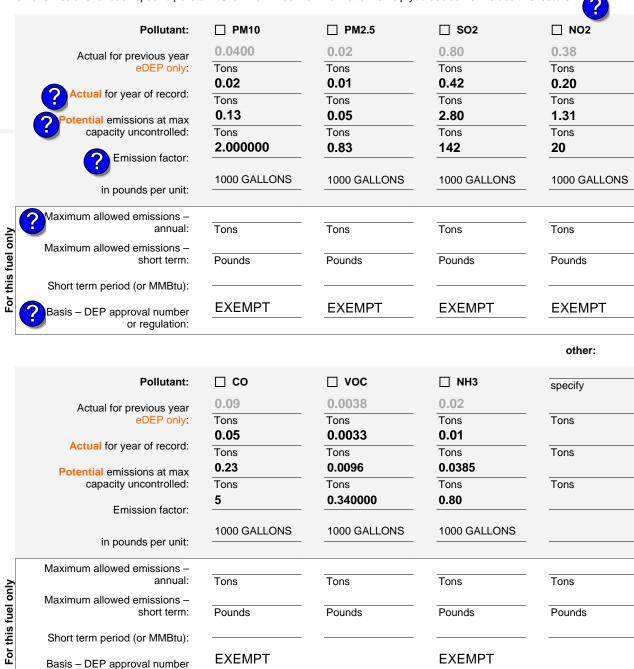
2008



Part 75 Requirements

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:





Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

R	Fuels and	Emissions	(cont
В.	rueis aiiu		(COLIL.)

2008
Year of record
2
DEP EU# (old Point #)
1190564
Facility AQ identifier

4.	Ozone season emissions – May 1 through Se	ptember 30:
	0.5816	35.2480
	a. Typical day VOC emissions – pounds per day	b. Typical day NOx emissions –pounds per day
	check to enter your own values	check to enter your own values

C. Notes and Attachments

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

2. Attachments:

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit - Process Description

A. Emission Unit - Process Description

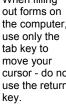
2008 Year of record 61

DEP EU# (old Point #)

1190564

Facility AQ identifier

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





1.	Facility identifiers:	
	CLEAN HARBORS OF BRAINTREE	
	a. Facility name	
	34839	1190564
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
2.	Emission unit identifiers:	
	REPACKAGING SOLVENTS NOT USED IN 2008	BEING CLOSED
	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
	MBR-88-IND-229	11/9/1988
	a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)
4.	Is this unit exempt under 310 CMR 7.02 Plan Appr	ovals ? ☐ yes 🗹 no
		•
5.	If exempt from Plan Approval, indicate reason why	(e.g., cite a specific DEP regulation):
	Reason for exemption	
	·	
_	Facilities and associate above and associate according	
6.	Equipment manufacturer and model number and ty	
	N/Δ	N/A



a. Manufacturer

b. Model number

DRUMS AND BULK TANKERS FOR PACKAGING SOLVENTS

c. Equipment Type

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

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.

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2008
ear of record
61
DEP EU# (old Point #)
1190564
acility AO identifier

8.	Emission unit replac	ement:			
	a. Is this unit replaci	ng another en	mission unit?		
	·	_			
	✓ no yes -	- enter DEP	s emissions u	nit number for the u	nit being replaced below:
	DEP's emission unit nur	nber and facility ι	unit name		
9.	Additional state repo	orting requiren	nents:		
	a. Are there other ro	utine air quali	ity reporting re	quirements for this e	emissions unit?
	yes − specify rep	orting frequer	ncy below	☐ no – skip to	o question 9c
	b. Reporting frequer	ncy – check a	all that apply:		
		•		☑ Annual ☑ RES	
	•	•		ot exceedance reporting)	
	c. Is this unit subject			g/	
	□ NESHAP □ NS	` <u> </u>	MACT		
10	·				usly operated – 24 x 7 x 52
10	·				
10	b. Number of hours per de	ay	o. Number of da	ays per week	O d. Number of weeks per year
10	b. Number of hours per dee. Percent of total ar	ay nnual operatio	on that occurs i	ays per week in each calendar qu	d. Number of weeks per year
10	b. Number of hours per dee. Percent of total ar	ay nnual operatio	on that occurs i	ays per week in each calendar qu	O d. Number of weeks per year
?	b. Number of hours per dee. Percent of total ar	ay nnual operatio 0 Q3	on that occurs i	ays per week in each calendar qua Sum of Q1+Q2+Q (or 0% if the unit v	d. Number of weeks per year
?	b. Number of hours per december of total are t	ay nnual operatio Q3 dule – May 1	oc. Number of da on that occurs i OQ4 through Septe	ays per week in each calendar qua Sum of Q1+Q2+Q (or 0% if the unit vertical)	d. Number of weeks per year arter: 3+Q4 must = 100% vas not operated for any quarter)
?	b. Number of hours per do e. Percent of total ar 0 0 Q1 Q2	ay nnual operatio Q3 dule – May 1	oc. Number of da on that occurs i OQ4 through Septe	ays per week in each calendar qua Sum of Q1+Q2+Q (or 0% if the unit vertical)	d. Number of weeks per year arter: 3+Q4 must = 100% vas not operated for any quarter)
?	b. Number of hours per december of total are t	ay nnual operatio Q3 dule – May 1	oc. Number of da on that occurs i OQ4 through Septe	ays per week in each calendar qua Sum of Q1+Q2+Q (or 0% if the unit vertical)	d. Number of weeks per year arter: 3+Q4 must = 100% vas not operated for any quarter)
11	b. Number of hours per december of total are e. Percent of total are on the end of total are on the en	ay nnual operatio 0 Q3 dule – May 1 er day	on that occurs in the property of the property	ays per week in each calendar qua Sum of Q1+Q2+Q (or 0% if the unit vertical)	d. Number of weeks per year arter: 3+Q4 must = 100% vas not operated for any quarter)
11	b. Number of hours per december of total are e. Percent of total are on the one of total are on the one of total are on ton total are on total are on total are on total are on total are o	ay nnual operatio 0 Q3 dule – May 1 er day int – select of	on that occurs in the property of the property	ays per week in each calendar qua Sum of Q1+Q2+Q (or 0% if the unit vember 30: n days per week	d. Number of weeks per year arter: 3+Q4 must = 100% vas not operated for any quarter) 0 c. Weeks operated in ozone season
11	b. Number of hours per dec. Percent of total architecture. Order Q1 Q2 Ozone season scheet Q1 a. Ozone season hours por dec. Q2 Emission release por Non-Stack Release	ay nnual operatio 0 Q3 dule – May 1 er day iint – select or	oc. Number of date on that occurs in the toccurs in	ays per week in each calendar quality Sum of Q1+Q2+Q (or 0% if the unit vertical stacks: Physical Stacks:	d. Number of weeks per year arter: 34-Q4 must = 100% vas not operated for any quarter) 0 c. Weeks operated in ozone season
11	b. Number of hours per december of total are e. Percent of total are on the one of total are on the one of total are on ton total are on total are on total are on total are on total are o	ay nnual operatio 0 Q3 dule – May 1 er day int – select of	oc. Number of date on that occurs in that occurs in Q4 through Septemble Department Provided Inc. (Page 1988)	ays per week in each calendar quality Sum of Q1+Q2+Q (or 0% if the unit vertical stacks:	d. Number of weeks per year arter: 34-Q4 must = 100% vas not operated for any quarter) 0 c. Weeks operated in ozone season
11	b. Number of hours per dec. Percent of total are consistent of the consistent of total are consistent	ay nnual operatio 0 Q3 dule – May 1 er day iint – select or e Points: horizontal ve	oc. Number of da	ays per week in each calendar quality Sum of Q1+Q2+Q (or 0% if the unit vertical stacks:	d. Number of weeks per year arter: 34-Q4 must = 100% vas not operated for any quarter) 0 c. Weeks operated in ozone season
11 12	b. Number of hours per december of total are e. Percent of total are e. Percen	ay nnual operatio 0 Q3 dule - May 1 er day int - select or e Points: horizontal ve downward fa ent less than 1 pint, skip to quest	oc. Number of date on that occurs in the occ	eavs per week in each calendar quality Sum of Q1+Q2+Q (or 0% if the unit vertical stack in days per week Physical Stacks: vertical with respect to the content of the cont	d. Number of weeks per year arter: 3+Q4 must = 100% vas not operated for any quarter) 0 c. Weeks operated in ozone season
11 12	b. Number of hours per dec. Percent of total are consistent of total are consi	ay nnual operation output Q3 dule - May 1 er day int - select or e Points: horizontal ve downward fatent less than 1 pint, skip to quest ysical stack (if	oc. Number of date on that occurs in the control of	eavs per week in each calendar quality Sum of Q1+Q2+Q (or 0% if the unit vertical stack in days per week Physical Stacks: vertical with respect to the content of the cont	d. Number of weeks per year arter: 3+Q4 must = 100% vas not operated for any quarter) 0 c. Weeks operated in ozone season
11 12	b. Number of hours per december of total are e. Percent of total are e. Percen	ay nnual operation output Q3 dule - May 1 er day int - select or e Points: horizontal ve downward far ent less than 1 oint, skip to quest ysical stack (if	oc. Number of date on that occurs in that occurs in the thickness of the t	ember 30: Physical Stacks: Physical stack vertical with r	d. Number of weeks per year earter: 33+Q4 must = 100% vas not operated for any quarter) 0 c. Weeks operated in ozone season eain cap/sleeve

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit - Process Description

2008
Year of record
61
DEP EU# (old Point #)
1190564
Facility AO identifier

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit - Process Description

2008
Year of record
61
DEP EU# (old Point #)
1190564
Facility AQ identifier

2	5. Are there air pollution control de	evices on this emissions unit?	Check here if you need to report more than 3 air pollution control devices on
How to delete a control	☐ yes – answer a through i	✓ no – skip to Section B	this unit. eDEP will add another page of control devices after this form.
	Air pollution control device 1	Air pollution control device 2	Air pollution control device 3
	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	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 – e	nter for all pdlutants that the device	e 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-2

Emission Unit – Process Description

2008
Year of record
61
DEP EU# (old Point #)
1190564
Facility AO identifier

R Emissions for Paw Materials/Finished Products

	О.	EIIIISSIOIIS IOI RAW Wateriais/Fiiiis	ned Froducts	
		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 p <i>ermanently</i> . You mu	l or making this product in this st still report data for this year " 0" – the material / product
	1.	Operation description:	SOLVENTS	
?		a. Raw material or finished product name: Number of segments for this unit (previous records): 1		
ow does eDEP andle multiple)	b. Is material/product an input or output ?	✓ input ☐ output	DEP#
nw materials or nished roducts ?		c. Process description:	REPACKAGING SOLVEI PACKAGED IN 2006-	
		d. Source Classification Code (SCC):	49099999	
		(see instructions)	SC Code (call DEP if SC Code ORGANIC SOLVENT N	OT CLASSIFIED
?		e. Maximum process rate for material/product:	SCC Description – filled by eDE O Amount	TONS Units per hour
ote: efinition of laximum		f. If organic material, give weight % of:	VOC	HOC
rocess rate			HYC	TONO
		g. Total actual raw material used or finished product produced for year of record:	0.0000 Amount	TONS Units
		Enter " 0" if not used in the year of record	Prior year – eDEP only	TONS Units prior year
	?	h. Do you have raw material or finished product restrictions?	☐ yes no – skip	to question 1.I
	?	i. DEP approval number for restrictions:	Most recent approval number for	or this material or product
		j. Short term raw material/finished product restriction – if none, leave blank:	Quantity (amount or hours)	Units
		restriction – il florie, leave blatik.	Per: month wee	
		k. Annual material/product restrictionif none, leave blank:	Quantity (amount or hours)	Units
		I. Indicate which air pollution control devices from Section A, Question 15 control this	Device ID #	Device ID #
		material/product by listing the facility- designated control device ID # for each unit	Device ID #	Device ID #
		that applies:	Device ID #	Device ID #
		How to make a new air pollution control device appear in these drop menus?	check here if ALL air pollur unit apply to this material/ş	
		09/19/05	BWP AQ AP-2 Emission Unit -	Process Description • Page 9

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit - Process Description

2008

Year of record

61

DEP EU# (old Point #) 1190564

Facility AQ identifier

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

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

?	2. Total emissions for this	materiai/product	: – tons per year	:		
Important: Leaving blanks for Actual and Potential	Pollutant	PM10	PM2.5	SO2	NO2	СО
emissions means that you are certifying that there were less than	Actual for previous year eDEP only:	Tons	Tons	Tons	Tons	Tons
0.0001 (or zero) tons of emissions for each blank.	Actual for year of record: Potential emissions at maximum	Tons	Tons	Tons	Tons	Tons
Dialik.	capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Emission factor:					
	in poundo per unit.					
ial 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
or this	Short term period:	MBR-87-IND-	MBR-87-IND-	MBR-87-IND-	MBR-87-IND-	MBR-87-IND-
Ľ.	Basis: DEP approval number or regulation:	MIDIT-07-IND-				
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 y	Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
s material or tuct only	Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds

Short term period:

Basis - DEP approval number or regulation:

MBR-87-IND-

MBR-87-IND-

check to enter your own values

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2008
Year of record
61
DEP EU# (old Point #)
1190564
Facility AO identifier

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

C. Notes and Attachments

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

2. Attachments:

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

Bureau of Waste Prevention - Air Quality

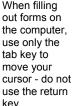
BWP AQ AP-2

Emission Unit – Process Description

2008 Year of record 5 DEP EU# (old Point #) 1190564

Facility AQ identifier

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







A. Emission Unit – Process Description

Facility identifiers:						
CLEAN HARBORS OF BRAINTREE						
a. Facility name						
34839	1190564					
b. DEP Account number	c. Facility AQ identifier – SSEIS ID number					
2. Emission unit identifiers:						
2 DRUM CRUSHING LINES						
a. Facility's choice of emission unit name - edit a						
5	5					
b. Facility's emission unit number / code - edit a	s needed c. DEP emissions unit # (old SSEIS Point #)					
d. Combined Units – enter number of individual un	nits 7					
3. DEP approvals – leave blank if not appl	DEP approvals – leave blank if not applicable					
MBR-87-IND-191	1/13/1988					
a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)					
Is this unit exempt under 310 CMR 7.02	Plan Approvals ? ☐ yes					
5. If exempt from Plan Approval, indicate re	eason why (e.g., cite a specific DEP regulation):					
Reason for exemption	eason why (e.g., cite a specific DEP regulation):					



GREENBECK	
a. Manufacturer	

DRUM CRUSHER

c. Equipment Type

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

Emission unit installation and decommission dates:

6/1/1986

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

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

b. Model number

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

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2008
ear of record
;
EP EU# (old Point #)
190564
acility AQ identifier

8		Emission un	nit replaceme	nt:				
		a le this uni	it replacing a	nother em	nission unit?			
		∠ no	∐ yes – en	ter DEP'	s emissions un	it number for the ur	nit being replaced below:	
	DEP's emission unit number and facility unit name							
	DEF S emission unit number and facility unit name							
9	١.	Additional st	tate reporting	g requiren	nents:			
		a. Are there	other routine	air quali	ty reporting req	uirements for this e	missions unit?	
		∠ yes – sp	ecify reportir	ng frequer	ncy below	☐ no – skip to	question 9c	
		b. Reporting	g frequency -	- check a	II that apply:			
			, ,			Annual ☑ RES		
		_		-		exceedance reporting)		
			it subject to (exoccuance reporting)		
		_	P NSPS	•	лас арргуу.			
				_				
	0. Hours of operation for the emission unit: a. ☐ check if continuously operated − 24 x 7 x 52							
1	0.							
1	0.							
1	0.	0 b. Number of h	ours per day		c. Number of day	s per week	d. Number of weeks per year	
?		b. Number of h	ours per day of total annua	l operatio	c. Number of day	s per week n each calendar qua	d. Number of weeks per year	
1		b. Number of h	ours per day of total annua	l operatio	c. Number of day	s per week n each calendar qua	d. Number of weeks per year	
?		b. Number of h e. Percent o 0.0 Q1	ours per day of total annua O.0 Q2	l operatio	on that occurs in Q4	s per week n each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit wa	d. Number of weeks per year	
?	1.	b. Number of h e. Percent o 0.0 Q1 Ozone seas	ours per day of total annua O.O Q2 on schedule	l operatio O Q3 — May 1	on that occurs in Q4 through Septer	s per week n each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit was mber 30:	d. Number of weeks per year arter: 8+Q4 must = 100% as not operated for any quarter)	
?	1.	b. Number of h e. Percent o 0.0 Q1 Ozone seas	ours per day of total annua O.O Q2 on schedule	l operatio O Q3 — May 1	on that occurs in Q4 through Septer	s per week n each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit wa	d. Number of weeks per year arter: 8+Q4 must = 100% as not operated for any quarter)	
?	1.	b. Number of h e. Percent o 0.0 Q1 Ozone seas	ours per day of total annua O.O Q2 on schedule	l operatio O Q3 — May 1	on that occurs in Q4 through Septer	s per week n each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit was mber 30:	d. Number of weeks per year arter: 8+Q4 must = 100% as not operated for any quarter)	
1	1.	b. Number of h e. Percent of 0.0 Q1 Ozone seas 0 a. Ozone seaso	ours per day of total annua O.0 Q2 on schedule on hours per day	I operatio O Q3 — May 1	on that occurs in Q4 through Septer O b. Ozone season	s per week n each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit was mber 30:	d. Number of weeks per year arter: 8+Q4 must = 100% as not operated for any quarter)	
1	1.	b. Number of h e. Percent of the control of the con	ours per day of total annua O.0 Q2 on schedule on hours per day	I operatio O Q3 — May 1 y select or	on that occurs in Q4 through Septer O b. Ozone season	s per week n each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit was mber 30: days per week	d. Number of weeks per year arter: 8+Q4 must = 100% as not operated for any quarter)	
1	1.	b. Number of h e. Percent o 0.0 Q1 Ozone seas 0 a. Ozone sease Emission re	ours per day of total annua O.0 Q2 on schedule on hours per day lease point —	I operatio O Q3 — May 1 y select or ints:	on that occurs in Q4 through Septer D b. Ozone season	s per week n each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit want) nber 30: days per week Physical Stacks:	d. Number of weeks per year arter: 8+Q4 must = 100% as not operated for any quarter)	
1	1.	b. Number of h e. Percent o 0.0 Q1 Ozone seas 0 a. Ozone seas Emission re Non-Stack	ours per day of total annua O.0 Q2 on schedule on hours per day lease point — Release Po	I operatio O Q3 — May 1 y select or ints:	on that occurs in Q4 through Septer O b. Ozone season ne: ?	s per week n each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit want) nber 30: days per week Physical Stacks:	d. Number of weeks per year arter: 8+Q4 must = 100% as not operated for any quarter) 0 c. Weeks operated in ozone season	
1	1.	b. Number of h e. Percent of the control of the con	ours per day of total annua O.0 Q2 on schedule on hours per day lease point — Release Po	l operatio O Q3 - May 1 y select or ints: izontal ve	on that occurs in Q4 through Septer O b. Ozone season ne: ?	s per week n each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit want) nber 30: days per week Physical Stacks:	d. Number of weeks per year arter: 8+Q4 must = 100% as not operated for any quarter) 0 c. Weeks operated in ozone season	
1	1.	b. Number of h e. Percent of the e. Percent of the content of the	ours per day of total annua O.O Q2 on schedule on hours per day lease point — Release Po hor leck dov stack/vent le	I operatio O Q3 — May 1 y select or ints: izontal ve vnward fa ess than 1 kip to quest	on that occurs in Q4 through Septem 0 b. Ozone season ent icing vent 10ft tion 14.	s per week a each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit want) mber 30: days per week Physical Stacks: vertical stack vertical with ra	d. Number of weeks per year arter: 3+Q4 must = 100% as not operated for any quarter) 0 c. Weeks operated in ozone season	
1	1.	b. Number of h e. Percent o 0.0 Q1 Ozone seas a. Ozone seas Emission re Non-Stack	ours per day of total annua O.O Q2 on schedule on hours per day lease point — Release Po	I operatio O Q3 — May 1 y select or ints: izontal ve vnward fa ess than 1 kip to quest al stack (if	on that occurs in Q4 through Septem 0 b. Ozone season ent icing vent 10ft tion 14.	s per week n each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit want) nber 30: days per week Physical Stacks:	d. Number of weeks per year arter: 3+Q4 must = 100% as not operated for any quarter) 0 c. Weeks operated in ozone season	
1	1.	b. Number of h e. Percent o 0.0 Q1 Ozone sease a. Ozone sease Emission re Non-Stack fugitive goosen vertical If Non-Stack Link this unit 5 2 DRUM CR	ours per day of total annua 0.0 Q2 on schedule on hours per day lease point — Release Po	I operatio O Q3 — May 1 y select or ints: izontal ve vroward fa ess than 1 kip to quest al stack (if	on that occurs in that occurs in that occurs in Q4 through Septer b. Ozone season ne: ?	s per week a each calendar qua Sum of Q1+Q2+Q3 (or 0% if the unit want) mber 30: days per week Physical Stacks: vertical stack vertical with ra	d. Number of weeks per year arter: 8+Q4 must = 100% as not operated for any quarter) 0 c. Weeks operated in ozone season ain cap/sleeve	

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

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2	15.	Are there air pollution control de	evices on this emissions unit?	Check here if you need to report more than 3 air pollution control devices on
How to delete a control		yes – answer a through i	✓ no – skip to Section B	this unit. eDEP will add another page of control devices after this form.
		Air pollution control device 1	Air pollution control device 2	Air pollution control device 3
		а. Туре	Туре	Туре
Do not leave blank –		b. Manufacturer	Manufacturer	Manufacturer
if unknown write ' unknown' of		C. Model number	Model number	Model number
estimate		d. Facility's ID for this device	Facility's ID for this device	Facility's ID for this device
		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	was designed to control:
PM 10		% Overall eff.	% Overall eff.	% Overall eff.
PM 2.5		% Overall eff.	% Overall eff.	% Overall eff.
SO2			<u>, </u>	
СО		% Overall eff.	% Overall eff.	% Overall eff.
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		% 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"

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	В.	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 p <i>ermanently</i> . You mu of record even if amount is	duct: check the box if you all or making this product in this ust still report data for this year s " 0" – the material / product unit in the next report cycle.	
	1.	Operation description:	RCRA EMPTY DRUMS		
?		a. Raw material or finished product name: Number of segments for this unit (previous records): 1			
ow does eDEP andle multiple		b. Is material/product an input or output?	✓ input □ output	1 DEP#	
aw materials or nished roducts ?		c. Process description:	2 DRUM CRUSHING LIN		
		d. Source Classification Code (SCC):	3999998		
		(see instructions)	SC Code (call DEP if SC Code will not validate) MISC INDUSTRIAL PROCESS		
?		e. Maximum process rate for material/product:	SCC Description – filled by eD 120.0000 Amount	EP upon validation 1000 EACH Units per hour	
ote: efinition of laximum rocess rate		f. If organic material, give weight % of:	VOC	НОС	
		-	HYC	4000 54011	
		g. Total actual raw material used or finished product produced for year of record:	0.0000 Amount 0.0080	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	o to question 1.I	
	?	i. DEP approval number for restrictions:	Most recent approval number t	for this material or product	
		j. Short term raw material/finished product			
		restriction – if none, leave blank:	Quantity (amount or hours)	Units	
		L. Ammund mantarial/mandust reatriation	Per: month wee	ek ∐ day ∐ hour	
		k. Annual material/product restrictionif none, leave blank:	Quantity (amount or hours)	Units	
		I. Indicate which air pollution control devices from	Decise ID #	During ID #	
		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 #	
		How to make a new air pollution control device appear in these drop menus?	check here if ALL air polluunit apply to this material	ution control devices on the /product	
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B. Emissions for Raw Materials/Finished Products (cont.)

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

	2. Total emissions for this	material/product	– toris per y	cai.		
nportant: eaving blanks for	Pollutant	PM10	PM2.5	SO2	NO2	СО
ctual and Potential missions means that ou are certifying that	Actual for previous year eDEP only:	Tons	Tons	Tons	Tons	Tons
ere were less than 0001 (or zero) tons emissions for each	Actual for year of record:	Tons	Tons	Tons	Tons	Tons
ank.	Potential emissions at maximum capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Emission factor: In pounds per unit::			_		_
rial or	Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
For this material or product only	Max allowed – short term: Short term period: Basis: DEP approval	Pounds	Pounds	Pounds	Pounds	Pounds
For thi	Short term period: Place Short term period:					
Important: Reporting now	Pollutant	VOC	нос	*Reserved*	NH3	Other:
required for t-Butyl Acetate	Actual for previous year	0.0004				specify
	eDEP only: Actual for year of record:	Tons 0.0000	Tons	Tons	Tons	Tons
	Potential emissions at maximum	Tons 12.0000	Tons	Tons	Tons	Tons
	capacity uncontrolled: Emission factor:	Tons 0.11	Tons	Tons	Tons	Tons
	In pounds per unit:	EACH				
o . (Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
For this material or product only	Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
or this I	Short term period:	MBR-87-IND-				_
F 5	Basis - DEP approval	MIDIC-01-IMD-				_

check to enter your own values

number or regulation:

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0	0
a. Typical ozone day VOC emissions – pounds per day	b. Typical ozone day NOx emissions - pounds per day
check to enter your own values	check to enter your own values
NOTE : The form has estimated the emissions for you. Howe own values by checking the boxes above for VOC and NOx.	ever, you may enter your

C. Notes and Attachments

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

2. Attachments:

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

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

A. Emission Unit – Process Description

1. Facility identifiers:

34839

CLEAN HARBORS OF BRAINTREE

a. Facility name

b. DEP Account number

1190564

c. Facility AQ identifier - SSEIS ID number

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



2. Emission unit identifiers:



THREE DISTILLATION UNITS 710 GAL/HR NOT USED 2008

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

4

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

3

d. Combined Units – enter number of individual units

?

3. DEP approvals – leave blank if not applicable

11/9/1988

MBR-88-IND-229

a. Most recent approval number

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

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

a. Manufacturer

b. Model number

SOLVENT RECOVERY CLOSURE WITH DEP 2009

c. Equipment Type



7. Emission unit installation and decommission dates:

11/9/1988

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

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

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

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			_		
8.	Emission unit replacer	nent:			
	a. Is this unit replacing	another em	nission unit?		
	✓ no □ yes –	enter DEP'	s emissions ur	nit number for the uni	t being replaced below:
	,				•
	DEP's emission unit numb	er and facility u	ınit name		
9. Additional state reporting requirements:					
	a. Are there other rout	ine air qualit	ty reporting red	quirements for this en	nissions unit?
	✓ yes – specify report	rting frequen	ncy below	☐ no – skip to	question 9c
	b. Reporting frequency	y – check al	ll that apply:		
	☐ Monthly ☐ Quart	terly 🗌 Se	emi-annual 🕨	☑ Annual 🗹 RES	
	(include Operating Permit a	and Plan Appro	oval reports, but no	ot exceedance reporting)	
	c. Is this unit subject t	o (check all	that apply):		
	□ NESHAP □ NSP	s 🗆 M	MACT		
			_	_	
10.	Hours of operation for	the emission	n unit: a. [check if continuous	sly operated – 24 x 7 x 52
10.			0		0
10.	o b. Number of hours per day		c. Number of day	ys per week	0 d. Number of weeks per year
10.			c. Number of day	ys per week n each calendar quar	d. Number of weeks per year
10.	b. Number of hours per daye. Percent of total ann0		c. Number of day	ys per week n each calendar quar	o d. Number of weeks per year ter: -Q4 must = 100%
?	b. Number of hours per day e. Percent of total ann o	ual operation O Q3	c. Number of day n that occurs in Q Q4	ys per week n each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was	d. Number of weeks per year
?	b. Number of hours per day e. Percent of total ann o Q1 Q2 Ozone season schedu	ual operation O Q3	c. Number of day n that occurs in Q Q4 through Septe	ys per week n each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was	d. Number of weeks per year ter: -Q4 must = 100% s not operated for any quarter)
?	b. Number of hours per day e. Percent of total ann o Q1 Q2 Ozone season schedu o	ual operation	oc. Number of day n that occurs in Q4 through Septe	ys per week n each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was	d. Number of weeks per year ter: -Q4 must = 100% s not operated for any quarter)
?	b. Number of hours per day e. Percent of total ann o Q1 Q2 Ozone season schedu	ual operation	c. Number of day n that occurs in Q Q4 through Septe	ys per week n each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was	d. Number of weeks per year ter: -Q4 must = 100% s not operated for any quarter)
?	b. Number of hours per day e. Percent of total ann o Q1 Q2 Ozone season schedu o	ual operation	oc. Number of day n that occurs in Q4 through Septe	ys per week n each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was	d. Number of weeks per year ter: -Q4 must = 100% s not operated for any quarter)
11.	b. Number of hours per day e. Percent of total ann o Q1 Q2 Ozone season schedu o	ual operation O Q3 ule – May 1 to	oc. Number of day n that occurs in Oq4 through Septe occurs b. Ozone season	ys per week n each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was	d. Number of weeks per year ter: -Q4 must = 100% s not operated for any quarter)
11.	b. Number of hours per day e. Percent of total ann o	ual operation O Q3 ule – May 1 to day t – select or	oc. Number of day n that occurs in OQ4 through Septemon	ys per week n each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was	d. Number of weeks per year ter: -Q4 must = 100% s not operated for any quarter)
11.	b. Number of hours per day e. Percent of total ann o Q1 Q1 Q2 Ozone season schedu o a. Ozone season hours per Emission release poin	ual operation O Q3 ule – May 1 to day t – select or	o c. Number of day n that occurs in O Q4 through Septe b. Ozone season	ys per week n each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was mber 30: days per week	d. Number of weeks per year ter: -Q4 must = 100% s not operated for any quarter)
11.	b. Number of hours per day e. Percent of total ann o Q1 Q2 Ozone season schedu o a. Ozone season hours per Emission release poin Non-Stack Release I gooseneck de	ual operation output Q3 ule – May 1 to the day t – select or Points: horizontal ver lownward factor	n that occurs in O Q4 through Septe O b. Ozone season ne: ?	ys per week n each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was mber 30: days per week Physical Stacks:	d. Number of weeks per year ter: -Q4 must = 100% s not operated for any quarter) 0 c. Weeks operated in ozone season
11.	b. Number of hours per day e. Percent of total ann o Q1 Q1 Q2 Ozone season schedu o a. Ozone season hours per Emission release poin Non-Stack Release I gugitive h gooseneck delicated of the control of total ann per delicated of the control of total ann o Q2 Ozone season schedu o Q2 I Q2 Ozone season hours per day o Q2 Ozone season schedu o Q2 o	ual operation output Q3 ule – May 1 to the day t – select or Points: porizontal verification of the day to the day	o c. Number of day n that occurs in O Q4 through Septe b. Ozone season ne: ?	ys per week n each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was mber 30: days per week Physical Stacks: ✓ vertical stack	d. Number of weeks per year ter: -Q4 must = 100% s not operated for any quarter) 0 c. Weeks operated in ozone season
?)	b. Number of hours per day e. Percent of total ann o Q1 Q2 Ozone season schedu o a. Ozone season hours per Emission release poin Non-Stack Release I gooseneck di vertical stack/ven If Non-Stack release poin	ual operation output Q3 ule – May 1 to day t – select or Points: horizontal verillownward fact tess than 1 t, skip to questi	n that occurs in O Q4 through Septe O b. Ozone season ne: (7) nt cing vent 10ft ion 14.	ys per week n each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was mber 30: days per week Physical Stacks: Vertical stack vertical with rai	d. Number of weeks per year ter: -Q4 must = 100% s not operated for any quarter) O c. Weeks operated in ozone season n cap/sleeve
?)	b. Number of hours per day e. Percent of total ann o	ual operation output Q3 ule - May 1 to the day t - select or the points: corizontal verification of the points to the points	n that occurs in O Q4 through Septe b. Ozone season ne: (1) nt cing vent 10ft ion 14. (applicable) —	ys per week n each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was mber 30: days per week Physical Stacks: Vertical stack vertical with rai	d. Number of weeks per year ter: -Q4 must = 100% s not operated for any quarter) O c. Weeks operated in ozone season n cap/sleeve
?)	b. Number of hours per day e. Percent of total ann o Q1 Q2 Ozone season schedu o a. Ozone season hours per Emission release poin Non-Stack Release I gooseneck di vertical stack/ven If Non-Stack release poin	ual operation outgoing ual operation outgoing ual operation Q3 ule — May 1 to day t — select or or outgoing t less than 1 to dest outgoing t, skip to questing ical stack (if outgoing JNITS- NOT US	n that occurs in O Q4 through Septe D b. Ozone season ne: O the condition of the condi	ys per week n each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was mber 30: days per week Physical Stacks: vertical stack vertical with rai pick from the list beloce	d. Number of weeks per year ter: -Q4 must = 100% s not operated for any quarter) 0 c. Weeks operated in ozone season ow:

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

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2008
Year of record
4
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1190564
Facility AQ identifier

2 15	. Are there air pollution control de	Check here if you need to report more than 3 air pollution control devices on		
How to delete a control	✓ yes – answer a through i	☐ no – skip to Section B	this unit. eDEP will add another page of control devices after this form.	
	Air pollution control device 1	Air pollution control device 2	Air pollution control device 3	
	TUBE AND SHELL CONDENSER			
	a. Type UNKNOWN	Туре	Туре	
Do not leave blank – if unknown	b. Manufacturer UNKNOWN	Manufacturer	Manufacturer	
write ' unknown' or estimate	c. Model number 1	Model number	Model number	
estimate	d. Facility's ID for this device 11/9/1988	Facility's ID for this device	Facility's ID for this device	
?	e. Installation date (mm/dd/yyyy) MBR-88-IND-229	Installation date (mm/dd/yyyy)	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)	
blank if not applicable.	g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	
	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	
?	i. Percent overall efficiency – e	nter for all pdlutants that the device	was designed to control:	
PM 10	0			
PM 2.5	% Overall eff.	% Overall eff.	% Overall eff.	
SO2	% Overall eff.	% Overall eff.	% Overall eff.	
CO	% Overall eff.	% Overall eff.	% Overall eff.	
	% Overall eff.	% Overall eff.	% Overall eff.	
VOC	99.9 % Overall eff.	% Overall eff.	% Overall eff.	
NO2	0/ 0/ 0/ 0/ 0/ 0/ 0/ 0/ 0/ 0/ 0/ 0/ 0/ 0	0/ Overall off	0/ Overall off	
NH3	% Overall eff. 0	% Overall eff.	% Overall eff.	
HOC	% Overall eff.	% Overall eff.	% Overall eff.	
пос	% Overall eff.	% Overall eff.	% Overall eff.	
HYC	0 % Overall eff.	% Overall eff.	% Overall eff.	
Hg	0			
Pb	% Overall eff.	% Overall eff.	% Overall eff.	
	% Overall eff.	% Overall eff.	% Overall eff.	
Other	% Overall eff.	% Overall eff.	% Overall eff.	
	Specify " Other"	Specify " Other"	Specify " Other"	

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Emission Unit - Process Description

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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:	CHLORINATED SOLVENTS				
ow does eDEP andle multiple		 a. Raw material or finished product name: Number of segments for this unit (previous records): 1 b. Is material/product an input or output ? 	✓ input □ output	1 DEP#			
aw materials or nished roducts ?		c. Process description:	STILLS #4, 5, 6- CHLORI DOWN 2007	NATED SOLVENTS			
		d. Source Classification Code (SCC): (see instructions)	30184001 SC Code (call DEP if SC Code v	-DISTILLATION			
?		e. Maximum process rate for material/product:	SCC Description – filled by eDE 710 Amount	GALLONS Units per hour			
ote: efinition of laximum rocess rate		f. If organic material, give weight % of:	VOC	НОС			
		g. Total actual raw material used or finished 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?	•	to question 1.I			
	?	i. DEP approval number for restrictions:	MBR-88-IND-229 Most recent approval number fo	r this material or product			
Ì		j. Short term raw material/finished product restriction – if none, leave blank:	710 Quantity (amount or hours)	GALLONS Units			
			Per: month week	k ☐ day 🗹 hour			
		k. Annual material/product restrictionif none, leave blank:	Guantity (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 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	ion control devices on the			
	0	09/19/05	BWP AQ AP-2 Emission Unit –	Process Description • Page 5			

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Basis - DEP approval number or regulation:

Emission Unit - Process Description

2008 Year of record 4 DEP EU# (old Point #) 1190564

Facility AQ identifier

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

?	2. Total emissions for this i	material/product	 tons per year 			
Important: Leaving blanks for Actual and Potential	Pollutant	PM10	PM2.5	SO2	NO2	со
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	?Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
materi luct onl	Max allowed — short term:	Pounds	Pounds	Pounds	Pounds	Pounds
For this material or product only (leave blank if none)	Short term period: Basis: DEP approval	MBR-88-IND-	MBR-88-IND-	MBR-88-IND-	MBR-88-IND-	MBR-88-IND-
	number or regulation:					
Important:						Other:
Reporting now required for	Pollutant	VOC	HOC	*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 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
r this prodt	Short term period:	MDD 60 IND	MDD 60 IND	MDD co INC	MDD 60 IND	MDD oo min
Po	Basis - DEP approval	MBR-88-IND-	MBR-88-IND-	MBR-88-IND	MBR-88-IND-	MBR-88-IND-

check to enter your own values

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Emission Unit – Process Description

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

C. Notes and Attachments

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

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

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2008
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Facility AQ identifier

Important: When filling





	Εm	nission Unit – Incinerator: Solid Waste, Sludge, M	edical Waste, other	Facility AQ identifier			
Important: When filling out forms on the	A. Emission Unit – Incinerator Information						
computer, use	1.	Facility identifiers:					
only the tab key to move your		CLEAN HARBORS OF BRAINTREE					
cursor – do not use the return		a. Facility name	1400504				
key.		b. DEP Account number	the state of the s				
tab			·				
return	2.	Emission unit identifiers:					
		STACK 1 POINT 1 SEGMENT					
		a. Facility's choice of emission unit name – edit as needed	1				
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SS	EIS point #			
	3.	DEP approvals – leave blank if not applicable:	DED access that the action of the contraction of th				
	Э.	MBR-89-INC-003	5/17/1993				
		a. Most recent approval number	b. DEP approval date (mm/dd/	уууу)			
?	 Emission unit installation and decommission dates: 5/1/1989 						
How to delete a unit?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd				
			Complete only if the unit w replaced since the last rep	vas shut down permanently or port.			
	5.	Emission unit replacement?					
		a. Is this unit, replacing another emission unit?					
		✓ no	ber for the unit being rep	laced below:			
		b. DEP's Emission Unit Number and facility's unit name					
	6.	Are there routine air quality reporting requirements fo Registration)?	r this emissions unit (othe	er than Source			
		a. Are there other routine air quality reporting requirements for this emissions unit?					
		✓ yes – specify reporting frequency below □ no	o – skip to question 6c				
		b. Reporting frequency – check all that apply:					
		☐ Monthly ☐ Quarterly ☐ Semi-annual ☑ Annu	al 🗹 RES				
		(include Operating Permit and Plan Approval reports, but not exceed	edance reporting)				
		c. Is this unit subject to (check all that apply):					
		□NESHAP □ NSPS □MACT					

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

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			,	
Note: This section is not for afterburners or	7.	Incinerator description:		
other pollution		a. Type: commercial industrial medic	al	
control equipment.			INCINERATOR	
		municipal sludge other:	Specify other incinerator type	
		VENT-O -MATIC	CAE500	
		b. Manufacturer:	c. Model number	
		d Maximum operating capacity:	350	
		d. Maximum operating capacity: ?	amount in units of:	
		e. Pounds of steam per hour	f. MMBtu per hour	
	8.		aste – dry rubbish, trash aste – rubbish	
			aste – mix of rubbish & garbage	
			aste – garbage	
			aste – infectious/medical waste	
			aste – industrial (liquid)	
			aste – industrial (solid)	
		other:	, ,	
		Specify Other Wa	aste Type	
	9.	Source Classification Code (SCC)	50200505	
		(see instructions):	SC Code (call DEP if SC code will not validate)	
			INCINERATION-SPCL-PATHOLOGICAL	
			SC Code Description – filled by eDEP upon validation	
	10.	Amount of material incinerated in year of record	: 0.0000	
		ŕ	Tons	
			0	
			Tons in previous year – eDEP only	
	11.	. Charging rate restriction (for batch units 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 Square Feet	
	15	. Automatic feeder?		
	10.	Automatic icedei :	∠ yes ∟ no	

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

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	Hours of operation t	ioi tile eiilissi	0	a. 🗀 criec	K II COI	itinuously ope 0	1816u – 24 A	1 7 32
_	b. Number of hours per of	day	c. Number	of days per w	eek	d. Nui	mber of weeks	per year
	e. Percent of total a	innual operation	on that occu	urs in each	calend	ar quarter:		
_	0 Q1 Q2	0 Q3		0 Q4		of Q1+Q2+Q3+ if the unit was no		
17.	Ozone season sche	edule – May 1	through Se	eptember 30	0:			
-	Ozone season hours p		0	eason days pe		0		n ozone season
	Non-Stack Releas	se Points: ☐ horizontal v	ent		ysical S vertical			
18.	Emission release po	oint – select o	ne: ?					
	☐ fugitive ☐ gooseneck ☐	☐ horizontal v ☐ downward f	-			stack with rain cap	/sleeve	
	vertical stack/\				vertical	with rain cap	7310000	
-								
_	If Non-Stack release p Link this unit to a ph 1 STACK #1- INCINERATOR # Facility's stack identifier	nysical stack (#1-vent-o-matic- NA	if applicable A 2007					
-	Link this unit to a ph 1 STACK #1- INCINERATOR # Facility's stack identifier If the stack for this unit is	nysical stack (MI-VENT-O-MATIC- NA from STACK form S not listed, save	if applicable A 2007 n – to change a	stack name u	se the ST	FACK form a new Stack forr		
-	Link this unit to a ph 1 stack #1-INCINERATOR # Facility's stack identifier	nysical stack (MI-VENT-O-MATIC- NA from STACK form S not listed, save	if applicable A 2007 n – to change a	stack name u orm now and o	se the ST complete	FACK form a new Stack forr Chamber		ing to this form.
20. ·	Link this unit to a phosic stack #1-INCINERATOR # Facility's stack identifier If the stack for this unit is Temperature — degral. Operating range:	nysical stack (introduction of the stack (introduction of the stack form stack form is not listed, save	if applicable A 2007 n – to change a	stack name uporm now and o	se the ST complete Primary 0	FACK form a new Stack forr		
20.	Link this unit to a phost stack #1-INCINERATOR # Facility's stack identifier If the stack for this unit is Temperature – degi	nysical stack (introduction of the stack (introduction of the stack form stack form is not listed, save	if applicable A 2007 n – to change a	stack name uporm now and co	se the ST complete Primary 0	Chamber 100 Upper	Seconda	ary Chambei
20.	Link this unit to a phosic stack #1-INCINERATOR # Facility's stack identifier If the stack for this unit is Temperature — degral. Operating range:	nysical stack (HI-VENT-O-MATIC- NA from STACK form s not listed, save	if applicable A 2007 n – to change a	stack name uporm now and co	se the ST complete Primary 0 ower 0	Chamber 100 Upper 100	Seconda	ary Chambei
220. · 	Link this unit to a phost stack #1-INCINERATOR # Facility's stack identifier If the stack for this unit is Temperature – degral a. Operating range: b. Permitted range:	nysical stack (in-vent-o-matic-ny from STACK forms not listed, save	if applicable A 2007 n – to change a	stack name uporm now and co	se the ST complete Primary 0 ower 0	Chamber 100 Upper 100	Seconda	ary Chambei

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

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. Primary chamber auxiliary burner	rs:		
a. Type of burner – check one:	☐ rotary ☐ air atomize ☑ other:	☐ mech. atomizer r ☐ traveling grate	steam atomizer hand fired
		MECH ATOMIZER	
		Specify "other" burner type	
CARLIN			
b. Burner manufacturer 201-CRD		0.77	
c. Burner model number		d. Maximum rating MMBtu	/ hr
O. Zumon massa. manasa		a maaman aang maa	
e. Source Classification C code (S	SCC):	50290005	
(see instructions)		SC Code (call DEP if SC co	
		AUX.FUEL/NO EMSN	
		SC Code Description – fille	ed by eDEP upon validation
f. Type of fuel – check one:		☐ no.2 ☐ no.4	☐ no.6
		☐ diesel ☐ natura	al gas 🗹 other – descri
		AUX FUEL	
		Describe "other "fuel	
g. Sulfur content for oils (0-2.2):			
		Percent by weight	
h. Maximum hourly fuel rate for al	I firing burners:	0.1750	1000 GALLONS
		Amount	Units per hour ?
i. Total actual fuel used for year o	f record:	0.0000	1000 GALLONS
(Enter "0" if not used in the year of reco		Amount – year of record	Units
		0	1000 GALLONS
		Prior year – eDEP only	Units
		_	
j. Do you have fuel or usage restr	ictions?	✓ yes	skip to question 23
k. DEP approval number for fuel r	rostrictions.	MBR-89-INC-003	
k. DEF approval number for fuel r	estrictions.	Most recent for this fuel	
I. Annual usage restriction (for this	s fuel):	183.96	1000 GALLONS
and a subject to a subject to the su	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Quantity	Units
m. Short term use restriction (for t	:his fuel):	15.33 Quantity	1000 GALLONS Units
		Quantity	Office
		Per: 🗹 month 🗌 v	veek 🗌 day 🔲 hou

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

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23.	Secondary chamber auxiliary burners:					
	Is there a secondary chamber?	☐ Yes 🗹 No –	if no skip to Question 2	4		
	a. Type of burner – check one:	rotary air atomizer other:	☐ mech. atomizer ☐ traveling grate	steam atomizer hand fired		
			Specify "other" burner type			
	b. Burner manufacturer					
	c. Burner model number		d. Maximum rating MMBtu/hi	r		
	e. Source Classification C code (SC (see instructions)	C):	SC Code (call DEP if SC code	de will not validate)		
			SC Code Description – filled by eDEP upon validation			
	f. Type of fuel – check one:		☐ no.2 ☐ no.4	☐ no.6		
			☐ diesel ☐ natural g	gas		
			Describe "other" fuel			
	g. Sulfur content for oils (0-2.2):		Percent by weight			
	h. Maximum hourly fuel rate for all firing burners:		Amount	Units per hour		
	i. Total actual fuel used for year of re (Enter "0" if not used in the year of record)	ecord:	Amount – year of record Prior year – eDEP only	Units		
	j. Do you have fuel usage restrictions	s?	☐ yes ✓ no – sk	ip to question 24		
	k. DEP approval number for fuel res	trictions:	Most recent for this fuel			
	I. Annual usage restriction (for this fu	uel):	Quantity	Units		
	m. Short term fuel use restriction (for	r this fuel):	Quantity	Units		
			Per: month we	eek □day □hour		

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24	i. Is there an air poliution control o	device/s on this emissions unit?	than 3 air pollution control devices on	
How to delete a control?	✓ yes – answer a through i	this unit. eDEP will add another page of control devices after this form.		
u dontroi:	Air pollution control device	Air pollution control device	Air pollution control device	
	FABRIC FILTER - HIGH TEMPERATURE, I.E. T>25	SOF SODIUM-ALKALI SCRUBBING	FLUID BED DRY SCRUBBER	
	a. Type	Туре	Туре	
	0	0	0	
Do not leave blank –	b. Manufacturer	Manufacturer	Manufacturer	
if unknown	0	0	0	
write	c. Model number	Model number	Model number	
'unknown' or	1CAE500	2 CAE500	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	
	e. Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	
	o. motamation date (minidalyyyy)	motananon dato (mm/da/yyyy)	installation date (illinoaryyyy)	
Leave f, g, h blank if not	f. DEP approval # (most recent)	DEP approval # (most recent)	DEP approval # (most recent)	
applicable.	g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	
	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	
?	i. Percent overall efficiency – er	nter for all pollutants that the device	e was designed to control:	
PM 10	99	99	99	
	% Overall eff.	% Overall eff.	% Overall eff.	
PM 2.5	0	0	0	
1 111 210	% Overall eff.	% Overall eff.	% Overall eff.	
SO2	0	0	0	
002	% Overall eff.	% Overall eff.	% Overall eff.	
СО	0	0	0	
CO	% Overall eff.	% Overall eff.	% Overall eff.	
\/OC	0	0	0	
VOC	% Overall eff.	% Overall eff.	% Overall eff.	
NOO	0	0	0	
NO2	% Overall eff.	% Overall eff.		
NU 10			% 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	
J	% Overall eff.	% Overall eff.	% Overall eff.	
Pb	0	0	0	
	% Overall eff.	% Overall eff.	% Overall eff.	
Other	99	99	99	
0.1.01	% Overall eff.	% Overall eff.	% Overall eff.	
	TOTAL SUSPENDED PARTICULATES	TOTAL SUSPENDED PARTICULATES	TOTAL SUSPENDED PARTICULATES	
	Specify "Other"	Specify "Other"	Specify "Other"	

Bureau of Waste Prevention - Air Quality

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

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ear of record
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acility AQ identifier

?	25. Is there monitoring equipment on this emissions unit: ✓ yes – answer a through I □ no – skip to section B						
How to delete a monitor?		Monitor 1	Monitor 2	Monitor 3			
Do not	a. Monitor type:	check only one: CEMs opacity fuel flow meter time recorder temperature recorder pressure other – describe:	check only one: CEMs opacity fuel flow meter time recorder temperature recorder pressure other – describe:	check only one: CEMs opacity fuel flow meter time recorder temperature recorder pressure other – describe:			
leave blank – if unknown write 'unknown' or estimate	b. Manufacturer:c. Model number:	DYNATROL Describe "other" DYNATROL NO. 110M	Describe "other"	Describe "other"			
	d. Monitor ID #: e. Installation date:	facility's Designation 5/17/1990 (mm/dd/yyyy)	Facility's Designation (mm/dd/yyyy)	Facility's Designation (mm/dd/yyyy)			
Leave f, g, h blank if not applicable.	f. DEP approval #:g. DEP approval date:h. Decommission date:i. Recorder?	MBR-91-INC-003B 5/17/1993 (mm/dd/yyyy) (mm/dd/yyyy) ☐ yes	(mm/dd/yyyy) (mm/dd/yyyy) yes no	(mm/dd/yyyy) (mm/dd/yyyy) yes no			
	j. Audible alarm? k. Data system? l. Monitored pollutants – check all that apply:	yes no yes no pm 10 pm 2.5 S02 C0 VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	yes no yes no PM 10 PM 2.5 S02 C0 VOC NO2 NH3 Mercury Oxygen C02 H2S HCL Opacity other – describe:	yes no yes no PM 10 PM 2.5 S02 C0 VOC N02 NH3 Mercury Oxygen C02 H2S HCL Opacity other – describe:			
		Describe "other"	Describe "other"	Describe "other"			

Bureau of Waste Prevention - Air Quality

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

2008 Year of record DEP EU# (old Point#) 1190564 Facility AQ identifier

B. Emissions

Total emissions for this emissions unit – tons per year:

	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	
Actual and Potential	eDEP only:	Tons	Tons	Tons	Tons	Tons	
emissions means that	Actual for year of	0.0000	0.0000	0.0000	0.0000	0.0000	
you are certifying that there were less than	record:	Tons	Tons	Tons	Tons	Tons	
0.0001 (or zero) tons	Potential emissions at	.048		3	5	6	
of emissions for each blank.	max capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons	
	Emission factor:						
	Emission factor units in pounds per:						
	Maximum allowed						
unit	emissions – annual:	Tons	Tons	Tons	Tons	Tons	
if n	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds	Pounds	
ent ank	Object to week a size of the	Poulius	Pourius	Poullus	Pounds	Poulius	
the e bl	Short term period (or MMBtu):						
For the entire unit only (leave blank if none)	Basis: DEP approval	MBR-91-INC-003B	MBR-91-INC-003B	MBR-91-INC-003B	MBR-91-INC-003B	MBR-91-INC-003B	
	Basis: DEP approval number or regulation:						
	<u> </u>					Other:	
						Other:	
	Pollutant	voc	нос	*Reserved*	NH3	Specify	
	Actual for previous year	0					
	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	
	maximum capacity uncontrolled.	10115	10115	10115	10115	10115	
	Emission factor:						
	Emission factor units						
	in pounds per:						
~	Maximum allowed	Tono	Tana	Tons	Tono	Tons	
unit one)	emissions – annual:	Tons	Tons	ions	Tons	ions	
For the entire unit only	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds	Pounds	
ent only lank	Short term period (or						
the bear	MMBtu):						
For the enti only (leave blank i	Basis – DEP approval	MBR-91-INC-003B					
<u> </u>	number or regulation:						
	2. Ozone season emissio	ons – Mav 1 thro	ugh September	30:			
		,	5 passing 6.				
NOTE for	a. Typical day VOC emissions – pounds per day			b. Typical day NOx emissions – pounds per day			
Ozone Season Emissions	a. Typical day VOO effilosions – pounds per day			b. Typical day 110x ethiosions – pounds per day			
Linidalona	check to enter your own	values		check to enter	your own values		

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

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

2008
Year of record
1
DEP EU# (old Point#)
1190564
Facility AQ identifier

C. Notes and Attachments

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

INCINERATOR HAS NOT OPERATED IN MORE THAN 10 YEARS

2. Attachments:

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

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008	
Year of record	
9	
DEP EU# (old Point #)	
1190564	
Facility AQ identifier	

	Complete one AP-4 for EACH organic material storage tank.				
Important: When filling out forms on	A.	Equipment Description			
the computer, use only the tab key to move your cursor – do not use the return key.	1.	Facility identifiers: CLEAN HARBORS OF BRAINTREE a. Facility name 34839 b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number		
return X	2.	Emission unit identifiers: AG TANK A4- 5,200 GAL WASTE STREAM A a. Facility's choice of emission unit name – edit as needed 9 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units	-22 g c. DEP emissions unit # – SSEIS point #		
How to combine units ?	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		
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? I 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 ☐ other:			
		10.66 10.5 5200	Specify other) pacity – 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

2008
Year of record
9
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):					
	HALOGENATED FUEL					
	a. Name of material					
		40722098				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	ORGANIC CHEM.SPECIFY IN COMMNETS	ů ů				
_	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° 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					
8.	New material stored (enter new material if conten	its changed during year of record):				
	MIXED ORGANIC LEAN WATERS FOR INCINE	RATION				
	a. Name of material	IXATION				
	a. Hamo di material	40722098				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	ORGANIC CHEM.SPECIFY IN COMMNETS	0.390				
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
	,	132708.0000				
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons				
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only					
В.	Notes and Attachments					
1.	Notes: please include in the space below any add	ditional information that will help DEP understand				
	your submission.	·				
	2. Attachments: Check here to submit attachr	ments to this form. For attachments that cannot be				

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2008
Year of record
8
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Co	Complete one AP-4 for EACH organic material storage tank.			
Important: When filling out forms on	Α	. Equipment Description			
the computer, use only the	1.	Facility identifiers: ?			
tab key to		CLEAN HARBORS OF BRAINTREE			
move your cursor – do		a. Facility name			
not use the		34839	1190564		
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number		
	2.	Emission unit identifiers:			
return		AG TANK A3-9,800 GAL NOT USED IN 2008			
		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 #		
How to combine units?		d. Combined Units – enter number of individual units			
	3	Emission unit installation and decommission dates:	•		

Emission unit installation and decommission dates:



1/1/1986

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

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

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

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

Unit descriptions:				
a. Description:	✓ above ground	below ground		
b. Roof type:	☐ floating roof ☑ fixed	☐ internal roof ☐ other:		
4.4.00	44.5	0000	Specify other	
14.66	11.5	9800		
c. Height / Length	– feet d. Diameter – f	eet e. Capacity -	- gallons	

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

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
8
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7. Material stored (at start of year):						
	EMPTY					
	a. Name of material					
		40799998				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	MISC.CHEMICAL STORAGE	- V				
2	d. SC Code description – filled by eDEP 52	e. Vapor pressure in PSI at 25° C				
B	f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)				
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only	-				
8.	New material stored (enter new material if contents changed during year of record):					
	a. Name of material					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
	f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons				
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only	-				
В.	Notes and Attachments					
1.		ditional information that will help DEP understand				
	your submission.					
	2. Attachments: Check here to submit attach	ments to this form. For attachments that cannot be				

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
7
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4 for EACH organic material storage tar	nk.
Important: When filling out forms on	Α.	Equipment Description	
the computer, use only the tab key to move your	1.	Facility identifiers: CLEAN HARBORS OF BRAINTREE	
cursor – do		a. Facility name 34839	1190564
not use the return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
return	2.	Emission unit identifiers: AG TANK A2-9,800 GAL WASTE STREAM A-21 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 #
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	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:	
		14.66 11.5 9800	Specify other
			city – gallons

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

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
7
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

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	76151.0000
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
i. Oxygenate name – gasoline only	—
New material stored (enter new material if cont	ents changed during year of record):
New material stored (enter new material il 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
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
i. Temperature – typicai storage temp. iii Tamerineit	g. Annual throughput in gallons
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
. Oxygenate name – gasoline only	
Notes and Attachments	
	additional information that will help DEP understan
your submission.	

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

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

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

combine units?

a unit?

Coı	mplete one AP-4 for EACH organic material storage tar	ık.
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 B9 POLYOLEFIN H TANKS WASTEWAT	TER 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 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	mber for the unit being replaced below:
	b. DEP's Emission Unit Number and facility unit name	
5.	Unit descriptions:	
	a. Description: 🗹 above ground 🗌 below ground	nd
	b. Roof type: ☐ floating roof ☐ internal roof ☐ type: ☐ fixed ☐ other:	Specify other

6250

steel weld other weld rivet fiberglass gunite

e. Capacity - gallons

10.5

6. Construction:

c. Height / Length - feet

11.75

d. Diameter - feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
63
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

a. Name of material	TO REPORT
	30187097
b. CAS number if single chemical SPECIFY LIQUID:BREATHING LOSS	c. SC Code for standing / 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):
b. CAS number if single chemical	c. SC Code for standing / breathing loss
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	_
. Notes and Attachments	
Notes: please include in the space below any a	dditional information that will help DEP understand
your submission.	

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

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

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

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

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



2. Emission unit identifiers:

AG TANK B8- POLYOLEFIN H TANKS	WASTEWATER NO VOCS
a. Facility's choice of emission unit name – edit as	s needed
62	62

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

d. Combined Units - enter number of individual units

c. DEP emissions unit # – SSEIS point #



3. Emission unit installation and decommission dates:

<u> </u>	1/1/1977	
	a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
o delete		Complete only if the unit was shut down permanent

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



Emission unit replacement:

a. Is this unit replacing another emission unit?

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

	b. DEP's Emission	n Unit Number and facility					
5.	Unit description	ns:					
	a. Description:	✓ above ground	☐ beld	ow ground			
	b. Roof type:	☐ floating roof ☑ fixed	inte	ernal roof er:			
	9.6	11.75		7000	Specify other		
	c. Height / Length -	- feet d. Diameter - fe	eet	e. Capacity -	gallons		

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
62
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

WASTEWATER NO VOCCHOTAL FEIGABLE	TO REPORT					
a. Name of material	00407007					
	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 contents changed during year of record):						
a. Name of material						
b. CAS number if single chemical	c. SC Code for standing / breathing loss					
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons					
h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
j. Oxygenate name – gasoline only	_					
Notes and Attachments						
	additional information that will help DEP understan					

2. Attachments:

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paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
60
DEP EU# (old Point #)
1190564
Facility AQ identifier

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

combine units?

a unit?

Con	nplete one AP-4 for EACH organic material storage to	ank.						
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 B7- POLYOLEFIN H TANKS WASTEW	AG TANK B7- POLYOLEFIN H TANKS WASTEWATER 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 #						
	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.						
٠.	Emission unit replacement:							
	a. Is this unit replacing another emission unit?							
	✓ no							
	b. DEP's Emission Unit Number and facility unit name							

H)								
	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	n Unit Number and facility	unit name					
? 5.	Unit description	ns:						
	a. Description:	✓ above ground	☐ belo	ow ground				
	b. Roof type:	☐ floating roof ☑ fixed	inte othe	rnal roof er:	Specify other			
	11.5 c. Height / Length -		et	6250 e. Capacity –				

steel weld other weld rivet fiberglass gunite

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
60
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

	TO REPORT
a. Name of material	7 204.07007
b CAC graph on if signals absorbed	30187097
b. CAS number if single chemical SPECIFY LIQUID:BREATHING LOSS	c. SC Code for standing / 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): 낁
a. Name of material	
b. CAS number if single chemical	c. SC Code for standing / breathing loss
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	_
Notes and Attachments	
	additional information that will halp DED updayate
Notes : please include in the space below any a your submission.	dditional information that will help DEP understa
your submission.	

2. Attachments:

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paper copy of this form.

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
6
DEP EU# (old Point #)
1190564
Facility AQ identifier

Α.	Equipment Description					
1.	Facility identifiers: 7					
	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 A1-9,800 GAL NOT USED IN 2008					
	a. Facility's choice of emission unit name – edit as needed 6	_6				
	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	:				
	1/1/1986					
	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 permanent or replaced since the last report.				
4.	Emission unit replacement:					
	a. Is this unit replacing another emission unit?					
	✓ no					
	b. DEP's Emission Unit Number and facility unit name					
5.	b. DEP's Emission Unit Number and facility unit name Unit descriptions:					
5.		ınd				
5.	Unit descriptions:					
5.	Unit descriptions: a. Description: ✓ above ground ☐ below ground b. Roof type: ☐ floating roof ☐ internal roof					

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

6. Construction:

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
6
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	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 25° 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	_
8.	New material stored (enter new material if conte	ents changed during year of record):
	a. Name of material	
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	_
В.	Notes and Attachments	
1.		dditional information that will help DEP understand
	your submission.	
	2 Attachments: Check here to submit attach	and the first from Executive to the first

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paper copy of this form.

Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2008 Year of record 59 DEP EU# (old Point #) 1190564 Facility AQ identifier

Cor	mplete one AP-4 for EACH organic material storage ta	nk.		
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 B6- POLYOLEFIN H TANKS WASTEW	ATER NO VOCS		
	a. Facility's choice of emission unit name – edit as needed			
	59	59		
	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	umber for the unit being replaced below:		



combine units?

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

7)5.	Unit descriptions:

a. Description: v above ground below ground

b. Roof type: floating roof internal roof fixed other:

Specify other 11.5 10 6250

d. Diameter - feet e. Capacity - gallons c. Height / Length - feet

steel weld other weld rivet fiberglass gunite 6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
59
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):	
	COROSSIVES NO VOCS NOT APPLIBABLE T	O 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	_
8.	New material stored (enter new material if conte	ents changed during year of record):
	a. Name of material	
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	_
В.	Notes and Attachments	
1.	Notes : please include in the space below any acyour submission.	dditional information that will help DEP understand
:	2. Attachments: Check here to submit attach	nments to this form. For attachments that cannot be

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

A. Equipment Description

Emission Unit - Organic Material Storage

2008
Year of record
58
DEP EU# (old Point #)
1190564
Facility AQ identifier

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

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

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



Emission unit identifiers:

AG TANK B5- POLYHLEFIN H TANKS WASTEV	VATER 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

How to	delete

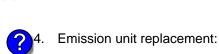
a unit?

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.



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

escriptions	s: above ground	□ bol				
scription:	above ground					
		∐ belo	ow ground			
of type:	☐ floating roof ✓ fixed	=		Specify other		
	11.75		6250		_	
		✓ fixed 11.75	fixed ☐ oth	✓ fixed ☐ other:	fixed other: Specify other 11.75 6250	fixed other: Specify other 11.75 6250

6. Cor	istruction:	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

2008
Year of record
58
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

	Material stored (at start of year): CORROSIVES NO VOCS NOT APPLICABLE TO REPORT					
	a. Name of material	_				
	b. CAS number if single chemical	30187097 c. SC Code for standing / breathing loss				
	SPECIFY LIQUID:BREATHING LOSS	c. SC Code for standing / breatning loss				
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
?	52	0				
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter $\overline{0}$ if not used)				
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only	_				
8.	New material stored (enter new material if conte	ents changed during year of record):				
	a. Name of material					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons				
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only	_				
В.	j. Oxygenate name – gasoline only Notes and Attachments	_				
B.	Notes and Attachments Notes: please include in the space below any a	dditional information that will help DEP understand				
	Notes and Attachments	dditional information that will help DEP understand				
	Notes and Attachments Notes: please include in the space below any a	dditional information that will help DEP understand				
	Notes and Attachments Notes: please include in the space below any a	dditional information that will help DEP understand				
	Notes and Attachments Notes: please include in the space below any a	dditional information that will help DEP understand				
	Notes and Attachments Notes: please include in the space below any a	dditional information that will help DEP understand				
	Notes and Attachments Notes: please include in the space below any a	dditional information that will help DEP understand				
	Notes and Attachments Notes: please include in the space below any a	dditional information that will help DEP understand				
	Notes and Attachments Notes: please include in the space below any a	dditional information that will help DEP understand				
	Notes and Attachments Notes: please include in the space below any a	dditional information that will help DEP understand				
	Notes and Attachments Notes: please include in the space below any a	dditional information that will help DEP understand				
	Notes and Attachments Notes: please include in the space below any a	dditional information that will help DEP understand				

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2008 Year of record 57 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 fo	or EACH organi	ic materia	I storage	tank.
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important.
When filling
out forms on
the compute
use only the
tab key to
move your
cursor – do
not use the
return key.

Α.	⊏qu	ipment	Descr	iption

CLEAN HARBORS OF BRAINTREE

a. Facility name 34839

b. DEP Account number

1. Facility identifiers:

1190564 c. Facility AQ identifier - SSEIS ID number



Emission unit identifiers:

AG TANK B4- POLYOLEFIN H WASTEWATER NO VOCS

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

57

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

d. Combined Units - enter number of individual units

57

c. DEP emissions unit # - SSEIS point #



3. Emission unit installation and decommission dates:

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

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

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



Emission unit replacement:

a. Is this unit replacing another emission unit?

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

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



Unit descriptions:

Construction:

a. Description: v above ground below ground

b. Roof type: floating roof internal roof

✓ fixed other:

Specify other

9.5 11.75 7000 d. Diameter - feet e. Capacity - gallons c. Height / Length – feet

☐ steel weld ☐ rivet ☐ fiberglass

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
57
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

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

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

paper copy of this form.

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
56
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4 for EACH organic material storag	ge tank.
Important: When filling out forms on	A.	Equipment Description	
the computer, use only the tab key to	1.	Facility identifiers: ? CLEAN HARBORS OF BRAINTREE	
move your cursor – do		a. Facility name	4400=04
not use the return key.		b. DEP Account number	1190564
tab tab		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
	2.	Emission unit identifiers:	
return		AG TANK B3- POLYOLEFIN TANKS WASTE	EWATER 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 #
How to combine units ?		d. Combined Units – enter number of individual units	
	3.	Emission unit installation and decommission da	ates:
_		1/1/1977	
?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
How to delete			Complete only if the unit was shut down permanently
a unit?			or replaced since the last report.
?	4.	Emission unit replacement:	
		a. Is this unit replacing another emission unit?	
		✓ no yes – enter DEP's emissions un	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:	al roof
		✓ fixed □ other:	Considerables
		11.5 10 62	Specify other 250
			Capacity – gallons
			· · · · · · · · · · · · · · · · · · ·

ightharpoonup steel weld $\ \square$ other weld $\ \square$ rivet $\ \square$ fiberglass $\ \square$ gunite

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
56
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):	erial stored (at start of year):			
	CORROSIVES NO VOCS NOT APPLICABLE T	O REPORT			
	a. Name of material				
		30187097			
	b. CAS number if single chemical SPECIFY LIQUID:BREATHING LOSS	c. SC Code for standing / breathing loss			
<u> </u>	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C			
T	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)			
	1. Temperature Typical storage temp. III Tamelineit	g. Annual anoughput in gallons (office of the assa)			
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only			
	j. Oxygenate name – gasoline only	_			
8.	New material stored (enter new material if conte	ents changed during year of record):			
	a. Name of material				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss			
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C			
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons			
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only			
	j. Oxygenate name – gasoline only	_			
В.	Notes and Attachments				
1.	Notes : please include in the space below any a your submission.	dditional information that will help DEP understand			
	2. Attachments: Check here to submit attach	hments to this form. For attachments that cannot be			

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
54
DEP EU# (old Point #)
1190564
Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank. Important: A. Equipment Description When filling 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 34839 1190564 not use the return key. c. Facility AQ identifier - SSEIS ID number b. DEP Account number Emission unit identifiers: AG TANK B2- POLYOLEFIN TANK WASTEWATER NO VOCS a. Facility's choice of emission unit name - edit as needed 54 54 b. Facility's emission unit number / code - edit as needed c. DEP emissions unit # - SSEIS point # d. Combined Units - enter number of individual units combine units? 3. Emission unit installation and decommission dates: a. Installation date - estimate if unknown (mm/dd/yyyy) b. Decommission date (mm/dd/yyyy) - if applicable Complete only if the unit was shut down permanently a unit? or replaced since the last report. Emission unit replacement: a. Is this unit replacing another emission unit? **✓** no yes – enter DEP's emissions unit number for the unit being replaced below: b. DEP's Emission Unit Number and facility unit name Unit descriptions: a. Description: v above ground below ground

_	0 ' '				·.
6.	Construction:	steel weld	✓ other weld		☐ gunite

internal roof

6250

e. Capacity - gallons

Specify other

other:

b. Roof type:

c. Height / Length - feet

11.5

floating roof

10

d. Diameter - feet

✓ fixed

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008		
Year of record		
54		
DEP EU# (old Point #)		
1190564		
Facility AQ identifier		

A. Equipment Description (cont.)

7.	Material stored (at start of year):				
	CORROSIVES NO VOCS NOT APPLICABLE TO REPORT				
	a. Name of material	00407007			
	h CAC gurahan if single sharring!	30187097			
	b. CAS number if single chemical SPECIFY LIQUID:BREATHING LOSS	c. SC Code for standing / 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	_			
8.	New material stored (enter new material if contents changed during year of record):				
	a. Name of material				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss			
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C			
	f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons			
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only			
	j. Oxygenate name – gasoline only	_			
B	Notes and Attachments				
1.		dditional information that will help DEP understand			
	your submission.				
	2 Attachments: Check here to submit attach	amonto to this form. For attachments that cannot be			

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2008 Year of record 53 DEP EU# (old Point #) 1190564 Facility AQ identifier

> applicable permanently

	Co	mplete one AP-4 for EACH organic material storage tank.			
Important: When filling out forms on	A.	Equipment Description			
the computer, use only the	1.	Facility identifiers: (?)			
tab key to		CLEAN HARBORS OF BRAINTREE			
move your cursor – do		a. Facility name			
not use the		34839	1190564		
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number		
tab					
	2.	Emission unit identifiers:			
return		AG TANK 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 #		
How to		d. Combined Units – enter number of individual units			
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 ap		
How to delete a unit?			Complete only if the unit was shut down pe or replaced since the last report.		

Emission unit replacement:

a. Is this unit replacing another emission unit?

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

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

Unit descriptions: a. Description: 🗹 above ground below ground b. Roof type: floating roof internal roof fixed other: Specify other 11.5 10 6250

e. Capacity - gallons c. Height / Length - feet d. Diameter - feet

steel weld vother weld rivet fiberglass gunite 6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
53
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

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

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

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

Complete on	ne AP-4 for	EACH organi	ic material s	storage ta	ank.
-------------	-------------	-------------	---------------	------------	------

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

Α.	Equi	ipmer	nt Des	scrip	tion

CLEAN HARBORS OF BRAINTREE

a. Facility name

34839

b. DEP Account number

Facility identifiers:

1190564

c. Facility AQ identifier - SSEIS ID number



Emission unit identifiers:

AG TANK A12- 6,300 GAL FUEL OIL # 2

a. Facility's choice of emission unit name – edit as needed $52\,$

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

52
c. DEP emissions unit # - SSEIS point #



d. Combined Units – enter number of individual units

3. Emission unit installation and decommission dates:



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

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

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



Emission unit replacement:

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: I floating roof Internal roof

Specify other

20 6 4000

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

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

A. Equipment Description (cont.)

7.	Material stored (at start of year):				
	FUEL NO. 2				
	a. Name of material				
	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	19167.0000			
	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				
8.	New material stored (enter new material if contents	New material stored (enter new material if contents changed during year of record):			
	a. Name of material				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss			
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C g. Annual throughput in gallons			
	f. Temperature – typical storage temp. in °Fahrenheit				
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only			
	j. Oxygenate name – gasoline only				
В.	Notes and Attachments				
1.	Notes: please include in the space below any add	itional information that will help DEP understand			
	your submission.				
	2 Attachments: Check here to submit attachm	conta 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

2008
Year of record
51
DEP EU# (old Point #)
1190564
Facility AQ identifier

		mplete one AP-4 for EACH organic material storage ta	ank.
ant: lling	A.	Equipment Description	
ns on puter,	1.	Facility identifiers: 7	
the to	••	CLEAN HARBORS OF BRAINTREE	
our		a. Facility name	
- do the		34839	1190564
ey.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
=3 X ↑	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 #
e		d. Combined Units – enter number of individual units	
	3.	Emission unit installation and decommission dates	
	0.		•
		1/1/1985 a. Installation date – estimate if unknown (mm/dd/yyyy)	h Decembission data (mm/dd/www) if applicable
delete		a. Installation date – estillate il unknown (min/du/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?	
		a. Is this drift replacing another emission drift:	
			umber for the unit being replaced below:
			umber for the unit being replaced below:
<u> </u>	\ 5	 ✓ no	umber for the unit being replaced below:
?	5.	✓ no	umber for the unit being replaced below:
?	5.	 ✓ no	
?	5.	 ✓ no	und of
?	5.	 ✓ no	und

ightharpoonup steel weld $\ \square$ other weld $\ \square$ rivet $\ \square$ fiberglass $\ \square$ gunite

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
51
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):				
	DIESEL FUEL # 2				
	a. 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 25° C			
(?)	52	132874.0000			
	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				
8.	New material stored (enter new material if content	s changed during year of record):			
	a. Name of material				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss			
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C			
	f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons			
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only			
	j. Oxygenate name – gasoline only				
В.	Notes and Attachments				
1.	Notes: please include in the space below any add	itional information that will help DEP understand			
	your submission.				
	2 Attachments: Check here to submit attachm	pents to this form. For attachments that cannot be			

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

paper copy of this form.

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
48
DEP EU# (old Point #)
1190564
Facility AQ identifier

	omplete one AP-4 for EACH organic material storage tar	•••
.9	. Equipment Description	
on u ^{ter,} 1.	Facility identifiers: 7	
he ''	CLEAN HARBORS OF BRAINTREE	
r o	a. Facility name	
e	34839	1190564
]	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
<u></u>	Emission unit identifiers:	
	AG TANK P14- 2400 GAL -NOT USED 2008	
	a. Facility's choice of emission unit name – edit as needed	
	48	48
	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
lete		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.		mber for the unit being replaced below:
? 4.	a. Is this unit replacing another emission unit?	mber for the unit being replaced below:
? 4.	a. Is this unit replacing another emission unit? ✓ no	mber for the unit being replaced below:
? 4.	a. Is this unit replacing another emission unit? I no yes – enter DEP's emissions unit nu b. DEP's Emission Unit Number and facility unit name	
? 4.	a. Is this unit replacing another emission unit? In no	nd
? 4.	a. Is this unit replacing another emission unit? ✓ no	nd

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
48
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):				
	NONE				
	a. Name of material	4070000			
	b. CAC growth as if signals absenced	40722098			
	b. CAS number if single chemical ORGANIC CHEM.SPECIFY IN COMMNETS	c. SC Code for standing / breathing loss			
_	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C			
?	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				
8.	New material stored (enter new material if conten	ts changed during year of record):			
	a. Name of material				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss			
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C			
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons			
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only			
	j. Oxygenate name – gasoline only				
В.	Notes and Attachments				
1.	Notes: please include in the space below any add	ditional information that will help DEP understand			
	your submission.				
	2 Attachments: Check here to submit attachr	nents to this form. For attachments that cannot be			

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
47
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Col	mplete one AP-4 for EACH organic material storage ta	nk.
Important: When filling out forms on	A.	Equipment Description	
the computer, use only the	1.	Facility identifiers: 7	
tab key to		CLEAN HARBORS OF BRAINTREE	
move your cursor – do		a. Facility name	
not use the		34839	1190564
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
	2.	Emission unit identifiers:	
return		AG TANK P13- 2400 GAL -NOT USED 2008	
		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 #
?		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.
<u>2</u>	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:	
		a. Description: 🗹 above ground 🗌 below grou	nd
		b. Roof type:	Specify other
		6 8 2400	G-3011, 041101
		·	city – gallons

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
47
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):						
	NONE						
	a. Name of material						
		40799998					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	MISC.CHEMICAL STORAGE	V					
?	d. SC Code description – filled by eDEP 52	e. Vapor pressure in PSI at 25° C					
•	f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)					
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only	=					
8.	New material stored (enter new material if conte	nts changed during year of record):					
	a. Name of material						
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
	f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons					
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only	. Oxygenate name – gasoline only					
В.	Notes and Attachments						
1.	Notes: please include in the space below any additional information that will help DEP understand						
	your submission.						
	2 Attachments: Check here to submit attach	amonto to this form. For attachments that cannot he					

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
46
DEP EU# (old Point #)
1190564
Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank.			nk.
Important: When filling out forms on	A.	Equipment Description	
the computer, use only the	1.	Facility identifiers:	
tab key to		CLEAN HARBORS OF BRAINTREE	
move your cursor – do		a. Facility name	
not use the		34839	1190564
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
	2.	Emission unit identifiers:	
return		AG TANK P12- 3,000 GAL -NOT USED 2008	
		a. Facility's choice of emission unit name – edit as needed	
		46	46
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
2		d. Combined Units – enter number of individual units	
How to combine units ?		a. Combined Offits – effet flumber 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
How to delete a unit?			Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit replacement:	
•		a. Is this unit replacing another emission unit?	
		✓ no	umber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
?	5.	Unit descriptions:	
		a. Description: 🗹 above ground 🗌 below ground	nd
		b. Roof type:	of

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

3000

e. Capacity - gallons

8

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

12

Specify other

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
46
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):				
	NONE				
	a. Name of material	_			
		40799998			
	b. CAS number if single chemical	c. SC Code for standing / breathing loss			
	MISC.CHEMICAL STORAGE	_			
?	d. SC Code description – filled by eDEP 52	e. Vapor pressure in PSI at 25° C			
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)			
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only			
	j. Oxygenate name – gasoline only	_			
8.	New material stored (enter new material if conte	ents changed during year of record):			
	a. Name of material				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss			
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C			
	f. Temperature – typical storage temp. in °Fahrenheit g. Annual throughput in gallons				
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons			
	f. Temperature – typical storage temp. in °Fahrenheit h. RVP – gasoline only	g. Annual throughput in gallons i. Total oxygen percent – gasoline only			
		<u> </u>			
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments				
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only			
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only			
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only			
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only			
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only			
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only			
B.	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only			
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only			
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only			
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only			
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only			

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Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
45
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4 for EACH organic material storage ta	nk.
Important: When filling out forms on	A.	Equipment Description	
use only the tab key to move your cursor – do not use the return key.	1.	Facility identifiers: CLEAN HARBORS OF BRAINTREE a. Facility name 34839 b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number
tab		b. Ber Account number	C. Facility Act Identified Goello 15 Humber
return	2.	Emission unit identifiers: AG TANK P11- 3,000 GAL -NOT USED 2008 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 #
How to combine units ?		d. Combined Units – enter number of individual units	
	3.	Emission unit installation and decommission dates:	
How to delete a unit?		1/1/1989 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit replacement:	
		a. Is this unit replacing another emission unit?	
		v 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:	
		a. Description: above ground below ground below ground	nd
		b. Roof type:	Specify other
		12 8 3000	Openity outlet
		c. Height / Length – feet d. Diameter – feet e. Capa	city – gallons

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
45
DEP EU# (old Point #)
1190564

Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):						
	NONE						
	a. Name of material	4070000					
	h OAO ampharif signification to arise!	40722098					
	b. CAS number if single chemical ORGANIC CHEM.SPECIFY IN COMMNETS	c. SC Code for standing / breathing loss					
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
2	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	-					
3.	New material stored (enter new material if conter	nts changed during year of record): 🥐					
	a. Name of material						
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons					
	f. Temperature – typical storage temp. in °Fahrenheit h. RVP – gasoline only	g. Annual throughput in gallons i. Total oxygen percent – gasoline only					
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments						
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only					
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only					
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only					
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only					
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only					
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only					
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only					
B.	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only					
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only					
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only					
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only					

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Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

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

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

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

Α.	Equipment D	Description
1.	Facility identifiers:	2

a. Facility name 34839

b. DEP Account number

1190564

c. Facility AQ identifier - SSEIS ID number



2. Emission unit identifiers:

AG TANK P10- 3,000 GAL -NOT USED 2008

a. Facility's choice of emission unit name – edit as needed 44

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

d. Combined Units - enter number of individual units

44

c. DEP emissions unit # - SSEIS point #



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

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



Emission unit replacement:

a. Is this unit replacing another emission unit?

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

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



5. Unit descriptions:

12

a. Description: 🗹 above ground 🗌 below ground

Specify other 8 3000

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

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

A. Equipment Description (cont.)

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

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

paper copy of this form.

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
43
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4 for EACH organic material storage tar	ık.
Important: When filling out forms on	A.	Equipment Description	
the computer, use only the tab key to move your	1.	CLEAN HARBORS OF BRAINTREE	
cursor – do		a. Facility name 34839	1190564
not use the return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
	2.	Emission unit identifiers:	
return		AG TANK P9- 3,000 GAL -NOT USED 2008	
		a. Facility's choice of emission unit name – edit as needed	40
		b. Facility's emission unit number / code – edit as needed	43 c. DEP emissions unit # – SSEIS point #
		S. Fashing Commission and Hamister, Scale Sale as his sac	o. DEL Gilliosione di litti de Coeffe point il
How to combine units ?		d. Combined Units – enter number of individual units	
	3.	Emission unit installation and decommission dates:	
		1/1/1989	
		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) - if applicable
How to delete a unit ?			Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit replacement:	
		a. Is this unit replacing another emission unit?	
		✓ no	mber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
?	5.	Unit descriptions:	
		a. Description: 🗹 above ground 🗌 below ground	nd
		b. Roof type:	
		12 8 3000	Specify other
			eity – gallons

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
43
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):				
	NONE				
	a. Name of material				
	75092	40722008			
	b. CAS number if single chemical	c. SC Code for standing / breathing loss			
	METHYLENE CHLORIDE-WITHDRAWAL	or our coarraining / or coarraining reco			
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C			
9	52	0			
T.	f. Temperature – typical storage temp. in Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)			
	1. Temperature—typical storage temp. III Tamerinet	g. Annual throughput in gallons (effici o il not useu)			
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only			
	j. Oxygenate name – gasoline only	=			
8.	New material stored (enter new material if conte	ents changed during year of record):			
	a. Name of material				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss			
	b. CAS number if single chemical	c. So code for standing / breathing loss			
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C			
	u. So code description – filled by ebbi	e. Vapor pressure in Forat 25 C			
	f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons			
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only			
	j. Oxygenate name – gasoline only	_			
В.	Notes and Attachments				
1.	Notes : please include in the space below any acyour submission.	dditional information that will help DEP understand			
:	2. Attachments: Check here to submit attach	nments to this form. For attachments that cannot be			

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
42
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4 for EACH organic material storage ta	nk.
Important: When filling out forms on	A.	Equipment Description	
the computer, use only the tab key to	1.	Facility identifiers: ? CLEAN HARBORS OF BRAINTREE	
move your cursor – do not use the		a. Facility name 34839	1190564
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
return	2.	Emission unit identifiers: AG TANK P8- 3,000 GAL -NOT USED 2008	
		a. Facility's choice of emission unit name – edit as needed	40
		b. Facility's emission unit number / code – edit as needed	42 c. DEP emissions unit # – SSEIS point #
How to		d. Combined Units – enter number of individual units	C. DET CHIIGGIONE WHICH TO COLID POINT II
combine units ?			
	3.	Emission unit installation and decommission dates:	
2		1/1/1989	h Doornaisies data (may/dd/may) if analisable
How to delete a unit?		a. Installation date – estimate if unknown (mm/dd/yyyy)	 b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit replacement:	
		a. Is this unit replacing another emission unit?	
		✓ no	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	of

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

3000

e. Capacity - gallons

8

d. Diameter - feet

12

c. Height / Length – feet

Specify other

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
42
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

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

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

paper copy of this form.

Bureau of Waste Prevention – Air Quality

Emission Unit - Organic Material Storage

2008	
Year of record	
41	
DEP EU# (old Point #)	
1190564	
Facility AQ identifier	

	Coi	nplete one AP-4 for EACH organic material storage tar	1K.
nt: ing s on	A.	Equipment Description	
outer, the	1.	Facility identifiers: (?)	
0		CLEAN HARBORS OF BRAINTREE	
ur do		a. Facility name	
he		34839	1190564
y.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
K	2.	Emission unit identifiers:	
		AG TANK P7- 3,000 GAL -NOT USED 2008	
		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 #
		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
elete			Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit replacement:	
		a. Is this unit replacing another emission unit?	
		✓ no	mber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
?	5.	Unit descriptions:	
		a. Description: 🗹 above ground 🗌 below groun	nd
		b. Roof type: ☐ floating roof ☐ internal roof ☐ other:	Specify other
			Specify other
		12 8 3000	
		12 8 3000 c. Height / Length – feet d. Diameter – feet e. Capac	sity – gallons

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

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

A. Equipment Description (cont.)

7.	Material stored (at start of year):					
	NONE					
	a. Name of material					
	79016	40722010				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	1,1,1-TRICHLOROETHYLENE-WITH LOSS					
7	d. SC Code description – filled by eDEP 52	e. Vapor pressure in PSI at 25° C				
<u> </u>	f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)				
?	h. RVP – gasoline only i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only	-				
8.	New material stored (enter new material if conter	nts changed during year of record): ?				
	a. Name of material					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons				
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only	_				
B. 1.	Notes and Attachments Notes: please include in the space below any ac your submission.	dditional information that will help DEP understand				
	O Attack manufacture (Charles to a book of the	monto to this fame. For attack we do that are				
	 Attachments:	ments to this form. For attachments that cannot be nts 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

2008
Year of record
40
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4 for EACH organic material storag	ge tank	
Important: When filling out forms on	A.	Equipment Description		
the computer, use only the	1.	Facility identifiers:		
tab key to		CLEAN HARBORS OF BRAINTREE		
move your cursor – do		a. Facility name		4400004
not use the return key.		b. DEP Account number		1190564 c. Facility AQ identifier – SSEIS ID number
tab				
	2.	Emission unit identifiers:		
return		AG TANK P6- 3,000 GAL -NOT USED 2008	3	
		a. Facility's choice of emission unit name – edit as needed		10
		b. Facility's emission unit number / code – edit as needed		40 c. DEP emissions unit # – SSEIS point #
		5. Facility 3 chilosoft unit humber / code — car as necode		c. DET CHISSIONS WITH # GOETO POINT#
How to		d. Combined Units – enter number of individual units		
combine units ?				
	3.	Emission unit installation and decommission da	ates:	
		1/1/1989		
How to delete a unit?		a. Installation date – estimate if unknown (mm/dd/yyyy)		b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.
<u></u>	4.	Emission unit replacement:		
		a. Is this unit replacing another emission unit?		
		✓ no	nit num	ber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name		
?	5.	Unit descriptions:		
		a. Description: 🗹 above ground 🗌 below	ground	I
		b. Roof type:	al roof	
		12 8 30	000	Specify other
				y – gallons

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

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

A. Equipment Description (cont.)

7. Material stored (at start of year):	Material stored (at start of year):					
NONE						
a. Name of material						
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 52	e. Vapor pressure in PSI at 25° C					
f. Temperature – typical storage temp. in Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)					
h. RVP – gasoline only	h. RVP – gasoline only i. Total oxygen percent – gasoline only					
j. Oxygenate name – gasoline only						
8. New material stored (enter new material if con	itents changed during year of record):					
a. Name of material						
b. CAS number if single chemical	c. SC Code for standing / breathing loss					
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons					
h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
j. Oxygenate name – gasoline only						
B. Notes and Attachments1. Notes: please include in the space below any your submission.	additional information that will help DEP understand					
0.44 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	above at the difference Francis Co. 1. 1. 1. 1. 1. 1. 1. 1.					
	schments to this form. For attachments that cannot be nents 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

2008
Year of record
39
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4 for EACH organic material stora	age tank	c.
Important: When filling out forms on	A.	Equipment Description		
the computer, use only the	1.	Facility identifiers:		
tab key to		CLEAN HARBORS OF BRAINTREE		
move your cursor – do		a. Facility name		4400=04
not use the return key.		b. DEP Account number		1190564 c. Facility AQ identifier – SSEIS ID number
tab		B. BET ACCOUNTINGUES.		or radiity for administration of the formation
	2.	Emission unit identifiers:		
return		AG TANK P5- 3,000 GAL -NOT USED 2008	8	
		a. Facility's choice of emission unit name – edit as needed		
		b. Facility's emission unit number / code – edit as needed		39 c. DEP emissions unit # - SSEIS point #
		b. Facility's emission unit number / code – edit as needed		c. DET GITHSSIONS WITH # — SOCIO POINT #
How to combine		d. Combined Units – enter number of individual units		
units?	3.	Emission unit installation and decommission d	lates.	
_	0.	1/1/1989	actoo.	
How to delete a unit?		a. Installation date – estimate if unknown (mm/dd/yyyy)		b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.
<u> </u>	4.	Emission unit replacement:		
		a. Is this unit replacing another emission unit?)	
		✓ no	ınıt num	nber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name		
?	5.	Unit descriptions:		
		a. Description: 🗹 above ground 🗌 below	ground	d
		b. Roof type:	al roof	Specify other
		12 8 3	8000	Specify officer
				y – gallons

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

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

A. Equipment Description (cont.)

	Material stored (at start of year):					
	NONE					
	a. Name of material					
	79016	40722010				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	1,1,1-TRICHLOROETHYLENE-WITH LOSS					
?	d. SC Code description – filled by eDEP 52	e. Vapor pressure in PSI at 25° C				
	f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)				
?	h. RVP – gasoline only i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only	-				
8.	New material stored (enter new material if conter	nts changed during year of record): ?				
	a. Name of material					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
	f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons				
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	h. RVP – gasoline only j. Oxygenate name – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only Notes and Attachments	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any act	-				
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any act	-				
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any act	- -				
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any act	- -				
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any act	- -				
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any act	- -				
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any act	- -				
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any act	- -				
B.	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any act	- -				
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any act	-				
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any act	-				

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Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

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

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

Α.	Equipment D)escr	iption
1.	Facility identifiers:	2	

CLEAN HARBORS OF BRAINTREE

a. Facility name 34839

b. DEP Account number

1190564

c. Facility AQ identifier - SSEIS ID number



Emission unit identifiers:

AG TANK P4- 3,000 GAL -NOT USED 2008

a. Facility's choice of emission unit name – edit as needed $38\,$

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

38
c. DEP emissions unit # - SSEIS point #



d. Combined Units – enter number of individual units

3. Emission unit installation and decommission dates:



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

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

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



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:

3000

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



. Unit descriptions:

a. Description: 🗹 above ground 🗌 below ground

b. Roof type: I floating roof I internal roof

Specify other

12 8 d Diameter – feet

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

2008
Year of record
38
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):					
	NONE					
	a. Name of material					
		40799998				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	MISC.CHEMICAL STORAGE	V				
?	d. SC Code description – filled by eDEP 52	e. Vapor pressure in PSI at 25° C				
•	f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)				
?	h. RVP – gasoline only i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only	=				
8.	New material stored (enter new material if conte	New material stored (enter new material if contents changed during year of record):				
	a. Name of material					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
	f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons				
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only	_				
В.	Notes and Attachments					
1.	Notes : please include in the space below any additional information that will help DEP understand					
	your submission.					
	2 Attachments: Check here to submit attach	amonto to this form. For attachments that cannot he				

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
37
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4 for EACH organic material storaç	ge tank	<u>.</u>
Important: When filling out forms on	A.	Equipment Description		
the computer,	1.	Facility identifiers:		
use only the tab key to		CLEAN HARBORS OF BRAINTREE		
move your cursor – do		a. Facility name		4400704
not use the return key.		b. DEP Account number		1190564 c. Facility AQ identifier – SSEIS ID number
tab				
	2.	Emission unit identifiers:		
return		AG TANK P3- 3,000 GAL -NOT USED 2008	3	
		a. Facility's choice of emission unit name – edit as needed		-
		37 b. Facility's emission unit number / code – edit as needed		37 c. DEP emissions unit # - SSEIS point #
		5. Facility 3 chilosoft unit humber / code — cuit as necucu		6. DET CHIISSIONS WITH # GOETO POINT#
How to		d. Combined Units – enter number of individual units		
units?				
	3.	Emission unit installation and decommission da	ates:	
2		1/1/1989 a. Installation date – estimate if unknown (mm/dd/yyyy)		n Decembracion data (mm/dd/nan) if applicable
How to delete a unit?		a. Installation date – estimate il unknown (min/dd/yyyy)		b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.
<u> </u>	4.	Emission unit replacement:		
		a. Is this unit replacing another emission unit?		
				London the control of a control of the land
		✓ no yes – enter DEP's emissions ur	nit num	ber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name		
?	5.	Unit descriptions:		
		a. Description: 🔽 above ground 🗌 below	ground	ı
		b. Roof type:	al roof	
		12 8 30	000	Specify other
				y – gallons

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
37
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):					
	NONE					
	a. Name of material					
	75092	40722008				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	METHYLENE CHLORIDE-WITHDRAWAL					
9	d. SC Code description – filled by eDEP 52	e. Vapor pressure in PSI at 25° C				
<u> </u>	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)				
?	h. RVP – gasoline only i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only	_				
8.	New material stored (enter new material if conte	ents changed during year of record):				
	a. Name of material					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
	f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons				
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only	_				
B. 1.	Notes and Attachments Notes: please include in the space below any acyour submission.	dditional information that will help DEP understand				
	2 Attachments: Check here to submit attach	nments to this form. For attachments that cannot be				
	sent electronically, please list all such attachmen					

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Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2008 Year of record 36 DEP EU# (old Point #) 1190564 Facility AQ identifier

	Со	implete one AP-4 for EACH organic material storage tai	nk.
Important: When filling out forms on	A	. Equipment Description	
the computer, use only the	1.	Facility identifiers:	
tab key to		CLEAN HARBORS OF BRAINTREE	
move your cursor – do		a. Facility name	
not use the		34839	1190564
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
tab			
	2.	Emission unit identifiers:	
return		AG TANK P2- 3,000 GAL -NOT USED 2008-	
		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 #
How to combine		d. Combined Units – enter number of individual units	
units?	_		
	3.	Emission unit installation and decommission dates:	

1/1/1989

?
How to delete
a unit?

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

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

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

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

Unit description	ns:			
a. Description:	✓ above ground	below ground		
b. Roof type:	☐ floating roof ☑ fixed	internal roof		
			Specify other	
12	8	3000		
c. Height / Length -	- feet d. Diameter - fe	e. Capacity -	- gallons	

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
36
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

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

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

2008
Year of record
35
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	nplete one AP-4 for EACH o	organic material stor	age tank.	
Important: When filling out forms on	Α.	Equipment Desci	ription		
the computer,	1.	Facility identifiers:			
use only the tab key to		CLEAN HARBORS OF B	RAINTREE		
move your cursor – do		a. Facility name			
not use the		34839		11	190564
return key.		b. DEP Account number		C.	Facility AQ identifier – SSEIS ID number
tab					
	2.	Emission unit identifiers:			
return		AG TANK P1- 3,000 GA	L - NOT USED 20	800	
		a. Facility's choice of emission u			
		35		35	5
		b. Facility's emission unit number	er / code – edit as needed	d c.	DEP emissions unit # - SSEIS point #
		d. Combined Units – enter numb	or of individual units		
How to		a. Combined Offits – effet flami	dei oi individual dinis		
combine					
units ?	3.	Emission unit installation	and decommission	dates.	
	٥.		and decommission	uales.	
2		1/1/1989 a. Installation date – estimate if	unknown (mm/dd/vyvy)	h	Decommission date (mm/dd/yyyy) – if applicable
How to delete		a. motanation date dominate in	a		emplete only if the unit was shut down permanently
a unit?					replaced since the last report.
?	4.	Emission unit replacemen	t:		
		a. Is this unit replacing an	other emission unit?	?	
		✓ no yes – ente	er DEP's emissions u	unit numb	er for the unit being replaced below:
					3 4
		b. DEP's Emission Unit Numbe	r and facility unit name		
			,		
?	5.	Unit descriptions:			
		a. Description: 🗹 above	ground	ground	
		b. Roof type: I floatin	_	al roof	
		✓ fixed	other	= =	Specify other
		12 8	3	3000	-1 1 1

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

e. Capacity - gallons

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
35
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):	
	NONE	
	a. Name of material	
	79016	40722010
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	1,1,1-TRICHLOROETHYLENE-WITH LOSS	
7	d. SC Code description – filled by eDEP 52	e. Vapor pressure in PSI at 25° C
<u> </u>	f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	-
8.	New material stored (enter new material if conter	nts changed during year of record): ?
	a. Name of material	
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	_
B. 1.	Notes and Attachments Notes: please include in the space below any ac your submission.	dditional information that will help DEP understand
	O Attack manufacture (Charles to a book of the	monto to this fame. For attack we do that are
	 Attachments:	ments to this form. For attachments that cannot be nts 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

2008
Year of record
34
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Coi	mplete one AP-4 for EACH organic material storage tan	ık.
Important: When filling out forms on	A.	Equipment Description	
the computer, use only the tab key to	1.	Facility identifiers: ? CLEAN HARBORS OF BRAINTREE	
move your cursor – do not use the		a. Facility name 34839	1190564
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
return	2.	Emission unit identifiers: AG TANK F8- 1,500 GAL -NOT USED 2008- SOI	LVENT
		a. Facility's choice of emission unit name – edit as needed 34	34
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
How to combine units ?		d. Combined Units – enter number of individual units	
	3.	Emission unit installation and decommission dates:	
How to delete a unit?		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	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:	
		9.5 5.33 1500	Specify other
			ity – gallons

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
34
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):	
	NONE	
	a. Name of material	4070000
	b. CAC growth as if signals absenced	40722098
	b. CAS number if single chemical ORGANIC CHEM.SPECIFY IN COMMNETS	c. SC Code for standing / breathing loss
_	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
?	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	
8.	New material stored (enter new material if conten	ts changed during year of record):
	a. Name of material	
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	
В.	Notes and Attachments	
1.	Notes: please include in the space below any add	ditional information that will help DEP understand
	your submission.	
	2 Attachments: Check here to submit attachr	nents to this form. For attachments that cannot be

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

paper copy of this form.

Bureau of Waste Prevention – Air Quality

Emission Unit - Organic Material Storage

2008 Year of record 32 DEP EU# (old Point #) 1190564 Facility AQ identifier

Comple	te one	AP-4 for	EACH or	ganic mate	erial stora	ige tank.

	Col	mplete one AP-4 for EACH organic material storage tar	IK.
Important: When filling out forms on	A.	Equipment Description	
the computer,	1.	Facility identifiers:	
use only the tab key to		CLEAN HARBORS OF BRAINTREE	
move your cursor – do		a. Facility name	
not use the		34839	1190564
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
tab			
	2.	Emission unit identifiers:	
return		AG TANK F6- 2,000 GAL -NOT UESD 2008- SO	LVENT
		a. Facility's choice of emission unit name – edit as needed	
		32	32
_		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
2		d. Combined Units – enter number of individual units	
How to			
combine units ?			
	3.	Emission unit installation and decommission dates:	
		1/1/1983	
?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
How to delete a unit?			Complete only if the unit was shut down permanently or replaced since the last report.
<u> </u>	4.	Emission unit replacement:	
<u>u</u>		a. Is this unit replacing another emission unit?	
		and the time time topicioning another emiceren time.	
		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
		a. Description. 🔁 above ground 🗀 below groun	iu
		b. Roof type:	
		✓ fixed ☐ other:	
		40.40	Specify other
		12.13 5.33 2000 c. Height / Length – feet d. Diameter – feet e. Capac	ity – gallons
		5 5.g , Longin 1001	, g

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
32
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):	
	NONE	
	a. Name of material	4070000
	h OAO ampharif signification to arise!	40722098
	b. CAS number if single chemical ORGANIC CHEM.SPECIFY IN COMMNETS	c. SC Code for standing / breathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
2	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	-
3.	New material stored (enter new material if conter	nts changed during year of record): 🥐
	a. Name of material	
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
	f. Temperature – typical storage temp. in °Fahrenheit h. RVP – gasoline only	g. Annual throughput in gallons i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments	
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only
B.	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ad	i. Total oxygen percent – gasoline only

paper copy of this form.

Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2008 Year of record 31 DEP EU# (old Point #) 1190564 Facility AQ identifier

Comple	te one	AP-4 for	EACH or	ganic mat	erial sto	rage tank.

Important:
When filling
out forms on
the computer,
use only the
tab key to
move your
cursor – do
not use the
return key.
- May 1

Equipment Description	
Facility identifiers:	
CLEAN HARBORS OF BRAINTREE	
a. Facility name	
34839	1190564
b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
AC TANK ES 2 000 CAL NOT HESD 2009 S	OLVENT.
AG TANK F5- 2,000 GAL -NOT UESD 2008- S a. Facility's choice of emission unit name – edit as needed	
	OLVENT 31 c. DEP emissions unit # – SSEIS point #
a. Facility's choice of emission unit name – edit as needed	31
3	CLEAN HARBORS OF BRAINTREE . Facility name 84839



?		
How to delete		
a unit ?		

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

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

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



Emission unit replacement:

1/1/1983

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

9 5.	Unit

descriptions:

a. Description: 🗹 above ground below ground

b. Roof type: floating roof internal roof ✓ fixed other:

Specify other 12.16 5.33 2000

c. Height / Length - feet d. Diameter - feet e. Capacity - gallons

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
31
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

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

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
30
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4 for EACH organic material storage	tank.
Important: When filling out forms on	A.	Equipment Description	
the computer, use only the tab key to move your cursor – do not use the return key.	1.	Facility identifiers: CLEAN HARBORS OF BRAINTREE a. Facility name 34839 b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number
return X	2.	Emission unit identifiers: AG TANK F4- 2,000 GAL -NOT USED 2008 a. Facility's choice of emission unit name – edit as needed 30 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units	30 c. DEP emissions unit # - SSEIS point #
combine units? Plow to delete a unit?	3.	Emission unit installation and decommission date 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.		number for the unit being replaced below:
?	5.	 b. DEP's Emission Unit Number and facility unit name Unit descriptions: a. Description: ✓ above ground ☐ below ground b. Roof type: ☐ floating roof ☐ internal roof ☐ other: 	
		12.16 5.33 2000	Specify other D pacity – gallons

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

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

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

A. Equipment Description (cont.)

7.	Material stored (at start of year):						
	NONE						
	a. Name of material						
	75092	40706020					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	METHYLENE CHLORIDE-WORKING LOSS						
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
(?)	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						
8.	New material stored (enter new material if content	s changed during year of record): ?					
	a. Name of material						
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons					
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only						
В.	Notes and Attachments						
1.	Notes: please include in the space below any add	litional information that will help DEP understand					
	your submission.						
	2 Attachments: Check here to submit attachm	pents to this form. For attachments that cannot be					

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
29
DEP EU# (old Point #)
1190564
Facility AQ identifier

Important: When filling out forms on	A.	Equi
the computer, use only the	1.	Facility
tab key to		CLEAN
move your cursor – do		a. Facility
not use the		34839
return key.		b. DEP A
tab		
	2.	Emissio
return		AG TAI
		a. Facility
		20

combine units?

a unit?

Со	mplete one AP-4 for EACH organic material storage tar	ık.			
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 2008				
	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 #			
3.	d. Combined Units – enter number of individual units Emission unit installation and decommission dates: 1/1/1983				
	a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable			
		Complete only if the unit was shut down permanently or replaced since the last report.			
4.	Emission unit replacement:				
,	a. Is this unit replacing another emission unit?				
	✓ no yes – enter DEP's emissions unit nu	mber for the unit being replaced below:			
	b. DEP's Emission Unit Number and facility unit name				
_					

b. DEP's Emission U	nit Number and facility	unit nam	е		
Unit descriptions:					
a. Description:	above ground	☐ bel	low ground		
b. Roof type:	☐ floating roof	☐ inte	ernal roof ner:		
12.13	5.33		2000	Specify other	
c. Height / Length – fe		eet	e. Capacity	– gallons	

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

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
29
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

	Material stored (at start of year):						
	NONE						
	a. Name of material						
		40706022					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	PERCHLOROETHYLENE-WORKING LOSS						
?	d. SC Code description – filled by eDEP 52	e. Vapor pressure in PSI at 25° C					
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)					
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only						
3.	New material stored (enter new material if conter	nts changed during year of record): ?					
	a. Name of material						
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
	f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons					
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only	-					
	, ,,,						
	Notes and Attachments	ditional information that will help DEP understand					
	Notes and Attachments Notes: please include in the space below any ad	ditional information that will help DEP understand					
	Notes and Attachments Notes: please include in the space below any ad	ditional information that will help DEP understand					
	Notes and Attachments Notes: please include in the space below any ad	ditional information that will help DEP understand					
	Notes and Attachments Notes: please include in the space below any ad	ditional information that will help DEP understand					
	Notes and Attachments Notes: please include in the space below any ad	ditional information that will help DEP understand					
	Notes and Attachments Notes: please include in the space below any ad	ditional information that will help DEP understand					
	Notes and Attachments Notes: please include in the space below any ad	ditional information that will help DEP understand					
	Notes and Attachments Notes: please include in the space below any ad	ditional information that will help DEP understand					
B.	Notes and Attachments Notes: please include in the space below any ad	ditional information that will help DEP understand					
	Notes and Attachments Notes: please include in the space below any ad	ditional information that will help DEP understand					
	Notes and Attachments Notes: please include in the space below any ad	ditional information that will help DEP understand					
	Notes and Attachments Notes: please include in the space below any ad	ditional information that will help DEP understand					

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Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2008 Year of record 28 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete	one AP-	4 for EA	CH organ	nic materia	ı storage	tank

		-	
Important: When filling	A.	Equipment Description	
out forms on the computer,	1.	Facility identifiers: 7	
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 F2- 2,000 GAL -NOT USED 2008	
		a. Facility's choice of emission unit name – edit as needed	
		28	28
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
😈		d. Combined Units – enter number of individual units	
combine			
units ?			
	3.	Emission unit installation and decommission dates:	
		1/1/1984	
(?)		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
How to delete a unit?			Complete only if the unit was shut down permanently or replaced since the last report.
<u> </u>	4.	Emission unit replacement:	
		a. Is this unit replacing another emission unit?	
		and the time templating another emission and	
		✓ 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	
		b. DEF 5 Emission office Number and facility unit frame	
	\ <u>_</u>	Unit descriptions	
)၁.	Unit descriptions:	
		a. Description: 🗹 above ground 🗌 below grou	nd
		b. Roof type:	ıf

12.16

6. Construction:

c. Height / Length - feet

5.33

d. Diameter - feet

✓ steel weld □ other weld □ rivet

Specify other

☐ fiberglass ☐ gunite

2000

e. Capacity - gallons

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
28
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):						
	NONE						
	a. Name of material						
	79016	40722010					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	1,1,1-TRICHLOROETHYLENE-WITH LOSS						
7	d. SC Code description – filled by eDEP 52	e. Vapor pressure in PSI at 25° C					
<u> </u>	f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)					
?	h. RVP – gasoline only i. Total oxygen percent – gasoline only						
	j. Oxygenate name – gasoline only	-					
8.	New material stored (enter new material if conter	nts changed during year of record): ?					
	a. Name of material						
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons					
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only	_					
B. 1.	Notes and Attachments Notes: please include in the space below any ac your submission.	dditional information that will help DEP understand					
	O Attack manufacture (Charles to a book of the	monto to this fame. For attack we do that are					
	 Attachments:	ments to this form. For attachments that cannot be nts in notes above and deliver them to DEP with a					

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

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

	Coi	mplete one AP-4 for EACH organic material storage tar	nk.						
Important: When filling out forms on	A.	A. Equipment Description							
the computer, use only the tab key to move your cursor – do	1.	CLEAN HARBORS OF BRAINTREE a. Facility name	1100564						
not use the return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number						
return	2.	Emission unit identifiers: AG TANK F1- 2,000 GAL -NOT USED 2008- a. Facility's choice of emission unit name – edit as needed 27	27						
How to combine units ?		b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units	c. DEP emissions unit # - SSEIS point #						
	3.	Emission unit installation and decommission dates: 1/1/1983							
How to delete a unit?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.						
?	4.	Emission unit replacement:							
		a. Is this unit replacing another emission unit?							
		✓ no	mber for the unit being replaced below:						
		b. DEP's Emission Unit Number and facility unit name							
?	5.	Unit descriptions:							
		a. Description: 🗹 above ground 🗌 below ground	nd						
		b. Roof type:							
		12.16 5.33 2000 c. Height / Length – feet d. Diameter – feet e. Capac	Specify other sity – gallons						

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
27
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

Material sto	ored (at start of year):					
NONE	NONE					
a. Name of ma	aterial					
		40706024				
	er if single chemical OETHYLENE-WORKING LOSS	c. SC Code for standing / breathing loss				
	escription – filled by eDEP	e. Vapor pressure in PSI at 25° C				
2)52	Scription filed by CDE1	0				
	e – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)				
h. RVP – gaso	line only	i. Total oxygen percent – gasoline only				
j. Oxygenate n	name – gasoline only	_				
8. New materi	al stored (enter new material if conte	nts changed during year of record):				
a. Name of ma	aterial					
b. CAS numbe	er if single chemical	c. SC Code for standing / breathing loss				
d. SC Code de	escription – filled by eDEP	e. Vapor pressure in PSI at 25° C				
f. Temperature	e – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons				
h. RVP – gaso	line only	i. Total oxygen percent – gasoline only				
j. Oxygenate n	name – gasoline only	-				
B. Notes a	nd Attachments					
1. Notes : plea	ase include in the space below any a	dditional information that will help DEP understand				
1. Notes : plea		dditional information that will help DEP understand				
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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

2008
Year of record
26
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Coi	mplete one AP-4 for EACH organic material storage ta	ank.
Important: When filling out forms on	A.	Equipment Description	
the computer, use only the tab key to move your	1.	Facility identifiers: CLEAN HARBORS OF BRAINTREE	
cursor – do		a. Facility name 34839	1190564
not use the return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
X	2.	Emission unit identifiers:	
return		AG TANK A25- 1,000 GAL -NOT USED 2008- P	СВ
		a. Facility's choice of emission unit name – edit as needed	26
		b. Facility's emission unit number / code – edit as needed	26 c. DEP emissions unit # – SSEIS point #
		b. I domity o crimosion drift number / code - edit do necucu	c. Bet chilosofic diffe ii Coelo point ii
How to combine units ?		d. Combined Units – enter number of individual units	
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.
?	4.	Emission unit replacement:	
•		a. Is this unit replacing another emission unit?	
		✓ no	umber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
?	5.	Unit descriptions:	
		a. Description: ✓ above ground ☐ below ground	und
		b. Roof type:	
		10.5	Specify other
		10.5 4 1000 c. Height / Length – feet d. Diameter – feet e. Capa	acity – gallons

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

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
26
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

Material stored (at start of year)	:
NONE	
a. Name of material	
	40708498
b. CAS number if single chemical	c. SC Code for standing / breathing loss
SPECIFY PHENOL:WORKING	LOSS
d. SC Code description – filled by eDEF52	e. Vapor pressure in PSI at 25° C
f. Temperature – typical storage temp. i	
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	
New material stored (enter new	material if contents changed during year of record):
a. Name of material	
b. CAS number if single chemical	c. SC Code for standing / breathing loss
d. SC Code description – filled by eDEF	e. Vapor pressure in PSI at 25° C
f. Temperature – typical storage temp. i	n ºFahrenheit g. Annual throughput in gallons
f. Temperature – typical storage temp. i h. RVP – gasoline only	g. Annual throughput in gallons i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachmer	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachmer Notes: please include in the spa	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachmer Notes: please include in the spa	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachmer Notes: please include in the spa	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachmer Notes: please include in the spa	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachmer Notes: please include in the spa	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachmer Notes: please include in the spa	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachmer Notes: please include in the spa	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachmer Notes: please include in the spa	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachmer Notes: please include in the spa	i. Total oxygen percent – gasoline only
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h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachmer Notes: please include in the spa	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachmer Notes: please include in the spa	i. Total oxygen percent – gasoline only

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Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
25
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Coi	mplete one AP-4 for EACH organic material storage tar	nk.
Important: When filling out forms on	A.	Equipment Description	
the computer, use only the tab key to	1.	Facility identifiers: ? CLEAN HARBORS OF BRAINTREE	
move your cursor – do not use the		a. Facility name 34839	1190564
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
	2.	Emission unit identifiers:	
return		AG TANK A24- 2,400 GAL - PCB	
		a. Facility's choice of emission unit name – edit as needed 25	25
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
How to combine units ?		d. Combined Units – enter number of individual units	
units :	3.	Emission unit installation and decommission dates:	
		1/1/1983	
?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) - if applicable
How to delete a unit ?			Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit replacement:	
		a. Is this unit replacing another emission unit?	
		✓ no	mber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
?	5.	Unit descriptions:	
		a. Description: 🗹 above ground 🗌 below groun	nd
		b. Roof type: ☐ floating roof ☐ internal roof ☐ type: ☐ fixed ☐ other:	
		10.5 7 2400	Specify other
			sity – 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

2008
Year of record
25
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	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	2983.0000						
	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							
8.	New material stored (enter new material if content a. Name of material	ts changed during year of record):						
	b. CAS number if single chemical	c. SC Code for standing / breathing loss						
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C						
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons						
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only						
	j. Oxygenate name – gasoline only							
В.	Notes and Attachments							
1.	Notes : please include in the space below any add your submission.	ditional information that will help DEP understand						
	2. Attachments: Check here to submit attachn	nents to this form. For attachments that cannot be						

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

paper copy of this form.

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
24
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Coi	mplete one AP-4 for EACH organic material storage t	ank.
Important: When filling out forms on	A.	Equipment Description	
the computer, use only the tab key to move your cursor – do	1.	Facility identifiers: CLEAN HARBORS OF BRAINTREE a. Facility name	
not use the		34839	1190564
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
	2.	Emission unit identifiers:	
return		AG TANK A23- 2,400 GAL - PCB	
		a. Facility's choice of emission unit name – edit as needed	
		24	24
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
			·
How to combine units ?		d. Combined Units – enter number of individual units	
	3.	Emission unit installation and decommission dates	ş.
	0.		-
		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
How to gelete		a. Installation date – estimate il difficioni (min/dd/yyyy)	
a unit ?			Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit replacement:	
		a. Is this unit replacing another emission unit?	
		✓ no	number for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
?	5.	Unit descriptions:	
		a. Description: 🗹 above ground 🗌 below gro	und
		b. Roof type:	
			Specify other
		10.5 7 2400	
		c. Height / Length – feet d. Diameter – feet e. Cap	acity – gallons

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

Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
24
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	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
T	52	1000.0000
	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	
8.	New material stored (enter new material if contents	changed during year of record):
	a. Name of material	
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	
В.	Notes and Attachments	
1.	Notes : please include in the space below any addit your submission.	tional information that will help DEP understand
2	2. Attachments: Check here to submit attachme	ents to this form. For attachments that cannot be

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2008 Year of record 23 DEP EU# (old Point #) 1190564 Facility AQ identifier

	Co	Complete one AP-4 for EACH organic material storage tank.				
Important: When filling out forms on	A	Equipment Description				
the computer, use only the	1.	Facility identifiers:				
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 A22- 2,400 GAL -PCB				
		a. Facility's choice of emission unit name – edit as needed				
		23	23			
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #			
How to combine units?		d. Combined Units – enter number of individual units				
units :	3.	Emission unit installation and decommission dates:				
		1/1/1983				
		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable			
How to delete a unit?			Complete only if the unit was shut down permanently			

Emission unit replacement:

b. Roof type:

a. Is this unit replacing another emission unit?

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

internal roof

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

Unit descriptions: a. Description: 🗹 above ground below ground

floating roof

fixed other: Specify other

10.5 2400 c. Height / Length – feet e. Capacity - gallons d. Diameter - feet

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
23
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

OIL WITH POLYCHLORINATED BIPHENYLS a. Name of material 1336363 b. CAS number if single chemical SPECIFY PHENOL:WORKING LOSS d. SC Code description – filled by eDEP f. Temperature – typical storage temp. in °Fahrenheit n. RVP – gasoline only h. RVP – gasoline only i. Total oxygen percent – gasoline only 7. Oxygenate name – gasoline only a. Name of material b. CAS number if single chemical SPECIFY PHENOL:WORKING LOSS d. SC Code description – filled by eDEP c. SC Code for standing / breathing loss e. Vapor pressure in PSI at 25° C 3402.0000 g. Annual throughput in gallons (enter 0 if not used) i. Total oxygen percent – gasoline only c. SC Code for standing / breathing loss e. Vapor pressure in PSI at 25° C	
b. CAS number if single chemical SPECIFY PHENOL:WORKING LOSS d. SC Code description – filled by eDEP 52 f. Temperature – typical storage temp. in "Fahrenheit i. Total oxygen percent – gasoline only 7. New material stored (enter new material if contents changed during year of record): a. Name of material b. CAS number if single chemical SPECIFY PHENOL:WORKING LOSS 40708498 c. SC Code for standing / breathing loss e. Vapor pressure in PSI at 25° C 3402.0000 g. Annual throughput in gallons (enter 0 if not used) i. Total oxygen percent – gasoline only c. SC Code for standing / breathing loss c. SC Code for standing / breathing loss	
b. CAS number if single chemical SPECIFY PHENOL:WORKING LOSS d. SC Code description – filled by eDEP 52 f. Temperature – typical storage temp. in *Fahrenheit n. RVP – gasoline only j. Oxygenate name – gasoline only New material stored (enter new material if contents changed during year of record): a. Name of material b. CAS number if single chemical SPECIFY PHENOL:WORKING LOSS c. SC Code for standing / breathing loss c. SC Code for standing / breathing loss c. SC Code for standing / breathing loss c. SC Code for standing / breathing loss c. SC Code for standing / breathing loss c. SC Code for standing / breathing loss c. SC Code for standing / breathing loss c. SC Code for standing / breathing loss	
SPECIFY PHENOL:WORKING LOSS d. SC Code description – filled by eDEP 52 f. Temperature – typical storage temp. in Fahrenheit n. RVP – gasoline only j. Oxygenate name – gasoline only 8. New material stored (enter new material if contents changed during year of record): a. Name of material b. CAS number if single chemical SPECIFY PHENOL:WORKING LOSS e. Vapor pressure in PSI at 25° C 3402.0000 g. Annual throughput in gallons (enter 0 if not used) i. Total oxygen percent – gasoline only c. SC Code for standing / breathing loss	
d. SC Code description – filled by eDEP 52 f. Temperature – typical storage temp. in Fahrenheit n. RVP – gasoline only j. Oxygenate name – gasoline only 8. New material stored (enter new material if contents changed during year of record): a. Name of material b. CAS number if single chemical SPECIFY PHENOL:WORKING LOSS e. Vapor pressure in PSI at 25° C 3402.0000 g. Annual throughput in gallons (enter 0 if not used) i. Total oxygen percent – gasoline only c. SC Code for standing / breathing loss	
3402.0000 3402	
f. Temperature – typical storage temp. in Fahrenheit g. Annual throughput in gallons (enter 0 if not used) h. RVP – gasoline only j. Oxygenate name – gasoline only 8. New material stored (enter new material if contents changed during year of record): a. Name of material b. CAS number if single chemical SPECIFY PHENOL:WORKING LOSS g. Annual throughput in gallons (enter 0 if not used) i. Total oxygen percent – gasoline only c. SC Code for standing / breathing loss	
h. RVP – gasoline only j. Oxygenate name – gasoline only 8. New material stored (enter new material if contents changed during year of record): a. Name of material b. CAS number if single chemical SPECIFY PHENOL:WORKING LOSS	
j. Oxygenate name – gasoline only 8. New material stored (enter new material if contents changed during year of record): a. Name of material b. CAS number if single chemical SPECIFY PHENOL:WORKING LOSS c. SC Code for standing / breathing loss	
8. New material stored (enter new material if contents changed during year of record): a. Name of material b. CAS number if single chemical SPECIFY PHENOL:WORKING LOSS c. SC Code for standing / breathing loss	
a. Name of material b. CAS number if single chemical SPECIFY PHENOL:WORKING LOSS c. SC Code for standing / breathing loss	
a. Name of material b. CAS number if single chemical SPECIFY PHENOL:WORKING LOSS c. SC Code for standing / breathing loss	
b. CAS number if single chemical c. SC Code for standing / breathing loss SPECIFY PHENOL:WORKING LOSS	
SPECIFY PHENOL:WORKING LOSS	
SPECIFY PHENOL:WORKING LOSS	
f. Temperature – typical storage temp. in ^o Fahrenheit g. Annual throughput in gallons	
h. RVP – gasoline only i. Total oxygen percent – gasoline only	
j. Oxygenate name – gasoline only	
B. Notes and Attachments	
1. Notes : please include in the space below any additional information that will help DEP understa your submission.	and

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

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Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
18
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Complete one AP-4 for EACH organic material storage tank.					
Important: When filling out forms on	A.	Equipment Description				
the computer, use only the	1.	Facility identifiers:				
tab key to		CLEAN HARBORS OF BRAINTREE				
move your		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 A17B- 750 GAL NOT USED IN 2008				
		a. Facility's choice of emission unit name – edit as needed				
		18	18			
		b. Facility's emission unit number / code - edit as needed	c. DEP emissions unit # - SSEIS point #			
Howto		d. Combined Units – enter number of individual units				
combine units?						
	3.	Emission unit installation and decommission dates:				
		1/1/1983				
?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable			
How to delete			Complete only if the unit was shut down permanently			
a unit?			or replaced since the last report.			
?	4.	Emission unit replacement:				
		a. Is this unit replacing another emission unit?				
		✓ no	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			

internal roof

700

e. Capacity - gallons

Specify other

other:

b. Roof type:

c. Height / Length - feet

6.5

☐ floating roof
✓ fixed

4.83

d. Diameter - feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

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

A. Equipment Description (cont.)

	Material stored (at start of year):			
	NONE			
	a. Name of material	_		
		40799998		
	b. CAS number if single chemical	c. SC Code for standing / breathing loss		
	MISC.CHEMICAL STORAGE	- V		
2	d. SC Code description – filled by eDEP 52	e. Vapor pressure in PSI at 25° C		
<u>U</u>	f. Temperature – typical storage temp. in Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)		
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only		
	j. Oxygenate name – gasoline only	_		
8.	New material stored (enter new material if conte	ents changed during year of record):		
	a. Name of material			
	b. CAS number if single chemical	c. SC Code for standing / breathing loss		
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C		
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons		
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only		
	j. Oxygenate name – gasoline only	_		
В.	j. Oxygenate name – gasoline only Notes and Attachments	_		
B.	Notes and Attachments Notes: please include in the space below any actions and the space below any actions are specified in the space below.			
_	Notes and Attachments	dditional information that will help DEP understand		
_	Notes and Attachments Notes: please include in the space below any actions and the space below any actions are specified in the space below.	dditional information that will help DEP understand		
_	Notes and Attachments Notes: please include in the space below any actions and the space below any actions are specified in the space below.	dditional information that will help DEP understand		
_	Notes and Attachments Notes: please include in the space below any actions and the space below any actions are specified in the space below.	dditional information that will help DEP understand		
_	Notes and Attachments Notes: please include in the space below any actions and the space below any actions are specified in the space below.	dditional information that will help DEP understand		
_	Notes and Attachments Notes: please include in the space below any actions and the space below any actions are specified in the space below.	dditional information that will help DEP understand		
_	Notes and Attachments Notes: please include in the space below any actions and the space below any actions are specified in the space below.	dditional information that will help DEP understand		
_	Notes and Attachments Notes: please include in the space below any actions and the space below any actions are specified in the space below.	dditional information that will help DEP understand		
_	Notes and Attachments Notes: please include in the space below any actions and the space below any actions are specified in the space below.	dditional information that will help DEP understand		
_	Notes and Attachments Notes: please include in the space below any actions and the space below any actions are specified in the space below.	dditional information that will help DEP understand		
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_	Notes and Attachments Notes: please include in the space below any actions and the space below any actions are specified in the space below.	dditional information that will help DEP understand		

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paper copy of this form.

Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2008 Year of record 16 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4	for	EACH or	ganic	material	storage	tank.
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	CO	implete one AF-4 for EACH organic material storage ta	IIK.
Important: When filling out forms on	A.	Equipment Description	
the computer, use only the	1.	Facility identifiers:	
tab key to		CLEAN HARBORS OF BRAINTREE	
move your cursor – do		a. Facility name	
not use the		34839	1190564
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
tab			
	2.	Emission unit identifiers:	
return		AG TANK A11- 5,000 GAL NOT USED IN 2008	
		a. Facility's choice of emission unit name – edit as needed	
		16	16
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
		d. Combined Units – enter number of individual units	
How to			

3. Emission unit installation and decommission dates:



combine 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 u	unit replacement:
	a. Is this u	nit replacing another emission unit?
	✓ no	yes – enter DEP's emissions unit number for the unit being replaced below:

h DEP's Emission Unit Number and facility unit name

	c. Height / Length -	- feet	d. Diameter – fe	eet	e. Capacity –	gallons		
	14		8.16		5200			
						Specify other		
	b. Roof type:	☐ flo	pating roof	inte	rnal roof er:			
,	a. Description:	∠ ab	ove ground	☐ belo	ow ground			
5.	Unit description	ns:						
	b. Del 3 emission	i Omicivo	and racinty	unit name				

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

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

A. Equipment Description (cont.)

gle chemical L STORAGE on – filled by eDEP ical storage temp. in *Fahrenheit nly gasoline only ored (enter new material if conte	a. SC Code for standing / breathing loss e. Vapor pressure in PSI at 25° C g. Annual throughput in gallons (enter 0 if not used) i. Total oxygen percent – gasoline only ents changed during year of record): c. SC Code for standing / breathing loss
L STORAGE on – filled by eDEP ical storage temp. in *Fahrenheit nly - gasoline only ored (enter new material if conte	c. SC Code for standing / breathing loss e. Vapor pressure in PSI at 25° C 0 g. Annual throughput in gallons (enter 0 if not used) i. Total oxygen percent – gasoline only ents changed during year of record):
L STORAGE on – filled by eDEP ical storage temp. in *Fahrenheit nly - gasoline only ored (enter new material if conte	c. SC Code for standing / breathing loss e. Vapor pressure in PSI at 25° C 0 g. Annual throughput in gallons (enter 0 if not used) i. Total oxygen percent – gasoline only ents changed during year of record):
L STORAGE on – filled by eDEP ical storage temp. in *Fahrenheit nly - gasoline only ored (enter new material if conte	e. Vapor pressure in PSI at 25° C O g. Annual throughput in gallons (enter 0 if not used) i. Total oxygen percent – gasoline only ents changed during year of record):
on – filled by eDEP ical storage temp. in *Fahrenheit hly gasoline only ored (enter new material if conte	g. Annual throughput in gallons (enter 0 if not used) i. Total oxygen percent – gasoline only ents changed during year of record):
rical storage temp. in Fahrenheit Parage temp. in Fahrenheit Parage temp. in Fahrenheit Parage temp. in Fahrenheit Parage temp. in Fahrenheit	g. Annual throughput in gallons (enter 0 if not used) i. Total oxygen percent – gasoline only ents changed during year of record):
ored (enter new material if conte	g. Annual throughput in gallons (enter 0 if not used) i. Total oxygen percent – gasoline only ents changed during year of record):
ored (enter new material if conte	i. Total oxygen percent – gasoline only ents changed during year of record):
gasoline only pred (enter new material if conte	ents changed during year of record):
ored (enter new material if conte	
gle chemical	c SC Code for standing / breathing loss
gle chemical	c. SC Code for standing / breathing loss
	o. So Gode for standing / breathing loss
on – filled by eDEP	e. Vapor pressure in PSI at 25° C
ical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons
nly	i. Total oxygen percent – gasoline only
gasoline only	_
Attachments	
	dditional information that will help DEP understand
)	Attachments Include in the space below any a

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
15
DEP EU# (old Point #)
1190564
Facility AQ identifier

combine units?

a unit?

Co	mplete one AP-4 for EACH organic material storage ta	nk.		
Α.	Equipment Description			
1.	Facility identifiers: 7			
	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 NOT USED IN 2008			
	a. Facility's choice of emission unit name – edit as needed 15	15		
	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 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	umber for the unit being replaced below:		
	b. DEP's Emission Unit Number and facility unit name			
5.	Unit descriptions:			
	a. Description: 🗹 above ground 🗌 below ground	nd		
	h Boof type:	f		

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
15
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7. M	laterial stored (at start of year):					
Е	EMPTY					
a.	Name of material					
		40799998				
	CAS number if single chemical	c. SC Code for standing / breathing loss				
	IISC.CHEMICAL STORAGE	- Vanas processes in BCI at 250 C				
7)52	SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
	Temperature – typical storage temp. in *Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)				
? h.	RVP – gasoline only	i. Total oxygen percent – gasoline only				
j. (Oxygenate name – gasoline only					
	ew material stored (enter new material if contents	changed during year of record):				
a.	Name of material					
b.	CAS number if single chemical	c. SC Code for standing / breathing loss				
d.	SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
f.	Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons				
h.	RVP – gasoline only	i. Total oxygen percent – gasoline only				
j. (Oxygenate name – gasoline only					
B. N	lotes and Attachments					
	otes: please include in the space below any addit	ional information that will help DEP understand				
yo	our submission.					
2	Attachments: Check here to submit attachme	ants to this form. For attachments that cannot be				

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

paper copy of this form.

help

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
14
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4 for EACH organic material storage tan	k.
Important: When filling out forms on	A.	Equipment Description	
the computer, use only the	1.	Facility identifiers:	
tab key to		CLEAN HARBORS OF BRAINTREE	
move your cursor – do		a. Facility name	
not use the		34839	1190564
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
tab			
	2.	Emission unit identifiers:	
return		AG TANK A9- 5,000 GAL WASTE STREAM A21	
		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 #
2		d. Combined Units – enter number of individual units	
How to combine units ?		d. Combined Onics – 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
How to delete a unit?			Complete only if the unit was shut down permanently or replaced since the last report.
?) 4.	Emission unit replacement:	
		a. Is this unit replacing another emission unit?	
		✓ no	mber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
?	5.	Unit descriptions:	
		a. Description: 🗹 above ground 🗌 below ground	nd

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

internal roof

5000

e. Capacity - gallons

Specify other

other:

b. Roof type:

13

floating roof

8.5

✓ fixed

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
14
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):	
	NON HALOGENATED FUEL	
r	a. Name of material	7
ļ		40799998
	b. CAS number if single chemical MISC.CHEMICAL STORAGE	c. SC Code for standing / breathing loss
_	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	52	68273
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	_
3.	New material stored (enter new material if conte	ents changed during year of record):
	NON HALOGENATED FUEL	
-	a. Name of material	
		40799998
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
_	MISC.CHEMICAL STORAGE	1.040
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
-		171957.0000
	f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons
=	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
-	j. Oxygenate name – gasoline only	_
D	Notes and Attachments	_
		dditional information that will help DEP understand
	your submission.	

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

paper copy of this form.

help

Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2008 Year of record 13 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete or	ne AP-4 for	EACH organi	ic material s	storage tanl	۲.
-------------	-------------	-------------	---------------	--------------	----

Important: When filling out forms on	Α.	Equipment Description	
the computer, use only the	1.	Facility identifiers:	
tab key to		CLEAN HARBORS OF BRAINTREE	
move your cursor – do		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 A8- 5,000 GAL TANK NOT USED IN 20	008
		a. Facility's choice of emission unit name – edit as needed	
		13	13
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
2		d. Combined Units – enter number of individual units	
How to combine			
units ?	3.	Emission unit installation and decommission dates:	
	0.	1/1/1987	
2		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
How to delete			Complete only if the unit was shut down permanently
a unit?			or replaced since the last report.
?	4.	Emission unit replacement:	
		a. Is this unit replacing another emission unit?	
		✓ no yes – enter DEP's emissions unit nu	mber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
		b. Der 3 emission om Number and facility unit fame	
	_		
?	5.	Unit descriptions:	
		a. Description: 🗹 above ground 🗌 below ground	nd
		b. Roof type:	

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

5000

e. Capacity – gallons

8.5

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

13

Specify other

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

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

A. Equipment Description (cont.)

7.	Material stored (at start of year):				
	LEAN WATER FOR INCINERATION				
	a. Name of material				
		40799998			
	b. CAS number if single chemical	c. SC Code for standing / breathing loss			
	MISC.CHEMICAL STORAGE	3 · · · · · · · · · · · · · · · · · · ·			
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C			
2	52	120930			
	f. Temperature – typical storage temp. in Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)			
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only			
	j. Oxygenate name – gasoline only	-			
8.	New material stored (enter new material if conter	nts changed during year of record):			
	a. Name of material				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss			
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C			
	f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons			
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only			
	j. Oxygenate name – gasoline only	-			
В.	Notes and Attachments				
1.	Notes : please include in the space below any adyour submission.	lditional information that will help DEP understand			
	2. Attachments: Check here to submit attach	ments to this form. For attachments that cannot be			

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
12
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4 for EACH organic material storage tan	ık.
Important: When filling out forms on	A.	Equipment Description	
the computer, use only the tab key to	1.	Facility identifiers: CLEAN HARBORS OF BRAINTREE	
move your cursor – do		a. Facility name	4400704
not use the return key.		b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number
tab lab		b. DEF Account number	C. Facility Acquentifier – SSEIS ID Humber
	2.	Emission unit identifiers:	
return		AG TANK A7- 9,000 GAL WASTE STREAM A-23	}
		a. Facility's choice of emission unit name – edit as needed	
		12	12
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
How to combine		d. Combined Units – enter number of individual units	
units?	3.	Emission unit installation and decommission dates:	
	٥.		
2		1/1/1987 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
How to delete			Complete only if the unit was shut down permanently
a unit?			or replaced since the last report.
?	4.	Emission unit replacement:	
•		a. Is this unit replacing another emission unit?	
		✓ no	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:	
		14.66 10.5 9000	Specify other
			ity – gallons

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008		
Year of record		
12		
DEP EU# (old Point #)		
1190564		
Facility AQ identifier		

A. Equipment Description (cont.)

7.	Material stored (at start of year):				
	OIL, GASOLINE AND WASTER MIXTURE				
	a. Name of material				
		40722098			
	b. CAS number if single chemical	c. SC Code for standing / breathing loss			
	ORGANIC CHEM.SPECIFY IN COMMNETS				
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C			
?	52	42603			
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)			
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only			
	j. Oxygenate name – gasoline only				
8.	New material stored (enter new material if conter OIL, GASOLINE AND WASTER MIXTURE a. Name of material	nts changed during year of record):			
		40722098			
	b. CAS number if single chemical	c. SC Code for standing / breathing loss			
	ORGANIC CHEM.SPECIFY IN COMMNETS	3.250			
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C			
	52	142251.0000			
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons			
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only			
	j. Oxygenate name – gasoline only				
В.	Notes and Attachments				
1.	Notes : please include in the space below any ad your submission.	ditional information that will help DEP understand			
	your submission.				
	2. Attachments: Check here to submit attach	ments to this form. For attachments that cannot be			

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
11
DEP EU# (old Point #)
1190564
Facility AQ identifier

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

combine units?

a unit?

Co	mplete one AP-4 for EACH organic material storage tar	nk.			
A.	Equipment Description				
1.	Facility identifiers:				
	CLEAN HARBORS OF BRAINTREE				
	a. Facility name				
	34839	1190564			
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number			
2.	Emission unit identifiers:				
	AG TANK A6- 9,000 GAL WASTE STREAM A-23	3			
	a. Facility's choice of emission unit name – edit as needed				
	11	11			
	b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #			
	d. Combined Units – enter number of individual units				
	d. Combined Onles - Chef Humber of Individual Units				
3.	Emission unit installation and decommission dates:				
J.					
	a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable			
	a. Installation date Southate if distribution (Illinguaryyyy)	Complete only if the unit was shut down permanently			
		or replaced since the last report.			
4.	Emission unit replacement:				
)	a. Is this unit replacing another emission unit?				
	✓ no	mber for the unit being replaced below:			
	b. DEP's Emission Unit Number and facility unit name				

	b. DEP's Emission	Unit Number and facility	unit name	
5.	Unit description	ns:		
,	a. Description:	✓ above ground	below groun	nd
	b. Roof type:	☐ floating roof ☑ fixed	internal roof	f
	14.66	10.5	9000	Specify other

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2008
Year of record
11
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

GASOLINE, OIL AND WATER	
a. Name of material	1070000
	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	3.2500
f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter $\overline{0}$ 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 GASOLINE OIL AND WATER a. Name of material	
	40799998
b. CAS number if single chemical	c. SC Code for standing / breathing loss
MISC.CHEMICAL STORAGE	3.250
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
52	166706.0000
f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	_
Notes and Attachments Notes: please include in the space below any a your submission.	dditional information that will help DEP understan
	dditional information that will help DEP underst

paper copy of this form.

help

Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2008 Year of record 10 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 for EACH organic material storage tai	۱k.
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Important: When filling out forms on the computer, use only the tab key to move your cursor – do not use the return key.

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 A5- 5,200 GAL OUT OF SERVICE IN 2008			
	a. Facility's choice of emission unit name – edit as needed 10	10		
	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:			
	1/1/1986			
	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.		



combine units?

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 description	ns:						
	a. Description:	∠ al	oove ground	☐ beld	ow ground			
	b. Roof type:	☐ flo	pating roof red	inte	rnal roof er:			
						Specify other		
	10.5		10.5		5200			
	c. Height / Length -	- feet	d. Diameter - fo	eet	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

2008
Year of record
10
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

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

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

NP AQ AP-STACK

Physical Vertical Stacks

2008
Year of record
9
DEP Stack #
1190564
Facility AQ identifier

Complete one AP-STACK form for EACH physical stack at the facility Important: A. Stack Description When filling out forms on How to report combined units/stacks: see 3b below the computer, 1. Facility identifiers: use only the tab key to **CLEAN HARBORS OF BRAINTREE** move your a. Facility name cursor - do not 34839 1190564 use the return c. AQ identifier - SSEIS ID number key b. DEP Account number 2. Stack identifiers: 1 STACK-2 FURNACES LENNOX a. Facility's choice of stack name - edit as needed 9 b. Facility's stack number - edit as needed c. DEP stack # - old SSEIS stack # Type: a. vertical vertical with rain cap/sleeve b. Combined stacks - enter number of individual stacks: 28 0.6 Dimensions: Height in feet above the ground Internal Diameter in feet What t 15 is unknown or Gas exit velocity: Low end - feet per second (0.1 - 500)High end - feet per second (0.1 - 500)unavailable? 200 Exit temperature: High end - ⁰ Fahrenheit (50 – 1800) Low end - ⁰Fahrenheit (50 – 1800) ✓ metal ☐ brick refractory ☐ other: Stack liner material: Describe Other Decommission date – if applicable: (mm/dd/yyyy) Complete only if the stack was permanently removed How to delete a stack? B. Emission Units Associated with Stack – eDEP Only Below is a list of the emission units associated with this stack. This list is for information only – no data entry is required; make any changes on the forms for each emission unit (i.e., AP1, AP2, or AP3). Note:

this list does not reflect changes you have made on-line, but not yet submitted.

Important:	EU#64-2 LENNOX FURNACES SR 20Q5-140/154 0.246 MMBTU/HR						
To assign an emission unit to this stack,							
enter the Stack Id No.							
on the form for the emission unit							
(i.e., AP1, AP2, or AP3).							

Bureau of Waste Prevention - Air Quality

Year of record WP AQ AP-STACK DEP Stack # 1190564 Emission Unit - Fuel Utilization Equipment Facility AQ identifier

2008

C. Notes and Attachments

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

2. Attachments:

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

Bureau of Waste Prevention – Air Quality

BWP AQ AP-STACK

Physical Vertical Stacks

2008	
Year of record	
7	
DEP Stack #	
1190564	
Facility AQ identifier	

Complete one AP-STACK form for EACH physical stack at the facility

Important:
When filling
out forms on
the computer,
use only the
tab key to
move your
cursor - do no
use the return
key.







What to if data
is unknown or unavailable ?

How to **delete** a stack?

A	. Stack Descripti	on					
			Hov	v to report combined units/stacks: see 3b below			
1.	Facility identifiers:						
	CLEAN HARBORS OF	BRAINTREE					
	a. Facility name						
	34839		1190564				
	b. DEP Account number		c. AQ identifier – SSEIS ID number				
2.	Stack identifiers:						
۷.							
		OR (2)- CUMMINS AND CA	ATERPILLAR	<u> </u>			
	a. Facility's choice of stack name – edit as needed						
	7		7				
	b. Facility's stack number – edit as needed c. DEP stack # – old SSEIS stack #						
3.	Type: a. 🗹 vertical 🗌 v	ertical with rain cap/sleeve b. Co	ombined stacks -	enter number of individual stacks:			
		12		0.8			
4.	Dimensions:	Height in feet above the grour	d	Internal Diameter in feet			
_	0 '(32		32			
5.	Gas exit velocity:	Low end - feet per second (0.1 – 500)		High end - feet per second (0.1 – 500)			
_	Full target and the	1150		1150			
6.	Exit temperature:	Low end - °Fahrenheit (50 – 1	800)	High end - ⁰ Fahrenheit (50 – 1800)			
7.	Stack liner material:	✓ metal □ brick refractory	other:				
			Describe Othe	er			
8.	Decommission date – i	f applicable: (mm/dd/y	vaa) Complete o	nly if the stack was permanently removed			

B. Emission Units Associated with Stack - eDEP Only

Below is a list of the emission units associated with this stack. This list is for information only – no data entry is required; make any changes on the forms for each emission unit (i.e., AP1, AP2, or AP3). Note: this list does not reflect changes you have made on-line, but not yet submitted.

important:
To assign an
emission unit
to this stack,
enter the
Stack Id No.
on the form
for the
emission unit
(i.e., AP1,
$\Delta P2 \text{ or } \Delta P3$

EU#50-GENERATOR #2-CUMMINS #NT855G2 #2 DIESEL
EU#55-GENERATOR #1-CATERPILLAR 558.5 KW #2 OIL-0.3 PERS

Bureau of Waste Prevention - Air Quality

Year of record WP AQ AP-STACK DEP Stack # 1190564 Emission Unit - Fuel Utilization Equipment Facility AQ identifier

C. Notes and Attachments

1. Notes: please include 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.

2008

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

BWP AQ AP-STACK

Physical Vertical Stacks

2008
Year of record
5
DEP Stack #
1190564
Facility AQ identifier

	Co	mplete one AP-STACK f	orm for EACH physic	al stack at	t the facility	
Important: When filling	A.	Stack Descript	ion			
out forms on the computer,	1.	Facility identifiers:			How	to report combined units/stacks: see 3b belov
use only the tab key to	••	CLEAN HARBORS C	F BRAINTREE			
move your		a. Facility name				
cursor - do not use the return		34839			1190564	
key.		b. DEP Account number			c. AQ identifie	r – SSEIS ID number
tab	2.	Stack identifiers:				
		2 DRUM CRUSHING				
(return		a. Facility's choice of stack	name – edit as needed			
100011		5			5	
		b. Facility's stack number –	edit as needed		c. DEP stack #	# - old SSEIS stack #
	3.	Type: a. 🗹 vertical 🔲	vertical with rain cap/sleev	/e b. Cor	mbined stacks -	enter number of individual stacks:
	4	Dimensiona	54			1.3
	4.	Dimensions:	Height in feet above	e the ground	t	Internal Diameter in feet
What to so if data is unknown or	5.	Coo ovit volocity:	54			54
unavailable ?	Э.	Gas exit velocity:	Low end - feet per s	second (0.1	– 500)	High end - feet per second (0.1 – 500)
	6.	Exit temperature:	60			60
	0.	Lait temperature.	Low end - ⁰ Fahrenh	neit (50 – 180	(00)	High end - ⁰ Fahrenheit (50 – 1800)
	7.	Stack liner material:	✓ metal	efractory	other:	
					Describe Othe	er
How to delete a stack?	8.	Decommission date –	· if applicable:	(mm/dd/yyy	yy) Complete or	nly if the stack was permanently removed
	В.	Emission Units	s Associated v	with St	ack – <mark>e</mark> D	EP Only
	ent		ny changes on the for	rms for ea	ch emission	st is for information only – no data unit (i.e., AP1, AP2, or AP3). Note: submitted.

mportant:	EU#5-2 DRUM CRUSHING LINES
o assign an emission unit	
o this stack,	
enter the Stack Id No.	
on the form	
or the mission unit	
i.e., AP1,	
AP2, or AP3).	

Bureau of Waste Prevention - Air Quality

WP AQ AP-STACK DEP Stack # 1190564 Emission Unit - Fuel Utilization Equipment Facility AQ identifier

2008

Year of record

C. Notes and Attachments

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

2. Attachments:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-STACK

Physical Vertical Stacks

2008
Year of record
4
DEP Stack #
1190564
Facility AQ identifier

Complete one AP-STACK form for EACH physical stack at the facility

lm W ou the us tak mo cu use ke









a stack?

Important: When filling	A.	Stack Description	on		
out forms on the computer,	1.	Facility identifiers:		ŀ	How to report combined units/stacks: see 3b below
use only the tab key to		CLEAN HARBORS OF	BRAINTREE		
move your		a. Facility name			
cursor - do not use the return		34839		1190564	!
key.		b. DEP Account number		c. AQ iden	tifier – SSEIS ID number
tab	2.	Stack identifiers:			
**		THREE DISTILLATION	I UNITS- NOT USED 20	800	
		a. Facility's choice of stack na	ame – edit as needed		
return		4		4	
		b. Facility's stack number – e	dit as needed	c. DEP sta	ck # - old SSEIS stack #
	3.	Type: a. ✓ vertical ∨e	rtical with rain cap/sleeve	b. Combined stack	ks – enter number of individual stacks:
			70		2
(?)	4.	Dimensions:	Height in feet above the	ground	Internal Diameter in feet
hat to if data	_		15		15
unknown or available ?	5.	Gas exit velocity:	Low end - feet per secon	d (0.1 – 500)	High end - feet per second (0.1 – 500)
avallable :	_		70		70
	6.	Exit temperature:	Low end - °Fahrenheit (5	0 – 1800)	High end - ⁰ Fahrenheit (50 – 1800)
	7.	Stack liner material:	☑ metal ☐ brick refra	ctory \square other	:
				Describe C	Other
Plow to delete	8.	Decommission date – if	applicable: (mm	n/dd/yyyy) Complet	e only if the stack was permanently removed

B. Emission Units Associated with Stack - eDEP Only

Below is a list of the emission units associated with this stack. This list is for information only – no data entry is required; make any changes on the forms for each emission unit (i.e., AP1, AP2, or AP3). Note: this list does not reflect changes you have made on-line, but not yet submitted.

Important:
To assign an
emission unit
to this stack,
enter the
Stack Id No.
on the form
for the
emission uni
(i.e., AP1,
AP2, or AP3).

EU#61-REPACKAGING SOLVENTS	
EU#4-THREE DISTILLATION UNITS 710 GAL/HR NOT USED 2007	

Bureau of Waste Prevention - Air Quality

WP AQ AP-STACK DEP Stack # 1190564 Emission Unit - Fuel Utilization Equipment Facility AQ identifier

2008

Year of record

C. Notes and Attachments

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

PLANING TO PUT SOLVENT RECOVERY OPERATIONS THROUGH CLOSURE IN 2008. WORKING WITH MA DEP. SOLVENT RECOVERY UNIT IN THE PROCESS OF BEING PUT THROUGH CLOSURE. EXPECTED COMPLETION DATE JUNE 12, 2009. CLOSURE UNDER A MA DEP APPROVED PLAN.

2. Attachments:

Bureau of Waste Prevention – Air Quality

BWP AQ AP-STACK

Physical Vertical Stacks

2008
Year of record
3
DEP Stack #
1190564
Facility AQ identifier

Complete one AP-STACK form for EACH physical stack at the facility Important: A. Stack Description When filling out forms on How to report combined units/stacks: see 3b below the computer, 1. Facility identifiers: use only the tab key to **CLEAN HARBORS OF BRAINTREE** move your a. Facility name cursor - do not 34839 1190564 use the return c. AQ identifier - SSEIS ID number key b. DEP Account number 2. Stack identifiers: 1 STACK BOILER #1-CLEAVER BROOKS- #2 OIL a. Facility's choice of stack name - edit as needed 3 b. Facility's stack number - edit as needed c. DEP stack # - old SSEIS stack # Type: a. vertical vertical with rain cap/sleeve b. Combined stacks - enter number of individual stacks: 35 Dimensions: Height in feet above the ground Internal Diameter in feet What t 47 is unknown or Gas exit velocity: Low end - feet per second (0.1 - 500)High end - feet per second (0.1 - 500)unavailable? 450 Exit temperature: Low end - ⁰Fahrenheit (50 – 1800) High end - ⁰ Fahrenheit (50 – 1800) ✓ metal ☐ brick refractory ☐ other: Stack liner material: Describe Other Decommission date – if applicable: (mm/dd/yyyy) Complete only if the stack was permanently removed How to delete a stack? B. Emission Units Associated with Stack – eDEP Only

Below is a list of the emission units associated with this stack. This list is for information only – no data entry is required; make any changes on the forms for each emission unit (i.e., AP1, AP2, or AP3). Note: this list does not reflect changes you have made on-line, but not yet submitted.

Important:	EU#3-BOILER #1-CLEAVER BROOKS- #2 OIL 0.3 PERCENTSULFUR						
To assign an emission unit to this stack,							
enter the Stack Id No.							
for the for the emission unit							
(i.e., AP1, AP2, or AP3).							

?

Bureau of Waste Prevention - Air Quality

Year of record WP AQ AP-STACK DEP Stack # 1190564 Emission Unit - Fuel Utilization Equipment Facility AQ identifier

2008

C. Notes and Attachments

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

2. Attachments:

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

BWP AQ AP-STACK

Physical Vertical Stacks

2008	
Year of record	_
2	
DEP Stack #	
1190564	
Facility AQ identifier	

	Co	mplete one AP-STACK fo	rm for EACH physical sta	ck at the facility	y
Important: When filling out forms on	A.	. Stack Descripti	on	Н	low to report combined units/stacks: see 3b below
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. AQ ident	ifier – SSEIS ID number
tab	2.	Stack identifiers: ?			
		STACK #2- BOILER #	2- HURST #30- #2 OIL 0).3 PER. S	
return		a. Facility's choice of stack n	ame – edit as needed		
		b Facility to a to all assembles.	alis an annulud	2	ck # - old SSEIS stack #
		b. Facility's stack number – e	edit as needed	c. DEP stac	ck # - old SSEIS stack #
	3.	Type: a. 🗹 vertical 🗌 ve	ertical with rain cap/sleeve	b. Combined stack	s – enter number of individual stacks:
	4	Dimensions	35		1
What to if data	4.	Dimensions:	Height in feet above the g	round	Internal Diameter in feet
is unknown or	5.	Gas exit velocity:	50	1 (0.4 500)	50
unavailable ?		·	Low end - feet per second 212	1 (0.1 – 500)	High end - feet per second (0.1 – 500) 212
	6.	Exit temperature:	Low end - ⁰ Fahrenheit (50	0 – 1800)	High end - ⁰ Fahrenheit (50 – 1800)
	7.	Stack liner material:	metal 🗌 brick refrac	tory other:	
				Describe O	ther
How to delete a stack?	8.	Decommission date – i	f applicable: (mm/	dd/yyyy) Complete	e only if the stack was permanently removed
a stack :	В.	. Emission Units	Associated with	Stack – e	DEP Only
	en	try is required; make any		or each emission	s list is for information only – no data on unit (i.e., AP1, AP2, or AP3). Note: et submitted.
Important:		EU#2-BOILER #2	-HURST #30 1.004	MMBTU/H	R #2 OIL-0.3 S
To assign an emission unit					
to this stack, enter the					
Stack ld No. on the form					
for the					
emission unit (i.e., AP1,					
AP2, or AP3).					

Bureau of Waste Prevention - Air Quality

Year of record WP AQ AP-STACK DEP Stack # 1190564 Emission Unit - Fuel Utilization Equipment Facility AQ identifier

2008

C. Notes and Attachments

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

2. Attachments:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-STACK

Physical Vertical Stacks

2008
Year of record
10
DEP Stack #
1190564
Facility AQ identifier

Complete one AP-STACK form for EACH physical stack at the facility

Important: A. Stack Description When filling out forms on How to report combined units/stacks: see 3b below the computer, 1. Facility identifiers: use only the tab key to **CLEAN HARBORS OF BRAINTREE** move your a. Facility name cursor - do not 34839 1190564 use the return c. AQ identifier - SSEIS ID number key b. DEP Account number 2. Stack identifiers: **CUT OFF ROOM 2008** a. Facility's choice of stack name - edit as needed 10 10 b. Facility's stack number - edit as needed c. DEP stack # - old SSEIS stack # Type: a. vertical vertical with rain cap/sleeve b. Combined stacks - enter number of individual stacks: 18 **Dimensions:** Height in feet above the ground Internal Diameter in feet What t 15 is unknown or Gas exit velocity: Low end - feet per second (0.1 - 500)High end - feet per second (0.1 - 500)unavailable? Exit temperature: Low end - ⁰Fahrenheit (50 – 1800) High end - ⁰ Fahrenheit (50 – 1800) Stack liner material: metal brick refractory other: Describe Other Decommission date – if applicable: (mm/dd/yyyy) Complete only if the stack was permanently removed How to delete a stack? B. Emission Units Associated with Stack – eDEP Only Below is a list of the emission units associated with this stack. This list is for information only – no data entry is required; make any changes on the forms for each emission unit (i.e., AP1, AP2, or AP3). Note: this list does not reflect changes you have made on-line, but not yet submitted. Important: To assign an emission unit to this stack, enter the Stack Id No. on the form for the emission unit (i.e., AP1,



AP2, or AP3).

Bureau of Waste Prevention - Air Quality

10 WP AQ AP-STACK DEP Stack # 1190564 Emission Unit - Fuel Utilization Equipment Facility AQ identifier

2008

Year of record

C. Notes and Attachments

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

PAINT SQUISHER WAS REMOVED FROM CUT OFF ROOM. THIS ROOM IS **USED TO PUMP FLAMMABLE DRUMS.**

2. Attachments:

Bureau of Waste Prevention - Air Quality

VP AQ AP-STACK

Physical Vertical Stacks

2008
Year of record
1
DEP Stack #
1190564
Facility AQ identifier

	COI	iipiete one Ai
Important: When filling out forms on	A.	Stack Do
the computer, use only the	1.	Facility iden
tab key to		CLEAN HA
move your cursor - do not		a. Facility name
use the return		34839
key.		b. DEP Accoun
tab	2.	Stack identif
*/		STACK #1-
		a. Facility's cho
return		1
		b. Facility's sta

3.

5.

6.

7.

Stack Descripti	on		
-		Нс	w to report combined units/stacks: see 3b below
Facility identifiers:			
CLEAN HARBORS OF	BRAINTREE		
a. Facility name			
34839		1190564	
b. DEP Account number		c. AQ identif	ier – SSEIS ID number
Stack identifiers: (?)			
STACK #1- INCINERA	TOR #1-VENT-O-MATIC- NA	2007	
a. Facility's choice of stack n	ame – edit as needed		
1		1	
b. Facility's stack number – e	edit as needed	c. DEP stack	c# - old SSEIS stack #
Type: a. ✓ vertical ∨e	ertical with rain cap/sleeve b. Com	bined stacks	- enter number of individual stacks:
D: .	185		1.2
Dimensions:	Height in feet above the ground		Internal Diameter in feet
0 " 1 "	21		21
Gas exit velocity:	Low end - feet per second (0.1 -	- 500)	High end - feet per second (0.1 – 500)
Exit temperature:	240		240
	Low end - ⁰ Fahrenheit (50 – 180	0)	High end - ⁰ Fahrenheit (50 – 1800)
Stack liner material:	✓ metal ☐ brick refractory	other:	
		Describe Oth	ner
Decommission date – i	f applicable:		

How to delete a stack?

Whatt is unknown or

unavailable?

(mm/dd/yyyy) Complete only if the stack was permanently removed

B. Emission Units Associated with Stack - eDEP Only

Below is a list of the emission units associated with this stack. This list is for information only – no data entry is required; make any changes on the forms for each emission unit (i.e., AP1, AP2, or AP3). Note: this list does not reflect changes you have made on-line, but not yet submitted.

Important:
To assign an
emission unit
to this stack,
enter the
Stack Id No.
on the form
for the
emission unit
(i.e., AP1,
AP2, or AP3).
,

EU#1-STACK 1 POINT 1 SEGMENT	

Bureau of Waste Prevention - Air Quality

Year of record WP AQ AP-STACK DEP Stack # 1190564 Emission Unit - Fuel Utilization Equipment Facility AQ identifier

2008

C. Notes and Attachments

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

INCINERATOR #1-VENT-O-MATIC- NOT OPERATED IN 2008

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.