

eDEP Transaction Copy

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Username: PODLISNY

Transaction ID: 383562

Document: AQ Source Registration Package

Size of File: 3333.78K

Status of Transaction: Submitted

Date and Time Created: 3/29/2023:2:43:24 PM

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Bureau of Waste Prevention - Air Quality

Source Registration Overview

Create or Amend a Source Registration Forms Package

2010 Year of Record

1190564

Facility AQ identifier



A. Create a Source Registration Package

 Select existing or new fa 	acility
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Existing Facilities: To create a complete package for 2010 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 2010 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: 32 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	2009
/	BOILER #1-CLEAVER BROOKS- #2 OIL 0.3 PERCENTSULFUR	3	3	AP-1	2009
/	GENERATOR #2-CUMMINS #NT855G2 #2 DIESEL	50	50	AP-1	2009
~	GENERATOR #1-CATERPILLAR 558.5 KW #2 OIL-0.3 PERS	55	55	AP-1	2009
✓	2 LENNOX FURNACES SR 20Q5-140/154 0.246 MMBTU/HR	64	64	AP-1	2009
/	2 DRUM CRUSHING LINES NOT USED 09	5	5	AP-2	2009
~	STACK 1 POINT 1 SEGMENT NOT USED 09	1	1	AP-3	2009
/	AG TANK A1-9,800 GAL NOT USED IN 2009	6	6	AP-4	2009
/	AG TANK A2-9,800 GAL WASTE STREAM A-21	7	7	AP-4	2009
/	AG TANK A3-9,800 GAL NOT USED IN 2009	8	8	AP-4	2009
/	AG TANK A4- 5,200 GAL WASTE STREAM A-22	9	9	AP-4	2009
/	AG TANK A5- 5,200 GAL NOT USED 2005	10	10	AP-4	2009
~	AG TANK A6- 9,000 GAL WASTE STREAM A-23	11	11	AP-4	2009

Additional units (if any) listed on following pages



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	Emission unit name (from prior submittals)	Facility's ID#	DEP#	AP form Last update
~	AG TANK A7- 9,000 GAL WASTE STREAM A-23	12	12	AP-4 2009
~	AG TANK A8- 5,000 GAL TANK NOT USED IN 2009	13	13	AP-4 2009
~	AG TANK A9- 5,000 GAL WASTE STREAM A21	14	14	AP-4 2009
~	AG TANK A17B- 750 GAL NOT USED IN 2009	18	18	AP-4 2009
~	AG TANK A22- 2,400 GAL -PCB	23	23	AP-4 2009
~	AG TANK A23- 2,400 GAL - PCB	24	24	AP-4 2009
/	AG TANK A24- 2,400 GAL - PCB	25	25	AP-4 2009
~	AG TANK A25- 1,000 GAL -NOT USED 2009- PCB	26	26	AP-4 2009
~	AG TANK A13- 4,000 GAL #2 DIESEL -LOW SULF	51	51	AP-4 2009
~	AG TANK A12- 6,300 GAL FUEL OIL # 2	52	52	AP-4 2009
/	AG TANK B1- POLYOLEFIN WASTEWATER NO VOCS	53	53	AP-4 2009
	AG TANK B2- POLYOLEFIN TANK WASTEWATER NO VOCS	54	54	AP-4 2009
	AG TANK B3- POLYOLEFIN TANKS WASTEWATER NO VOCS	56	56	AP-4 2009
	AG TANK B4- POLYOLEFIN H WASTEWATER NO VOCS	57	57	AP-4 2009
	AG TANK B5- POLYHLEFIN H TANKS WASTEWATER NO VOCS	58	58	AP-4 2009
	AG TANK B6- POLYOLEFIN H TANKS WASTEWATER NO VOCS	59	59	AP-4 2009
	AG TANK B7- POLYOLEFIN H TANKS WASTEWATER NO VOCS	60	60	AP-4 2009
	AG TANK B8- POLYOLEFIN H TANKS WASTEWATER NO VOCS	62	62	AP-4 2009
	AG TANK B9 POLYOLEFIN H TANKS WASTEWATER NO VOCS	63	63	AP-4 2009
	STACK #1- INCINERATOR #1-VENT-O-MATIC- NA 2007	1	1	AP-STAC 2009
	STACK #2- BOILER #2- HURST #30- #2 OIL 0.3 PER. S	2	2	AP-STAC 2009
	1 STACK BOILER #1-CLEAVER BROOKS- #2 OIL	3	3	AP-STAC 2009
	2 DRUM CRUSHING LINES- NOT USED 09	5	5	AP-STAC 2009
	1 STACK GENERATOR (2)- CUMMINS AND CATERPILLAR	7	7	AP-STAC 2009
	1 STACK-2 FURNACES LENNOX REMOVED FROM SERVICE 09	9	9	AP-STAC 2009
	CUT OFF ROOM 2008	10	10	AP-STAC 2009



2010	
Year of Record	

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Facility AQ identifier

Source Registration Overview Create or Amend a Source Registration Forms Package

	Emission unit name	Facility's ID#	DEP#	AP form	Last update
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BWP AQ AP-SR

Source Registration

2010 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.





١.	Facility Information			
	Facility - the site or works at which the regulated a	ctivity 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	0218400	
	d. City/Town 7813807100		f. Zip Code	
	g. Facility Phone Number	7813807193 h. Facility Fax N	ımber	
•	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	0218400	100
	c. City/Town	d. State	e. Zip Code	
	Facility type – check one:			Э
	Facility type – check one:		e. Zip Codo	Э
	Facility type – check one: ☐ Utility Private Tribal Federal ☐ ORIS Facility Code - for large electrical utilities	State Loca	e. Zip Codo	Э
	Facility type – check one: ☐ Utility Private Tribal Federal ☐ ORIS Facility Code - for large electrical utilities only: ID numbers: 34839	State Loca ORIS Facility Co	e. Zip Codo	ment
	Facility type – check one: ☐ Utility Private	State Loca ORIS Facility Co	e. Zip Codo	ment
	Facility type – check one: ☐ Utility Private Tribal Federal ☐ ORIS Facility Code - for large electrical utilities only: ID numbers: 34839	ORIS Facility Co	e. Zip Codo	ment
	Facility type – check one: Utility Private Tribal Federal ORIS Facility Code - for large electrical utilities only: ID numbers: 34839 a. DEP Account number / FMF Facility # Location (check box to enter either UTM OR Lat/Location)	State Loca ORIS Facility Co 1190564 b. Facility AQ ide	e. Zip Codo	ment SEIS ID number
	Facility type – check one: ☐ Utility Private	State Loca ORIS Facility Co 1190564 b. Facility AQ ide	e. Zip Codo	ment



a. UTM coordinates	☑ b. Latitud	le/Longitude
	42.130570	70.5804
c. UTMHorizontal - meters d. UTM Vertical - meters	f. Latitude 42.9° - 41.2°	g. Longitude – West
		73.5° - 69.8°
e. UTM Zone Valid Ranges:		Enter positive values only.



BWP AQ AP-SR

Source Registration

2010	
Year of Record	
1190564	
Facility AO identifier	

	 North American Industry Classification System (NAICS) 6 digits: 562211 				
	a.	b.	C.	d.	
8.	Facility description (wha needed):	t is being produced ar	nd how it is being pr	oduced at this facility – upo	
	CLEAN HARBORS OF E	BRAINTREE INC. IS	A HAZARDOUS W	ASTE TSDF. NO PRODUC	
9.	Facility's normal hours o	f operation:			
	12:00 AM a. Start time	b. End Time	c. Contin	uous - 24 x 7 x 52	
	d. Which days is the faci	lity open? ✓ S	M PT P	W WT WF WS	
10.	Number of employees:	21	- ?		
				Idross into fields below)	
11.	Facility Owner:	ame address as facility mail	ing address (will copy ac	idiess iiito lielas below)	
11.	Please contact your DEF	P Regional Office if the			
11.	Please contact your DEF	P Regional Office if the			
11.	Please contact your DEF	P Regional Office if the			
11.	Please contact your DEF CLEAN HARBORS OF a. Owner or Corporation Name	P Regional Office if the BRAINTREE INC			
11.	Please contact your DEF CLEAN HARBORS OF a. Owner or Corporation Name 1 HILL AVE	P Regional Office if the BRAINTREE INC			
11.	Please contact your DEF CLEAN HARBORS OF a. Owner or Corporation Name 1 HILL AVE b. Mailing Address Line 1 (for or c. Mailing Address Line 2 BRAINTREE	P Regional Office if the BRAINTREE INC	e ownership of this f	acility has changed.	
11.	Please contact your DEF CLEAN HARBORS OF a. Owner or Corporation Name 1 HILL AVE b. Mailing Address Line 1 (for or c. Mailing Address Line 2	P Regional Office if the BRAINTREE INC	e ownership of this f	acility has changed.	

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

medinad@cleanharbors.com

k. Owner E-mail Address

Owner?



Source Registration

2010 Year of Record 1190564 Facility AQ identifier

Α.	Facility Information (cont.)				
12.	Facility contact information:	same address a	ıs facility addr	ess	
		s facility maili			
	GERALD		PODLISNY		
	a. Facility Contact First Name		Contact Las	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			gerald@cleanharbors.com	
	g. Country		h. E-mail Ad		
	7813807134		7813	3807193	
	i. Phone Number	j. Extension	k. Fax	k Number	
13.	Air emissions information contact:	☐ same	as facility cor	stact name and address	
	□ same		e address as facility address		
	GERALD		PODLISN		
	a. Air emissions contact First Name		Air emission	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			gerald@cleanharbors.com	
	g. Country		h. E-mail Ad		
	7813807134			3807193	
	i. Phone Number	j. Extension	k. Fax	« Number	
3.	Preparer				
	-	of this submit	tol	Lancas de Carlos	
	Identification information for preparer of	or triis subtriit	ıaı	same as facility air emissions contact name and address	
				same as facility contact name and address	
	GERALD			same address as facility address	
	GERALD		Preparer Last Name		
	a. Preparer First Name 1 HILL AVE		riepaiei La	si ivallie	
	b. Mailing Address Line 1				
	c. Mailing Address Line 2				
	BRAINTREE		MA	021840000	
			e. State		
	d. City/Town USA			f. Zip Code gerald@cleanharbors.com	
	g. Country		h. E-mail Ad		
	7813807134			8807193	
	i. Phone Number	j. Extension		Number	
	I. I HOHO INCHIDO	. ∟∧ισποιυπ	n. 1 a	C FACILIDATE	



Bureau of Waste Prevention - Air Quality

BWP AQ AP-SR

Source Registration

2010

Year of Record

1190564

Facility AQ identifier

C. Notes and Attachments

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

2. Attachments:

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

D. Certification



Who is a Responsible Official?

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

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

Signed under the pains and penalties of perjury:

Gerald P Podlisny

Signature of Responsible Official

5/3/2011

Date

eDEP enters these fields automatically on submission.

Responsible official – complete all fields below:

GERALD

a. Print First Name

PODLISNY

b. Print Last Name

FACILITY COMPLIANCE MANAGER

c. Title

7813807134

d. Phone Number

podlisny.gerald@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:

\sim 1				
1 - 1	$H \land P \vdash$	()	RAINTR	
	LIMIL	OI DI	/ / / / / / / / / / / / / / / / / / / /	

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	.0317	.0183	.2699	.4974	.1077
	eDEP only:	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	0.0314	0.0180	0.4405	0.3461	0.0821
		Tons	Tons	Tons	Tons	Tons
	Potential emissions at max	9.6157	9.3725	16.5201	143.1452	35.7008
	capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Facility-wide max allowed				17.3	
4	emissions – annual:	Tons	Tons	Tons	Tons	Tons
g o	Facility-wide max allowed				9400	
-wi	emissions – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
Facility-wide	Short term period:				MONTH	
Fac	Basis: DEP approval number or regulation:				MBR-95-RES-047	
	Pollutant:	voc	нос	*Reserved*	NH3	☐ *Reserved*
	Actual for previous year	.0204	0	0	.0115	
	eDEP only	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	0.0148	0	0	0.0093	
		Tons	Tons	Tons	Tons	Tons
	Potential emissions at max	41.8513	0	0	0.8320	
	capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
ĺ	Facility-wide max allowed	36.2				
<u>~</u>	emissions – annual:	Tons	Tons	Tons	Tons	Tons
o G	Facility-wide max allowed	23600				
-wi	emissions – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
g ∰	Short term period:	MONTH				
Facility-wide estrictions only	Basis: DEP approval number or regulation:	MBR-95-RES-047				



Bureau of Waste Prevention – Air Quality

BWP AQ AP-TES

Year of record
1190564
Facility AQ identifier

Total Emissions Statement & Hazardous Air Pollutant List

A. Annual Total Emissions Statement (con
--

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

. EX	KEMPT	111252	GALLONS	YEAR				
DE	DEP approval # (most recent) Amount of restriction		Restriction units	Per unit time				
NU	NUMBER 2 OIL 0/3PERCENT SULPHUR							
De	escription of fuel, raw material o	or product restricted						
ME	BR-89-COM-31	300	HOUR	YEAR				
DE	EP approval # (most recent)	Amount of restriction	Restriction units	Per unit time				
	EP approval # (most recent) JMBER 2 OIL 0/3PERCENT S		Restriction units	Per unit time				
NU	,	SULPHUR	Restriction units	Per unit time				
NU	JMBER 2 OIL 0/3PERCENT S	SULPHUR	Restriction units	Per unit time				
NU De	JMBER 2 OIL 0/3PERCENT S	SULPHUR	Restriction units GALLONS	Per unit time				
De ME	JMBER 2 OIL 0/3PERCENT Sescription of fuel, raw material of	SULPHUR or product restricted						
ME DE	JMBER 2 OIL 0/3PERCENT Sescription of fuel, raw material of	or product restricted 376680 Amount of restriction	GALLONS	YEAR				
De DE NU	JMBER 2 OIL 0/3PERCENT Sescription of fuel, raw material of the sescription of fuel provided in the sescription of	376680 Amount of restriction	GALLONS	YEAR				
De DE NU	JMBER 2 OIL 0/3PERCENT Sescription of fuel, raw material of the sescription of fuel sescription of the sescription of	376680 Amount of restriction	GALLONS	YEAR				

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

П

Perfluorocarbons (PFCs)

C. Hazardous Air Pollutant (HAP) List

Sulfur Hexafluoride (SF6)

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

Air Act that are listed below and on the following pages:	

	U:	se

✓ yes - indicate which chemicals are used and which 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			Allyl chloride 4-Aminobiphenyl Aniline o-Anisidine Asbestos Benzene Benzidine Benzotrichloride	107-05-1 92-67-1 62-53-3 90-04-0 1332-21-4 71-43-2 92-87-5 98-07-7
		,		1 1	1 1	Benzyl chloride	100-44-7



Bureau of Waste Prevention – Air Quality

BWP AQ AP-TES

Total Emissions Statement & Hazardous Air Pollutant List

2010

Year of record **1190564**

Facility AQ identifier

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

Use	Emi	tted	CAS#	Use	Emi	tted	CAS#
		Biphenyl	92-52-4			2,4-Dinitrotoluene	121-14-2
	V	Bis(2-ethylhexyl)phthalate	117-81-7		$\overline{\mathbf{v}}$	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		V	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		~	Ethylene oxide	75-21-8
	V	Chlorine	7782-50-5			Ethylene thiourea	96-45-7
	V	Chloroacetic acid	79-11-8			Ethylidene dichloride (1,1-Dichloroethane)	75-34-3
		2-Chloroacetophenone	532-27-4		~	Formaldehyde	50-00-0
	V	Chlorobenzene	108-90-7		~	Heptachlor	76-44-8
		Chlorobenzilate	510-15-6			Hexachlorobenzene	118-74-1
	V	Chloroform	67-66-3			Hexachloro-butadiene	87-68-3
		Chloromethyl methyl ether	107-30-2			Hexachlorocyclopentadiene	77-47-4
		Chloroprene	126-99-8		V	Hexachloroethane	67-72-1
	V	Cresols (mixed isomers)	1319-77-3			Hexamethylene-1,6-diisocyanate	822-06-0
	V	m-Cresol	108-39-4			Hexamethylphosphoramide	680-31-9
	V	o-Cresol	95-48-7		~	Hexane	110-54-3
	V	p-Cresol	106-44-5		V	Hydrazine	302-01-2
	V	Cumene	98-82-8		~	Hydrochloric acid	7647-01-0
	V	2,4-D, salts and esters	94-75-7		~	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		V	Lindane	58-89-9
		Dibutylphthalate	84-74-2		V	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)			e E	Methyl chloride (Chloromethane)	74-83-9
		1,3-Dichloropropene (1,3-Dichloropropylene)			e E	Methyl chloride (Chloromethane)	74-87-3
		Dichlorvos Diethanolomina	62-73-7		V	Methyl chloroform (1,1,1-Trichloroethane)	
		Diethanolamine	111-42-2			Methyl ethyl ketone (not required)	78-93-3 60-34-4
		N,N-Diethyl aniline (N,N-Dimethylaniline)				Methyl indide (Indomethers)	
		Diethyl sulfate	64-67-5			Methyl icabutyl katana (Hayana)	74-88-4
		3,3-Dimethoxybenzidine	119-90-4 60-11-7			Methyl isopyrapts	108-10-1
		Dimethyl aminoazobenzene				Methyl methografic	624-83-9
		3,3-Dimethyl benzidine Dimethyl carbamoyl chloride	119-93-7 79-44-7		e e	Methyl tert-butyl ether	80-62-6 1634-04-4
	□ ✓	Dimethyl formamide (N,N-)	79-44-7 68-12-2		₽ ₽	Methyl tert-butyl ether 4,4-Methylenebis(2-chloroaniline)	101-14-4
		1,1-Dimethyl hydrazine Dimethyl phthalate	57-14-7 131-11-3			Methylene chloride (Dichloromethane) Methylene diphenyl diisocyanate(MDI)	75-09-2 101-68-8
		Dimethyl sulfate	77-78-1			4,4-Methylenedianiline	101-66-6
		4,6-Dinitro-o-cresol and salts	534-52-1			Naphthalene	91-20-3
		2,4-Dinitro-o-cresol and saits	51-28-5			Nitrobenzene	98-95-3
	ш	2,7 Dillitophenoi	J 1-20-0	ш	ш	MINODELIZELIE	JU-3J - J



Bureau of Waste Prevention – Air Quality

BWP AQ AP-TES

Total Emissions Statement & Hazardous Air Pollutant List

2010 Year of record 1190564

Facility AQ identifier

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

Use	Emitted	CAS#	Use	Em	nitted	CAS#
	☐ 4-Nitrobiphenyl	92-93-3		V	Vinylidene chloride (1,1-Dichloroethylene)	75-35-4
	☐ 4-Nitrophenol	100-02-7		V	Xylene (mixed isomers)	1330-20-7
	☐ 2-Nitropropane	79-46-9		V	m-Xylene	108-38-3
	□ N-Nitrosodimethylamine	62-75-9		V	o-Xylene	95-47-6
	☐ N-Nitrosomorpholine	59-89-2		V	p-Xylene	106-42-3
	☐ N-Nitroso-N-methylurea	684-93-5		V	Antimony	7440-36-0
	☐ Parathion	56-38-2			•	
	☐ Pentachloronitrobenzene (Quintozene)	82-68-8	Arser	nic c	compounds:	
	☐ Pentachlorophenol	87-86-5		V	Arsenic	7440-38-2
	☑ Phenol	108-95-2		v.	Arsine	7784-42-1
	□ p-Phenylenediamine	106-50-3				
	☐ Phosgene	75-44-5	Othe	r Me	etals:	
	☐ Phosphine	7803-51-2		V	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		<u>-</u>	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		V	Cyanide compounds (XCN where X=H of	or anv other
	☑ Styrene	100-42-5			group where a formal dissociation may	•
	☐ Styrene oxide	96-09-3				74-90-8
	2,3,7,8-Tetrachlorodibenzo-p-dioxin	1746-01-6	_		, 131	
	☐ 1,1,2,2-Tetrachloroethane	79-34-5		V	Glycol ethers (include mono- and di- est	ers of ethylene
	☑ Tetrachloroethylene (Perchloroethylene)	127-18-4			glycol, diethylene glycol, and triethylene	•
	☐ Titanium tetrachloride	7550-45-0			(OCH2CH2)n-OR' where $n = 1, 2, or 3$:	0,
	☑ Toluene	108-88-3			less; or R= phenyl or alkyl substituted pl	•
	☐ Toluene-2,4- diamine	95-80-7			alkyl C7 or less; or OR' consisting of car	
		584-84-9	_	_	ester, sulfate, phosphate, nitrate or sulfo	
	□ o-Toluidene	95-53-4		Ш	Fine mineral fibers (includes glass micro	. •
	□ 1,2,4-Trichlorobenzene	120-82-1			wool fibers, rock wool fibers and slag we characterized as "respirable" (fiber diam	•
	☑ 1,1,2-Trichloroethane	79-00-5			micrometers) and possessing an aspect	
	☑ Trichloroethylene	79-01-6			length divided by fiber diameter) > 3)	ratio (iiboi
	2,4,5-Trichlorophenol	95-95-4		V	Polycyclic Organic Matters (POM) (inclu	ides organic
	☑ Triethylamine	121-44-8			compounds with more than one benzen	•
	☐ Trifluralin	1582-09-8			which have a boiling point greater than	•
	2,2,4-Trimethylpentane	540-84-1			C)	
	☑ Vinyl acetate	108-05-4			` ;	ontaneously
	☐ Vinyl bromide	593-60-2			undergoes radioactive decay)	
$\overline{\Box}$	I Vinvl chloride	75-01-4				



operating permit?

to TURA?

Massachusetts Department of Environmental Protection

Bureau of Waste Prevention - Air Quality

BWP AQ AP-TES

Total Emissions Statement & Hazardous Air Pollutant List

2010	
Year of record	
1190564	
Facility AQ identifier	

D. Hazardous Air Pollutant Emissions

	D.	Hazardous All 1 Oliutarit Ellissions
	1.	Does the facility have the potential to emit (PTE) 10 tons of any single listed Hazardous Air Pollutant (HAP)?
1		✓ 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)?
t		✓ 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



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VP AQ AP-TES

Total Emissions Statement & Hazardous Air Pollutant List

2010 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	TOLUENE
HAP emissions ?	CAS # for individual HAPs if applicable:	1330207	67561	108883
	Actual for previous year eDEP only:	0 Tons	.298 Tons	Tons
	A studiton was at record.	0.0000	0.1360	0.0800
	Actual for year of record:	Tons	Tons	Tons
	Potential emissions at max capacity uncontrolled:	12.8 Tons	12.8 Tons	12.8000 Tons
	Maximum allowed	18.6	18.6	18.6000
<u>o</u>	emissions – annual:	Tons	Tons	Tons
-wid	Maximum allowed	5000	5000	5000.0000
iit only	emissions – short term:	Pounds	Pounds	Pounds
facility-wide imits only	Short term period:	MONTH	MONTH	MONTH
?	Basis for max allowed – DEP approval # or regulation:	MBR-95-RES-047	MBR-95-RES-047	MBR-95-RES-047
		HAP	НАР	НАР
	HAP name:			
	CAS # for individual HAPs if applicable:			
	Actual for previous year eDEP only:	Tons	Tons	Tons
	Actual for year of record:	Tons	Tons	Tons
	Potential emissions at max capacity uncontrolled:	Tons	Tons	Tons
g	Maximum allowed emissions – annual:	Tons	Tons	Tons
er f acility-wide limits only	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds
r faci limits	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:	.821	
		Tons	
	b. Actual for year of record:	0.8400	
		Tons	
	c. Potential at max capacity uncontrolled:	53.6	
		Tons	
	d. Max allowed emissions – annual:	18.6	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



Emission Unit - Fuel Utilization Equipment

2010 Year of record 64 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	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:				
	2 LENNOX FURNACES SR 20Q5-140/154 0.246	MMBTU/HR			
	a. Facility's choice of emission unit name – edit as needed				
	b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # – 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 Appro	ovals?			
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				
) 6.	Emission unit installation date and decommission date:				
	6/1/1994				
	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:				
	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 (include Operating Permit and Plan Approval reports, but not exceed the control of the control	_			
	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

2010 Year of record 64 DEP EU# (old Point #) 1190564 Facility AQ identifier

A. Equipment Description (cont.)

9.	Equipment:	EPA Unit	Type Code (eDEP o	only): FURNACE	
	a. Type: boiler	furnace	engine oth		
?	If engine, is this a	n emergency g	generator? 🗌 yes [Describe "other" equipn no	nent type
	LENNOX			SR20Q5-140	
	b. Manufacturer 0.1230			c. Model number	
	d. Max input rating MM	/IBtu/hr (must be g	reater than 0)	e. Number of burners (enter	er "0" if not applicable)
	f. Type of burner -	- check one:	☐ rotary	✓ mech. atomizer	steam atomizer
			air atomizer	☐ traveling grate	☐ hand fired
			other:		
	BECKETT				
	g. Burner manufacture	r		h. Burner model number	
		oto (mm/dd/nnn)			
	i. Burner installation da	ate (mm/ad/yyyy)			
10.	Hours of operation	n for the emissi	ion unit: a. 🗌 cł	neck if continuously op	erated – 24 x 7 x 52
	24		7	6	
	b. Number of hours pe	r day	c. Number of days pe	er week d. No	umber of weeks per year
	e. Percent of total	annual operati	ion that occurs in ea	nch calendar quarter:	
	100.0 0	0	0.0		
	Q1 Q2	Q3	Q4	or 0% if the unit was not of	perated for any quarter
11.	Ozone season ope	eration schedu	ile – May 1 through	September 30:	
	0		0	0	
	a. Ozone season hours	s per day	b. Ozone season day	ys per week c. We	eks operated in ozone season
12.	Emission release	point – select o	one: 🥎 Eng	lines click here for instruction	ns: 🔞
	Non Stack Polo	aca Painte:		Physical Stacks:	
	1 = 3	_			/sleeve
				-	
	If Non-Stack release	e point, skip to que	estion 14.		
13.	Link this unit to a p	ohysical stack ((if applicable) – pick	from the list below:	
	9 1 STACK-2 FUI	RNACES LEN	INOX REMOVED FI	ROM SERVICE 09	
			m – to change stack nam		
	10.	a. Type: boiler If engine, is this a LENNOX b. Manufacturer 0.1230 d. Max input rating MM f. Type of burner - BECKETT g. Burner manufacture 6/1/1995 i. Burner installation da 10. Hours of operation 24 b. Number of hours pe e. Percent of total 100.0 Q1 Q2 11. Ozone season op 0 a. Ozone season hour 12. Emission release Non-Stack Rele gugitive engine exh. vertical stack If Non-Stack release 13. Link this unit to a p	a. Type: boiler furnace If engine, is this an emergency of LENNOX b. Manufacturer 0.1230 d. Max input rating MMBtu/hr (must be good of the context of th	a. Type: boiler furnace engine oth If engine, is this an emergency generator? yes LENNOX b. Manufacturer 0.1230 d. Max input rating MMBtw/hr (must be greater than 0) f. Type of burner – check one: rotary air atomizer other: BECKETT g. Burner manufacturer 6/1/1995 i. Burner installation date (mm/dd/yyyy) 10. Hours of operation for the emission unit: a. cl 24	a. Type: boiler furnace engine other: Describe "other" equipm no If engine, is this an emergency generator? yes no LENNOX SR20Q5-140 C. Model number 0.1230 d. Max input rating MMBtw/hr (must be greater than 0) e. Number of burners (enter



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

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•	=qa.po > ooop	on (somm)	
?	14. Is there a pollution control device	Check here if you need to report more than 3 air pollution control devices on	
How to delete a control ?	yes – answer a through i	✓ no – skip to question 15	this unit. eDEP will add another page of control devices after this form.
	Air pollution control device 1	Air pollution control device 2	Air pollution control device 3
	а. Туре	Туре	Туре
Do not leave blank –	b. Manufacturer	Manufacturer	Manufacturer
if unknown write 'unknown' or	c. Model number	Model number	Model number
estimate	d. Facility's ID for this device	Facility's ID for this device	Facility's ID for this device
	e. Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)
Leave f, g, h	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 devic	e was designed to control:
PM 10	% Overall eff.	% Overall eff.	% Overall eff.
PM 2.5			
SO2	% Overall eff.	% Overall eff.	% Overall eff.
302			

	i. Percent overall effici	ency - enter for all pollutants that the	e device was designed to control:
PM 10			
	% Overall eff.	% Overall eff.	% Overall eff.
PM 2.5	% Overall eff.	% Overall eff.	% Overall eff.
SO2	% Overall ell.	% Overall ell.	% Overall ell.
302	% 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	70 Overall cit.	70 Overall en.	70 Overall ell.
11110	% Overall eff.	% Overall eff.	% Overall eff.
HOC			
	% Overall eff.	% Overall eff.	% Overall eff.
HYC			
Цa	% Overall eff.	% Overall eff.	% Overall eff.
Hg	% Overall eff.	% Overall eff.	% Overall eff.
Pb		, s 2 s 3 s 3 s 3 s 3 s 3 s 3 s 3 s 3 s 3	, , , , , , , , , , , , , , , , , , , ,
	% Overall eff.	% Overall eff.	% Overall eff.
Other		<u> </u>	
	% Overall eff.	% Overall eff.	% Overall eff.
	Specify "Other"	Specify "Other"	Specify "Other"



Bureau of Waste Prevention - Air Quality

yes – answer a through I

A. Equipment Description (cont.)

Emission Unit - Fuel Utilization Equipment

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

✓ no – skip to section B

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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	g. DEP approval date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
applicable.	h. Decommission date:	()		
	i. Recorder ?	(mm/dd/yyyy) □ yes □ no	(mm/dd/yyyy) □ yes □ no	(mm/dd/yyyy) ☐ yes ☐ no
	j. Audible alarm?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	k. Data system ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	I. Monitored pollutants (check all that apply):	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:

Describe "other"

Describe "other"

Describe "other"



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Emission Unit - Fuel Utilization Equipment

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B. Fuels and Emissions

		E 111 (0)	FURNACES #1(2)-LENNOX SR 20Q5 #2 OIL-
	1.	Fuel Name / Characteristics:	Fuel name
		Number of fuels for this unit (previous records): 1	DEP Fuel #
How does eDEF nandle multiple fuels?		Add a NEW fuel: Check the box if you need to add a fuel that you did not report on previously (eDEP will add a blank Sect. B form to your package).	Delete this fuel: check box if you stopped using this fuel in this unit permanently. You must still report for this year of record even if amount is "0" – the fuel will be removed from the unit in the next report cycle.
		When to NOT check this box ?	
		a. Source Classification Code (SCC) (see instructions):	10500105 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 □ no.4 □ no.6
		Nator The entire to have a DED calculate view	☐ 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:
		c. Sulfur content for oils and coal $(0 - 2.2)$:	Describe "other" fuel .138 Percent by weight
		d. Ash content for oils and coal (0 -10):	0
Note for e: Enter the Maximum Fuel Rate at which the unit can burn fuel (its absolute uncontrolled		e. Maximum hourly fuel rate for all firing burners:	Percent by weight 0.0022 1000 GALLONS Amount Units per hour Enter "0" if unit decommissioned prior to this Year of Record.
design capacity). Do		f. Do you have fuel or usage restrictions?	✓ yes □ no - skip to question 2
not enter the normal operation rate nor any restricted		g. DEP approval number for restrictions:	EXEMPT Most recent for this fuel
(allowable) rate.		h. Annual use restriction (amount or hours): For this fuel	19.2720 1000 GALLONS Quantity Units
		i. Short term use restriction (amount or hours): For this fuel	0.0022 1000 GALLONS Quantity Units
			Per: ☐ month ☐ week ☐ day 🗹 hour
			CAUTION: check your amount vs.units
	2.	Annual usage:	2.4800 a. Amount – year of record b. Units
		Enter "0" if not used in the year of record	6.388 1000 GALLONS c. Total annual usage for prior year of record – eDEP only



Bureau of Waste Prevention - Air Quality

Emission Unit - Fuel Utilization Equipment

B. Fuels and Emissions (cont.)

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

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Pollutant:	□ PM10	☐ PM2.5	□ SO2	□ NO2
Actual for previous year	0.0079	0.0020	0.0633	0.0639
eDEP only	Tons	Tons	Tons	Tons
	0.0031	0.0008	0.0246	0.0248
Actual for year of record:	Tons	Tons	Tons	Tons
Potential emissions at max	0.0237	0.0059	0.1910	0.1927
capacity uncontrolled:	Tons	Tons	Tons	Tons
Emission factor:	2.46	0.6150	143.60	20
in pounds per unit:	1000 GALLONS	1000 GALLONS	1000 GALLONS	1000 GALLONS
Maximum allowed emissions –				1.1
annual:	Tons	Tons	Tons	Tons
Maximum allowed emissions –				.091
short term:	Pounds	Pounds	Pounds	Pounds MONTH
Short term period (or MMBtu):				
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 0.0024 0.0026 0.0160 Actual for previous year Tons Tons Tons Tons eDEP only: 0.0062 0.0009 0.0010 Actual for year of record: Tons Tons Tons Tons 0.0482 0.0073 0.0077 Potential emissions at max Tons Tons capacity uncontrolled: Tons Tons 5 0.76 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

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Emission Unit - Fuel Utilization Equipment

B. Fuels and Emissions (cont.)

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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

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Important: When filling out forms o







		nission 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	1100564			
use the return key.		b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number			
tab	2.	Emission unit identifiers:				
		GENERATOR #1-CATERPILLAR 558.5 KW #2 OIL	0.3 PERS			
return		a. Facility's choice of emission unit name – edit as needed	55			
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # – old point #			
		d. ORIS ID # - for large electrical utilities only	e. Combined Units – enter number of individual units			
	3.	DEP approvals – leave blank if not applicable:				
		MBR-89-COM-31	5/4/1989			
		a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)			
	4.	Is this unit exempt under 310 CMR 7.02 Plan Appro	vals ? ☐ yes 🗹 no			
	5.	If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation):			
How to		Reason for exemption				
delete a unit?	6.	Emission unit installation date and decommission date:				
(click ?-icon)		5/4/1989				
_		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable			
?	7.	Emission unit replacement:	Complete only if the unit was shutdown permanently or replaced since the last report.			
		a. Is this unit replacing another emission unit?				
		✓ no	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 (include Operating Permit and Plan Approval reports, but not exce				
		c. Is this unit subject to (check all that apply):				

□ NESHAP

■ NSPS

■ MACT



BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

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A. Equipment Description (cont.)

9.	Equipment	t: 😲	EPA Unit T	ype Code (eDEP c	only): KECIF ROCATII	16 IC LINGINE
	a. Type:	boiler	furnace	✓ engine □ oth	ner:	
2	If engine, i	s this an er	mergency ge	enerator? yes		ment type
	CATERPIL	LAR			 3412DIT	
	b. Manufactu				c. Model number	
		rating MMBtu/	hr (must be gre	eater than 0)		ter "0" if not applicable)
	(T (1					_
	r. Type of t	ourner – cn	eck one:		<u> </u>	<u>—</u>
					☐ traveling grate	
				other:	"other" burner type	
					N/A	
	g. Burner mar 6/1/1989	nufacturer			h. Burner model number	
	i. Burner insta	allation date (i	mm/dd/yyyy)			
10.	Hours of or	peration for	the emissic	on unit: a. □ cl	neck if continuously o	perated – 24 x 7 x 52
	1			1	•	
	b. Number of	hours per day	/	c. Number of days pe		
	e. Percent	of total ann	nual operation	on that occurs in ea	ch calendar quarter:	
	e. Percent 35.0	of total ann 24.0	nual operation 41.0	on that occurs in ea 0.0	ich calendar quarter: Sum of Q1+Q2+Q3+Q4 n	nust = 100%,
			•		Sum of Q1+Q2+Q3+Q4 n	
11.	35.0 Q1	24.0 Q2	41.0 Q3	0.0	Sum of Q1+Q2+Q3+Q4 n or 0% if the unit was not of	
11.	35.0 Q1	24.0 Q2	41.0 Q3	Q.0	Sum of Q1+Q2+Q3+Q4 n or 0% if the unit was not of	
11.	35.0 Q1 Ozone sea 1	24.0 Q2	41.0 Q3 ion schedule	Q.0	Sum of Q1+Q2+Q3+Q4 n or 0% if the unit was not of September 30:	operated for any quarter
11.	35.0 Q1 Ozone sea 1	24.0 Q2 ason operat	41.0 Q3 ion schedule	0.0 Q4 e – May 1 through	Sum of Q1+Q2+Q3+Q4 n or 0% if the unit was not of September 30:	operated for any quarter
	35.0 Q1 Ozone sea 1 a. Ozone sea	24.0 Q2 ason operat	41.0 Q3 ion schedule	e – May 1 through 1 b. Ozone season day	Sum of Q1+Q2+Q3+Q4 nor 0% if the unit was not considered. September 30: //s per week 2 c. W	perated for any quarter /eeks operated in ozone season
	35.0 Q1 Ozone sea 1 a. Ozone sea Emission re	24.0 Q2 ason operat ason hours per	41.0 Q3 ion schedule day	e – May 1 through a b. Ozone season day	Sum of Q1+Q2+Q3+Q4 nor 0% if the unit was not considered as September 30: September 30: 2	perated for any quarter /eeks operated in ozone season
	35.0 Q1 Ozone sea 1 a. Ozone sea Emission re	24.0 Q2 ason operat ason hours per elease poin	ion schedule day nt – select of	e – May 1 through b. Ozone season day	Sum of Q1+Q2+Q3+Q4 nor 0% if the unit was not considered and the sum of the s	perated for any quarter /eeks operated in ozone season
	35.0 Q1 Ozone sea 1 a. Ozone sea Emission re Non-Stac	24.0 Q2 ason operat ason hours per elease poin ck Release	ion schedule day nt – select or Points:	e – May 1 through b. Ozone season day	Sum of Q1+Q2+Q3+Q4 nor 0% if the unit was not of September 30: Zero per week Zero week	veeks operated in ozone season
	35.0 Q1 Ozone sea 1 a. Ozone sea Emission re Non-Stac Integrited engine	24.0 Q2 ason operat ason hours per elease poin ck Release /e	ion schedule day nt – select of	e – May 1 through 1 b. Ozone season day ne: Pent acing vent	Sum of Q1+Q2+Q3+Q4 nor 0% if the unit was not considered and the sum of the s	veeks operated in ozone season
	35.0 Q1 Ozone sea 1 a. Ozone sea Emission re Non-Stac gruph fugitiv gengine vertica	24.0 Q2 ason operat ason hours per elease poin ck Release /e	41.0 Q3 ion schedule day nt – select or Points: horizontal vedownward fant less than	e – May 1 through a b. Ozone season day the: Pent acing vent 10ft	Sum of Q1+Q2+Q3+Q4 nor 0% if the unit was not of September 30: Zero per week Zero week	ers (enter "0" if not applicable) izer steam atomizer ate hand fired usly operated – 24 x 7 x 52 12 d. Number of weeks per year arter: 3+Q4 must = 100%, as not operated for any quarter 2 c. Weeks operated in ozone season astructions: ?
12.	35.0 Q1 Ozone sea 1 a. Ozone sea Emission re Non-Stac gruph engine vertica	24.0 Q2 ason operat ason hours per elease point ck Release /e	ion schedule day t – select or Points: horizontal vedownward fant less than ht, skip to ques	e – May 1 through 1 b. Ozone season day ne: Pent acing vent 10ft	Sum of Q1+Q2+Q3+Q4 nor 0% if the unit was not of September 30: Zero per week Zero week	
12.	35.0 Q1 Ozone sea 1 a. Ozone sea Emission re Non-Stac If Non-Stac If Non-Stac Link this un	24.0 Q2 ason operat ason hours per elease point ck Release ye	41.0 Q3 ion schedule day nt – select or Points: horizontal verdownward fant less than nt, skip to ques sical stack (i	e – May 1 through 1 b. Ozone season day ne: Pent acing vent 10ft	Sum of Q1+Q2+Q3+Q4 nor 0% if the unit was not of September 30: Zers per week Ze	veeks operated in ozone season
	10.	CATERPIL b. Manufactu 5.3480 d. Max input f. Type of b CATERPIL g. Burner ma 6/1/1989 i. Burner insta 10. Hours of o	CATERPILLAR b. Manufacturer 5.3480 d. Max input rating MMBtu/ f. Type of burner – ch CATERPILLR g. Burner manufacturer 6/1/1989 i. Burner installation date (10. Hours of operation for	CATERPILLAR b. Manufacturer 5.3480 d. Max input rating MMBtu/hr (must be green.) f. Type of burner – check one: CATERPILLR g. Burner manufacturer 6/1/1989 i. Burner installation date (mm/dd/yyyy)	If engine, is this an emergency generator? yes CATERPILLAR b. Manufacturer 5.3480 d. Max input rating MMBtu/hr (must be greater than 0) f. Type of burner – check one: rotary air atomizer other: CATERPILLR g. Burner manufacturer 6/1/1989 i. Burner installation date (mm/dd/yyyy) 10. Hours of operation for the emission unit: a. check 1	If engine, is this an emergency generator? yes



Leave f, g, h blank if not

applicable.

Massachusetts Department of Environmental Protection

Bureau of Waste Prevention - Air Quality

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

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

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DEP approval date (mm/dd/yyyy)

?	14.	Is there a pollution control device	ce on this emissions unit?	ш.	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		f. DEP approval # (most recent)	DEP approval # (most recent)		DEP approval # (most recent)

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

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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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)	(mm/dd/yyyy) (mm/dd/yyyy)
	i. Recorder ?j. Audible alarm ?	☐ yes ☐ no ☐ yes ☐ no	☐ 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"



BWP AQ AP-1

Emission Unit – Fuel Utilization Equipment

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B. Fuels and Emissions

	1.	Fuel Name / Characteristics:	GENERATOR #1-CATERPILLAR 558.5 KW #		
	٠.		Fuel name		
		Number of fuels for this unit (previous records): 1	1		
2			DEP Fuel #		
How does eDEF nandle multiple uels?		Add a NEW fuel: Check the box if you need to add a fuel that you did not report on previously (eDEP will add a blank Sect. B form to your package).	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 unit in the next report eyele.		
		0 0 0 (000)	20200102		
		a. Source Classification Code (SCC)	SC Code (call DEP if SC code will not validate)		
		(see instructions):	IC ENGINE- RECIP- DIESEL		
			SCC Code Description – filled by eDEP		
		h Type of fuel shock one:	300 Code Description - filled by eDEF		
		b. Type of fuel – check one:	☐ no.2 ☐ no.4 ☐ no.6		
			✓ diesel ☐ coal ☐ natural gas		
		Note: The option to have eDEP calculate your emissions is not available if your fuel type is "other".	☐ jet fuel ☐ other - describe:		
			Describe "other" fuel		
		c. Sulfur content for oils and coal $(0 - 2.2)$:	.0401		
		c. Sandi content for one and coar (o 2.2).	Percent by weight		
		d. Ash content for oils and coal (0 -10):	0		
Note for e: Enter the			Percent by weight		
Fuel Rate at		e. Maximum hourly fuel rate for all firing burners:	0.0380 1000 GALLONS		
unit can burn		e. Maximum flourly fuel rate for all filling bufflers.	Amount Units per hour		
fuel (its absolute uncontrolled			Enter "0" if unit decommissioned prior to this Year of Record.		
design		f. Do you have fuel or usage restrictions?	✓ yes		
not enter the			MBR-89-COM-31		
normal		g. DEP approval number for restrictions:			
rate nor any			Most recent for this fuel		
(allowable)			000		
rate.		h. Annual use restriction (amount or hours):	300 HOUR		
		For this fuel	Quantity Units		
Note for e: Enter the Maximum Fuel Rate at which the unit can burn uel (its absolute uncontrolled design capacity). Do not enter the normal operation ate nor any restricted callowable)		i. Short term use restriction (amount or hours):	24 HOUR		
		For this fuel	Quantity Units		
			Per: ☐ month ☐ week 🗹 day ☐ hour		
			CAUTION: check your amount vs.units		
	^	Annual wasas	0.3230 1000 GALLONS		
	2.	Annual usage:	a. Amount – year of record b. Units		
		Enter "0" if not used in the year of record	.53 1000 GALLONS		
			c. Total annual usage for prior year of record – eDEP only		



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

B. Fuels and Emissions (cont.)

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

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Part 75 Requirements

□ NO2 Pollutant: ☐ PM10 ☐ PM2.5 ☐ SO2 0.0113 0.0113 0.0105 0.1601 Actual for previous year Tons Tons Tons Tons eDEP only: 0.0069 0.0069 0.0064 0.0975 ctual for year of record: Tons Tons Tons Tons 7.0737 7.0737 6.6077 100.5298 otential emissions at max Tons Tons capacity uncontrolled: Tons Tons 42.50 42.50 39.70 604 Emission factor: 1000 GALLONS 1000 GALLONS 1000 GALLONS 1000 GALLONS in pounds per unit: 3.5 Maximum allowed emissions – annual: Tons Tons Tons Tons For this fuel only Maximum allowed emissions short term: Pounds **Pounds** Pounds Pounds Short term period (or MMBtu): MBR-89-COM-31 MBR-89-COM-31 MBR-89-COM-31 MBR-89-COM-31 Basis - DEP approval number or regulation:

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

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

				other
Pollutant:	□ со	□ voc	□ NH3	specify
Actual for previous year	0.0345	0.0131	0.0008	
eDEP only:	Tons	Tons	Tons	Tons
	0.0210	0.0080	0.0005	
Actual for year of record:	Tons	Tons	Tons	Tons
Potential emissions at max	21.6372	8.2055	0.4827	
capacity uncontrolled:	Tons	Tons	Tons	Tons
Emission factor:	130	49.30	2.90	
in pounds per unit:	1000 GALLONS	1000 GALLONS	1000 GALLONS	
Maximum allowed emissions –				
annual:	Tons	Tons	Tons	Tons
Maximum allowed emissions -				
short term:	Pounds	Pounds	Pounds	Pounds
Short term period (or MMBtu):				
Basis – DEP approval number or regulation:	MBR-89-COM-31	MBR-89-COM-31	MBR-89-COM-31	



Bureau of Waste Prevention - Air Quality

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Emission Unit - Fuel Utilization Equipment

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

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	4.5472	0
	a. Typical day VOC emissions – pounds per day	b. Typical day NOx emissions –pounds per day
☐ che	check to enter your own values	check to enter your own values

C. Notes and Attachments

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

2. Attachments:

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



Emission Unit - Fuel Utilization Equipment

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Important: . When filling out forms the comp use only tab key to move you cursor - c use the r





Α.	Equi	pment	Descr	iption
----	------	-------	-------	--------

out forms on the computer,	1.	Facility identifiers:		
use only the tab key to	1.	CLEAN HARBORS OF BRAINTREE		
move your cursor - do not		a. Facility name		
use the return		34839	1190564	
key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number	
tab	2.	Emission unit identifiers:		
		GENERATOR #2-CUMMINS #NT855G2 #2 DIESE a. Facility's choice of emission unit name – edit as needed	L	
return		50	50	
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # – old point #	
		d. ORIS ID # – for large electrical utilities only	e. Combined Units – enter number of individual units	
	3.	DEP approvals – leave blank if not applicable:		
		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 Approv	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 a unit?) 6.	Emission unit installation date and decommission da	te:	
(click ?-icon)		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	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	☐ 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		



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Emission Unit - Fuel Utilization Equipment

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A. Equipment Description (cont.)

?	9.	Equipmer	nt: 🕐	EPA Unit 1	Гуре Code (eDEP o	only): RECIPRO	CATIN	G IC ENGINE
How to report on combined units?		a. Type:	□ boiler □	furnace	✓ engine	☐ otl	ner:		
	2		, is this an er		_] yes	Describe "othe	r" equipn	ment type
		CUMMIN	GS				125-DGEA		
		b. Manufac 1.6880					c. Model number		
/hat to do			t rating MMBtu/	hr (must be gr	eater than 0)	2	e. Number of burn	ners (ente	er "0" if not applicable)
data nknown or		f. Type of	burner – ch	eck one:	notar	y	mech. aton	nizer	steam atomizer
ot available?					air at	tomizer	☐ traveling gr	ate	☐ hand fired
					othei	r:			
							"other" burner type	е	
		g. Burner m	anufacturer				h. Burner model n	umber	
		i. Burner ins	stallation date (mm/dd/vvvv)					
	10	. Hours of	operation for	the emissi	on unit:	а. 🗌 с	heck if continuo	usly op	perated – 24 x 7 x 52
<u> </u>		1			1			10	
•		b. Number of	of hours per day	/	c. Number of	of days pe	er week	d. N	umber of weeks per year
		e. Percen	nt of total anr	nual operati	on that occu	ırs in ea	ach calendar qu	arter:	
		56.0	22.0	22.0	0.0		Sum of Q1+Q2+C		
		Q1	Q2	Q3	Q4		or 0% if the unit w	as not of	perated for any quarter
	11	. Ozone se	eason operat	ion schedul	e – May 1 tl	nrough	September 30:		
		1			1			4	
		a. Ozone se	eason hours per	r day	b. Ozone se	eason da	ys per week	c. We	eeks operated in ozone season
	12	. Emission	release poir	nt – select o	ne:	End	jines click here for i	nstructio	ns: 2
			ack Release				hysical Stacks:		
					1				
		☐ fugit		horizontal v downward f			vertical stack vertical with r		/sleeve
			cal stack/ver			_			, 5.00
		If Non-Sta	ack release poir	nt, skip to ques	stion 14.				
	13) – pick	from the list be	low:	
		7 1 STA	CK GENER	RATOR (2)-	CUMMINS	AND C	ATERPILLAR		
					_		ne use STACK form		
		If the stack	tor this unit is n	ot listed save	and exit this for	rm now a	nd complete a new	Stack for	rm 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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	7.1. =qa.p.ii.e.ii. 2 eee.i.p.ii.e.ii (eei.ii.)							
?	14. Is there a pollution control device	Check here if you need to report more than 3 air pollution control devices on						
How to delete a control ?	yes – answer a through i	✓ no – skip to question 15	this unit. eDEP will add another page of control devices after this form.					
	Air pollution control device 1	Air pollution control device 2	Air pollution control device 3					
Do not leave blank – if unknown write 'unknown' or estimate Leave f, g, h blank if not	а. Туре	Туре	Туре					
	b. Manufacturer	Manufacturer	Manufacturer					
	c. Model number	Model number	Model number					
	d. Facility's ID for this device	Facility's ID for this device	Facility's ID for this device					
	e. Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)					
	f. DEP approval # (most recent)	DEP approval # (most recent)	DEP approval # (most recent)					
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)
<u> </u>	i. Percent overall efficiency - ent	er for all pollutants that the device v	vas 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			
VOC	% Overall eff.	% Overall eff.	% Overall eff.
	% Overall eff.	% Overall eff.	% Overall eff.
NO2	% Overall eff.	% Overall eff.	% Overall eff.
NH3			
HOC	% Overall eff.	% Overall eff.	% Overall eff.
	% Overall eff.	% Overall eff.	% Overall eff.
HYC	% Overall eff.	% Overall eff.	% Overall eff.
Hg	0/ O	0/ 0	0/ 0
Pb	% Overall eff.	% Overall eff.	% Overall eff.
Other	% 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

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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How to delete a monitor?				
		Monitor 1	Monitor 2	Monitor 3
	a. Monitor type:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:
Do not leave blank – if unknown write 'unknown' or 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) (mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder ?j. Audible alarm ?	☐ yes ☐ no ☐ 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"



BWP AQ AP-1

Emission Unit – Fuel Utilization Equipment

2010 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		
? How does eDEP nandle multiple uels?	1.	Fuel Name / Characteristics:	Fuel name		
		Number of fuels for this unit (previous records): 1	1		
			DEP Fuel #		
	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 ?	so tomorou nom ano ana ano nom topon oyoto.		
		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 fuel officer offic.	☐ no.2 ☐ no.4 ☐ no.6		
			✓ diesel ☐ coal ☐ natural gas		
		Note: The option to have eDEP calculate your emissions is not available if your fuel type is "other".	☐ jet fuel ☐ other - 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 as has all for all and a formall following assessment	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 flambor 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:	0.1080 1000 GALLONS		
	ے.	· ·	a. Amount – year of record b. Units		
		Enter "0" if not used in the year of record	.12 1000 GALLONS		
			c. Total annual usage for prior year of record – eDEP only		



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

B. Fuels and Emissions (cont.)

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

2010
Year of record
50
DEP EU# (old Point #)
1190564

Facility AQ identifier



Pollutant:	☐ PM10	☐ PM2.5	□ SO2	□ NO2
Actual for previous year	0.0026	0.0026	0.0024	0.0362
eDEP only	Tons	Tons	Tons	Tons
	0.0023	0.0023	0.0021	0.0326
Actual for year of record:	Tons	Tons	Tons	Tons
Potential emissions at max	2.2338	2.2338	2.0866	31.7462
capacity uncontrolled:	Tons	Tons	Tons	Tons
	42.50	42.50	39.70	604
Emission factor:				
	1000 GALLONS	1000 GALLONS	1000 GALLONS	1000 GALLONS
in pounds per unit:				
Maximum allowed emissions –				
annual:	Tons	Tons	Tons	Tons
Maximum allowed emissions –				
Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds
Short term period (or MMBtu):				
Short term period (or MMBtu):				
Basis – DEP approval number	EXEMPT	EXEMPT	EXEMPT	EXEMPT
or regulation:				

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

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

					other:
	Pollutant:	□ со	□ voc	□ NH3	specify
	Actual for previous year eDEP only:	0.0078	0.0030	0.0002	
		Tons	Tons	Tons	Tons
	Actual for year of record:	0.0070	0.0027	0.0002	
		Tons	Tons	Tons	Tons
	Potential emissions at max capacity uncontrolled:	6.8328	2.5912	0.1524	
		Tons	Tons	Tons	Tons
	Emission factor:	130	49.30	2.90	
	in pounds per unit:	1000 GALLONS	1000 GALLONS	1000 GALLONS	
	Maximum allowed emissions –	Tana	Tone	Tana	Tana
ᅙ	annual:	Tons	Tons	Tons	Tons
For this fuel only	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds
	Short term period (or MMBtu):				
ᅙ	Basis – DEP approval number or regulation:	EXEMPT	EXEMPT		



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

_			_	
В.	Fuels a	nd Emiss	sions	(cont.)

2010
Year of record
50
DEP EU# (old Point #)
1190564
Facility AQ identifier

0.4930	5.9528
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.



Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

2010 Year of record DEP EU# (old Point #) 1190564

lm W ou the us tal m cu us







	⊢m	hission Unit – Fuel Utilization Equipment	Facility AQ identifier
Important: When filling out forms on	Α.	Equipment Description	
the computer, use only the	1.	Facility identifiers:	
tab key to		CLEAN HARBORS OF BRAINTREE	
move your cursor - do not		a. Facility name	4400504
use the return key.		b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number
	2		c. Facility Actional Country Transfer
tab	۷.	Emission unit identifiers: BOILER #1-CLEAVER BROOKS- #2 OIL 0.3 PERC	ENITOLII ELID
		a. Facility's choice of emission unit name – edit as needed	ENTSOLFOR
return		3	3
		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-86-COM-027	9/11/1986
		a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)
	4.	Is this unit exempt under 310 CMR 7.02 Plan Approx	/als ? ☐ yes 🗹 no
	5.	If exempt from Plan Approval, indicate reason why (e	e.g., cite a specific DEP regulation):
How to		Reason for exemption	
delete	6 .	Emission unit installation date and decommission da	te:
a unit? (click ?-icon)		9/1/1986	
		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
?	7.	Emission unit replacement:	Complete only if the unit was shutdown permanently or replaced since the last report.
		a. Is this unit replacing another emission unit?	
		✓ no yes – enter DEP's emission unit num	ber and name for the unit being replaced below:
		yes — enter DET 3 emission drift hum	ber and hame for the drift 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	redance 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

2010 Year of record 3 DEP EU# (old Point #) 1190564 Facility AQ identifier

A. Equipment Description (cont.)

?	9.	Equipme	nt: ?	EPA Unit T	ype Code (eDEF	only): BO	ILER	
How to report on combined units?		a. Type:	✓ boiler [furnace	engine 0	other:		
	<u> </u>		, is this an e			Descr	ibe "other" equipn	nent type
	(f)			incigency ge	oncrator: ye.	_	4=0	
		b. Manufac	R BROOKS			CB800- c. Model		
		2	Adioi			1	number	
ot to do		d. Max inpu	ut rating MMBtu/	/hr (must be gre	eater than 0)	e. Numbe	er of burners (ente	er "0" if not applicable)
at to do ata		f. Type of	f burner – ch	eck one:	☐ rotary	v ✓ med	h. atomizer	steam atomizer
nown or available?					air atomiz	er 🗌 trave	eling grate	☐ hand fired
					other:			
							urner type	
		CL BRO					-150-150	
		g. Burner m 9/1/1986	nanufacturer			n. Burner	model number	
		i. Burner in	stallation date ((mm/dd/yyyy)				
					_			
_	10	. Hours of	operation for	r the emission	on unit: a. ∐	check if co	ontinuously op	perated – 24 x 7 x 52
		16			1		9	
_		b. Number	of hours per day	у	c. Number of days	per week	d. N	umber of weeks per year
		e. Percer	nt of total and	nual operation	on that occurs in	each caler	ndar quarter:	
		100.0	0	0	0.0		01+Q2+Q3+Q4 m	ust = 100%, perated for any quarter
		Q1	Q2	Q3	Q4	01 0 78 11 1	ne unit was not of	Derated for any quarter
	11	. Ozone se	eason operat	tion schedule	e – May 1 throug	h Septemb	oer 30:	
		0			0		0	
		a. Ozone se	eason hours pe	r day	b. Ozone season	days per wee	ek c. We	eeks operated in ozone season
	12	Emission	release poir	nt — select o	no: 🔕	Enginee eliek	here for instruction	
	12	. בוווססוטוו	—————	301001 01	10.	Ingines click		113.
		Non-St	tack Release	Points:		Physical 9	Stacks:	
		☐ fugi		horizontal ve		vertical		
			ine exh. 🔲 ical stack/vei	downward fa		vertica	al with rain cap	/sleeve
	40		tack release poi			al. for on the	. Kat balann	
	13			,	f applicable) – pi		e iist delow:	
					ER BROOKS- #		ACK form	
					-			rm before completing to this for



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

2010
Year of record
3
DEP EU# (old Point #)
1190564

Facility AQ identifier

1	A. Equipment Description	on (cont.)	
?	14. Is there a pollution control device	ee 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	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	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.

% Overall eff.

Specify "Other"

HOC

HYC

Hg

Pb

Other

% Overall eff.

Specify "Other"

% Overall eff.

Specify "Other"



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

Bure

Emi

A. Equipment Description (cont.)

eau of Waste Prevention – Air Quality	Year of record	
·	3	
WP AQ AP-1	DEP EU# (old Point #)	
•	1190564	
ssion Unit – Fuel Utilization Equipment	Facility AQ identifier	
Equipment Description (cont.)		

2010

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

Describe "other"

Describe "other"

Describe "other"



Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-1

Emission Unit – Fuel Utilization Equipment

2010 Year of record DEP EU# (old Point #) 1190564 Facility AQ identifier

B. Fuels and Emissions

	1.	Fuel Name / Characteristics:	BOILER #1-CLEAVER BROOKS #2 OIL-0.3 PE
	١.		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 drift in the riox report by die.
		a Cauras Classification Code (CCC)	10200501
		a. Source Classification Code (SCC) (see instructions):	SC Code (call DEP if SC code will not validate)
		(See Instructions).	DIST.OIL- GRADE NO.1 OR NO.2 OIL
			SCC Code Description – filled by eDEP
		b. Type of fuel – check one:	Coo Codo Decemplion Illied by CDE1
		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:
			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:			Percent by weight
Enter the Maximum			
Fuel Rate at			0.0400
which the		e. Maximum hourly fuel rate for all firing burners:	0.0430 1000 GALLONS
unit can burn fuel (its			Amount Units per hour
absolute			Enter "0" if unit decommissioned prior to this Year of Record.
uncontrolled			
design capacity). Do		f. Do you have fuel or usage restrictions?	yes no - skip to question 2
not enter the		g. DEP approval number for restrictions:	MBR-95-RES-047
normal operation		g. DEF approvar number 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
		i. Short term use restriction (amount or hours):	31390 GALLONS
		For this fuel	Quantity Units
			Per: 🗹 month 🗌 week 🔲 day 🔲 hour
			OAUTION A TOTAL TO
			CAUTION: check your amount vs.units
	2.	Annual usage:	14.3400 1000 GALLONS
		•	a. Amount – year of record b. Units
		Enter "0" if not used in the year of record	7.4 1000 GALLONS c. Total annual usage for prior year of record – eDEP only
			v. Total alliugi usque foi pilol Vegi Ul leculu – edee UliiV



Read **First**

Massachusetts Department of Environmental Protection

Bureau of Waste Prevention - Air Quality

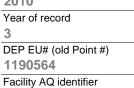
BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

B. Fuels and Emissions (cont.)

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

2010 Year of record 3 DEP EU# (old Point #)





	·	_	_	_	
	Pollutant:	☐ PM10	☐ PM2.5	☐ SO2	□ NO2
	Actual for previous year	0.0037	0.0009	0.0725	0.0888
	eDEP only:	Tons 0.0143	Tons 0.0060	Tons 0.3054	Tons 0.1434
	Actual for year of record:	Tons 0.1883	Tons 0.0471	Tons 3.6907	Tons 4.5202
	Potential emissions at max capacity uncontrolled:	Tons	Tons	Tons	Tons
	Emission factor:	1	0.25	142	24
	in pounds per unit:	1000 GALLONS	1000 GALLONS	1000 GALLONS	1000 GALLONS
	Maximum allowed emissions – annual:	Tons	Tons	Tons	Tons
on)	Maximum allowed emissions –	10113	10115	10115	10115
For this fuel only	short term:	Pounds	Pounds	Pounds	Pounds
r this	Short term period (or MMBtu):				
S	Basis – DEP approval number or regulation:	MBR-86-COM-027	MBR-86-COM-027	MBR-86-COM-027	MBR-86-COM-027
					other:
	Pollutant:	□ со	□ voc	□ NH3	specify
	Actual for previous year	0.0185	0.0007	0.0030	
	eDEP only	T	_		
		Tons	Tons	Tons	Tons
	Actual for year of record:	0.0359	0.0024	0.0057	<u> </u>
	Actual for year of record:	0.0359 Tons	0.0024 Tons	0.0057 Tons	Tons
	Potential emissions at max	0.0359 Tons 0.9417	0.0024 Tons 0.0377	0.0057 Tons 0.1507	Tons
	_	0.0359 Tons	0.0024 Tons	0.0057 Tons	
	Potential emissions at max capacity uncontrolled:	0.0359 Tons 0.9417 Tons	0.0024 Tons 0.0377 Tons	0.0057 Tons 0.1507 Tons	Tons
ylr	Potential emissions at max capacity uncontrolled: Emission factor:	0.0359 Tons 0.9417 Tons 5	0.0024 Tons 0.0377 Tons 0.20	0.0057 Tons 0.1507 Tons 0.80	Tons
fuel only	Potential emissions at max capacity uncontrolled: Emission factor: in pounds per unit: Maximum allowed emissions —	0.0359 Tons 0.9417 Tons 5 1000 GALLONS	0.0024 Tons 0.0377 Tons 0.20 1000 GALLONS	0.0057 Tons 0.1507 Tons 0.80 1000 GALLONS	Tons
For this fuel only	Potential emissions at max capacity uncontrolled: Emission factor: in pounds per unit: Maximum allowed emissions — annual: Maximum allowed emissions —	0.0359 Tons 0.9417 Tons 5 1000 GALLONS	0.0024 Tons 0.0377 Tons 0.20 1000 GALLONS	0.0057 Tons 0.1507 Tons 0.80 1000 GALLONS	Tons Tons



Bureau of Waste Prevention – Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

В.	Fuels	and	Emissions	(cont.)

2010
Year of record
3
DEP EU# (old Point #)
1190564
Facility AQ identifier

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

C. Notes and Attachments

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

2. Attachments:

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



Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

Emission Unit - Fuel Utilization Equipment

2010 Year of record DEP EU# (old Point #) 1190564 Facility AQ identifier

Important: When filling out forms the comp use only tab key to move you cursor - c use the r





A. Equipment Descript	ion
-----------------------	-----

out forms on the computer, use only the tab key to	1.	Facility identifiers:	
move your		a. Facility name	
cursor - do not 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 OI	L-0.3 S
return		a. Facility's choice of emission unit name – edit as needed	2
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # – old point #
		d. ORIS ID # – for large electrical utilities only	e. Combined Units – enter number of individual units
	3.	DEP approvals – leave blank if not applicable:	
		a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)
	4.	Is this unit exempt under 310 CMR 7.02 Plan Appro	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	
How to delete		Reason for exemption	
a unit? (click ?-icon)	6.	Emission unit installation date and decommission d	ate:
(CHCK : TCOH)		5/1/2003 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	nber and name for the unit being replaced below:
		b. DEP's emission unit number and facility unit name	
	8.	Additional state reporting requirements:	
		a. Are there other routine air quality reporting requir	rements for this emissions unit?
		✓ yes - specify reporting frequency below	no – skip to question 8c
		b. Reporting frequency - check all that apply:	
		☐ 1. Monthly ☐ 2. Quarterly ☐ 3. Semi-annua (include Operating Permit and Plan Approval reports, but not exc	
		c. Is this unit subject to (check all that apply):	
		□ NESHAP □ NSPS □ MACT	



Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

Emission Unit - Fuel Utilization Equipment

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A. Equipment Description (cont.)

ow to report		a. Type:	Z boiler [furnace	engine o	other:		
nits?	9	Describe "other" equipment type If engine, is this an emergency generator? yes no						
		HURST				4VT-50BHP		
		b. Manufactu	ırer			c. Model number	r	
		1				1		
at to do		d. Max input	rating MMBtu/	hr (must be gr	reater than 0)	e. Number of bu	ırners (enter	"0" if not applicable)
ata nown or		f. Type of	burner – ch	eck one:	☐ rotary	mech. ato	mizer	steam atomizer
available?					air atomize	er 🗌 traveling	grate	hand fired
					other:			
		LUDOT				"other" burner ty	/pe	
		HURST	and the other way			b Burner medal	number.	
		g. Burner ma 5/1/2003	inutacturer			h. Burner model	number	
			allation date (mm/dd/yyyy)				
			peration for	r the emissi	on unit: a. ☐ 7	check if continu		erated – 24 x 7 x 52
?		b. Number of	f hours per day		on unit: a. ☐ 7 c. Number of days on that occurs in 6 — 100.0 — Q4	per week each calendar c	d. Nulliuarter:	mber of weeks per year
?		b. Number of e. Percent 0.0 Q1	f hours per day of total anr 0.0 Q2	nual operation 0.0 Q3	7 c. Number of days on that occurs in o	per week each calendar c Sum of Q1+Q2- or 0% if the unit	d. Null duarter: +Q3+Q4 mu was not ope	mber of weeks per year st = 100%,
?		24 b. Number of e. Percent 0.0 Q1 Ozone sea	f hours per day of total anr 0.0 Q2	nual operation 0.0 Q3	7 c. Number of days on that occurs in 0	per week each calendar c Sum of Q1+Q2- or 0% if the unit	d. Null duarter: +Q3+Q4 mu was not ope	mber of weeks per year st = 100%,
?		b. Number of e. Percent 0.0 Q1 Ozone sea	f hours per day of total anr 0.0 Q2	nual operation of the control of the	7 c. Number of days on that occurs in o	per week each calendar c Sum of Q1+Q2- or 0% if the unit h September 30	24 d. Nu uarter: -Q3+Q4 mu was not ope): 1	mber of weeks per year st = 100%, erated for any quarter
?	11.	24 b. Number of e. Percent 0.0 Q1 Ozone sea 2 a. Ozone sea	f hours per day of total anr 0.0 Q2 ason operat	nual operation of the select o	7 c. Number of days on that occurs in o 100.0 Q4 le – May 1 through b. Ozone season o	per week each calendar c Sum of Q1+Q2- or 0% if the unit h September 30	24 d. Null quarter: rQ3+Q4 mu was not ope 0: 1 c. Wee	mber of weeks per year st = 100%, erated for any quarter eks operated in ozone season
?	11.	24 b. Number of e. Percent 0.0 Q1 Ozone sea 2 a. Ozone sea Emission r Non-Sta	f hours per day of total ann o.0 Q2 ason operat ason hours per release poir ck Release ve	nual operation of the select o	7 c. Number of days on that occurs in or 100.0 Q4 le – May 1 through b. Ozone season of the facing vent 10ft	per week each calendar c Sum of Q1+Q2- or 0% if the unit h September 30 days per week	24 d. Nul quarter: -Q3+Q4 mul was not ope b: 1 c. Wee r instruction s: k	mber of weeks per year st = 100%, erated for any quarter eks operated in ozone season
	11.	24 b. Number of e. Percent 0.0 Q1 Ozone sea 2 a. Ozone sea Emission r Non-Sta	f hours per day of total ann O.0 Q2 ason operat ason hours per ck Release ve	nual operation of the select o	7 c. Number of days on that occurs in or 100.0 Q4 le – May 1 through b. Ozone season of the facing vent 10ft	per week each calendar of Sum of Q1+Q2- or 0% if the unit th September 30 days per week engines click here for Physical Stack vertical stace vertical with	24 d. Null quarter: -Q3+Q4 mu was not ope b: - 1 c. Wee r instruction s: - k rain cap/	mber of weeks per year st = 100%, erated for any quarter eks operated in ozone season s: ?
?	11.	24 b. Number of e. Percent 0.0 Q1 Ozone sea 2 a. Ozone sea Emission r Non-Sta	f hours per day of total ann o.0 Q2 ason operat release poir ck Release ve le exh. la stack/ver ck release poir nit to a phys	nual operation of the select o	7 c. Number of days on that occurs in or 100.0 Q4 de – May 1 through b. Ozone season of one: ent facing vent 10ft	per week each calendar of Sum of Q1+Q2- or 0% if the unit th September 30 days per week days per week Physical Stack Vertical stack vertical with	24 d. Null quarter: -Q3+Q4 mu was not ope b: - 1 c. Wee r instruction s: - k rain cap/	mber of weeks per year st = 100%, erated for any quarter eks operated in ozone season s: ?



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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?	14. Is there a pollution control device	Check here if you need to report mor 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	
	o Type	<u> </u>		
	a. Type	Туре	Туре	
Do not leave blank – f unknown	b. Manufacturer	Manufacturer	Manufacturer	
write unknown' or	c. Model number	Model number	Model number	
estimate	d. Facility's ID for this device	Facility's ID for this device	Facility's ID for this device	
>	e. Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	
Leave f , g , h	f. DEP approval # (most recent)	DEP approval # (most recent)	DEP approval # (most recent)	
applicable.	g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	

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"



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

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?	
low to delete	

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

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)	
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	☐ yes ☐ no	
?	k. Data system ? I. Monitored pollutants (check all that apply):	yes no PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	yes no PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	yes no PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	



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Emission Unit - Fuel Utilization Equipment

2010 Year of record DEP EU# (old Point #) 1190564 Facility AQ identifier

B. Fuels and Emissions

			BOILER #2-HURST #3	0 - #2 OIL-0.3 SULFU
	1.	Fuel Name / Characteristics:	Fuel name	
_		Number of fuels for this unit (previous records): 1	1	
2			DEP Fuel #	
How does eDEP nandle multiple uels?	•	Add a NEW fuel: Check the box if you need to add a fuel that you did not report on previously (eDEP will add a blank Sect. B form to your package).	fuel in this unit permanen	ox if you stopped using this otly. You must still report for f amount is "0" – the fuel will in the next report cycle.
		When to NOT check this box?		
		a. Source Classification Code (SCC)	10200501	
		(see instructions):	SC Code (call DEP if SC code DIST.OIL- GRADE NO.	
			SCC Code Description – filled	by eDEP
		b. Type of fuel – check one:	☑ no.2 □ no.4	☐ no.6
			☐ diesel ☐ coal	☐ natural gas
		Note: The option to have eDEP calculate your emissions is not available if your fuel type is "other".	☐ jet fuel ☐ other - d	escribe:
			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 which the unit can burn fuel (its absolute		e. Maximum hourly fuel rate for all firing burners:	O.0110 Amount Enter "0" if unit decommissione	1000 GALLONS Units per hour ed prior to this Year of Record.
uncontrolled design capacity). Do		f. Do you have fuel or usage restrictions?	☑ yes □ no - skip to	question 2
not enter the		g. DEP approval number for restrictions:	EXEMPT	
normal operation rate nor any restricted		g. BEI approvariamber for restrictions.	Most recent for this fuel	
(allowable) rate.		h. Annual use restriction (amount or hours):	91980	GALLONS
rate.		For this fuel	Quantity	Units
		i. Short term use restriction (amount or hours):	9271	GALLONS
		For this fuel	Quantity	Units
			Per: 🗹 month 🗌 week	day hour
			CAUTION: check your amount	
	2.	Annual usage:	4.7830	1000 GALLONS
		Enter "0" if not used in the year of record	a. Amount – year of record 12.368 1000	b. Units) GALLONS
		Lines o il not used ili tile year of fecold	c. Total annual usage for prior	



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:

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Part 75 Requirements

□ NO2 Pollutant: ☐ PM10 ☐ PM2.5 ☐ SO2 0.0062 0.0015 0.1212 0.1484 Actual for previous year Tons Tons Tons Tons eDEP only: 0.0048 0.0020 0.1020 0.0478 ctual for year of record: Tons Tons Tons Tons 0.0482 0.0120 0.9441 1.1563 otential emissions at max Tons Tons capacity uncontrolled: Tons Tons 0.25 142 24 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:

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:	□ со	□ voc	□ NH3	specify
Actual for previous year	0.0309	0.0012	0.0049	
eDEP only:	Tons	Tons	Tons	Tons
	0.0120	0.0008	0.0019	
Actual for year of record:	Tons	Tons	Tons	Tons
Potential emissions at max	0.2409	0.0096	0.0385	
capacity uncontrolled:	Tons	Tons	Tons	Tons
Emission factor:	5	0.20	0.80	
in pounds per unit:	1000 GALLONS	1000 GALLONS	1000 GALLONS	
Maximum allowed emissions –				
annual:	Tons	Tons	Tons	Tons
Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds
Short term period (or MMBtu):				
Basis – DEP approval number or regulation:	EXEMPT		EXEMPT	



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

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

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4.	Ozone season emissions – May 1 through Se	ptember 50.
	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

BWP AQ AP-2

Emission Unit - Process Description

2010 Year of record 5 DEP EU# (old Point #) 1190564

Facility AQ identifier

Important: When filling Οl th us ta m Cl ke

A. Emission Unit - Process Description

tab key 10 move your cursor - do not use the return key. 2. Emission unit identifiers: 2 2 2 DRUM CRUSHING LINES NOT USED 09 a. Facility - schoice of emission unit number - edit as needed 5 5 c. DEP emissions unit # (old SSEIS Point #) 2. Emission unit identifiers: 2 2 2 DRUM CRUSHING LINES NOT USED 09 a. Facility - schoice of emission unit number / code - edit as needed 5 5 c. DEP emissions unit # (old SSEIS Point #) 3. DEP approvals - leave blank if not applicable: MBR-87-IND-191 a. Most recent approval number	out forms on the computer, use only the	1.	Facility identifiers:	
cursor - do not use the return key. 2. Emission unit identifiers: 2. 2 DRUM CRUSHING LINES NOT USED 09 a. Facility's choice of emission unit name - edit as needed 5. b. Facility's emission unit number / code - edit as needed d. Combined Units - enter number of individual units 7. 3. DEP approvals - leave blank if not applicable: MBR-87-IND-191 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. Equipment manufacturer and model number and type: CREENBECK a. Manufacturer DRUM CRUSHER c. Equipment Type d. EPA Unit Type Code: CRUSHER How to report A Manufacturer DRUM CRUSHER c. Equipment Type d. EPA Unit Type Code: CRUSHER How to report Remission unit installation and decommission dates: 6/1/1986	•			
b. DEP Account number c. Facility AQ identifier – SSEIS ID number 2. Emission unit identifiers: 2. 2 DRUM CRUSHING LINES NOT USED 09 a. Facility s choice of emission unit name – edit as needed 5. 5. Facility s emission unit number / code – edit as needed d. Combined Units – enter number of individual units d. Combined Units – enter number of individual units d. DEP approvals – leave blank if not applicable: MBR-87-IND-191 a. Most recent approval number 4. Is this unit exempt under 310 CMR 7.02 Plan Approvals? ves 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: GREENBECK a. Manufacturer DRUM CRUSHER c. Equipment Type d. EPA Unit Type Code : CRUSHER How to a unit? 7. Emission unit installation and decommission dates: 6/1/1986			•	1190564
2 DRUM CRUSHING LINES NOT USED 09 a. Facility's choice of emission unit name – edit as needed 5 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units 2 3. DEP approvals – leave blank if not applicable: MBR-87-IND-191 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. Equipment manufacturer and model number and type: CREENBECK a. Manufacturer DRUM CRUSHER c. Equipment Type d. EPA Unit Type Code: CRUSHER How to delete a unit? 7. Emission unit installation and decommission dates: 6/1/1986				
2 DRUM CRUSHING LINES NOT USED 09 a. Facility's choice of emission unit name – edit as needed 5 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units 2 3. DEP approvals – leave blank if not applicable: MBR-87-IND-191 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. Equipment manufacturer and model number and type: CREENBECK a. Manufacturer DRUM CRUSHER c. Equipment Type d. EPA Unit Type Code: CRUSHER How to delete a unit? 7. Emission unit installation and decommission dates: 6/1/1986	tab		_	
a. Facility's choice of emission unit name – edit as needed 5		2.	Emission unit identifiers: (?)	
5 b. Facility's emission unit number / code - edit as needed d. Combined Units - enter number of individual units 3. DEP approvals - leave blank if not applicable: MBR-87-IND-191 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. Equipment manufacturer and model number and type: GREENBECK a. Manufacturer DRUM CRUSHER c. Equipment Type d. EPA Unit Type Code: CRUSHER How to report on combined units? 7. Emission unit installation and decommission dates: 6/1/1986	return		2 DRUM CRUSHING LINES NOT USED 09	
b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units d. Combined Units – enter number of individual units DEP approvals – leave blank if not applicable: MBR-87-IND-191 a. Most recent approval number 1/13/1988 b. DEP approval date (mm/dd/yyyy) 4. Is this unit exempt under 310 CMR 7.02 Plan Approvals? yes no 5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation): Reason for exemption 6. Equipment manufacturer and model number and type: GREENBECK a. Manufacturer DRUM CRUSHER c. Equipment Type d. EPA Unit Type Code: CRUSHER How to gentle the company of the co				
d. Combined Units – enter number of individual units DEP approvals – leave blank if not applicable: MBR-87-IND-191 a. Most recent approval number 1/13/1988 b. DEP approval date (mm/dd/yyyy) 4. Is this unit exempt under 310 CMR 7.02 Plan Approvals ? ☐ yes ☑ no 5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation): Reason for exemption 6. Equipment manufacturer and model number and type: GREENBECK a. Manufacturer DRUM CRUSHER c. Equipment Type d. EPA Unit Type Code : CRUSHER How to delete a unit ? 7. Emission unit installation and decommission dates: 6/1/1986				
3. DEP approvals – leave blank if not applicable: MBR-87-IND-191 a. Most recent approval number b. DEP approval date (mm/dd/yyyy) 4. Is this unit exempt under 310 CMR 7.02 Plan Approvals ? □ yes ☑ no 5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation): Reason for exemption 6. Equipment manufacturer and model number and type: GREENBECK a. Manufacturer DRUM CRUSHER c. Equipment Type d. EPA Unit Type Code: CRUSHER How to delete a unit? 7. Emission unit installation and decommission dates: 6/1/1986			b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # (old SSEIS Point #)
MBR-87-IND-191 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. Equipment manufacturer and model number and type: GREENBECK a. Manufacturer DRUM CRUSHER c. Equipment Type d. EPA Unit Type Code: CRUSHER How to delete 2 a unit? (click ?-lcon) 6. Emission unit installation and decommission dates: 6/1/1986			d. Combined Units – enter number of individual units	
a. Most recent approval number b. DEP approval date (mm/dd/yyyyy) 4. Is this unit exempt under 310 CMR 7.02 Plan Approvals ? ☐ yes ☑ no 5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation): Reason for exemption 6. Equipment manufacturer and model number and type: GREENBECK a. Manufacturer DRUM CRUSHER c. Equipment Type d. EPA Unit Type Code: CRUSHER How to delete a unit? (click ?-lcon) 7. Emission unit installation and decommission dates: a unit? (6/1/1986)	?	3.	DEP approvals – leave blank if not applicable:	
4. Is this unit exempt under 310 CMR 7.02 Plan Approvals ? ☐ yes ✓ no 5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation): Reason for exemption 6. Equipment manufacturer and model number and type: GREENBECK a. Manufacturer DRUM CRUSHER c. Equipment Type d. EPA Unit Type Code: CRUSHER How to delete ? 7. Emission unit installation and decommission dates: a unit ? (click ?-lcon) 6/1/1986			MBR-87-IND-191	1/13/1988
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: GREENBECK a. Manufacturer DRUM CRUSHER c. Equipment Type d. EPA Unit Type Code: CRUSHER How to delete ? a unit ? (click ?-icon) 6. Equipment manufacturer and model number and type: GREENBECK a. Manufacturer DRUM CRUSHER 7. Emission unit installation and decommission dates: 6/1/1986			a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)
6. Equipment manufacturer and model number and type: GREENBECK a. Manufacturer DRUM CRUSHER c. Equipment Type d. EPA Unit Type Code: CRUSHER Thow to delete a unit? (click ?-icon) 7. Emission unit installation and decommission dates: 6/1/1986				
6. Equipment manufacturer and model number and type: GREENBECK a. Manufacturer DRUM CRUSHER c. Equipment Type d. EPA Unit Type Code: CRUSHER Thow to delete a unit? (click ?-icon) 7. Emission unit installation and decommission dates: 6/1/1986			Pagager for exemption	
GREENBECK a. Manufacturer DRUM CRUSHER c. Equipment Type d. EPA Unit Type Code : CRUSHER How to delete a unit? (click ?-icon) GREENBECK a. Manufacturer DRUM CRUSHER b. Model number b. Model number 7. Emission unit installation and decommission dates: 6/1/1986		6.		pe:
How to report on combined units? a. Manufacturer DRUM CRUSHER c. Equipment Type d. EPA Unit Type Code: CRUSHER To delete a unit? (click ?-icon) b. Model number b. Model number b. Model number b. Model number 7. Emission unit installation and decommission dates: 6/1/1986				
units ? DRUM CRUSHER c. Equipment Type d. EPA Unit Type Code : CRUSHER How to delete a unit ? (click ?-icon) 7. Emission unit installation and decommission dates: 6/1/1986	and the second second			
d. EPA Unit Type Code : CRUSHER How to delete a unit ? (click ?-icon) d. EPA Unit Type Code : CRUSHER 7. Emission unit installation and decommission dates: 6/1/1986	on combined units?			
How to delete a unit? (click ?-icon) 7. Emission unit installation and decommission dates: 6/1/1986			c. Equipment Type	
delete a unit? (click ?-icon) 7. Emission unit installation and decommission dates: 6/1/1986	?		d. EPA Unit Type Code : CRUSHER	
(CIICK !-ICOT)	delete a unit?	7.		
	(Click ?-lcon)		·····	

Complete only if the unit was shut down permanently

or replaced since the last report.

Bureau of Waste Prevention – Air Quality

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Emission Unit – Process Description

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acility AQ identifier

A. Emission Unit – Process Description (cont.)

8.	Emission unit replacement:
	a. Is this unit replacing another emission unit?
	✓ no
	DEP's emission unit number and facility unit name
9.	Additional state reporting requirements:
	 a. Are there other routine air quality reporting requirements for this emissions unit ? ✓ yes – specify reporting frequency below
	 b. Reporting frequency – check all that apply: ☐ Monthly ☐ Quarterly ☐ Semi-annual ☑ Annual ☑ RES (include Operating Permit and Plan Approval reports, but not exceedance reporting) c. Is this unit subject to (check all that apply): ☐ NESHAP ☐ NSPS ☐ MACT
10.	Hours of operation for the emission unit: a. ☐ check if continuously operated – 24 x 7 x 52
?	O O b. Number of hours per day c. Number of days per week d. Number of weeks per year
	e. Percent of total annual operation that occurs in each calendar quarter:
11.	Ozone season schedule – May 1 through September 30:
	· · · · · · · · · · · · · · · · · · ·
	000a. Ozone season hours per dayb. Ozone season days per weekc. Weeks operated in ozone season
12.	Emission release point – select one:
	Non-Stack Release Points: ☐ fugitive ☐ horizontal vent ☐ gooseneck ☐ downward facing vent ☐ vertical stack/vent less than 10ft ☐ Physical Stacks: ☐ vertical stack ☐ vertical with rain cap/sleeve
13.	If Non-Stack release point, skip to question 14. Link this unit to a physical stack (if applicable) — pick from the list below: 5 2 DRUM CRUSHING LINES- NOT USED 09 Facility's stack identifier from STACK form— to change stack name use the STACK form If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before completing this form.

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit - Process Description

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Eacility AO identifier

A. Emission Unit – Process Description (cont.)

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit - Process Description

2010
Year of record
5
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Emission Unit – Process Description (cont.)

? 15	. Are there air pollution control de	Check here if you need to report more than 3 air pollution control devices on		
How to delete a control	yes – answer a through i	✓ no – skip to Section B	this unit. eDEP will add another page of control devices after this form.	
	Air pollution control device 1	Air pollution control device 2	Air pollution control device 3	
	a. Type	Туре	Туре	
Do not leave blank –	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 – 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	% Overall eff.	% Overall eff.	% Overall eff.	
CO	% Overall eff.	% Overall eff.	% Overall eff.	
VOC	% Overall eff.	% Overall eff.	% Overall eff.	
NO2 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"	

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

BWP AQ AP-2

Emission Unit – Process Description

2010
Year of record
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1190564
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l	В.	Emissions for Raw Materials/Finished Products				
		Add a NEW material / product: Check the box if you need to add a material or product that you did not report on previously (eDEP will add a blank Sect. B form to your package).	unit p <i>ermanently</i> . You mu of record even if amount is	luct: 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			
2		a. Raw material or finished product name:				
ow does eDEP		Number of segments for this unit (previous records): 1 b. Is material/product an input or output ?	✓ input □ output	1		
andle multiple aw materials or		2. 10 material product an input of output .	⊡pat □ oatpat	DEP#		
nished roducts?		c. Process description:	2 DRUM CRUSHING LIN	NES DRUMS		
		d. Source Classification Code (SCC):	39999998			
		(see instructions)	SC Code (call DEP if SC Code MISC INDUSTRIAL PRO	•		
			SCC Description – filled by eD			
?		e. Maximum process rate for material/product:	120	1000 EACH		
ote: efinition of laximum		f. If organic material, give weight % of:	Amount	Units per hour HOC		
rocess rate			HYC			
		g. Total actual raw material used or finished	0.0000	1000 EACH		
		product produced for year of record:	Amount	Units		
		Enter " 0" if not used in the year of record	Prior year – eDEP only	1000 EACH Units prior year		
	<u>a</u>	h. Do you have row material or finished product	□vos I no skir	o to question 1.		
		h. Do you have raw material or finished product restrictions?	∐ yes 🗹 no – skip	to question 1.I		
(?	i. DEP approval number for restrictions:	Most recent approval number f	or this material or product		
`		j. Short term raw material/finished product	Overstitus (amazunt auch auch	I In ita		
		restriction – if none, leave blank:	Quantity (amount or hours)	Units		
			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	Device ID #	Device 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 #		
		How to make a new air pollution control device papear in these drop menus?	check here if ALL air pollu unit apply to this material	ution control devices on the product		
	(09/19/05	BWP AQ AP-2 Emission Unit –	Process Description • Page 5		

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit - Process Description

2010 Year of record

DEP EU# (old Point #) 1190564

Facility AQ identifier

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

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

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::					
ial or Jy	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	Short term period:					_
Fo	Basis: DEP approval number or regulation:					
?						Other:
Important: Reporting now required for	Pollutant	VOC	нос	*Reserved*	NH3	specify
t-Butyl Acetate	A -4! f	0				
	Actual for previous year eDEP only:	Tons	Tons	Tons	Tons	Tons
		0.0000 Tons	Tons	Tons	Tons	Tons
	eDEP only	0.0000 Tons 12 Tons				
	eDEP only: Actual for year of record: Potential emissions at maximum	0.0000 Tons 12 Tons 0.11	Tons	Tons	Tons	Tons
	eDEP only: Actual for year of record: Potential emissions at maximum capacity uncontrolled:	0.0000 Tons 12 Tons	Tons	Tons	Tons	Tons
ial or Iy Jone)	Potential emissions at maximum capacity uncontrolled: Emission factor: In pounds per unit:	0.0000 Tons 12 Tons 0.11	Tons	Tons	Tons	Tons
material or uct only jank if none	Potential emissions at maximum capacity uncontrolled: Emission factor: In pounds per unit:	0.0000 Tons 12 Tons 0.11 EACH	Tons	Tons	Tons	Tons
For this material or product only	Potential emissions at maximum capacity uncontrolled: Emission factor: In pounds per unit:	0.0000 Tons 12 Tons 0.11 EACH	Tons Tons	Tons Tons Tons	Tons Tons	Tons Tons

Basis - DEP approval number or regulation:

check to enter your own values

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

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1190564
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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	

C. Notes and Attachments

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

2. Attachments:

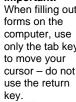
☐ Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments below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

Bureau of Waste Prevention - Air Quality

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

2010
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1
DEP EU# (old Point#)
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Facility AQ identifier

Important







a unit?

1.	Facility identifiers:				
	CLEAN HARBORS OF BRAINTREE				
	a. Facility name 34839	1190564			
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number			
2.	Emission unit identifiers:				
	STACK 1 POINT 1 SEGMENT NOT USED 09				
	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 # - SSEIS point #			
3.	DEP approvals – leave blank if not applicable:				
	MBR-89-INC-003	5/17/1993			
	a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)			
4.	Emission unit installation and decommission dates: 5/1/1989				
	a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable			
		Complete only if the unit was shut down permanently or replaced since the last report.			
5.	Emission unit replacement?				
	a. Is this unit, replacing another emission unit?				
	✓ no	umber for the unit being replaced below:			
	b. DEP's Emission Unit Number and facility's unit name				
6.	b. DEP's Emission Unit Number and facility's unit name Are there routine air quality reporting requirements Registration)?	for this emissions unit (other than Source			
6.	Are there routine air quality reporting requirements	,			
6.	Are there routine air quality reporting requirements Registration)? a. Are there other routine air quality reporting requi	,			
6.	Are there routine air quality reporting requirements Registration)? a. Are there other routine air quality reporting requi	rements for this emissions unit?			
6.	Are there routine air quality reporting requirements Registration)? a. Are there other routine air quality reporting requi ✓ yes – specify reporting frequency below	rements for this emissions unit ? no – skip to question 6c			
6.	Are there routine air quality reporting requirements Registration)? a. Are there other routine air quality reporting requi yes – specify reporting frequency below b. Reporting frequency – check all that apply:	rements for this emissions unit ? no – skip to question 6c nual RES			
6.	Are there routine air quality reporting requirements Registration)? a. Are there other routine air quality reporting requi yes – specify reporting frequency below b. Reporting frequency – check all that apply: Monthly Quarterly Semi-annual Ani	rements for this emissions unit ? no – skip to question 6c nual RES			

Bureau of Waste Prevention – Air Quality

BWP AQ AP-3

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 medical								
control equipment.			INCINERATOR							
		☐ municipal ☐ sludge 🗹 other:	Specify "other" incinerator type							
		VENT-O -MATIC	CAE500							
		b. Manufacturer:	c. Model number 350							
		d. Maximum operating capacity:	amount in units of:							
			✓ pounds OR ☐ tons of waste per hour							
		e. Pounds of steam per hour	f. MMBtu per hour							
	8.	Waste type – select one: Type 0 Waste	– dry rubbish, trash							
		Type 1 Waste	– rubbish							
		☐ Type 2 Waste ☐ Type 3 Waste	- mix of rubbish & garbage							
			e – garbage e – infectious/medical waste e – industrial (liquid) e – industrial (solid)							
		☐ Type 5 Waste								
		☐ Type 6 Waste ☐ other:								
		□ otner.								
	Specify Other Waste 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							
			Tons							
			Tons in previous year – eDEP only							
	11	. Charging rate restriction (for batch units only):	0							
		,,	a. Amount							
			b. pounds of waste per hour OR							
			tons of waste per hour							
	12. Heat recovery?		☑ yes ☐ no							
		•								
	13	. Number of hearths:	1							
	14	. Total hearth area (total square footage):	100							
	15	. Automatic feeder?	Square Feet ✓ yes □ no							
	13	. Automatic leedel :	<u> </u>							

Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-3

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

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	0	i operation for ti	ne emission unit:	а. 🗀 Сі	IECK II COII	itinuously ope 0	rateu – 24 X	. 7 × 32
		er of hours per day		c. Number of days per week		_	d. Number of weeks per year	
	e. Percent of total annual operation that occurs in each calendar quarter:							
	0	0	0	0		of Q1+Q2+Q3+		
	Q1	Q2	Q3	Q4	or U	if the unit was no	ot operated for a	any quarter
17		season schedule	- May 1 through	n Septembe	r 30:			
	0	season hours per da	0	ne season day		0		n ozone seasor
	l	Stack Release Po			Physical S ✓ vertical			
18	Emissio	n release point -	- select one: 🛜					
		_	rizontal vent wnward facing ve		vertical	stack with rain cap	/sleeve	
		rtical stack/vent		SIIL [vertical	with rain cap	// SICC V C	
40		Stack release point,			former than 1	int balann		
19	Link this	unit to a physic	al stack (if application	able) – pick	from the l	ist below:		
19	Link this	unit to a physical unit to a phy	al stack (if application	, .				
19	Link this 1 STACK# Facility's s	unit to a physical representation of the standard standar	al stack (if applica r-o-matic- NA 2007	nge stack nam	e use the S1	ΓACK form	m before return	ing to this form
19	Link this 1 STACK# Facility's s	unit to a physical representation of the standard standar	al stack (if application of the stack (if application of the stack form — to cha	nge stack nam	e use the S1	ΓACK form	m before returr	ing to this form
	Link this 1 STACK# Facility's s If the stace	unit to a physical representation of the standard standar	al stack (if application of the stack (if application of the stack) and the stack form — to chast stack, save and exit the stack form — the st	nge stack nam	e use the ST	ΓACK form		ing to this form
	Link this 1 STACK # Facility's s If the stace	s unit to a physicant incinerator #1-vent is tack identifier from the for this unit is not be seen the forth incident in	al stack (if application of the stack (if application of the stack) and the stack form — to chast stack, save and exit the stack form — the st	nge stack nam	e use the ST nd complete Primary 50	Chamber	Seconda	ary Chambe
	Link this 1 STACK # Facility's s If the stace Temper a. Opera	s unit to a physical and the stack identifier from sock for this unit is not lead to the state of the state o	al stack (if application of the stack (if application of the stack) and the stack form — to chast stack, save and exit the stack form — the st	nge stack nam	e use the ST nd complete Primary	FACK form a new Stack form Chamber		
	Link this 1 STACK # Facility's s If the stace Temper a. Opera	s unit to a physical and the stack identifier from stack for this unit is not be atture — degrees	al stack (if application of the stack (if application of the stack) and the stack form — to chast stack, save and exit the stack form — the st	nge stack nam	Primary 50 Lower	Chamber 100 Upper	Seconda	ary Chambe
20	Link this 1 STACK # Facility's s If the stace Temper a. Opera b. Perm	s unit to a physical and the stack identifier from sock for this unit is not lead to the state of the state o	al stack (if application of the control of the cont	nge stack nam	Primary 50 Lower 50	Chamber 100 Upper 100	Seconda	ary Chambe
20	Link this 1 STACK # Facility's s If the stace Temper a. Opera b. Perm	s unit to a physical and the stack identifier from some stack identifier from some stack for this unit is not lead to the stature — degrees atting range: uitted range:	al stack (if application of the control of the cont	nge stack nam	Primary 50 Lower 50	Chamber 100 Upper 100	Seconda	ary Chambe

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

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

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<u> </u>	_	_		
a. Type of burner – check one: ☐ rotary ☐ air ato ☑ other:	mech. atomizer traveling grate	steam atomizer hand fired		
	MECH ATOMIZER	1		
CARLIN	Specify "other" burner ty	уре		
CARLIN b. Burner manufacturer				
201-CRD	0.77			
c. Burner model number	d. Maximum rating MME	Btu / hr		
e. Source Classification C code (SCC):	50290005	50290005		
(see instructions)	•	SC Code (call DEP if SC code will not validate)		
		AUX.FUEL/NO EMSNS-DISTILLATE OIL		
· - · · · · · · · · ·		SC Code Description – filled by eDEP upon validation		
f. Type of fuel – check one:	☐ no.2 ☐ no.4	no.6		
		☐ diesel ☐ natural gas 🗹 other – describ		
	☐ diesel ☐ nati	ural gas 🔽 other – descri		
	☐ diesel ☐ nati	ural gas 🗹 other – descri		
		ural gas 🗹 other – descri		
	AUX FUEL	ural gas 🗹 other – descri		
g. Sulfur content for oils (0-2.2):	AUX FUEL Describe "other "fuel	ural gas 🗹 other – descri		
	AUX FUEL Describe "other "fuel Percent by weight			
g. Sulfur content for oils (0-2.2): h. Maximum hourly fuel rate for all firing burne	AUX FUEL Describe "other "fuel Percent by weight	ural gas other – descri		
h. Maximum hourly fuel rate for all firing burne	AUX FUEL Describe "other "fuel Percent by weight 0.1750	1000 GALLONS		
	Percent by weight 0.1750 Amount	1000 GALLONS Units per hour ? 1000 GALLONS		
h. Maximum hourly fuel rate for all firing burne i. Total actual fuel used for year of record:	Percent by weight 0.1750 Amount 0.0000 Amount – year of record 0	1000 GALLONS Units per hour 1000 GALLONS Units 1000 GALLONS Units 1000 GALLONS		
h. Maximum hourly fuel rate for all firing burne i. Total actual fuel used for year of record:	Percent by weight 0.1750 Amount O.0000 Amount – year of record	1000 GALLONS Units per hour 1000 GALLONS Units		
h. Maximum hourly fuel rate for all firing burne i. Total actual fuel used for year of record: (Enter "0" if not used in the year of record)	Percent by weight O.1750 Amount O.0000 Amount – year of record Prior year – eDEP only	1000 GALLONS Units per hour 1000 GALLONS Units 1000 GALLONS		
h. Maximum hourly fuel rate for all firing burne i. Total actual fuel used for year of record: (Enter "0" if not used in the year of record) j. Do you have fuel or usage restrictions?	Percent by weight 0.1750 Amount O.0000 Amount – year of record Prior year – eDEP only yes	1000 GALLONS Units per hour 1000 GALLONS Units Units 1000 GALLONS Units		
h. Maximum hourly fuel rate for all firing burne i. Total actual fuel used for year of record: (Enter "0" if not used in the year of record)	Percent by weight O.1750 Amount O.0000 Amount – year of record Prior year – eDEP only	1000 GALLONS Units per hour 1000 GALLONS Units 1000 GALLONS Units Units		
h. Maximum hourly fuel rate for all firing burne i. Total actual fuel used for year of record: (Enter "0" if not used in the year of record) j. Do you have fuel or usage restrictions? k. DEP approval number for fuel restrictions:	Percent by weight O.1750 Amount O.0000 Amount – year of record Prior year – eDEP only MBR-89-INC-003 Most recent for this fuel 183.96	1000 GALLONS Units per hour 1000 GALLONS Units 1000 GALLONS Units - skip to question 23 1000 GALLONS		
h. Maximum hourly fuel rate for all firing burne i. Total actual fuel used for year of record: (Enter "0" if not used in the year of record) j. Do you have fuel or usage restrictions?	AUX FUEL Describe "other "fuel Percent by weight 0.1750 Amount O.0000 Amount – year of record O Prior year – eDEP only MBR-89-INC-003 Most recent for this fuel	1000 GALLONS Units per hour 1000 GALLONS Units 1000 GALLONS Units Units		

Bureau of Waste Prevention – Air Quality

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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 24			
	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/hr			
	e. Source Classification C code (SCC (see instructions)	C):	SC Code (call DEP if SC code 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 gas ☐ other – describe:			
			Describe "other" fuel			
	g. Sulfur content for oils (0-2.2):					
	h. Maximum hourly fuel rate for all fir	ing burners:	Percent by weight			
			Amount	Units per hour		
	i. Total actual fuel used for year of re (Enter "0" if not used in the year of record)	cord:	Amount – year of record	Units		
	,		Prior year – eDEP only	Units		
	j. Do you have fuel usage restrictions?		☐ yes ✓ no – skip to question 24			
	k. DEP approval number for fuel rest	rictions:	Most recent for this fuel			
	I. Annual usage restriction (for this fuel):		Quantity	Units		
	m. Short term fuel use restriction (for	this fuel):	Quantity	Units		
			Per: month we	eek 🗌 day 🔲 hour		

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

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

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24	I. Is there an air pollution control	device/s on this emissions unit?	Check here if you need to report more
How to delete a control?	✓ yes – answer a through i	no – skip to question 25	than 3 air pollution control devices on this unit. eDEP will add another page of control devices after this form.
a definier.	Air pollution control device	Air pollution control device	Air pollution control device
	CENTRIFUGAL COLLECTOR	CENTRIFUGAL COLLECTOR	CENTRIFUGAL COLLECTOR
	а. Туре	Туре	Туре
Do not	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 estimate	2 CAE500	3 CAE500	1CAE500
Colimate	d. Facility's ID for this device	Facility's ID for this device	Facility's ID for this device
9	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)
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 – e	enter 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
	% Overall eff.	% Overall eff.	% Overall eff.
SO2	0	0	0
	% Overall eff.	% Overall eff.	% Overall eff.
CO	0	0	0
	% Overall eff.	% Overall eff.	% Overall eff.
VOC	0	0	0
	% Overall eff.	% Overall eff.	% Overall eff.
NO2	0	0	0
	% Overall eff.	% Overall eff.	% Overall eff.
NH3	0	0	0
	% Overall eff.	% Overall eff.	% Overall eff.
HOC	0	0	0
	% Overall eff.	% Overall eff.	% Overall eff.
HYC	0	0	0
	% Overall eff.	% Overall eff.	% Overall eff.
Hg	0 % Overall eff.	0 % Overall eff.	% Overall eff.
Dh	0	% Overall ell. 0	0
Pb	% Overall eff.		_
Other		% Overall eff.	% Overall eff.
Other	99	99	99
	% Overall eff.	% Overall eff.	% Overall eff.
	TOTAL SUSPENDED PARTICULATES	TOTAL SUSPENDED PARTICULATES	TOTAL SUSPENDED PARTICULATES
	Specify "Other"	Specify "Other"	Specify "Other"

Bureau of Waste Prevention – Air Quality

BWP AQ AP-3

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

Year of record

DEP EU# (old Point#)

1190564

Facility AQ identifier

?	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 ✓ no	(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

BWP AQ AP-3

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

2010 Year of record DEP EU# (old Point#) 1190564 Facility AQ identifier

B. Emissions

Total emissions for this emissions unit – tons per year:

	1. Total emissions for this	s emissions unit	 tons per ye 	ar:		
Important:	Pollutant	PM10	PM2.5	SO2	NO2	со
Leaving blanks for	Actual for previous year	0	0	0	0	0
Actual and Potential emissions means that	eDEP only:	Tons 0.0000	Tons 0.0000	Tons 0.0000	Tons 0.0000	Tons 0.0000
you are certifying that	Actual for year of record:	Tons	Tons	Tons	Tons	Tons
there were less than 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:					
+ 0	Maximum allowed emissions – annual:	Tons	Tons	Tons	Tons	Tons
uni	Maximum allowed	10115	10115	TOTIS	TOTIS	10115
rtire F F	emissions – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
For the entire unit only (leave blank if none)	Short term period (or MMBtu):					
For (lea	Basis: DEP approval number or regulation:	MBR-91-INC-003B		MBR-91-INC-003B	MBR-91-INC-003B	MBR-91-INC-003B
						Other:
	Pollutant	VOC	НОС	*Reserved*	NH3	Specify
	Actual for previous year	0				
	eDEP only:	Tons 0.0000	Tons	Tons	Tons	Tons
	Actual for year of record:	Tons	Tons	Tons	Tons	Tons
	Potential emissions at	19				
	maximum capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Emission factor:			_		
	Emission factor units in pounds per:					-
_	Maximum allowed					
ire unit '	emissions – annual:	Tons	Tons	Tons	Tons	Tons
For the entire u only	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
For the e	Short term period (or MMBtu):					
Fo	Basis – DEP approval number or regulation:	MBR-91-INC-003B				
2	2. Ozone season emissio	ons – May 1 thro	ugh Septemb	er 30:		
NOTE for	0			0		
Ozone Season	a. Typical day VOC emission	ns – pounds per day	,	b. Typical day NO	c emissions – pound	s per day
Emissions	check to enter your own	values		check to enter	your own values	

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

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

2010
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

Emission Unit - Organic Material Storage

2010
Year of record
9
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Co	mplete one AP-4 for EACH organic material storage tar	nk.
Important: When filling out forms on	A	Equipment Description	
the computer, use only the	1.	Facility identifiers:	
tab key to		CLEAN HARBORS OF BRAINTREE	
move your cursor – do		a. Facility name	
not use the		34839	1190564
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
tab			
	2.	Emission unit identifiers:	
return		AG TANK A4- 5,200 GAL WASTE STREAM A-22	2
		a. Facility's choice of emission unit name – edit as needed	
		9	9
		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?		u. Combined Offits – effet flumber 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

a unit?

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

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

? 5.	Unit description	ns:			
	a. Description:	✓ above ground	below ground		
	b. Roof type:	☐ floating roof ☑ fixed	internal roof other:		
	10.66	10.5	5200	Specify other	

e. Capacity - gallons

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

Complete only if the unit was shut down permanently

or replaced since the last report.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2010	
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	c. 55 5555 for startaining / Broadming 1555
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
9	52	167878
(f)	f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
	i. Temperature – typicai storage temp. III Tramenneit	g. Annual throughput in gallons (enter on 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	
	a. Name of material	
		40722098
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	ORGANIC CHEM.SPECIFY IN COMMNETS	0.39
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
		132708
	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.	Iditional 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.

for SC Code help

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2010
Year of record
8
DEP EU# (old Point #)
1190564
Facility AQ identifier

		nplete one AP-4 for EACH organic material storage tan	
······································	Α.	Equipment Description	
ms on mputer, ily the y to	1.	Facility identifiers: CLEAN HARBORS OF BRAINTREE	
your – do		a. Facility name	
e the		34839	1190564
key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
	2.	Emission unit identifiers:	
		AG TANK A3-9,800 GAL NOT USED IN 2009 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 #
			·
ne		d. Combined Units – enter number of individual units	
	3.	Emission unit installation and decommission dates:	
		1/1/1986	
delete		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	
<u>?</u>	5.	Unit descriptions:	
	,	a. Description: 🗹 above ground 🗌 below groun	nd
		b. Roof type:	:
		44.00	Specify other
		14.66 11.5 9800 c. Height / Length – feet d. Diameter – feet e. Capac	Specify other

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2010
Year of record
8
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

	Material stored (at start of year):	
	EMPTY	
	a. Name of material	_
		40799997
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	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	_
	New material stored (enter new material if conte	ents changed during year of record):
	a. Name of material	
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
	f. Temperature – typical storage temp. in °Fahrenheit h. RVP – gasoline only	g. Annual throughput in gallons i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments	i. Total oxygen percent – gasoline only
•	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any 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	
•	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
_	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
•	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
•	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
-	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only
_ •	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a	i. Total oxygen percent – gasoline only

paper copy of this form.

for SC Code help

Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2010 Year of record 7 DEP EU# (old Point #) 1190564 Facility AQ identifier

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

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

combine units?

a unit?

1190564								
c. Facility AQ identifier – SSEIS ID number								
7								
c. DEP emissions unit # - SSEIS point #								
1/1/1986								
b. Decommission date (mm/dd/yyyy) – if applicable								
Complete only if the unit was shut down permanently								
or replaced since the last report.								
✓ no yes – enter DEP's emissions unit number for the unit being replaced below:								
5. Unit descriptions:								
a. Description: 🗹 above ground 🗌 below ground								

	14.66		11.5		9800			
	c. Height / Length – feet		d. Diameter - feet		e. Capacity – (gallons	_	
6.	Construction:	✓ s	teel weld	other w	veld 🗌 rivet	fiberglass	gunite	

Specify other

internal roof

other:

b. Roof type:

floating roof ✓ fixed

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2010
Year of record
7
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):								
	MIXTURE OF FUELS FOR INCINERATION								
	a. Name of material								
		40799997							
	b. CAS number if single chemical	c. SC Code for standing / breathing loss							
	CHEMICAL STORAGE	1.04							
?	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 contents changed during year of record):								
	a. Name of material								
	b. CAS number if single chemical	c. SC Code for standing / breathing loss							
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C							
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons							
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only							
	j. Oxygenate name – gasoline only	_							
В.	Notes and Attachments								
1.	Notes : please include in the space below any additional information that will help DEP understand your submission.								
	2. Attachments: Check here to submit 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.

for SC Code help

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

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.	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 WASTEWATER 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:



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?

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

? 5.	Unit description	ns:		
	a. Description:	✓ above ground	☐ below ground	
	b. Roof type:	☐ floating roof ☑ fixed	☐ internal roof ☐ other:	
	10.5	11 75	6250	Specify other

10.5 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

2010 Year of record 63 DEP EU# (old Point #) 1190564 Facility AQ identifier

A. Equipment Description (cont.)

7. Material stored (at start of year): WASTEWATER NO VOCS NOT APPLICABLE TO REPORT a. Name of material 30187097 b. CAS number if single chemical c. SC Code for standing / breathing loss SPECIFY LIQUID:BREATHING LOSS d. SC Code description - filled by eDEP e. Vapor pressure in PSI at 25° C for SC Code 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 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 e. Vapor pressure in PSI at 25° C d. SC Code description - filled by eDEP f. Temperature - typical storage temp. in °Fahrenheit g. Annual throughput in gallons h. RVP - gasoline only i. Total oxygen percent - gasoline only j. Oxygenate name - gasoline only **B. Notes and Attachments** Notes: please include in the space below any additional information that will help DEP understand your submission.

> 2. Attachments:
> Check here to submit attachments to this form. For attachments that cannot be sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

help

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

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

combine units?

a unit?

Complete one AP-4 for EACH organic material storage tank.					
Α.	A. Equipment Description				
1.	Facility identifiers: ? CLEAN HARBORS OF BRAINTREE				
	a. Facility name 34839	110	0564		
	b. DEP Account number		cility AQ identifier – SSEIS ID number		
2.	Emission unit identifiers:				
	AG TANK B8- POLYOLEFIN H TANKS WASTE	WATER	NO VOCS		
	a. Facility's choice of emission unit name – edit as needed 62	62			
	b. Facility's emission unit number / code – edit as needed		EP emissions unit # - SSEIS point #		
	d. Combined Units – enter number of individual units				
	u. Combined Offics – effet flumber of fluvidual drifts				
3.	Emission unit installation and decommission date	es:			
	1/1/1977				
	a. Installation date – estimate if unknown (mm/dd/yyyy)	b. D	ecommission date (mm/dd/yyyy) - if applicable		
			plete only if the unit was shut down permanently placed since the last report.		
) 4.	Emission unit replacement:				
,	a. Is this unit replacing another emission unit?				
	✓ no	numhei	for the unit being replaced below:		
	yes enter ber 3 emissions unit	Tidilibe	for the unit being replaced below.		
	b. DEP's Emission Unit Number and facility unit name				
5.	Unit descriptions:				
JO.	orm docomplions.				
	a. Description: 🗹 above ground 🗌 below gr	ound			
	b. Roof type: ☐ floating roof ☐ internal r	oof			
	✓ fixed other:		Specify other		
			SDECITY ULTER		

7000

steel weld other weld rivet fiberglass gunite

e. Capacity - gallons

9.6

c. Height / Length – feet

11.75

d. Diameter - feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2010
Year of record
62
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

WASTEWATER NO VOCS NOT APPLICABLE TO REPORT					
a. Name of material	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 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 o	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					
3. Notes and Attachments					
J. Notes and Attachments	1. Notes : please include in the space below any additional information that will help DEP understand				
	ny additional information that will help DEP understand				
. Notes : please include in the space below a	ny additional information that will help DEP understand				
. Notes : please include in the space below a	ny additional information that will help DEP understand				
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. Notes : please include in the space below a	iny additional 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

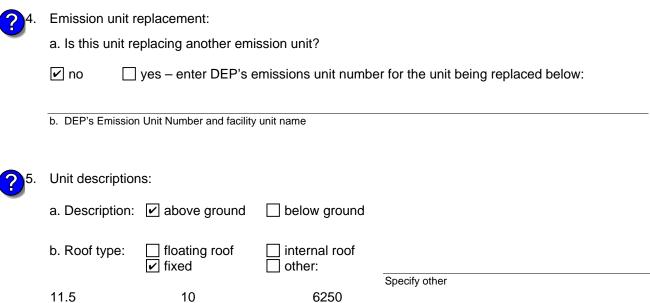
2010 Year of record 60 DEP EU# (old Point #) 1190564 Facility AQ identifier

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

combine units?

a unit?

A. Equipment Description			
. 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 B7- POLYOLEFIN H TANKS WASTEWATER NO VOCS			
a. Facility's choice of emission unit name – edit as ne			
60	60		
b. Facility's emission unit number / code – edit as nee	eded c. DEP emissions unit # - SSEIS point #		
d. Combined Units – enter number of individual units			
. Emission unit installation and decommission	on dates:		
1/1/1977			
a. Installation date – estimate if unknown (mm/dd/yyy	b. Decommission date (mm/dd/yyyy) – if applicable		
	Complete only if the unit was shut down permanently or replaced since the last report.		
Emission unit replacement:			
a. Is this unit replacing another emission unit?			
✓ no			
b. DEP's Emission Unit Number and facility unit nam			



e. Capacity - gallons

steel weld other weld rivet fiberglass gunite

d. Diameter - feet

c. Height / Length - feet

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2010 Year of record 60 DEP EU# (old Point #) 1190564 Facility AQ identifier

A. Equipment Description (cont.)

	7.	Material stored (at start of year):					
		WASTEWATER NO VOCS NOT APPLICABLE TO REPORT					
		a. Name of material	30187097				
2		b. CAS number if single chemical	c. SC Code for standing / breathing loss				
Click ": icon		SPECIFY LIQUID:BREATHING LOSS					
for SC Code help	7	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 contents changed during year of recor						
		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				
		h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
		j. Oxygenate name – gasoline only	_				
	B.	Notes and Attachments					
	 Notes: please include in the space below any additional information that will help DEP your submission. 						

2. Attachments:

Check here to submit attachments to this form. For attachments that cannot be sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2010
Year of record
6
DEP EU# (old Point #)
1190564
Facility AQ identifier

A.	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 2009				
	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	umber for the unit being replaced below:			
	b. DEP's Emission Unit Number and facility unit name				
) 5.	b. DEP's Emission Unit Number and facility unit name Unit descriptions:				
5.		ind			
5.	Unit descriptions:	of 			
5.	Unit descriptions: a. Description: ✓ above ground ☐ below ground b. Roof type: ☐ floating roof ☐ internal roof				

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

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2010
Year of record
6
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

Material stored (at start of year):	
FLAMMABLE LIQUIDS	
a. Name of material	_
	40799997
b. CAS number if single chemical	c. SC Code for standing / breathing loss
CHEMICAL STORAGE	
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
52	0
f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	
New material stored (enter new material if cona. Name of material	tents changed during year of record):
a. Name of material	
b. CAS number if single chemical	c. SC Code for standing / breathing loss
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
h. RVP – gasoline only j. Oxygenate name – gasoline only	i. Total oxygen percent – gasoline only
	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only 8. Notes and Attachments	i. Total oxygen percent – gasoline only additional information that will help DEP understand
j. Oxygenate name – gasoline only B. Notes and Attachments Notes: please include in the space below any	<u> </u>
j. Oxygenate name – gasoline only B. Notes and Attachments Notes: please include in the space below any	
j. Oxygenate name – gasoline only B. Notes and Attachments Notes: please include in the space below any	
j. Oxygenate name – gasoline only B. Notes and Attachments Notes: please include in the space below any	<u> </u>
j. Oxygenate name – gasoline only B. Notes and Attachments Notes: please include in the space below any	<u> </u>
j. Oxygenate name – gasoline only B. Notes and Attachments Notes: please include in the space below any	<u> </u>
j. Oxygenate name – gasoline only B. Notes and Attachments Notes: please include in the space below any	<u> </u>
j. Oxygenate name – gasoline only B. Notes and Attachments Notes: please include in the space below any	
j. Oxygenate name – gasoline only B. Notes and Attachments Notes: please include in the space below any	<u> </u>

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paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Fauinment Description

Emission Unit - Organic Material Storage

2010
Year of record
59
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.

۸.	Equipment Besonption	
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 WASTEV	VATER NO VOCS
a. Facility's choice of emission unit name – edit as needed	
59	59
h. 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 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.

4. Emission unit replacement:

a. Is this unit replacing another emission unit?

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

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

5.	Unit description	ns:					
	a. Description:	✓ above ground	☐ bel	ow ground			
	b. Roof type:	☐ floating roof ☑ fixed	inte	ernal roof er:			
	11.5 c. Height / Length -	10 - feet d. Diameter – fe	eet	6250 e. Capacity –	Specify other 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

2010
Year of record
59
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

COROSSIVES NO VOCS NOT APPLIANCE.	
COROSSIVES NO VOCS NOT APPLIBABLE 7 a. Name of material	TO REPORT
a. Name of material	30187097
b. CAS number if single chemical	c. SC Code for standing / breathing loss
SPECIFY LIQUID:BREATHING LOSS	•
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
52	0
f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	_
New material stored (enter new material if conton a. Name of material	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	_
3. Notes and Attachments	
	dditional information that will help DEP understand
. Notes : please include in the space below any a	dditional information that will help DEP understand
. Notes : please include in the space below any a	dditional information that will help DEP understand
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. Notes : please include in the space below any a	dditional information that will help DEP understand
. Notes : please include in the space below any a	dditional information that will help DEP understand

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

a. Description: 🗹 above ground

floating roof

11.75

d. Diameter - feet

✓ fixed

b. Roof type:

c. Height / Length - feet

10.5

BWP AQ AP-4

Emission Unit - Organic Material Storage

2010
Year of record
58
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Coi	mplete one AP-4 for EACH organic material storage tar	ık.					
Important: When filling out forms on	A.	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 B5- POLYHLEFIN H TANKS WASTEWA	ATER NO VOCS					
		a. Facility's choice of emission unit name – edit as needed						
		58	58					
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #					
How to combine units ?		d. Combined Units – enter number of individual units						
	3.	Emission unit installation and decommission dates:						
		1/1/1977						
		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable					
How to delete a unit?			Complete only if the unit was shut down permanently or replaced since the last report.					
?	4.	Emission unit replacement:						
		a. Is this unit replacing another emission unit?						
		v no yes – enter DEP's emissions unit nu	mber for the unit being replaced below:					
		b. DEP's Emission Unit Number and facility unit name						
?	5.	Unit descriptions:						

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

below ground

internal roof

6250

e. Capacity - gallons

Specify other

other:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2010 Year of record 58 DEP EU# (old Point #) 1190564 Facility AQ identifier

A. Equipment Description (cont.)

	7.	Material stored (at start of year):						
		CORROSIVES NO VOCS NOT APPLICABLE 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	c. 30 Code for startding / breathing loss					
for SC Code		d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
help	9	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	nts changed during year of record):					
		a. Name of material						
		b. CAS number if single chemical	c. SC Code for standing / breathing loss					
		d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
		f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons					
		h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
		j. Oxygenate name – gasoline only	-					
	B.	Notes and Attachments						
	1.	Notes : please include in the space below any additional information that will help DEP understand your submission.						
		2. Attachments:	ments to this form. For attachments that cannot be					

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
57
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.

	implete one Al 4101 EA011 organic material storage	tarik.
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 B4- POLYOLEFIN H WASTEWATER	NO VOCS
	a. Facility's choice of emission unit name – edit as needed	
	57	57
	b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #



3. Emission unit installation and decommission dates:



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

d. Combined Units - enter number of individual units

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?

	b. DEP's Emission	n Unit Number and fa	cility unit name	Э		
6 5	Unit description	ne.				
1 3.	Offic description	13.				
	a. Description:	above grour	ıd ∐ bel	ow ground		
	b. Roof type:	floating roof		ernal roof		
		✓ fixed	oth	er:		
					Specify other	
	9.5	11.75		7000		
	c. Height / Length -		_ foot	e. Capacity –	nallons	<u> </u>
	c. Height / Length -	- leet G. Diameter	1001	c. Capacity –	ganons	

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2010
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 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 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

Emission Unit - Organic Material Storage

2010 Year of record 56 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.

Co	mplete one AP-4 for EACH organic material storage t	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 B3- POLYOLEFIN TANKS WASTEWA a. Facility's choice of emission unit name – edit as needed	ATER NO VOCS
	56	56
	b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
	d. Combined Units – enter number of individual units	
3.	Emission unit installation and decommission dates	S:
	1/1/1977	

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 unit replacement:
	a la thia unit raplacing anot

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:	✓ above ground	☐ bel	ow ground		
	b. Roof type:	☐ floating roof ✓ fixed	☐ inte	ernal roof er:	-	
	11.5	10		6250	Specify other	
	c. Height / Length -	- feet d. Diameter – fe	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

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

A. Equipment Description (cont.)

7.	Material stored (at start of year):							
	CORROSIVES NO VOCS NOT APPLICABLE 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 g. Annual throughput in gallons						
	f. Temperature – typical storage temp. in ^o Fahrenheit							
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only						
	j. Oxygenate name – gasoline only	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 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

2010
Year of record
54
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?

Cor	nplete one AP-4 for EACH organic material storage t	arik.				
۹.	Equipment Description					
	Facility identifiers: 7					
	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 B2- POLYOLEFIN TANK WASTEWA	TER 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					
	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.				
	Emission unit installation and decommission dates 1/1/1987	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently				
	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				
	Emission unit installation and decommission dates 1/1/1987 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit?	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently				
	Emission unit installation and decommission dates 1/1/1987 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit?	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.				
	Emission unit installation and decommission dates 1/1/1987 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? In o yes – enter DEP's emissions unit replacement.	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.				

5.	5. Unit descriptions:						
	a. Description: 🗹 above ground		☐ bel	ow ground			
	b. Roof type:		=	ernal roof er:	Specify other		
			6250	Specify other			
			e. Capacity	- gallons	_		
6.	Construction:	steel weld 🔽	other w	eld 🗌 rive	t	gunite	

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2010
Year of record
54
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	7					
		30187097					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	SPECIFY LIQUID:BREATHING LOSS	a Vanar procesure in BSI at 250 C					
	d. SC Code description – filled by eDEP 52	e. Vapor pressure in PSI at 25° C 0					
	f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)					
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only	_					
8.	New material stored (enter new material if conte	ents changed during year of record):					
•	a. Name of material						
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
-	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
:	f. Temperature – typical storage temp. in °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.						

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

2010
Year of record
53
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Complete one AP-4 for EACH organic material storage tank.					
Important: When filling out forms on	A.	Equipment Description				
the computer, use only the	1.	Facility identifiers:				
tab key to		CLEAN HARBORS OF BRAINTREE				
move your cursor – do		a. Facility name				
not use the		34839		1190564		
return key.		b. DEP Account number		c. Facility AQ identifier – SSEIS ID number		
	2.	Emission unit identifiers:				
return		AG TANK B1- POLYOLEFIN WASTEW	ATER N	NO VOCS		
		a. Facility's choice of emission unit name – edit as neede	ed			
		53		53		
		b. Facility's emission unit number / code – edit as needed	<u>d</u>	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 of	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.		
<u> </u>	4.	Emission unit replacement:				
		a. Is this unit replacing another emission unit?)			
		✓ no yes – enter DEP's emissions u	unit 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	1		
		b. Roof type:	al roof	Specify other		
		11.5 10 6	6250			
		c. Height / Length – feet d. Diameter – feet e	. Capacit	y – gallons		

steel weld other weld rivet fiberglass gunite

Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2010
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						
		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 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 a your submission.	dditional information that will help DEP understand					
2	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

2010
Year of record
52
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.	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			
Teturn X	2.	Emission unit identifiers:				
100011		AG TANK A12- 6,300 GAL FUEL OIL # 2 a. Facility's choice of emission unit name – edit as needed				
		52	52			
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #			
How to combine units ?		d. Combined Units – enter number of individual units				
anno .	3.	Emission unit installation and decommission dates:				
		1/1/1985				
How to delete		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable			
a unit ?			Complete only if the unit was shut down permanently or replaced since the last report.			
<u> </u>	4.	Emission unit replacement:				
		a. Is this unit replacing another emission unit?				
		✓ no	mber for the unit being replaced below:			
		b. DEP's Emission Unit Number and facility unit name				
?	5.	Unit descriptions:				
		a. Description: 🗹 above ground 🗌 below ground	nd			
		b. Roof type:				
		20 6 4000	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

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

A. Equipment Description (cont.)

7.	Material stored (at start of year):	(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	19749						
	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 additional information that will help DEP understand							
	your submission.							
	2 Attachments: Check here to submit attachm	conto 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

2010
Year of record
51
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4	for EACH organic m	aterial storage tan	k.	
Important: When filling	A.	A. Equipment Description				
out forms on the computer,	1.	Facility identifie	ers:			
use only the tab key to		_	ORS OF BRAINTRE	ΞE		
move your cursor – do		a. Facility name				
not use the		34839			1190564	
return key.		b. DEP Account nu	ımber		c. Facility AQ identifier – SSEIS ID number	
	2.	Emission unit i	dentifiers:			
return		AG TANK A13	- 4,000 GAL #2	DIESEL -LOW S	SULF	
		-	of emission unit name -	edit as needed		
		51		- 4:4	51	
_		b. Facility's emission	on unit number / code – e	edit as needed	c. DEP emissions unit # - SSEIS point #	
How to combine units ?		d. Combined Units	– enter number of indivi	dual units		
uiiits :	3.	Emission unit i	nstallation and deco	mmission dates:		
_		1/1/1985				
?		-	 estimate if unknown (n 	nm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable	
How to delete a unit?					Complete only if the unit was shut down permanently or replaced since the last report.	
?	4.	Emission unit r	eplacement:			
•		a. Is this unit re	placing another em	ission unit?		
		v no □	yes – enter DEP's	emissions unit nu	mber for the unit being replaced below:	
		b. DEP's Emission	n Unit Number and facility	y unit name		
	_					
(?	5.	Unit description	ns:			
		a. Description:	✓ above ground	below groun	nd	
		b. Roof type:	☐ floating roof ☑ fixed	☐ internal roof☐ other:		
		25	7	4000	Specify other	
		25	1	4000		

6.	Construction:	steel weld	□ otner weid			☐ 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

2010
Year of record
51
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

Mate	erial stored (at start of year):	
DIES	SEL FUEL # 2	
	me of material	
6833	34305	40301021
b. CA	S number if single chemical	c. SC Code for standing / breathing loss
PET	ROLEUM STORAGEDIST FUEL NO.2	
d. SC 2 52	Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C ?
	nperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
h. RV	P – gasoline only	i. Total oxygen percent – gasoline only
j. Oxy	genate name – gasoline only	
B. New	material stored (enter new material if conter	nts changed during year of record):
a. Nar	me of material	
b. CA	S 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 Tem	nperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons
1. 1011		
	P – gasoline only	i. Total oxygen percent – gasoline only
h. RV	P – gasoline only genate name – gasoline only	
j. Oxy	genate name – gasoline only tes and Attachments	
j. Oxy	genate name – gasoline only tes and Attachments es: please include in the space below any ad	i. Total oxygen percent – gasoline only
j. Oxy	genate name – gasoline only tes and Attachments es: please include in the space below any ad	i. Total oxygen percent – gasoline only
j. Oxy	genate name – gasoline only tes and Attachments es: please include in the space below any ad	i. Total oxygen percent – gasoline only
j. Oxy	genate name – gasoline only tes and Attachments es: please include in the space below any ad	i. Total oxygen percent – gasoline only
j. Oxy	genate name – gasoline only tes and Attachments es: please include in the space below any ad	i. Total oxygen percent – gasoline only
j. Oxy	genate name – gasoline only tes and Attachments es: please include in the space below any ad	i. Total oxygen percent – gasoline only
j. Oxy	genate name – gasoline only tes and Attachments es: please include in the space below any ad	i. Total oxygen percent – gasoline only
j. Oxy	genate name – gasoline only tes and Attachments es: please include in the space below any ad	i. Total oxygen percent – gasoline only
j. Oxy	genate name – gasoline only tes and Attachments es: please include in the space below any ad	i. Total oxygen percent – gasoline only
j. Oxy	genate name – gasoline only tes and Attachments es: please include in the space below any ad	i. Total oxygen percent – gasoline only
j. Oxy	genate name – gasoline only tes and Attachments es: please include in the space below any ad	i. Total oxygen percent – gasoline only

paper copy of this form.

help

Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2010 Year of record 26 DEP EU# (old Point #) 1190564 Facility AQ identifier

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

	Col	nplete one AP-4 for EACH organic material storage tar	ık.
Important: When filling out forms on	A.	Equipment Description	
the computer,	1.	Facility identifiers:	
use only the tab key to		CLEAN HARBORS OF BRAINTREE	
move your		a. Facility name	
cursor – do not use the		34839	1190564
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
tab			
	2.	Emission unit identifiers:	
return		AG TANK A25- 1,000 GAL -NOT USED 2009- PC	CB C
		a. Facility's choice of emission unit name – edit as needed 26	26
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
2		d. Combined Units – enter number of individual units	
How to combine units ?		u. Combined Offits – effet flumber of fluvidual drifts	
	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	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:	
		10.5 4 1000	Specify other
			sity – gallons
		or o	,

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

aqap4.doc •	revised	10/03/05

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2010
Year of record
26
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

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

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

paper copy of this form.

Bureau of Waste Prevention – Air Quality

Emission Unit - Organic Material Storage

2010 Year of record 25 DEP EU# (old Point #) 1190564 Facility AQ identifier

combine units?

a unit?

Co	mplete one AP-4 for EACH organic material storage tar	k.
A.	Equipment Description	
1.	Facility identifiers: CLEAN HARBORS OF BRAINTREE a. Facility name	
	b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number
2.	Emission unit identifiers:	
	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 #
	d. Combined Units – enter number of individual units	
3.	Emission unit installation and decommission dates: 1/1/1983 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.
4.	Emission unit replacement:	
	a. Is this unit replacing another emission unit?	
	✓ no	mber for the unit being replaced below:
	b. DEP's Emission Unit Number and facility unit name	
5.	Unit descriptions: a. Description: ✓ above ground ☐ below groun	.d
	a. Description. El above ground Li below groun	iu
	b. Roof type: floating roof internal roof	

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2010
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 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	_				
В.	Notes and Attachments					
1.	Notes : please include in the space below any ac your submission.	dditional information that will help DEP understand				
	your submission.					
	2 Attachments: Check here to submit attach	amonts 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

2010 Year of record 24 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
-
return

combine units?

a unit?

Complete one AP-4 for EACH organic material storage tank.			
Α.	Equipment Description		
1.	Facility identifiers: CLEAN HARBORS OF BRAINTREE		
	a. Facility name 34839 b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number	
2.	Emission unit identifiers: AG TANK A23- 2,400 GAL - PCB		
	a. Facility's choice of emission unit name – edit as needed 24	24	
	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	s:	
	1/1/1983 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.	
4.	Emission unit replacement:		
,	a. Is this unit replacing another emission unit?		
	✓ no		
	b. DEP's Emission Unit Number and facility unit name		
5.	Unit descriptions:		
	a. Description: 🗹 above ground 🗌 below gro	und	
	b. Roof type: ☐ floating roof ☐ internal ro ☐ fixed ☐ other:	of	

other:

d. Diameter - feet

2400

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

e. Capacity - gallons

10.5

6. Construction:

c. Height / Length – feet

Specify other

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2010
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 52	e. Vapor pressure in PSI at 25° C 1959				
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)				
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only	-				
8.	New material stored (enter new material if contents changed during year of record):					
	a. Name of material					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
	f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons				
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only					
В.	Notes and Attachments					
1.	Notes : please include in the space below any additional information that will help DEP understand your submission.					
	2 Attachments: Check here to submit attach	hments 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

2010
Year of record
23
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Coi	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:		
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 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 #	
2		d. Combined Units – enter number of individual units		
How to combine units ?		d. Sombined Office Cited Humber of Individual Units		
	3.	Emission unit installation and decommission dates:	t installation and decommission dates:	
		1/1/1983		
?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable	
How to delete a unit ?			Complete only if the unit was shut down permanently or replaced since the last report.	
<u>?</u>	4.	Emission unit replacement:		
•		a. Is this unit replacing another emission unit?		
		✓ no		
		b. DEP's Emission Unit Number and facility unit name		
?	5.	Unit descriptions:		
		a. Description: 🗹 above ground 🗌 below grou	ind	
		b. Roof type:	of	

2400

e. Capacity - gallons

10.5

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

Specify other

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2010
Year of record
23
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	_			
	1336363	40708498			
	b. CAS number if single chemical	c. SC Code for standing / breathing loss			
	SPECIFY PHENOL:WORKING LOSS	_			
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 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 attachments to this form. For attachments that **cannot** be sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
18
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,	1.	Facility identifiers:		
tab key to CLEAN HARBORS		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 A17B- 750 GAL NOT USED IN 2009		
		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 #	
How to combine units ?		d. Combined Units – enter number of individual units		
units !	3.	Emission unit installation and decommission dates:		
_	0.	1/1/1983		
?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable	
How to delete a unit?			Complete only if the unit was shut down permanently or replaced since the last report.	
<u> </u>	4.	Emission unit replacement:		
•		a. Is this unit replacing another emission unit?		
		✓ no	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:		
		6.5 4.83 700	Specify other	
			ity – gallons	

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2010
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	7				
		40799997				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	CHEMICAL STORAGE	a Manar program in DCI at 250 C				
2	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 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				
		g. Annual unougripuum ganons				
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	h. RVP – gasoline only j. Oxygenate name – gasoline only					
3.	j. Oxygenate name – gasoline only Notes and Attachments					
3.	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions.	i. Total oxygen percent – gasoline only				
3.	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions.	i. Total oxygen percent – gasoline only				
3.	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions.	i. Total oxygen percent – gasoline only				
3.	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions.	i. Total oxygen percent – gasoline only				
3.	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions.	i. Total oxygen percent – gasoline only				
3.	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions.	i. Total oxygen percent – gasoline only				
3.	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions.	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions.	i. Total oxygen percent – gasoline only				
3.	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions.	i. Total oxygen percent – gasoline only				
3.	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions.	i. Total oxygen percent – gasoline only				
3.	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any actions.	i. Total oxygen percent – gasoline only				

paper copy of this form.

help

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2010
Year of record
14
DEP EU# (old Point #)
1190564
Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank.		ık.	
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 return key.		b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number
tab		B. BET Account number	c. I acility Agriculture – 35Eto ID humber
	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 #
How to combine units ?		d. Combined Units – enter number of individual units	
units :	3.	Emission unit installation and decommission dates:	
		1/1/1985	
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 yes – enter DEP's emissions unit nu	mber for the unit being replaced below:
		yes – enter DEF's emissions unit ha	mber for the unit being replaced below.
		b. DEP's Emission Unit Number and facility unit name	
<u>?</u>) 5.	Unit descriptions:	
		a. Description: 🗹 above ground 🗌 below groun	nd
		b. Roof type: ☐ floating roof ☐ internal roof ☐ type: ☐ fixed ☐ other:	Specify other
		12.00 12.00 10000.0	0000
		c. Height / Length – feet d. Diameter – feet e. Capac	ity – gallons

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

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2010
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		
	a. Name of material		
		40799997	
	b. CAS number if single chemical	c. SC Code for standing / breathing loss	
	CHEMICAL STORAGE	• •	
_	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C	
7	52	20751	
<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 NON HALOGENATED FUEL a. Name of material	nts changed during year of record): ?	
	a. Hamo of material	40799997	
	b. CAS number if single chemical	c. SC Code for standing / breathing loss	
	CHEMICAL STORAGE	1.04	
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C	
	u. 30 Code description – filled by eDEF	171957	
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons	
	i. Temperature – typicai storage temp. iii ii amerineit	g. Annual unougriput in gallons	
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only	
	j. Oxygenate name – gasoline only	-	
В.	Notes and Attachments		
1.			
2	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

2010
Year of record
13
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Col	mplete one AP-4 for EACH organic material storage ta	nk.							
mportant: Vhen filling out forms on	A.	A. Equipment Description								
ne computer,	1.	Facility identifiers: 7								
se only the ab key to		CLEAN HARBORS OF BRAINTREE								
nove your ursor – do		a. Facility name								
ot use the		34839	1190564							
eturn key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number							
Y	2.	Emission unit identifiers:								
return		AG TANK A8- 5,000 GAL TANK NOT USED IN 2	2009							
		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								
low to ombine inits ?										
	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							
low to delete unit ?			Complete only if the unit was shut down permanently or replaced since the last report.							
?	4.	Emission unit replacement:								
		a. Is this unit replacing another emission unit?								
			umber for the unit being replaced below:							
			umber for the unit being replaced below:							
?) 5.	✓ no	umber for the unit being replaced below:							
?	5.	b. DEP's Emission Unit Number and facility unit name								
?	5.	 ✓ no	ind							
?	5.	 ✓ no	and Specify other							

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

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

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	
		40799997
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	CHEMICAL STORAGE	ů ů
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
?	52	120930
	f. Temperature – typical storage temp. in Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
	With the state of	g
?	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.	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.

for SC Code help

Bureau of Waste Prevention – Air Quality

Emission Unit - Organic Material Storage

2010 Year of record 12 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

combine units?

a unit?

. Equipment Description	
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 A7- 9,000 GAL WASTE STREAM A-23	3
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 #
d. Combined Units – enter number of individual units	
Emission unit installation and decommission dates: 1/1/1987	
Emission unit installation and decommission dates:	b. Decommission date (mm/dd/yyyy) – if applicable
Emission unit installation and decommission dates: 1/1/1987	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 installation and decommission dates: 1/1/1987	Complete only if the unit was shut down permanently
Emission unit installation and decommission dates: 1/1/1987 a. Installation date – estimate if unknown (mm/dd/yyyy)	Complete only if the unit was shut down permanently
Emission unit installation and decommission dates: 1/1/1987 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit?	Complete only if the unit was shut down permanently
Emission unit installation and decommission dates: 1/1/1987 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit?	Complete only if the unit was shut down permanently or replaced since the last report.

	b. DEP's Emission	n Unit Number and facility	unit name)			
? 5.	Unit description	ns:					
	a. Description:	✓ above ground	☐ bel	ow ground			
	b. Roof type:	☐ floating roof ☑ fixed	☐ inte	ernal roof er:			
	14.66	10.5		9000	Specify other		
	c. Height / Length -	- feet d. Diameter - 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

2010
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	Ç Ç
_	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
\bigcirc	52	24225
<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): ?
	OIL, GASOLINE AND WASTER MIXTURE	
	a. Name of material	
	a. Hamo of maiona.	40722098
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	ORGANIC CHEM.SPECIFY IN COMMNETS	3.25
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	52	142251
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
	. remperature typical storage temp. in a unionion	g. / unidar unougripat in gallono
	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.	dditional 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.

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Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2010 Year of record 11 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete	one AP-4	101 6	АСП	organic	materiai	Storage	lalik

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

۹.	Equipment 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:	
	AG TANK A6- 9,000 GAL WASTE STREAM A-23	
	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 #



units?

3. Emission unit installation and decommission dates:

d. Combined Units - enter number of individual units



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

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

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

? 4.	Emission	unit r	epla	acem	ent:

a. Is this unit 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

	D. DEI 3 EIIII33IOII	Tome Number and facility	driit Hame	,			
? 5.	Unit description	ns:					
	a. Description:	✓ above ground	☐ bel	ow ground			
	b. Roof type:	☐ floating roof ✓ fixed	☐ inte	ernal roof er:			
	14.66	10.5		9000	Specify other	<u> </u>	
	c. Height / Length -	- feet d. Diameter – fe	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

2010
Year of record
11
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):					
	GASOLINE, OIL AND WATER					
	a. Name of material	_				
		40799997				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	CHEMICAL STORAGE	3.25				
?	d. SC Code description – filled by eDEP 52	e. Vapor pressure in PSI at 25° C 120949				
	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): ?				
	GASOLINE OIL AND WATER					
	a. Name of material	4070007				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	CHEMICAL STORAGE	3.25				
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
	52	166706				
	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	dditional information that will help DEP understand				
•	Notes : please include in the space below any additional information that will help DEP understand your submission.					
	2. Attachments: Check here to submit attach	oments to this form. For attachments that cannot be				

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

paper copy of this form.

for SC Code help

Bureau of Waste Prevention – Air Quality

Emission Unit - Organic Material Storage

2010 Year of record 10 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	CLEAN HARBORS OF BRAINTREE		
move your cursor – do		a. Facility name			
not use the return key.		b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number		
tab		b. DEF Account number	C. Facility Accidentifier – 33E13 to Humber		
	2.	Emission unit identifiers:			
return		AG TANK A5- 5,200 GAL NOT USED 2005			
		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 #		
How to combine units?		d. Combined Units – enter number of individual units			
	3.	Emission unit installation and decommission dates:			
		1/1/1986	1/1/2010		
?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable		
How to delete a unit ?			Complete only if the unit was shut down permanently or replaced since the last report.		
?	4.	Emission unit replacement:			
•		a. Is this unit replacing another emission unit?			
		✓ no yes – enter DEP's emissions unit nu	mber for the unit being replaced below:		
		b. DEP's Emission Unit Number and facility unit name			
6	\ 5	Unit descriptions:			
(1)	5.	orm docomplions.			
		a. Description: 🗹 above ground 🗌 below groun	nd		
		b. Roof type:			
		r iixeu ☐ otilei.	Specify other		

5200

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

e. Capacity - gallons

10.5

6. Construction:

c. Height / Length - feet

10.5

d. Diameter - feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

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

A. Equipment Description (cont.)

40799997				
c. SC Code for standing / breathing loss				
e. Vapor pressure in PSI at 25° C				
g. Annual throughput in gallons (enter $\overline{0}$ if not used)				
i. Total oxygen percent – gasoline only				
=				
New material stored (enter new material if contents changed during year of record):				
c. SC Code for standing / breathing loss				
e. Vapor pressure in PSI at 25° C				
g. Annual throughput in gallons				
i. Total oxygen percent – gasoline only				
_				
Notes : please include in the space below any additional information that will help DEP understand your submission.				

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

paper copy of this form.

for SC Code help

Bureau of Waste Prevention – Air Quality

BWP AQ AP-STACK

Physical Vertical Stacks

2010
Year of record
9
DEP Stack #
1190564
Facility AQ identifier

	Co	mplete one AP-51 ACK to	rm for EACH phy	ysical stack 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:			ow to report combined drints/stacks. See as solow
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: ?			
				EMOVED FROM SERV	ICE 09
return		a. Facility's choice of stack n	ame – edit as neede		
		9 b. Facility's stack number – e	adit on pooded	9 - DED stor	ck # - old SSEIS stack #
		b. Facility's stack number – 6	ait as needed	C. DEP Stac	CK # - 010 SSE1S STACK #
	3.	Type: a. 🗹 vertical 🗌 ve	ertical with rain cap/s	sleeve b. Combined stack	s – enter number of individual stacks:
			28		0.6
?	4.	Dimensions:		above the ground	Internal Diameter in feet
What to if data is unknown or	5.	Coo evit volocity:	15		15
unavailable ?	5.	Gas exit velocity:	Low end - feet 200	per second (0.1 – 500)	High end - feet per second (0.1 – 500) 200
	6.	Exit temperature:		nrenheit (50 – 1800)	High end - ⁰ Fahrenheit (50 – 1800)
	7.	Stack liner material:	☑ metal ☐ bri	ck refractory other:	
				Describe O	ther
	8.	Decommission date – i	f applicable:		
How to delete a stack?	Ο.	Decommission date – i	гарріісаые.	(mm/dd/yyyy) Complete	e only if the stack was permanently removed
	В.	. Emission Units	Associate	d with Stack – e	DEP Only
	ent		changes on the	e forms for each emission	s list is for information only – no data on unit (i.e., AP1, AP2, or AP3). Note: et submitted.
				•	
Important: To assign an		EU#64-2 LENNO	(FURNACE	S SR 20Q5-140/15	54 0.246 MMBTU/HR
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

2010

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

NP AQ AP-STACK

Physical Vertical Stacks

A. Stack Description

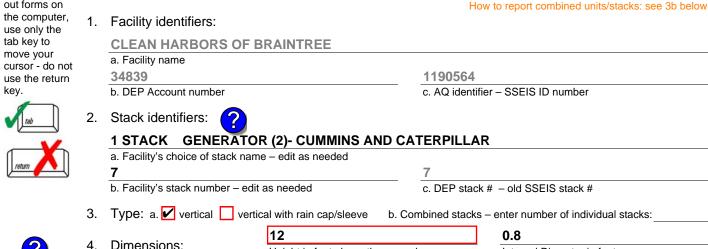
2010
Year of record
7
DEP Stack #
1190564
Facility AQ identifier

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



unavailable?



lata maral D'aras atamba farat
Internal Diameter in feet
32
High end - feet per second (0.1 – 500)
1150
High end - ⁰ Fahrenheit (50 – 1800)
1



Decommission date – if applicable:

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

Describe Other

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#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.

2010

Bureau of Waste Prevention - Air Quality

BWP AQ AP-STACK

Physical Vertical Stacks

2010
Year of record
5
DEP Stack #
1190564
Facility AQ identifier

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

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









How to delete a stack?

nportant: Then filling	A.	. Stack Descript	ion			
ut forms on e computer, se only the	1.	Facility identifiers:		Н	ow to report combined units/stacks: see 3b below	
b key to		CLEAN HARBORS C	F BRAINTREE			
ove your		a. Facility name				
rsor - do not se the return		34839		1190564		
ey.		b. DEP Account number			fier – SSEIS ID number	
tab	2.	Stack identifiers:				
1		2 DRUM CRUSHING	LINES- NOT USED	09		
		a. Facility's choice of stack	name – edit as needed			
return		5		5		
		b. Facility's stack number – edit as needed		c. DEP stac	c. DEP stack # - old SSEIS stack #	
	3.	Type: a. 🗹 vertical 🔲	vertical with rain cap/slee	eve b. Combined stack	s – enter number of individual stacks:	
		Б	54		1.3	
	4.	Dimensions: Height in feet above the gro		ve the ground	Internal Diameter in feet	
t to so if data	_	0	54		54	
known or ailable ?	5.	Gas exit velocity:	Low end - feet per	r second (0.1 – 500)	High end - feet per second (0.1 – 500)	
	_	Full towns a nature.	60		60	
	6.	Exit temperature:	Low end - ⁰ Fahrer	nheit (50 – 1800)	High end - ⁰ Fahrenheit (50 – 1800)	
	7.	Stack liner material:	✓ metal	refractory		
				Describe Of	her	
?	8.	Decommission date –	if applicable:	(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 uni
(i.e., AP1,
AP2 or AP3)

EU#5-2 DRU	M CRUSHII	NG LINES	NOT USE	D 09	

Bureau of Waste Prevention - Air Quality

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

2010

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

NP AQ AP-STACK

Physical Vertical Stacks

2010
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: Internal Diameter in feet Height in feet above the ground 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.

mportant:	EU#3-BOILER #1-CLEAVER BROOKS- #2 OIL 0.3 PERCENTSULFUR
To assign an emission unit of this stack,	
enter the Stack Id No.	
on the form	
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

2010

C. Notes and Attachments

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

2. Attachments:

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Bureau of Waste Prevention - Air Quality

BWP AQ AP-STACK

Physical Vertical Stacks

2010
Year of record
2
DEP Stack #
1190564
Facility AQ identifier

	Complete one AP-STACK form for EACH physical stack at the facility					
Important: When filling	A.	Stack Descripti	on			
out forms on		_		Hov	v to report combined units/stacks: see 3b belo	
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 return		34839		1190564		
key.		b. DEP Account number		c. AQ identifie	er – SSEIS ID number	
tab	2.	Stack identifiers:	1			
		STACK #2- BOILER #	, 2- HURST #30- #2 OIL (0.3 PER. S		
		a. Facility's choice of stack n	ame – edit as needed			
return		2		2		
		b. Facility's stack number – e	edit as needed	c. DEP stack	# - old SSEIS stack #	
	3.	Type: a. 🖊 vertical 🗌 ve	ertical with rain cap/sleeve	b. Combined stacks -	- enter number of individual stacks:	
			35		1	
(?)	4.	Dimensions:	Height in feet above the	ground	Internal Diameter in feet	
What to if data	_	0 " 1 "	50		50	
is unknown or unavailable?	5.	Gas exit velocity:	Low end - feet per secon	d (0.1 – 500)	High end - feet per second (0.1 – 500)	
	•	Full to see a set one.	212		212	
	6.	Exit temperature:	Low end - ⁰ Fahrenheit (5	0 – 1800)	High end - ⁰ Fahrenheit (50 – 1800)	
	7.	Stack liner material: [✓ metal □ brick refrace	ctory		
				Describe Othe	er	
?	8.	Decommission date – i	f applicable:	/dd/www) Complete o	nly 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.

mportant:	EU#2-BOILER #2-HURST #30 1.004 MMBTU/HR #2 OIL-0.3 S
To assign an emission unit	
o 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

2010

C. Notes and Attachments

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

2. Attachments:

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

BWP AQ AP-STACK

Physical Vertical Stacks

2010
Year of record
10
DEP Stack #
1190564
Facility AQ identifier

	Col	mplete one AP-STACK fo	rm for EACH physical	stack at the facility				
Important: When filling	A. Stack Description							
out forms on the computer,	1.	Facility identifiers:		HOV	w to report combined units/stacks: see 3b below			
use only the tab key to		CLEAN HARBORS OF	FBRAINTREE					
move your cursor - do not		a. Facility name						
use the return		34839		1190564				
key.		b. DEP Account number		c. AQ identifie	er – SSEIS ID number			
tab	2.	Stack identifiers:						
V		CUT OFF ROOM 2008						
return		a. Facility's choice of stack n10	ame – edit as needed	10				
		b. Facility's stack number – 6	edit as needed		# - old SSEIS stack #			
	3.	Type: a. ✓ vertical □ vertical						
	Э.	rype. a. 🔽 venicai 🔛 v		b. Combined stacks	enter number of individual stacks:			
2	4.	Dimensions:	18 Height in feet above the	ne around	1 Internal Diameter in feet			
What to if data	_	0 " 1 "	15	io ground	15			
is unknown or unavailable?	5.	Gas exit velocity:	Low end - feet per sec	cond (0.1 – 500)	High end - feet per second (0.1 – 500)			
	6.	Exit temperature:	70 Low end - ⁰ Fahrenheit	(50 1900)	70 High end - ⁰ Fahrenheit (50 – 1800)			
				,	riigh end - Taineimeir (30 – 1800)			
	7. Stack liner material: ✓ metal ☐ brick refractory ☐ other:							
				Describe Oth	er			
	8.	Decempiosion data	f applicable.					
How to delete a stack?	Ο.	Decommission date – if applicable: (mm/dd/yyyy) Complete only if the stack was permanently removed						
	В.	B. Emission Units Associated with Stack – eDEP Only						
	ent		changes on the form	s for each emission	ist is for information only – no data unit (i.e., AP1, AP2, or AP3). Note: submitted.			
Important:								
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).								
AFZ, UI APS).								
		-						

Bureau of Waste Prevention - Air Quality

Year of record 10 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.

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

2. Attachments:

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2010

Bureau of Waste Prevention – Air Quality

BWP AQ AP-STACK

Physical Vertical Stacks

2010	
Year of record	
1	
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: STACK #1- INCINERATOR #1-VENT-O-MATIC- NA 2007 a. Facility's choice of stack name - edit as needed 1 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: 185 1.2 Dimensions: Internal Diameter in feet Height in feet above the ground What t 21 is unknown or Gas exit velocity: Low end - feet per second (0.1 - 500)High end - feet per second (0.1 - 500)unavailable? 240 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#1-STACK 1 POINT 1 SEGMENT NOT USED 09
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

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 2009

2. Attachments:

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2010