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Username: DAVID_P_CABRAL

Transaction ID: 471627

Document: AQ Source Registration Package

Size of File: 3463.30K

Status of Transaction: Submitted

Date and Time Created: 3/29/2023:4:24:13 PM

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Bureau of Waste Prevention – Air Quality

Source Registration Overview

Create or Amend a Source Registration Forms Package

2011	
Year of Record	

1190564

Facility AQ identifier



A. Create a Source Registration Package

- 1. Select existing or new facility:
 - **Existing** Facilities: To create a complete package for **2011** 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 2011 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 INC

Our records indicate that this facility has: 31 Emission Units (points) and 7 Physical Stacks

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

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	2010
	BOILER #1-CLEAVER BROOKS- #2 OIL 0.3 PERCENTSULFUR	3	3	AP-1	2010
/	GENERATOR #2-CUMMINS #NT855G2 #2 DIESEL	50	50	AP-1	2010
~	GENERATOR #1-CATERPILLAR 558.5 KW #2 OIL-0.3 PERS	55	55	AP-1	2010
/	2 LENNOX FURNACES SR 20Q5-140/154 0.246 MMBTU/HR	64	64	AP-1	2010
/	2 DRUM CRUSHING LINES NOT USED 09	5	5	AP-2	2010
/	STACK 1 POINT 1 SEGMENT NOT USED 09	1	1	AP-3	2010
/	AG TANK A1-9,800 GAL NOT USED IN 2009	6	6	AP-4	2010
/	AG TANK A2-9,800 GAL WASTE STREAM A-21	7	7	AP-4	2010
/	AG TANK A3-9,800 GAL NOT USED IN 2009	8	8	AP-4	2010
/	AG TANK A4- 5,200 GAL WASTE STREAM A-22	9	9	AP-4	2010
/	AG TANK A6- 9,000 GAL WASTE STREAM A-23	11	11	AP-4	2010
/	AG TANK A7- 9,000 GAL WASTE STREAM A-23	12	12	AP-4	2010

Additional units (if any) listed on following pages



2011

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Source Registration Overview Create or Amend a Source Registration Forms Package

	Emission unit name (from prior submittals)	Fa	acility's ID#		DEP#	AP form		Last pdate	
	AG TANK A8- 5,000 GAL TANK NOT USED IN 2009		13		13	AP-4		2010	
	AG TANK A9- 5,000 GAL WASTE STREAM A21		14		14	AP-4		2010	
	AG TANK A17B- 750 GAL NOT USED IN 2009	3 TANK A17B- 750 GAL NOT USED IN 2009							
	AG TANK A22- 2,400 GAL -PCB		23		23	AP-4		2010	
/	AG TANK A23- 2,400 GAL - PCB		24		24	AP-4		2010	
	AG TANK A24- 2,400 GAL - PCB		25		25	AP-4		2010	
/	AG TANK A25- 1,000 GAL -NOT USED 2009- PCB		26		26	AP-4		2010	
	AG TANK A13- 4,000 GAL #2 DIESEL -LOW SULF		51		51	AP-4		2010	
	AG TANK A12- 6,300 GAL FUEL OIL # 2		52		52	AP-4		2010	
	AG TANK B1- POLYOLEFIN WASTEWATER NO VOCS		53		53	AP-4		2010	
	AG TANK B2- POLYOLEFIN TANK WASTEWATER NO VOCS		54		54	AP-4		2010	
	AG TANK B3- POLYOLEFIN TANKS WASTEWATER NO VOCS		56		56	AP-4		2010	
	AG TANK B4- POLYOLEFIN H WASTEWATER NO VOCS		57		57	AP-4		2010	
	AG TANK B5- POLYHLEFIN H TANKS WASTEWATER NO VOCS		58		58	AP-4		2010	
	AG TANK B6- POLYOLEFIN H TANKS WASTEWATER NO VOCS		59		59	AP-4		2010	
	AG TANK B7- POLYOLEFIN H TANKS WASTEWATER NO VOCS		60		60	AP-4		2010	
	AG TANK B8- POLYOLEFIN H TANKS WASTEWATER NO VOCS		62		62	AP-4		2010	
	AG TANK B9 POLYOLEFIN H TANKS WASTEWATER NO VOCS		63		63	AP-4		2010	
	STACK #1- INCINERATOR #1-VENT-O-MATIC- NA 2007		1		1	AP-STAC		2010	
	STACK #2- BOILER #2- HURST #30- #2 OIL 0.3 PER. S		2		2	AP-STAC		2010	
	1 STACK BOILER #1-CLEAVER BROOKS- #2 OIL		3		3	AP-STAC		2010	
	2 DRUM CRUSHING LINES- NOT USED 09		5		5	AP-STAC		2010	
	1 STACK GENERATOR (2)- CUMMINS AND CATERPILLAR		7		7	AP-STAC		2010	
	1 STACK-2 FURNACES LENNOX REMOVED FROM SERVICE 09		9		9	AP-STAC		2010	
	CUT OFF ROOM 2008		10		10	AP-STAC		2010	



2011	
Year of Record	

Source Registration Overview Create or Amend a Source Registration Forms Package

1190564 Facility AQ identifier

Emission unit name	Facility's ID#	DEP#	AP form	Last update
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Bureau of Waste Prevention - Air Quality

BWP AQ AP-SR

Source Registration

2011 Year of Record 1190564 Facility AQ identifier

Important:

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





Α.	Facility Information			
1.	Facility - the site or works at which the regulated a	activity occurs:	?	
	CLEAN HARBORS OF BRAINTREE INC	-		
	a. Facility Name			
	1 HILL AVE			
	b. Facility Street Address Line 1			
	c. Facility Street Address Line 2			
	BRAINTREE	MA	0218400	
	d. City/Town	e. State	f. Zip Code	!
	7813807100	781380719		
	g. Facility Phone Number	h. Facility Fax	Number	
2.	Mailing address: same address as facility address			
	ONE HILL AVE			
	a. Facility Mailing Address / PO Box Line 1 ATTN: COMPLIANCE MANAGER			
	b. Facility Mailing Address / PO Box Line 2		2212112	
	BRAINTREE	MA	0218413	
	c. City/Town	d. State	e. Zip Code	3
2	Facility tyme about and			
3.	Facility type – check one:			
	☐ Utility	State Lo	cal Govern	ment
4.	ORIS Facility Code - for large electrical utilities			
	only:	ORIS Facility	Code	
5.	ID numbers:			
	34839	1190564		
	a. DEP Account number / FMF Facility #	b. Facility AQ	identifier – SS	SEIS ID number
6.	Location (check box to enter either UTM OR Lat/L	ona) .		
<u></u>			.	
	a. UTM coordinates		✓ b. Latitud	de/Longitude
		42.235971		70.972946
	c. UTMHorizontal - meters d. UTM Vertical - meters	f. Latitude 42.	9 ⁰ - 41.2 ⁰	g. Longitude – West
	Valid Ranges:			73.5° - 69.8°
	e LITM Zone Valid Kanges.			Enter positive values only

a. UTM coordinates				
	42.235971	70.972946		
c. UTMHorizontal - meters d. UTM Vertical - meters	f. Latitude 42.9° - 41.2°	g. Longitude – West		
V 11.0		73.5° - 69.8°		
e. UTM Zone Valid Ranges: ?		Enter positive values only.		



BWP AQ AP-SR

Source Registration

2011	
Year of Record	
1190564	
Facility AQ identifier	

8. Facility description (what is being produced and how it is being produced at this facility – updaneeded): CLEAN HARBORS OF BRAINTREE INC. IS A HAZARDOUS WASTE TSDF. NO PRODUCT AT THIS FACILITY. 9. Facility's normal hours of operation: 12:00 AM 12:00 AM 12:00 AM 12:00 AM 10. End Time 10. End Time 10. Which days is the facility open? SMM TWM TWM TWM TWM TWM TWM TWM TWM TWM T		. North American Industry Classification System (NAICS) 6 digits:						
8. Facility description (what is being produced and how it is being produced at this facility – upda needed): CLEAN HARBORS OF BRAINTREE INC. IS A HAZARDOUS WASTE TSDF. NO PRODUCT AT THIS FACILITY. 9. Facility's normal hours of operation: 12:00 AM a. Start time b. End Time d. Which days is the facility open? S M T W T W T F S 10. Number of employees: 21 ? 11. Facility Owner: same address as facility mailing address (will copy address into fields below) Please contact your DEP Regional Office if the ownership of this facility has changed. CLEAN HARBORS OF BRAINTREE INC a. Owner or Corporation Name ONE HILL AVE b. Mailing Address Line 1 (for owner or corporation) ATTN: COMPLIANCE MANAGER c. Mailing Address Line 2		562211						
needed): CLEAN HARBORS OF BRAINTREE INC. IS A HAZARDOUS WASTE TSDF. NO PRODUCT AT THIS FACILITY. 9. Facility's normal hours of operation: 12:00 AM a. Start time b. End Time d. Which days is the facility open? I S M M T W M T F S S 10. Number of employees: 21 ? 11. Facility Owner: same address as facility mailing address (will copy address into fields below) Please contact your DEP Regional Office if the ownership of this facility has changed. CLEAN HARBORS OF BRAINTREE INC a. Owner or Corporation Name ONE HILL AVE b. Mailing Address Line 1 (for owner or corporation) ATTN: COMPLIANCE MANAGER c. Mailing Address Line 2		a. (Primary)	b.	C.	d.			
9. Facility's normal hours of operation: 12:00 AM a. Start time b. End Time d. Which days is the facility open? 21 10. Number of employees: 21 21 21 21 21 22 21 22 21 22 21 22 23 24 x 7 x 52 24 x 7 x 52 25	8.		ı (what is being produce	d and how it is being	produced at this facility – up	odat		
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a. Start time d. Which days is the facility open? 21 11. Facility Owner: same address as facility mailing address (will copy address into fields below) Please contact your DEP Regional Office if the ownership of this facility has changed. CLEAN HARBORS OF BRAINTREE INC a. Owner or Corporation Name ONE HILL AVE b. Mailing Address Line 1 (for owner or corporation) ATTN: COMPLIANCE MANAGER c. Mailing Address Line 2		-	-	☑ c Con	inuous - 24 y 7 y 52			
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DNE HILL AVE b. Mailing Address Line 1 (for owner or corporation) ATTN: COMPLIANCE MANAGER c. Mailing Address Line 2		CLEAN HARBOR	S OF BRAINTREE INC					
b. Mailing Address Line 1 (for owner or corporation) ATTN: COMPLIANCE MANAGER c. Mailing Address Line 2			n Name					
ATTN: COMPLIANCE MANAGER c. Mailing Address Line 2								
		 b. Mailing Address Line 						
BRAINTREE MA 021841363		ATTN: COMPLIAN	ACE MANAGEN					
		c. Mailing Address Line		MA e. State	021841363 f. Zip Code			

7134

i. Extension



7813807100

h. Owner Phone Number

cabral.david@cleanharbors.com

k. Owner E-mail Address

7813807193 j. Owner Fax Number

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



Owner?



BWP AQ AP-SR

Source Registration

2011 Year of Record 1190564 Facility AQ identifier

Α.	Facility Information (con	t.)			
	,	•			
12.	Facility contact information:	same address a			
	DAVID P.			., P.E., TURP	, BCEE
	a. Facility Contact First Name ONE HILL AVE		Contact La	st Name	
	b. Mailing Address Line 1				
	c. Mailing Address Line 2				
	BRAINTREE		MA	02184 ²	1363
	d. City/Town		e. State	f. Zip Co	
	USA			anharbors.com	
	g. Country	h. E-mail Address			
	7813807134	· Farancia		3807193	
_	i. Phone Number	j. Extension		ax Number	
3.	Air emissions information contact:			ntact name and a	address
	DAVID P.	address as facility address CABRAL, P.E., TURP, BCEE			
	a. Air emissions contact First Name ONE HILL AVE			ns contact Last N	
	b. Mailing Address Line 1				
_	c. Mailing Address Line 2			2040	44000
	BRAINTREE		MA e. State		41363
	d. City/Town USA			f. Zip C DAVID@cle	anharbors.com
	g. Country		h. E-mail A		
	7813807134 i. Phone Number	j. Extension	7813807193 k. Fax Number		
	i. i floric (valliso)	j. Exteriorn	K. T C	ax rumbor	
3.	Preparer				
	Identification information for prepare	er of this submit	tal:	same as facility	air emissions contact name
	• •			and address	
				same as facility same address	contact name and address as facility address
	DAVID P.	CABRAL, P.E., TURP, BCEE			
	a. Preparer First Name ONE HILL AVE		Preparer La	ast Name	
	b. Mailing Address Line 1				
	c. Mailing Address Line 2				
	BRAINTREE		MA		021841363
	d. City/Town		e. State	DAVID@ -1-	f. Zip Code
	USA a Country		h. E-mail A		anharbors.com
	g. Country 7813807134			3807193	
	i. Phone Number	j. Extension		ax Number	
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Bureau of Waste Prevention - Air Quality

BWP AQ AP-SR

Source Registration

2011

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:

David P. Cabral, P.E., TURP, BCEE

Signature of Responsible Official 5/15/2012

Date

eDEP enters these fields automatically on submission.

Responsible official – complete all fields below:

DAVID P.

a. Print First Name

CABRAL, P.E., TURP, BCEE

b. Print Last Name

COMPLIANCE MANAGER

c. Title

7813807134

d. Phone Number

cabral.david@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

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





1. Facility Identifiers:

CLEAN HARBORS OF BRAINTREE INC

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	.0314	.018	.4405	.3461	.0821
	eDEP only:	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	0.0342	0.0233	0.4046	0.4078	0.0944
	·	Tons	Tons	Tons	Tons	Tons
	Potential emissions at max	9.6157	9.4205	16.5201	143.1452	35.7008
	capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Facility-wide max allowed				17.3	
(1)	emissions – annual:	Tons	Tons	Tons	Tons	Tons
o g	Facility-wide max allowed				9400	
- vi	emissions – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
Facility-wide	Short term period:				MONTH	
aci		·				
	Basis: DEP approval				MBR-95-RES-047	
(1)	number or regulation:			-		
	Pollutant:	VOC	НОС	*Reserved*	NH3	☐ *Reserved*
	Actual for previous year	.0148	0	0	.0093	
	eDEP only:	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	0.0202	0	0	0.0230	
		Tons	Tons	Tons	Tons	Tons
	Potential emissions at max	41.8513	0	0	0.8320	
	capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Facility-wide max allowed	36.2				
>	emissions – annual:	Tons	Tons	Tons	Tons	Tons
o g	Facility-wide max allowed	23600				
-wi	emissions – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
ti Ç	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

2011 Year of record 1190564 Facility AQ identifier

Total Emissions Statement & Hazardous Air Pollutant List

A. Annual Total Emissions Statement (c	nt.)	
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?

4.	If you have facility-wide fuel, raw material, or product restrictions, complete the following for each:						
a.	MBR-89-COM-31	300	HOUR	YEAR			
	DEP approval # (most recent)	Amount of restriction	Restriction units	Per unit time			
	NO. 2 FUEL OIL 0.3 PERCENT S	SULFUR					
	Description of fuel, raw material o	r product restricted					
b.	MBR-86-COM-027	376680	GALLONS	YEAR			
	DEP approval # (most recent)	Amount of restriction	Restriction units	Per unit time			
	NO. 2 FUEL OIL 0.3 PERCENT SULFUR						
	Description of fuel, raw material o	r product restricted					
c.	EXEMPT	111252	GALLONS	YEAR			
	DEP approval # (most recent)	Amount of restriction	Restriction units	Per unit time			
	NO. 2 FUEL OIL 0.3 PERCENT S	SULFUR					
	Description of fuel, raw material or product restricted						
В.	Greenhouse Gas	List					
1.	Please indicate which – if a by checking the appropriate		reenhouse gas chemicals a	re used and/or emitted			

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

1.		eindicate which – if any - of the following the appropriate box:	ing gree	nhouse g	as chemicals	are used	and/or	emitted
	Use	Emitted	Use	Emitted				

Hydrofluorocarbons (HFC's) Perfluorocarbons (PFCs) ☐ Nitrous oxide N2O Sulfur Hexafluoride (SF6)

C. Hazardous Air Pollutant (HAP) List

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

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

1] yes	- indicate	which	chemicals	are use	d and whice	h are	emitted b	y checking	g the a	appropria	te boxe
	no ·	- skip to se	ection D).								

?	
What is a HAP 1	?

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



Bureau of Waste Prevention – Air Quality

BWP AQ AP-TES

Total Emissions Statement & Hazardous Air Pollutant List

2011 Year of record 1190564

Facility AQ identifier

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

Use	Emi	tted	CAS#	Use	Emi	tted	CAS#
		Biphenyl	92-52-4			2,4-Dinitrotoluene	121-14-2
	~	Bis(2-ethylhexyl)phthalate	117-81-7		<u></u>	1,4-Dioxane (1,4-Diethyleneoxide)	123-91-1
		Bis(chloromethyl)ether	542-88-1			1,2-Diphenylhydrazine	122-66-7
	V	Bromoform	75-25-2		~	Epichlorohydrin (1-Chloro-2,3-epoxypropane)106-89-8
		1,3-Butadiene	106-99-0		~	1,2-Epoxybutane (1,2-Butylene oxide)	106-88-7
		Calcium cyanamide	156-62-7		V	Ethyl acrylate	140-88-5
		Captan	133-06-2		V	Ethyl benzene	100-41-4
	V	Carbaryl	63-25-2		V	Ethyl carbamate (Urethane)	51-79-6
	V	Carbon disulfide	75-15-0			Ethyl chloride (Chloroethane)	75-00-3
	V	Carbon tetrachloride	56-23-5			Ethylene dibromide (1,2-Dibromoethane)	106-93-4
	V	Carbonyl sulfide	463-58-1		V	Ethylene dichloride (1,2-Dichloroethane)	107-06-2
	V	Catechol	120-80-9		V	Ethylene glycol	107-21-1
		Chloramben	133-90-4		V	Ethylene imine (Aziridine)	151-56-4
	V	Chlordane	57-74-9		V	Ethylene oxide	75-21-8
	~	Chlorine	7782-50-5			Ethylene thiourea	96-45-7
	V	Chloroacetic acid	79-11-8			Ethylidene dichloride (1,1-Dichloroethane)	75-34-3
		2-Chloroacetophenone	532-27-4		~	Formaldehyde	50-00-0
	~	Chlorobenzene	108-90-7		~	Heptachlor	76-44-8
		Chlorobenzilate	510-15-6			Hexachlorobenzene	118-74-1
	~	Chloroform	67-66-3			Hexachloro-butadiene	87-68-3
		Chloromethyl methyl ether	107-30-2			Hexachlorocyclopentadiene	77-47-4
		Chloroprene	126-99-8		~	Hexachloroethane	67-72-1
	~	Cresols (mixed isomers)	1319-77-3			Hexamethylene-1,6-diisocyanate	822-06-0
	~	m-Cresol	108-39-4			Hexamethylphosphoramide	680-31-9
	V	o-Cresol	95-48-7		V	Hexane	110-54-3
	~	p-Cresol	106-44-5		~	Hydrazine	302-01-2
	V	Cumene	98-82-8		V	Hydrochloric acid	7647-01-0
	V	2,4-D, salts and esters	94-75-7		V	Hydrogen fluoride	7664-39-3
		DDE	72-55-9			Hydrogen sulfide	7783-06-4
		Diazomethane	334-88-3		~	Hydroquinone	123-31-9
		Dibenzofuran	132-64-9			Isophorone	78-59-1
		1,2-Dibromo-3-chloropropane	96-12-8		~	Lindane	58-89-9
		Dibutylphthalate	84-74-2		~	Maleic anhydride	108-31-6
	~	1,4-Dichlorobenzene	106-46-7		~	Methanol	67-56-1
		3,3-Dichlorobenzidene	91-94-1		V	Methoxychlor	72-43-5
		Dichloroethylether (Bis(2-chloroethyl)ether)			V	Methyl bromide (Bromomethane)	74-83-9
		1,3-Dichloropropene (1,3-Dichloropropylene)			~	Methyl chloride (Chloromethane)	74-87-3
		Dichlorvos	62-73-7		~	Methyl chloroform (1,1,1-Trichloroethane)	
	~	Diethanolamine	111-42-2		~	, , ,	78-93-3
		N,N-Diethyl aniline (N,N-Dimethylaniline)	121-69-7			Methyl hydrazine	60-34-4
		Diethyl sulfate	64-67-5			Methyl iodide (Iodomethane)	74-88-4
		3,3-Dimethoxybenzidine	119-90-4		V	Methyl isobutyl ketone (Hexone)	108-10-1
		Dimethyl aminoazobenzene	60-11-7			Methyl isocyanate	624-83-9
		3,3-Dimethyl benzidine	119-93-7		~	Methyl methacrylate	80-62-6
		Dimethyl carbamoyl chloride	79-44-7		~	Methyl tert-butyl ether	1634-04-4
	~	Dimethyl formamide (N,N-)	68-12-2		~	4,4-Methylenebis(2-chloroaniline)	101-14-4
		1,1-Dimethyl hydrazine	57-14-7		~	Methylene chloride (Dichloromethane)	75-09-2
		Dimethyl phthalate	131-11-3			Methylene diphenyl diisocyanate(MDI)	101-68-8
	~	Dimethyl sulfate	77-78-1			4,4-Methylenedianiline	101-77-9
		4,6-Dinitro-o-cresol and salts	534-52-1		~	Naphthalene	91-20-3
		2,4-Dinitrophenol	51-28-5			Nitrobenzene	98-95-3



Bureau of Waste Prevention – Air Quality

BWP AQ AP-TES

Total Emissions Statement & Hazardous Air Pollutant List

2011
Year of record
1190564
Facility AQ identifier

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

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



Do you need an operating permit?

to TURA?

Massachusetts Department of Environmental Protection

Bureau of Waste Prevention - Air Quality

BWP AQ AP-TES

Total Emissions Statement & Hazardous Air Pollutant List

2011 Year of record 1190564 Facility AQ identifier

D. Hazardous Air Pollutant Emissions

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



Bureau of Waste Prevention - Air Quality

BWP AQ AP-TES

Total Emissions Statement & Hazardous Air Pollutant List

2011 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:	ACETALDEHYDE	METHANOL	TOLUENE	
HAP emissions?	CAS # for individual HAPs if applicable:	75070	67561	108883	
	Actual for previous year eDEP only:	0 Tons	.136 Tons	.08 Tons	
	Actual for year of record:	0.0000	0.1110	0.0700	
	Potential emissions at max	Tons 12.8	Tons 12.8	Tons 12.8000	
	capacity uncontrolled:	Tons	Tons	Tons	
Ф	Maximum allowed emissions – annual:	18.6 Tons	18.6 Tons	18.6 Tons	
y-wid nly	Maximum allowed emissions – short term:	5000 Pounds	5000 Pounds	5000 Pounds	
er facility-wide limits only	Short term period:	MONTH	MONTH	MONTH	
?	Basis for max allowed – DEP approval # or regulation:	MBR-95-RES-047	MBR-95-RES-047	MBR-95-RES-047	
		НАР	HAP	НАР	
	HAP name:				
	CAS # for individual HAPs if applicable:				
	Actual for previous year eDEP only:	Tons	Tons	Tons	
	Actual for year of record:	Tons	Tons	Tons	
	Potential emissions at max capacity uncontrolled:	Tons	Tons	Tons	
e e	Maximum allowed emissions – annual:	Tons	Tons	Tons	
er f acility-wide limits only	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	
er facility — Iimits only	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.



Bureau of Waste Prevention - Air Quality

BWP AQ AP-TES

Total Emissions Statement & Hazardous Air Pollutant List

2011 Year of record 1190564 Facility AQ identifier

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:	.84	
		Tons	_
	b. Actual for year of record:	0.8970	
	·	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

2011 Year of record 64 DEP EU# (old Point #) 1190564 Facility AQ identifier

Important: When filling out form the comp use only tab key t move yo cursor use the





A. E	quip	ment	Desc	ription
------	------	------	------	---------

out forms on the computer,				
use only the	1.	Facility identifiers:		
tab key to move your		CLEAN HARBORS OF BRAINTREE INC		
cursor - do not use the return		a. Facility name	1190564	
key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number	
tab	2.	Emission unit identifiers:		
-		2 LENNOX FURNACES SR 20Q5-140/154		
return		a. Facility's choice of emission unit name – edit as needed	64	
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # – old point #	
		d. ORIS ID # - for large electrical utilities only	e. Combined Units – enter number of individual units	
	3.	DEP approvals – leave blank if not applicable:		
		a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)	
	4.	Is this unit exempt under 310 CMR 7.02 Plan Appr	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		Reason for exemption		
delete a unit?	6.	Emission unit installation date and decommission date:		
(click ?-icon)		6/1/1994		
		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable	
?	7.	Emission unit replacement:	Complete only if the unit was shutdown permanently or replaced since the last report.	
		a. Is this unit replacing another emission unit?		
		✓ no	mber and name for the unit being replaced below:	
		b. DEP's emission unit number and facility unit name		
	8.	Additional state reporting requirements:		
		a. Are there other routine air quality reporting requi	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-annu	al 🗹 4. Annual 🗹 5. RES	
		(include Operating Permit and Plan Approval reports, but not ex	ceedance reporting)	
		c. Is this unit subject to (check all that apply):		
		☐ NESHAP ☐ NSPS ☐ MACT		



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

2011 Year of record 64 DEP EU# (old Point #) 1190564 Facility AQ identifier

A. Equipment Description (cont.)

?	9.	Equipment:	? EPA Unit	Type Code (eDEP	only): FURNACE	
How to report on combined		a. Type: D	oiler 🗹 furnace	engine o	ther:	
units?	?	If engine, is th	is an emergency	generator? yes	Describe "other" e	quipment type
		LENNOX			SR20Q5-140	
		b. Manufacturer			c. Model number	
?		d. Max input ratin	g MMBtu/hr (must be	greater than 0)	e. Number of burners	(enter "0" if not applicable)
What to do		. .				
unknown or not available ?		t. Type of burr	ner – check one:	☐ rotary	✓ mech. atomize	<u> </u>
not available:				<u></u>	r traveling grate	hand fired
				other:	"other" burner type	
		BECKETT			AFG	
		g. Burner manufa 6/1/1995	cturer		h. Burner model numb	per
			on date (mm/dd/yyyy))		
				_		
_	10.		ation for the emiss		check if continuousl	y operated – 24 x 7 x 52
		b. Number of hou	re por day	0 c. Number of days p	or wook	d. Number of weeks per year
				• •		
				tion that occurs in e	•	
		$\frac{0.0}{Q1}$ $\frac{0}{Q}$	Q2 Q3	$\frac{0}{Q4}$	Sum of Q1+Q2+Q3+0 or 0% if the unit was r	a4 must = 100%, not operated for any quarter
	11	Ozone seasor	operation sched	ule – May 1 through	September 30:	
		0		0	•	0
		a. Ozone season	hours per day	b. Ozone season da	ays per week	c. Weeks operated in ozone season
	40	Fasianian anta-				
	12.	Emission relea	ase point – select	one: Er	ngines click here for instr	ructions:
		Non-Stack F	Release Points:		Physical Stacks:	
		fugitive	horizontal		vertical stack	
		engine ex	ch.	I facing vent	vertical with rain	cap/sleeve
			ease point, skip to qu			
	13.			(if applicable) – pic	k from the list below	V:
				NNOX REMOVED I		
		•		orm – to change stack na		
		If the stack for this	s unit is not listed, sav	e and exit this form now	and complete a new Sta	ack form before completing to this form.



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

2011
Year of record
64
DEP EU# (old Point #)
1190564

Facility AQ identifier

2	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	
		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)	
,	9	i. Percent overall efficiency - er	nter for all pollutants that the device	e was designed to control:	

% 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.)

2011 Year of record DEP EU# (old Point #) 1190564 Facility AQ identifier

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

2	15. Is there monitoring	g equipment on this unit or	its related control devices?	
How to delete a monitor?	yes – answer a	through I 🗹 no – skip to s	section B	
		Monitor 1	Monitor 2	Monitor 3
	a. Monitor type:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:
Do not leave blank – if unknown write 'unknown' or	b. Manufacturer:	Describe "other"	Describe "other"	Describe "other"
estimate	c. Model number:			
	d. Monitor ID #:	Facility's Designation	Facility's Designation	Facility's Designation
	e. Installation date: 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	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S

HCL

Opacity

Describe "other"

other - describe:

HCL

Opacity

Describe "other"

other – describe:

HCL

Opacity

Describe "other"

other – describe:



BWP AQ AP-1

Emission Unit – Fuel Utilization Equipment

2011 Year of record 64 DEP EU# (old Point #) 1190564 Facility AQ identifier

B. Fuels and Emissions

	4	First Name / Characteristics	FURNACES #1(2)-LENNOX SR 20Q5 #2 OIL-
	1.	Fuel Name / Characteristics:	Fuel name
		Number of fuels for this unit (previous records): 1	1
			DEP Fuel #
How does eDEF andle multiple uels?	o	Add a NEW fuel: Check the box if you need to add a fuel that you did not report on previously (eDEP will add a blank Sect. B form to your package).	Delete this fuel: check box if you 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 flext report syste.
		a Source Classification Code (SCC)	10500105
		a. Source Classification Code (SCC) (see instructions):	SC Code (call DEP if SC code will not validate)
		(See instructions).	INDUS.SPACE HEAT-DISTILLATE OIL
			SCC Code Description – filled by eDEP
		b. Type of fuel – check one:	COO COUG Description Timed by CDET
		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
		5. Sanar Sanar 15. Sile and 35ar (6 - 2.12).	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			
which the		e. Maximum hourly fuel rate for all firing burners:	0.0022 1000 GALLONS
unit can burn			Amount Units per hour
fuel (its absolute			Enter "0" if unit decommissioned prior to this Year of Record.
uncontrolled			·
design		f Da you have fuel or upage restrictions?	
capacity). Do not enter the		f. Do you have fuel or usage restrictions?	yes no - skip to question 2
normal		g. DEP approval number for restrictions:	EXEMPT
operation			Most recent for this fuel
rate nor any restricted			
(allowable)			
rate.		h. Annual use restriction (amount or hours):	19.2720 1000 GALLONS
		For this fuel	Quantity Units
		i. Short term use restriction (amount or hours):	0.0022 1000 GALLONS
		For this fuel	Quantity Units
			Per: ☐ month ☐ week ☐ day 🔽 hour
			CAUTION: check your amount vs.units
			0.0000 1000 GALLONS
	2.	Annual usage:	a. Amount – year of record b. Units
		Enter "0" if not used in the year of record	2.48 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:

2011
Year of record
64
DEP EU# (old Point #)
1190564
Facility AQ identifier



Part 75 Requirements

☐ NO2 Pollutant: ☐ PM10 ☐ PM2.5 ☐ SO2 0.0031 0.0008 0.0246 0.0248 Actual for previous year Tons Tons Tons Tons eDEP only: 0 ctual for year of record: Tons Tons Tons Tons 0.0237 0.0059 0.1910 0.1927 otential emissions at max Tons Tons capacity uncontrolled: Tons Tons 2.46 0.6150 143.60 20 Emission factor: 1000 GALLONS 1000 GALLONS 1000 GALLONS 1000 GALLONS in pounds per unit: 1.1 Maximum allowed emissions – Tons annual: Tons Tons Tons For this fuel only .091 Maximum allowed emissions short term: Pounds **Pounds** Pounds Pounds **MONTH** Short term period (or MMBtu): **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	revious year	0.0062	0.0009	0.0010	
·	eDEP only:	Tons	Tons	Tons	Tons
	,	0	0	0	
Actual for ye	ear of record:	Tons	Tons	Tons	Tons
Potential emis	sions at max	0.0482	0.0073	0.0077	
capacity	uncontrolled:	Tons	Tons	Tons	Tons
Em	ission factor:	5	0.76	0.80	
in pou	ınds per unit:	1000 GALLONS	1000 GALLONS	1000 GALLONS	
Maximum allowed	l emissions –				
	annual:	Tons	Tons	Tons	Tons
Maximum allowed			<u> </u>		
	short term:	Pounds	Pounds	Pounds	Pounds
Short term period	I (or MMBtu):			·	-
Basis - DEP app	roval number or regulation:				



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

B. Fuels and Emissions (cont.)

2011
Year of record
64
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.

THIS UNIT WAS NOT USED IN CALENDAR YEAR 2011

2. A	ttac	hme	ents
-------------	------	-----	------

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.



BWP AQ AP-1

2011 Year of record 55 DEP EU# (old Point #) 1190564

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1		١
	return /	ı

	Εm	nission Unit – Fuel Utilization Equipment	Facility AQ identifier
Important: When filling out forms on	A.	Equipment Description	
the computer, use only the	1.	Facility identifiers:	
tab key to move your		CLEAN HARBORS OF BRAINTREE INC	
cursor - do not		a. Facility name 34839	1190564
use the return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
tab	2.	Emission unit identifiers:	
		CATERPILLAR GENERATOR #1	
return		a. Facility's choice of emission unit name – edit as needed 55	55
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # – old 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 Approx	vals? ☐ yes 🗹 no
	5.	If exempt from Plan Approval, indicate reason why (e	e.g., cite a specific DEP regulation):
		Reason for exemption	
How to delete	\ 6	Emission unit installation date and decommission da	ate:
a unit? (click ?-icon))	5/4/1989	no.
		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?	
			shor and name for the unit being replaced below.
		✓ 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	eedance reporting)
		c. Is this unit subject to (check all that apply):	
		☐ NESHAP ☐ NSPS ☐ MACT	



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

2011
Year of record
55
DEP EU# (old Point #)
1190564
Facility AO identifier

A. Equipment Description (cont.)

?	9.	Equipmer	nt: 🕐	EPA Unit T	ype Code (eDEF	only): RECIPR	OCATIN	G IC ENGINE
ow to report n combined		a. Type:	☐ boiler [furnace	✓ engine □	other:		
its?	?	If engine,	is this an er	mergency ge	enerator? yes	Describe "oth s no	ner" equipn	nent type
	•	CATERP	ILLAR			3412DIT		
		b. Manufact	turer			c. Model numbe	r	
?		5.3480 d. Max input	t rating MMBtu/	hr (must be gr	eater than 0)	e. Number of bu	rners (ente	er "0" if not applicable)
at to do								
nown or		t. Type of	burner – ch	eck one:	☐ rotary	mech. atc		steam atomizer
available?						er traveling (grate	hand fired
					other:	"other" burner ty	rne.	
		CATERP	ILLR			N/A	P -	
		g. Burner m 6/1/1989	anufacturer			h. Burner model	number	
			tallation date (mm/dd/yyyy)				
	10.	Hours of	operation for	r the emission	on unit: a. 🗌	check if continu	ously op	erated – 24 x 7 x 52
		1			1		16	
_		b. Number of	of hours per day	/	c. Number of days	per week	d. N	umber of weeks per year
		e. Percen	t of total ann	nual operation	on that occurs in	each calendar q	uarter:	
		31.3	12.4	18.8	37.5	Sum of Q1+Q2+		ust = 100%, perated for any quarter
		Q1	Q2	Q3	Q4	or 0 % if the drift	was not of	berated for any quarter
	11.	Ozone se	ason operat	ion schedul	e – May 1 throug	h September 30):	
		1			1		4	
		a. Ozone se	ason hours per	r day	b. Ozone season	days per week	c. We	eeks operated in ozone season
	10	Emississ	rologge poin	t solosts	no.	ta ata a a altala la ana da		
	12.	EIIIISSIOII	release poir	ii – seieci o	rie.	Engines click here fo	r instructio	ns:
		Non-Sta	ack Release	Points:		Physical Stack	s:	
		fugit		horizontal v		vertical stac		
				downward f		vertical with	rain cap	/sleeve
		_	cal stack/ver					
	40		ack release poir					
	13.			,	f applicable) – pi			
		7 1 STAC			CUMMINS AND			
		Facility's sta	ack identifier fro	m STACK form	n – to change stack n	ame use STACK for	m	
		If the execute t	rain data and terrain	ot listed save	and the state of the following in a con-	and the second s	011-1-	and the formal and another than the district of



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

2011
Year of record
55
DEP EU# (old Point #)
1190564

Facility AQ identifier

	A. Equipment Description (cont.)							
?	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 of	device 2	Air pollution control device 3			
	-	а. Туре	Туре		Туре			
Do not leave blank –		b. Manufacturer	Manufacturer		Manufacturer			
if unknown write 'unknown' or		c. Model number	Model number		Model number			
estimate	<u> </u>	d. Facility's ID for this device	Facility's ID for this device	:	Facility's ID for this device			
	1	e. Installation date (mm/dd/yyyy)	Installation date (mm/dd/y	ууу)	Installation date (mm/dd/yyyy)			
Leave f, g, h		f. DEP approval # (most recent)	DEP approval # (most rec	ent)	DEP approval # (most recent)			
blank if not applicable.		g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/d	d/yyyy)	DEP approval date (mm/dd/yyyy)			
		h. Decommission date (mm/dd/yyyy)	Decommission date (mm/	dd/yyyy)	Decommission date (mm/dd/yyyy)			
	?	i. Percent overall efficiency - er	ter for all pollutants that t	the device wa	s designed to control:			
PM 10		% Overall eff.	% Overall eff.		% Overall eff.			
PM 2.5		% Overall eff.	% Overall eff.		% Overall eff.			
		% Overall eff.	% Overall eff.		% Overall eff.			
SO2		% Overall eff.	% Overall eff.		% Overall eff.			
СО								

PM 10			
D140 =	% Overall eff.	% Overall eff.	% Overall eff.
PM 2.5	% Overall eff.	% Overall eff.	% Overall eff.
SO2	70 O Volan on.	, o everall on.	, o everall on.
	% Overall eff.	% Overall eff.	% Overall eff.
CO		2/ 0	
VOC	% 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	,	, o o rei a	,
	% Overall eff.	% Overall eff.	% Overall eff.
HYC	% Overall eff.	% Overall eff.	% Overall eff.
Hg	% Overall ell.	% Overall ell.	% Overall ell.
119	% Overall eff.	% Overall eff.	% Overall eff.
Pb			
Other	% Overall eff.	% Overall eff.	% Overall eff.
Other	% Overall eff.	% Overall eff.	% Overall eff.
	Specify "Other"	Specify "Other"	Specify "Other"



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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

2011
Year of record
55
DEP EU# (old Point #)
1190564
Facility AQ identifier

How to delete a monitor?	yes – answer a through I	✓ no – skip to	section B
	Monito	r 1	Moni

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



BWP AQ AP-1

Emission Unit – Fuel Utilization Equipment

2011 Year of record 55 DEP EU# (old Point #) 1190564 Facility AQ identifier

B. Fuels and Emissions

	,	E al Nava / Obassata inte	GENERATOR #1-CATERPILLAR 558.5 KW	#	
	1.	Fuel Name / Characteristics:	Fuel name	_	
		Number of fuels for this unit (previous records): 1	DEP Fuel #		
How does eDEF handle multiple fuels?	0	Add a NEW fuel: Check the box if you need to add a fuel that you did not report on previously (eDEP will add a blank Sect. B form to your package). When to NOT check this box?	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)	20200102		
		(see instructions):	SC Code (call DEP if SC code will not validate)		
			IC ENGINE- RECIP- DIESEL		
			SCC Code Description – filled by eDEP		
		b. Type of fuel – check one:			
			☐ no.2 ☐ no.4 ☐ no.6		
			✓ diesel ☐ coal ☐ natural gas		
		Note: The collection to have a DED coloulete come	▶ diesei		
		Note: The option to have eDEP calculate your emissions is not available if your fuel type is "other".	iet fuel other - describe:		
		emissions is not available if your rust type is other.			
			Describe "atherd" (call		
		0.16	Describe "other" fuel .0401		
		c. Sulfur content for oils and coal $(0 - 2.2)$:		_	
		d Ash soutout for sile and soci (0, 40).	Percent by weight 0		
Nata fama		d. Ash content for oils and coal (0 -10):	Percent by weight	_	
Note for e: Enter the			Fercent by weight		
Maximum					
Fuel Rate at		a Maximum hourly fuel rate for all firing hurners	0.0380 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:	MBR-89-COM-31		
normal operation		g. 22. approval named for recalculation	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 HOUR		
		For this fuel	Quantity Units	_	
			Per: month week 🗹 day hour		
			CAUTION: check your amount vs.units		
	2	Annual usage:	0.6080 1000 GALLONS		
	ے.	•	a. Amount – year of record b. Units		
		Enter "0" if not used in the year of record	.323 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:

2011
Year of record
55
DEP EU# (old Point #)
1190564

Facility AQ identifier



Part 75 Requirements

☐ NO2 Pollutant: ☐ PM10 ☐ PM2.5 ☐ SO2 0.0069 0.0069 0.0064 0.0975 Actual for previous year Tons Tons Tons Tons eDEP only: 0.0129 0.0129 0.0036 0.1837 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 – Tons annual: Tons Tons Tons For this fuel only Maximum allowed emissions short term: Pounds **Pounds** Pounds Pounds Short term period (or MMBtu): MBR-89-COM-31 MBR-89-COM-31 MBR-89-COM-31 MBR-89-COM-31 Basis - DEP approval number 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	0.0210	0.0080	0.0005	, ,
	eDEP only:	Tons	Tons	Tons	Tons
	• • • •	0.0396	0.0142	0.0129	
	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 –				
즐	annual:	Tons	Tons	Tons	Tons
For this fuel only	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds
this	Short term period (or MMBtu):				
ē	Basis – DEP approval number or regulation:	MBR-89-COM-31	MBR-89-COM-31	MBR-89-COM-31	



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

B. Fuels and Emissions (cont.)

2011
Year of record
55
DEP EU# (old Point #)
1190564
Facility AQ identifier

4.	Ozone season emissions – May 1 through Sep	eason emissions – May 1 through September 30:		
	1.9159	24.7848		
	a. Typical day VOC emissions – pounds per day	b. Typical day NOx emissions –pounds per day		
	check to enter your own values	check to enter your own values		

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

C. Notes and Attachments

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

2. Attachments:

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



Bureau of Waste Prevention - Air Quality

Emission Unit - Fuel Utilization Equipment

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

■ NSPS

2011 Year of record 50 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)

Α.	Equipment Description
1.	Facility identifiers:
	CLEAN HADRODS OF RDAINTREE INC

1.	Facility identifiers:	
	CLEAN HARBORS OF BRAINTREE INC	
	a. Facility name	4400504
	b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number
_		c. Facility Act Identified Goelo is Hamber
2.	Emission unit identifiers:	
	CUMMINS GENERATOR #2 (NT855G2, DIESEL)	
	a. Facility's choice of emission unit name – edit as needed	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 Appro	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	
	Reason for exemption	
3.	Emission unit installation date and decommission da	ate:
	8/1/1999	
	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?	
	DED's anciecien with some	show and warrant for the coult being manifes and balance.
	✓ no yes – enter DEP's emission unit num	nber and name for the unit being replaced below:
	b. DEP's emission unit number and facility unit name	
3.	Additional state reporting requirements:	
	a. Are there other routine air quality reporting 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-annua	I ☐ 4. Annual 🗹 5. RES
	(include Operating Permit and Plan Approval reports, but not exce	_
	molado Operating i emit and i lan Approval reports, but not exce	codance reporting)

□ NESHAP



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

2011 Year of record 50 DEP EU# (old Point #) 1190564 Facility AQ identifier

A. Equipment Description (cont.)

9.	Equipmen	nt: ?	EPA Unit T	ype Code (el	DEP o	only): RECIPRO	CATIN	G IC ENGINE
	a. Type: [□ boiler 「	_ □ furnace	engine	□ otl	ner:		
?	_					Describe "othe	er" equipr	ment type
	CUMMING	GS				125-DGEA		
	b. Manufact					c. Model number		
		rating MMBtu/	hr (must be gr	eater than 0)	?	e. Number of bur	ners (ente	er "0" if not applicable)
	f. Type of	burner – ch	eck one:	☐ rotary		mech. ator	nizer	steam atomizer
				air ator	mizer	☐ traveling g	rate	☐ hand fired
				other:				
				_		"other" burner typ	е	
	g. Burner ma	anufacturer				h. Burner model n	umber	
	i. Burner inst	tallation date (mm/dd/vvvv)					
		(
10	Hours of c	operation for	r the emission	on unit: a.	С	heck if continuo	ously op	perated – 24 x 7 x 52
	1			1			10	
	b. Number o	of hours per day	y	c. Number of c	days pe	er week	d. N	umber of weeks per year
	e. Percent	t of total anr	nual operation	on that occurs	s in ea	ach calendar qu	ıarter:	
	35.0	10.0	30.0	25.0				
	Q1	Q2	Q3	Q4		or 0% if the unit v	vas not op	perated for any quarter
11	. Ozone season operation schedule – May 1 through September 30:							
	1			1			4	
	a. Ozone se	ason hours pe	r day	b. Ozone seas	son da	ys per week	c. We	eeks operated in ozone season
12	. Emission release point – select one: Progines click here for instructions:							
	Non-Stack Release Points:			F	Physical Stacks:			
	☐ fugiti							
	☐ engine exh. ☐ downward facing vent ☐ vertical with rain cap/sleeve					/sleeve		
	vertic	cai stack/vei	nt less than	10π				
13								
			` '					
	10.	a. Type: [a. Type: boiler CUMMINGS b. Manufacturer 1.6880 d. Max input rating MMBtu/ f. Type of burner – ch g. Burner manufacturer i. Burner installation date (10. Hours of operation for b. Number of hours per day e. Percent of total and 35.0 10.0 Q2 11. Ozone season operated 1 a. Ozone season hours per day engine exh.	a. Type: boiler furnace If engine, is this an emergency grown cummings b. Manufacturer 1.6880 d. Max input rating MMBtu/hr (must be grown f. Type of burner – check one: g. Burner manufacturer i. Burner installation date (mm/dd/yyyy) 10. Hours of operation for the emission for form for the emission for the	a. Type: boiler furnace engine If engine, is this an emergency generator? CUMMINGS b. Manufacturer 1.6880 d. Max input rating MMBtu/hr (must be greater than 0) f. Type of burner – check one: rotary	a. Type: boiler furnace engine other of the engine, is this an emergency generator? yes CUMMINGS b. Manufacturer 1.6880 d. Max input rating MMBtu/hr (must be greater than 0) ? f. Type of burner – check one: rotary air atomizer other: g. Burner manufacturer 1	a. Type: boiler furnace engine other: Describe "other no Des	a. Type: boiler furnace engine other:



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

2011
Year of record
50
DEP EU# (old Point #)
1190564

Facility AQ identifier

		•		
?	14. Is there a pollution control dev	Check here if you need to report mothan 3 air pollution control devices or		
How to delete a control ?	yes – answer a through i	✓ no – skip to question 15	this unit. eDEP will add another page of control devices after this form.	
	Air pollution control device 1	Air pollution control device 2	Air pollution control device 3	
	а. Туре	Туре	Туре	
Do not leave blank –	b. Manufacturer	Manufacturer	Manufacturer	
if unknown write 'unknown' or	c. Model number	Model number	Model number	
estimate	d. Facility's ID for this device	Facility's ID for this device	Facility's ID for this device	
	e. Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	
Leave f, g, h blank if not applicable.	f. DEP approval # (most recent)	DEP approval # (most recent)	DEP approval # (most recent)	
	g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	
	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	
	i. Percent overall efficiency - e	enter for all pollutants that the device	ce was designed to control:	
DM 40				

	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)
	i. Percent overall efficiency - ent	er for all pollutants that the device	was designed to control:
PM 10	% Overall eff.	% Overall eff.	% Overall eff.
PM 2.5			
SO2	% Overall eff.	% Overall eff.	% Overall eff.
	% Overall eff.	% Overall eff.	% Overall eff.
СО	% Overall eff.	% Overall eff.	% Overall eff.
VOC	% Overall eff.	% Overall eff.	0/ Occasil ett
NO2	% Overall eff.	% Overall eff.	% Overall eff.
NILIO	% Overall eff.	% Overall eff.	% Overall eff.
NH3	% Overall eff.	% Overall eff.	% Overall eff.
HOC	% Overall eff.	% Overall eff.	% Overall eff.
HYC			
Hg	% Overall eff.	% Overall eff.	% Overall eff.
	% Overall eff.	% Overall eff.	% Overall eff.
Pb	% Overall eff.	% Overall eff.	% Overall eff.
Other	% Overall eff.	% Overall eff.	% Overall eff.
	% Overall ell.	% Overall ell.	% Overall ell.
	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?

2011
Year of record
50
DEP EU# (old Point #)
1190564
Facility AQ identifier

How to delete a monitor?	☐ yes – answer a t	hrough I 🗹 no – skip to s	ection B	
		Monitor 1	Monitor 2	Monitor 3
Parad	a. Monitor type:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:
Do not leave blank – if unknown write 'unknown' or	b. Manufacturer:	Describe "other"	Describe "other"	Describe "other"
estimate	c. Model number:			
	d. Monitor ID #:	Facility's Designation	Facility's Designation	Facility's Designation
(e. Installation date: f. DEP approval #:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
Leave f, g, h blank if not applicable.	g. DEP approval date: h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder ?	(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"

✓ no – skip to section B

Describe "other"

Describe "other"



BWP AQ AP-1

Emission Unit – Fuel Utilization Equipment

2011 Year of record 50 DEP EU# (old Point #) 1190564 Facility AQ identifier

B. Fuels and Emissions

			GENERATOR #2-CUMMI	NS #NT855G2- #2 OI
	1.	Fuel Name / Characteristics:	Fuel name	
		Number of fuels for this unit (previous records): 1	1	
			DEP Fuel #	
How does eDEF andle 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 fuel in this unit permanently. this year of record even if ar be removed from the unit in	You must still report for mount is "0" – the fuel will
		When to NOT check this box ?		
		a. Source Classification Code (SCC) (?)	20200102	
		(see instructions):	SC Code (call DEP if SC code w	ill not validate)
		,	IC ENGINE- RECIP- DIES	EL
			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 - des	cribe:
			Describe "other" fuel	
		c. Sulfur content for oils and coal $(0 - 2.2)$:	.138	
		c. Sullui content for ons and coar (0 – 2.2).	Percent by weight	
		d. Ash content for oils and coal (0 -10):	0	
Note for e:		d. Asir content for one and coal (0 - 10).	Percent by weight	
Enter the			r ordent by weight	
Maximum				
Fuel Rate at which the		e. Maximum hourly fuel rate for all firing burners:	0.0120	1000 GALLONS
unit can burn		c. Maximum flourly fuel fate for all filling bufflers.		Units per hour
fuel (its			Enter "0" if unit decommissioned p	
absolute uncontrolled			Litter of it drift decommissioned p	onor to this Tear of Necord.
design				
capacity). Do		f. Do you have fuel or usage restrictions?	yes no - skip to qu	estion 2
not enter the normal		g. DEP approval number for restrictions:	EXEMPT 7.02	
operation		9	Most recent for this fuel	
rate nor any				
restricted (allowable)				
rate.		h. Annual use restriction (amount or hours):	300	HOUR
		For this fuel		Units
		i. Short term use restriction (amount or hours):	24	DAY
		For this fuel	Quantity	Units
			Per: month week	day hour
			OALITION along	
			CAUTION: check your amount vs.	
	2.	Annual usage:	0.1200	1000 GALLONS
		•	•	b. Units
		Enter "0" if not used in the year of record	.108 1000 GA	
			 c. Total annual usage for prior ye 	ai oi lecolu – edep oilly



B. Fuels and Emissions (cont.)

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

Year of record Bureau of Waste Prevention - Air Quality 50 **BWP AQ AP-1** DEP EU# (old Point #) 1190564 Emission Unit - Fuel Utilization Equipment Facility AQ identifier



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

,	enter emissions for each specific polluta	ant. Click the "?" icon fo	or information to help yo	ou decide how to use this	s feature:
	Pollutant:	☐ PM10	☐ PM2.5	□ SO2	□ NO2
	Actual for previous year	0.0023	0.0023	0.0021	0.0326
	eDEP only	Tons	Tons	Tons	Tons
	Actual for year of record:	0.0026	0.0026	0.0007	0.0362
	ior your or roosia.	Tons 2.2338	Tons 2.2338	Tons	Tons
	Potential emissions at max capacity uncontrolled:	7.2336 Tons	Z.2336 Tons	2.0866 Tons	31.7462 Tons
	capacity uncontrolled.	42.50	42.50	39.70	604
	Emission factor:		12.00		
	in pounds per unit:	1000 GALLONS	1000 GALLONS	1000 GALLONS	1000 GALLONS
	Maximum allowed emissions –				
ج	annual:	Tons	Tons	Tons	Tons
For this fuel only	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds
his fı	Short term period (or MMBtu):				
o t		EXEMPT	EXEMPT	EXEMPT	EXEMPT
_	Basis – DEP approval number or regulation:	LXLIVII I	LXLIVIF I	LALIVIF I	EXEMIFI
					other:
	Pollutant:	□ со	□ voc	□ NH3	specify
	Actual for previous year	0.0070	0.0027	0.0002	•
	eDEP only:	Tons	Tons	Tons	Tons
		0.0078	0.0028	0.0026	

	Pollutant:	□ со	□ voc	□ NH3	specify
	Actual for previous year eDEP only:	0.0070 Tons	0.0027 Tons	0.0002 Tons	Tons
	Actual for year of record:	0.0078 Tons	0.0028 Tons	0.0026 Tons	Tons
	Potential emissions at max capacity uncontrolled:	6.8328 Tons	2.5912 Tons	0.1524 Tons	Tons
	Emission factor:	130	49.30	2.90	
	in pounds per unit:	1000 GALLONS	1000 GALLONS	1000 GALLONS	
کار	Maximum allowed emissions – annual:	Tons	Tons	Tons	Tons
For this fuel only	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds
this	Short term period (or MMBtu):	-			
For	Basis – DEP approval number or regulation:	EXEMPT	EXEMPT		

2011



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

_			_	
В.	Fuels a	and Em	issions	(cont.)

2011
Year of record
50
DEP EU# (old Point #)
1190564
Facility AQ identifier

0.5124	6.6246
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

2011 Year of record 3 DEP EU# (old Point #) 1190564

Facility AQ identifier

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





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

1
1

1.	Facility identifiers:	
	CLEAN HARBORS OF BRAINTREE INC	
	a. Facility name	
	34839	1190564
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
2.	Emission unit identifiers:	
	CLEAVER BROOKS BOILER (NO.2 FUEL OIL, 0	.3S)
	a. Facility's choice of emission unit name – edit as needed	
	b Facility's emission unit number / code addit as peeded	a DED aminaiana unit # ald naint #
	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 App	rovals? ☐ yes 🗸 no
	φr	
5.	If exempt from Plan Approval, indicate reason why	/ (e.g., cite a specific DEP regulation):
	Reason for exemption	
6.	Emission unit installation date and decommission	date:
	9/1/1986	
	a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
7.	Emission unit replacement:	Complete only if the unit was shutdown permanently or replaced since the last report.
	a. Is this unit replacing another emission unit?	
	✓ no yes – enter DEP's emission unit nu	umber and name for the unit being replaced below:
	yes chel ber semission unit he	amber and name for the and being replaced below.
	b. DEP's emission unit number and facility unit name	
8.	Additional state reporting requirements:	
	a. Are there other routine air quality reporting requ	irements for this emissions unit?
	✓ yes - specify reporting frequency below	☐ no – skip to question 8c
	b. Reporting frequency - check all that apply:	
	☐ 1. Monthly ☐ 2. Quarterly ☐ 3. Semi-annu	ual 🗹 4. Annual 🗹 5. RES
	(include Operating Permit and Plan Approval reports, but not e.	- -
	(morado Operating i emit and i ian Approval reports, but not e.	noodanoo roporany/
	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

2011 Year of record 3 DEP EU# (old Point #) 1190564 Facility AQ identifier

A. Equipment Description (cont.)

?	9.	Equipme	nt: 🕐	EPA Unit T	ype Code (eDEP	only): BOILER		
ow to report n combined		a. Type:	✓ boiler [furnace	engine o	ther:		
nits?	?	If engine,	, is this an er	nergency ge	enerator? 🗌 yes	Describe "otl no	her" equipme	ent type
		CLEAVE	R BROOKS			CB800-150		
		b. Manufac	turer			c. Model numbe	er	
?		2.8000 d. Max inpu	it rating MMBtu/	hr (must be gre	eater than 0)	e. Number of bu	ırners (enter	"0" if not applicable)
nat to do ata								
known or available?		t. Type of	f burner – ch	eck one:	☐ rotary	mech. atc		steam atomizer
avallable !						er I traveling	grate	☐ hand fired
					other:	"other" burner ty	/ne	
		CL BROO	OKS			CB800-150-	•	
		g. Burner m 9/1/1986	nanufacturer			h. Burner model	number	
			stallation date (i	mm/dd/yyyy)				
	10.	Hours of	operation for	the emission	on unit: a. 🗌	check if continu	lously ope	rated – 24 x 7 x 52
<u> </u>		6			6		15	
•		b. Number	of hours per day	′	c. Number of days	per week	d. Nur	mber of weeks per year
		e. Percer	it of total ann	nual operation	on that occurs in e	each calendar c	quarter:	
		99.0	0.0	0.0	1.0	Sum of Q1+Q2+		
		Q1	Q2	Q3	Q4	or 0% if the unit	was not ope	rated for any quarter
	11.	Ozone se	ason operat	ion schedule	e – May 1 through	September 30):	
		0			0		0	
		a. Ozone se	eason hours per	day	b. Ozone season d	ays per week	c. Wee	ks operated in ozone season
	12.	Emission	release poin	it – select oi	ne: Er	ngines click here fo	r instructions	F. (1)
		Non-St	ack Release	Points:		Physical Stack	s:	
		☐ fugit	ive 🔲 1	horizontal ve	ent	✓ vertical stace		
				downward fa		vertical with	rain cap/s	sleeve
		verti	cal stack/ver	nt less than	10ft			
			ack release poir					
	13.			•	f applicable) – pic		pelow:	
					ER BROOKS- #2			
		Facility's sta	ack identifier from	m STACK form	n – to change stack na	ame use STACK for	rm	a badana aanalatian ta thia ta



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

2011
Year of record
3
DEP EU# (old Point #)
1190564

Facility AQ identifier

How to delete a control? Air pollution control device 1 Air pollution control device 2 Type Type Manufacturer Manufacturer if unknown write 'unknown' or estimate Type Model number Model number Facility's ID for this device Tis unit. eDEP will add another page of control devices after this for this unit. eDEP will add another page of control devices after this for this unit. eDEP will add another page of control devices after this for this device 2 Air pollution control device 2 Air pollution control device 2 Manufacturer Model number Facility's ID for this device Facility's ID for this device	ore on
Do not leave blank – if unknown write 'unknown' or estimate a. Type Type Manufacturer Manufacturer Model number Model number	
Do not leave blank - if unknown write 'c. Model number	3
leave blank – if unknown write 'unknown' or estimate	
write c. Model number Model number Model number 'unknown' or 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 The distriction of the continuous fields 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 - enter for all pollutants that the device was designed to control:	
PM 10 % Overall eff.	
PM 2.5 % Overall eff. % Overall eff. % Overall eff. % Overall eff.	
SO2 % Overall eff. % Overall eff. % Overall eff. % Overall eff.	
CO Worall eff. Woverall e	
VOC	
NO2 Was a contract of the c	
NH3 % Overall eff. % Overall eff. % Overall eff. % Overall eff.	
HOC	
HYC % Overall eff. % Overall eff. % Overall eff. % Overall eff.	
Hg % Overall eff. % Overall eff. % Overall eff. % Overall eff.	
Pb	

% Overall eff.

Specify "Other"

Other

% Overall eff.

Specify "Other"

% Overall eff.

Specify "Other"



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

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

2011
Year of record
3
DEP EU# (old Point #)
1190564
Facility AQ identifier

How to delete a monitor?	☐ yes – answer a	through I ✓ no – skip to	section B	
		Monitor 1	Monitor 2	Monitor 3
	a. Monitor type:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:
Do not leave blank – if unknown write 'unknown' or estimate	b. Manufacturer: c. Model number:	Describe "other"	Describe "other"	Describe "other"
	d. Monitor ID #: e. Installation date: f. DEP approval #:	Facility's Designation (mm/dd/yyyy)	Facility's Designation (mm/dd/yyyy)	Facility's Designation (mm/dd/yyyy)
Leave f, g, h blank if not applicable.	g. DEP approval date: h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder ?	(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 ? 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:
		Describe "other"	Describe "other"	Describe "other"

✓ no – skip to section B



Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-1

Emission Unit – Fuel Utilization Equipment

2011 Year of record 3 DEP EU# (old Point #) 1190564 Facility AQ identifier

B. Fuels and Emissions

		F IN (0)	BOILER #1-CLEAVER BROOKS #2 OIL-0.3 PE		
	1.	Fuel Name / Characteristics:	Fuel name		
		Number of fuels for this unit (previous records): 1	1		
			DEP Fuel #		
How does eDEF handle multiple fuels?	5	Add a NEW fuel: Check the box if you need to add a fuel that you did not report on previously (eDEP will add a blank Sect. B form to your package). When to NOT check this box?	Delete this fuel: check box if you 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)	10200501		
		(see instructions):	SC Code (call DEP if SC code will not validate) DIST.OIL- GRADE NO.1 OR NO.2 OIL		
			SCC Code Description – filled by eDEP		
		b. Type of fuel – check one:			
			✓ no.2		
			☐ diesel ☐ coal ☐ natural gas		
		Note: The collection to have a DED colorate const	diesei coai natural gas		
		Note: The option to have eDEP calculate your emissions is not available if your fuel type is "other".	iet fuel other - describe:		
		omissions to not available if your rust type to other.			
			Describe "eshear" firel		
		Cultura content for all and anal (0 00)	Describe "other" fuel .138		
		c. Sulfur content for oils and coal $(0 - 2.2)$:			
		d Ash content for alle and appl (0, 10):	Percent by weight 0		
Note for e:	d. Ash content for oils and coal (0 -10):	Percent by weight			
Enter the			r ercent by weight		
Maximum					
Fuel Rate at		e. Maximum hourly fuel rate for all firing burners:	0.0200 1000 GALLONS		
which the unit can burn		e. Maximum flourly fuel rate for all lifting bufflers.	Amount Units per hour		
fuel (its			·		
absolute			Enter "0" if unit decommissioned prior to this Year of Record.		
uncontrolled design			<u> </u>		
capacity). Do		f. Do you have fuel or usage restrictions?	yes no - skip to question 2		
not enter the normal		g. DEP approval number for restrictions:	MBR-95-RES-047		
operation		g. 2 = ε. σμηνιστιστιστιστιστιστιστιστιστιστιστιστιστι	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		
			Dani (M. manth. manth. dani hann		
			Per: 🗹 month 🔝 week 🔝 day 🔛 hour		
			ONUTION of oil organization in		
			CAUTION: check your amount vs.units		
	2.	Annual usage:	9.2480 1000 GALLONS		
		•	a. Amount – year of record b. Units		
		Enter "0" if not used in the year of record	14.34 1000 GALLONS c. Total annual usage for prior year of record – eDEP only		
			6. Total allitual usage for prior year of lecold – 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:

2011
Year of record
3
DEP EU# (old Point #)
1190564
Facility AQ identifier



Part 75 Requirements

□ NO2 Pollutant: ☐ PM10 ☐ PM2.5 ☐ SO2 0.0143 0.0060 0.3054 0.1434 Actual for previous year Tons Tons Tons Tons eDEP only: 0.0092 0.0038 0.1970 0.0925 ctual for year of record: Tons Tons Tons Tons 0.1883 0.0471 3.6907 4.5202 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 – Tons Tons annual: Tons Tons For this fuel only Maximum allowed emissions short term: Pounds **Pounds** Pounds Pounds Short term period (or MMBtu): MBR-86-COM-027 MBR-86-COM-027 MBR-86-COM-027 MBR-86-COM-027 Basis - DEP approval number or regulation:

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	0.0359	0.0024	0.0057	
eDEP only:	Tons	Tons	Tons	Tons
	0.0231	0.0016	0.0037	
Actual for year of record:	Tons	Tons	Tons	Tons
Potential emissions at max	0.9417	0.0377	0.1507	
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:	MBR-86-COM-027		MBR-86-COM-027	



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

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

2011
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.



Bureau of Waste Prevention - Air Quality

Emission Unit - Fuel Utilization Equipment

2011 Year of record DEP EU# (old Point #) 1190564

Facility AQ identifier

Important: When filling out forms on use only the key.







Α.	Equipment Description				
1.	Facility identifiers:				
	CLEAN HARBORS OF BRAINTREE INC				
	a. Facility name				
	34839	1190564			
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number			
2.	Emission unit identifiers:				
	HURST BOILER, 2.091 MMBTU/HR, NO. 2 FUEL	OIL-0.3 S			
	a. Facility's choice of emission unit name – edit as needed				
	2	2			
	b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # – 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 Appr	rovals ? 🗹 yes 🗌 no			
5.	If exempt from Plan Approval, indicate reason why	(e.g., cite a specific DEP regulation):			
	BELOW THRESHOLDS IN 310 CMR 7.02 (2)(B) 7 AND 15				
	Reason for exemption				
3.	Emission unit installation date and decommission date:				
	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.			

How to delete a unit? (click ?-icon

a. Is this unit replacing another emission unit?

no yes – enter DEP's emission unit number and name for the unit being replaced below:

b. DEP's emission unit number and facility unit name

8. Additional state reporting requirements:

a. Are there other routine air quality reporting requirements for this emissions unit?

yes - specify reporting frequency below

no – skip to question 8c

b. Reporting frequency - check all that apply:

☐ 1. Monthly ☐ 2. Quarterly ☐ 3. Semi-annual 4. Annual 5. RES

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

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

✓ NESHAP ■ NSPS

■ MACT



Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

2011
Year of record
2
DEP EU# (old Point #)
1190564
Facility AO identifier

A. Equipment Description (cont.)

?	9.	Equipment:	? EPA	Unit Ty	/pe Code (eDE	Ро	nly): BOILER	
ow to report		a. Type: 🗹 boi	iler 🔲 furn	nace	engine] oth	ner:	
nits ?		If engine, is this					Describe "other" equip	ment type
	3	-	s an emerge	ency ge	nerator:y	es [
		HURST				_	4VT-50BHP	
		b. Manufacturer 2.0910					c. Model number 1	
/hat to do		d. Max input rating	MMBtu/hr (mus	st be grea	ater than 0)		e. Number of burners (ent	er "0" if not applicable)
data nknown or		f. Type of burne	er – check or	ne:	☐ rotary		✓ mech. atomizer	steam atomizer
ot available?					air atomi	zer	traveling grate	hand fired
					other:			
		HURST					"other" burner type	
		g. Burner manufact	urer			-	h. Burner model number	
		5/1/2003	u. u.					
		i. Burner installation	n date (mm/dd/	/уууу)		=		
•		b. Number of hours e. Percent of to $\frac{57.0}{Q1} \qquad \frac{0.0}{Q2}$	tal annual o _l	peration 0.0 Q3	c. Number of day n that occurs in	•	er week d. Nonch calendar quarter: Sum of Q1+Q2+Q3+Q4 mor 0% if the unit was not o	
	11.	Ozone season	operation sc	chedule	– May 1 throu	gh \$	September 30:	
		0			0		0	
		a. Ozone season he	ours per day		b. Ozone seasor	. day	10 nor 1110ols 0 1/1/	
						Tuay	s per week C. w	eeks operated in ozone season
	12.	Emission releas	se point – se	elect on			ines click here for instruction	
	12.	Emission releas				Eng		
	12.	Non-Stack Re	elease Point	ts: ontal ve ward fa	ne: ?	Eng	ines click here for instruction	ons: ?
		Non-Stack Re	elease Point horizo n. downwack/vent less	ts: ontal ve ward fa s than 1	ent ocing vent oft	Eng P	ines click here for instruction hysical Stacks: vertical stack vertical with rain cap	ons: ?
		Non-Stack Re fugitive engine exh vertical sta If Non-Stack rele Link this unit to	elease Point horizon. downwack/vent lesseses point, skip a physical s	ts: ontal ve ward fa s than 1 to questi	ent icing vent loft ion 14. applicable) – p	Eng P	ines click here for instruction hysical Stacks: vertical stack vertical with rain cap from the list below:	ons: ?
		Non-Stack Re	elease Point horizon. downwack/vent less ase point, skip a physical s BOILER #2-	ts: ontal ve ward fa s than 1 to questi stack (if HURS	ent icing vent oft ion 14. applicable) – p T #30- #2 OIL	Eng P	ines click here for instruction hysical Stacks: vertical stack vertical with rain cap from the list below: PER. S	ons: ?



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

Year of record

DEP EU# (old Point #)
1190564

Facility AQ identifier

?	14. Is there a pollution control device	ce on this emissions unit?	Check here if you need to report more than 3 air pollution control devices on
How to delete a control ?	yes – answer a through i	✓ no – skip to question 15	this unit. eDEP will add another page of control devices after this form.
	Air pollution control device 1	Air pollution control device 2	Air pollution control device 3
	a. Type	Туре	Туре
Do not leave blank – if unknown	b. Manufacturer	Manufacturer	Manufacturer
write 'unknown' or estimate	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)
	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)
PM 10	i. Percent overall efficiency - er	nter for all pollutants that the device	was designed to control:
PM 2.5	% Overall eff.	% Overall eff.	% Overall eff.
	% 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

% Overall eff.

Specify "Other"

Other

% Overall eff.

Specify "Other"

% Overall eff.

Specify "Other"



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

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

2011
Year of record
2
DEP EU# (old Point #)
1190564
Facility AQ identifier

How to delete a monitor?	☐ yes – answer a	through I ✓ no – skip to	section B	
		Monitor 1	Monitor 2	Monitor 3
	a. Monitor type:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:
Do not leave blank – if unknown write 'unknown' or estimate	b. Manufacturer: c. Model number:	Describe "other"	Describe "other"	Describe "other"
	d. Monitor ID #: e. Installation date: f. DEP approval #:	Facility's Designation (mm/dd/yyyy)	Facility's Designation (mm/dd/yyyy)	Facility's Designation (mm/dd/yyyy)
Leave f, g, h blank if not applicable.	g. DEP approval date: h. Decommission date: i. Recorder ?	(mm/dd/yyyy) (mm/dd/yyyy) yes no	(mm/dd/yyyy) (mm/dd/yyyy) yes no	(mm/dd/yyyy) (mm/dd/yyyy) yes no
6	j. Audible alarm ?	☐ 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

2011 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 of the still report for famount 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	
		b. Type of fuel – check one:	300 Code Description - Illed	by eder
		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 - de	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		e. Maximum hourly fuel rate for all firing burners:	O.0150 Amount	1000 GALLONS Units per hour
fuel (its absolute uncontrolled design		f Do you have fuel or upage restrictions?	Enter "0" if unit decommissione	ed prior to this Year of Record.
capacity). Do not enter the		f. Do you have fuel or usage restrictions?	yes no - skip to	question 2
normal operation rate nor any restricted		g. DEP approval number for restrictions:	Most recent for this fuel	
(allowable) rate.		h. Annual use restriction (amount or hours):	91980	GALLONS
iai c .		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:	9.5440	1000 GALLONS
		•	a. Amount – year of record	b. Units
		Enter "0" if not used in the year of record	d.783 1000 c. Total annual usage for prior	year of record – ADEP only
			o. Total allitual usage for pilot	your or rooms - GDET OHY



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:

2011 Year of record DEP EU# (old Point #) 1190564 Facility AQ identifier



Calculations: The form will automatically calculate the actual and potential emissions UNLESS you check a box to manually enter emissions for each specific pollutant. Click the "?" icon for information to help you decide how to use this feature:

	Pollutant:	□ PM10	☐ PM2.5	⊔ SO2	□ NO2
	Actual for previous year	0.0048	0.0020	0.1020	0.0478
6	eDEP only	Tons	Tons	Tons	Tons
	A start for a section and	0.0095	0.0040	0.2033	0.0954
	Actual for year of record:	Tons	Tons	Tons	Tons
	Potential emissions at max	0.0482	0.0120	0.9441	1.1563
	capacity uncontrolled:	Tons	Tons	Tons	Tons
	Emission factor:	1	0.25	142	24
		1000 GALLONS	1000 GALLONS	1000 GALLONS	1000 GALLONS
	in pounds per unit: Maximum allowed emissions –				
Ş	annual:	Tons	Tons	Tons	Tons
P	Maximum allowed emissions -				-
fue	short term:	Pounds	Pounds	Pounds	Pounds
For this fuel only	Short term period (or MMBtu):				
<u>P</u>	Basis – DEP approval number	EXEMPT	EXEMPT	EXEMPT	EXEMPT
	or regulation:				

other: Pollutant: □ co □ VOC ☐ NH3 specify 0.0008 0.0120 0.0019 Actual for previous year Tons Tons eDEP only: Tons Tons 0.0239 0.0016 0.0038 Actual for year of record: Tons Tons Tons Tons 0.2409 0.0096 0.0385 Potential emissions at max Tons Tons capacity uncontrolled: Tons Tons 5 0.20 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): **EXEMPT EXEMPT** Basis - DEP approval number or regulation:



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

B.	Fuels and	Emissions	(cont.)

2011
Year of record
2
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.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2011 Year of record 5 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.

2.

A. Emission Unit – Process Description

Facility identifiers:	
CLEAN HARBORS OF BRAINTREE INC	
a. Facility name	
34839	1190564
b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
Emission unit identifiers:	
2 DRUM CRUSHING LINES	

T II			
		2 DRUM CRUSHING LINES	
		a. Facility's choice of emission unit name – edit as needed	
		5	5
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # (old SSEIS Point #)
?		d. Combined Units – enter number of individual units	
?	3.	DEP approvals – leave blank if not applicable:	
		MBR-87-IND-191	1/13/1988
		a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)

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

b. Model number

4. Is this unit exempt under 310 CMR 7.02 Plan Approvals? yes

DRUM CRUSHER

6/1/1986

c. Equipment Type

d. EPA Unit Type Code : CRUSHER

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

7. Emission unit installation and decommission dates:

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

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

✓ no

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

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2011
ear of record
5
DEP EU# (old Point #)
1190564
acility AQ identifier

A. Emission Unit – Process Description (cont.)

8.	Emission unit replace	ment:				
	a. Is this unit replacing	g another emis	ssion unit?			
	✓ no yes – enter DEP's emissions unit number for the unit being replaced below:					
	DEP's emission unit number	er 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					
10). Hours of operation for	the emission	unit: a. [check if continuou	sly operated – 24 x 7 x 52	
	0					
	U		0		0	
?	b. Number of hours per day	′	0 c. Number of da	ys per week	d. Number of weeks per year	
?	b. Number of hours per day e. Percent of total ann					
?	e. Percent of total ann	nual operation	that occurs i	n each calendar qua		
11	e. Percent of total ann	nual operation O Q3	that occurs i	n each calendar qual Sum of Q1+Q2+Q3- (or 0% if the unit wa	ter:	
11	e. Percent of total ann $\frac{0}{\mathrm{Q1}}$ $\frac{0}{\mathrm{Q2}}$	nual operation	that occurs in that occurs in Q4 rough Septer	n each calendar qual Sum of Q1+Q2+Q3 (or 0% if the unit wa	rter: +Q4 must = 100% s not operated for any quarter)	
11	e. Percent of total ann $\frac{0}{\mathrm{Q1}}$ $\frac{0}{\mathrm{Q2}}$	nual operation	that occurs in that occurs in Q4 rough Septer	n each calendar qual Sum of Q1+Q2+Q3 (or 0% if the unit wa	ter:	
	e. Percent of total ann $\frac{0}{\mathrm{Q1}}$ $\frac{0}{\mathrm{Q2}}$	ual operation O Q3 ule – May 1 the day day	that occurs in the property of	n each calendar qual Sum of Q1+Q2+Q3 (or 0% if the unit wa	rter: +Q4 must = 100% s not operated for any quarter)	
	e. Percent of total ann on the control of total ann of total	Q3 ule – May 1 the day between the day between the day between the day and day between the da	that occurs in the property of	n each calendar qual Sum of Q1+Q2+Q3- (or 0% if the unit wa mber 30: n days per week	rter: +Q4 must = 100% s not operated for any quarter)	
	e. Percent of total ann on the control of total ann on the control of total ann on the control of the control o	nual operation O Q3 ule – May 1 thromagnetic day ot – select one Points: norizontal vent downward facile	that occurs in the property of	n each calendar qual Sum of Q1+Q2+Q3 (or 0% if the unit wa	ter: +Q4 must = 100% s not operated for any quarter) O c. Weeks operated in ozone season	
	e. Percent of total ann on the control of total ann on the control of total ann on the control of the control o	Q3 ule – May 1 the day between the select one downward facilities than 10	that occurs in the property of	n each calendar qual Sum of Q1+Q2+Q3 (or 0% if the unit wa mber 30: n days per week Physical Stacks: vertical stack	ter: +Q4 must = 100% s not operated for any quarter) O c. Weeks operated in ozone season	
12	e. Percent of total ann o	nual operation Oga Q3 ule – May 1 through of day ot – select one Points: norizontal vent downward facint less than 10 nt, skip to question	that occurs in the property of	n each calendar qual Sum of Q1+Q2+Q3- (or 0% if the unit wa mber 30: days per week Physical Stacks: vertical stack vertical with ra	ter: +Q4 must = 100% s not operated for any quarter) O c. Weeks operated in ozone season in cap/sleeve	
12	e. Percent of total ann on the control of	nual operation O Q3 ule – May 1 the operation of day b	that occurs in the policies of	n each calendar qual Sum of Q1+Q2+Q3- (or 0% if the unit wa mber 30: days per week Physical Stacks: vertical stack vertical with ra pick from the list belo	ter: +Q4 must = 100% s not operated for any quarter) O c. Weeks operated in ozone season in cap/sleeve	

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2011
Year of record
5
DEP EU# (old Point #)
1190564
Facility AO identifier

A. Emission Unit – Process Description (cont.)

?	yes – answer a tl	hrough I	to Question 15	evices ?
How to delete monitor	-	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 #:			
	e. Installation date:	Facility's Designation	Facility's Designation	Facility's Designation
(>	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	f. DEP approval #:			
Leave f, g, h	g. DEP approval date:	7 (11)		(
applicable.	h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder ?	(mm/dd/yyyy)	(mm/dd/yyyy) ☐ yes ☐ no	(mm/dd/yyyy) ☐ yes ☐ no
	j. Audible alarm ?	☐ yes ☐ no	∐ yes ∐ no	☐ yes ☐ no
?	k. Data system ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	I. Monitored pollutants - check all that apply:	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:	PM 10 PM 2.5 S02 C0 V0C N02 NH3 Mercury Oxygen C02 H2S HCL Opacity other – describe:	PM 10 PM 2.5 SO2 CO VOC NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:
		Describe "other"	Describe "other"	Describe "other"

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2011
Year of record
5
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Emission Unit – Process Description (cont.)

? 1!	5. 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		
	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 device	e was designed to control:		
PM 10	% Overall eff.	% Overall eff.	% Overall eff.		
PM 2.5 SO2	% Overall eff.	% Overall eff.	% Overall eff.		
	% Overall eff.	% Overall eff.	% Overall eff.		
CO	% Overall eff.	% Overall eff.	% Overall eff.		
VOC	% Overall eff.	% Overall eff.	% Overall eff.		
NO2	% Overall eff.	% Overall eff.	% Overall eff.		
NH3	% Overall eff.	% Overall eff.	% Overall eff.		
HOC	% Overall eff.	% Overall eff.	% Overall eff.		
HYC	% Overall eff.	% Overall eff.	% Overall eff.		
Hg	% 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 ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2011
Year of record
5
DEP EU# (old Point #)
1190564
Facility AO identifier

	В.	nissions 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	or making this product in this st still report data for this year "0" – the material / product		
	1.	Operation description:	RCRA EMPTY DRUMS			
2		a. Raw material or finished product name:				
ow does eDEP andle multiple		Number of segments for this unit (previous records): 1 b. Is material/product an input or output?	✓ input □ output	1 DEP#		
aw materials or nished roducts ?		c. Process description:	2 DRUM CRUSHING LIN	ES DRUMS		
		d. Source Classification Code (SCC): (see instructions)	3999998 SC Code (call DEP if SC Code	will not validate)		
		(see instructions)	MISC INDUSTRIAL PRO			
		a Maximum process rate for material/product:	SCC Description – filled by eDE	EP upon validation 1000 EACH		
		e. Maximum process rate for material/product:	Amount	Units per hour		
ote: efinition of laximum rocess rate		f. If organic material, give weight % of:	VOC	HOC		
		a. Total actual row material used or finished	HYC 0.0000	1000 EACH		
		g. Total actual raw material used or finished product produced for year of record:	Amount	Units		
		Enter "0" if not used in the year of record	Prior year – eDEP only	1000 EACH Units prior year		
	?	h. Do you have raw material or finished product restrictions?	☐ yes no – skip to question 1.I			
	? i. DEP approval number for restrictions:		Most recent approval number for this material or product			
		j. Short term raw material/finished product				
		restriction – if none, leave blank:	Quantity (amount or hours)	Units		
		L. Association desired	Per: month weel	k ∐ day ∐ hour		
		k. Annual material/product restriction– if none, leave blank:	Quantity (amount or hours)	Units		
		I. Indicate which air pollution control devices from Section A, Question 15 control this	Device ID #	Device ID #		
		material/product by listing the facility- designated control device ID # for each unit that applies:	Device ID #	Device ID #		
		• •	Device ID #	Device ID #		
		How to make a new air pollution control device appear in these drop menus?	check here if ALL air pollur unit apply to this material/p			
	0	9/19/05	BWP AQ AP-2 Emission Unit –	Process Description • Page 5		

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit - Process Description

2011 Year of record 5 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 emissions means that you are certifying that	Pollutant	PM10	PM2.5	SO2	NO2	со
	Actual for previous year eDEP only:	Tons	Tons	Tons	Tons	Tons
there were less than 0.0001 (or zero) tons of emissions for each	Actual for year of record:	Tons	Tons	Tons	Tons	Tons
blank.	Potential emissions at maximum capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Emission factor:			_		
	In pounds per unit::			_		
al or y one)	Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
For this material or product only (leave blank if none)	Max allowed — short term:	Pounds	Pounds	Pounds	Pounds	Pounds
this	Short term period:					
P (9)	Basis: DEP approval number or regulation:		_			_
Important:						Other:
Poporting now	D. H. d. a.d	1/00	1100	**************	NUIO	

?
Important:
Reporting now
required for
t-Butyl Acetate

	Pollutant	voc	нос	*Reserved*	NH3	specify
Actual for prevented e	vious year DEP only:	Tons	Tons	Tons	Tons	Tons
Actual for year	of record:	0.0000 Tons	Tons	Tons	Tons	Tons
Potential emissions at capacity und		12 Tons 0.11	Tons	Tons	Tons	Tons
	ion factor:	1000 EACH				
In pound	s per unit:	1000 E/(011			<u> </u>	
Max allowed	– annual:	Tons	Tons	Tons	Tons	Tons
Max allowed — s	hort term:	Pounds	Pounds	Pounds	Pounds	Pounds
Short tel	rm period:	MBR-87-IND-		-		_
number or r				-		

For this material or product only (leave blank if none)

check to enter your own values

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2011
Year of record
5
DEP EU# (old Point #)
1190564
Facility AQ identifier

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

C. Notes and Attachments

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

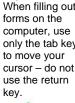
THE DRUM CRUSHING UNIT WAS NOT USED IN CALENDAR YEAR 2011

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

Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-3

2011
Year of record
1
DEP EU# (old Point#)
1190564
Facility AQ identifier







	Em	nission Unit – Incinerator: Solid Waste, Sludge, M	edical Waste, other	1190564 Facility AQ identifier				
Important: When filling out		Emission Unit – Incinerator Informa	·	raciiity AQ identifie				
forms on the computer, use	4	Facility identifiers						
only the tab key	1.	Facility identifiers:						
to move your cursor – do not		a. Facility name						
use the return key.		34839	1190564					
		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number					
tab								
return	2.	Emission unit identifiers:						
		STACK 1 POINT 1 SEGMENT						
		a. Facility's choice of emission unit name – edit as needed						
		h Facility's emission unit number / code . edit on needed	c. DEP emissions unit # - SSI	EIC point #				
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - 55t	=15 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/	уууу)				
_	4.	Emission unit installation and decommission dates:						
?	٦.	5/1/1989						
How to delete		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd	/yyyy) – if applicable				
a unit?				as shut down permanently or				
		_	replaced since the last rep	oort.				
	5.	Emission unit replacement?						
		a. Is this unit, replacing another emission unit?						
		✓ no	nber for the unit being rep	laced below:				
		E yes sine. De s'emissione annonement	ibor for the drint boning rop	lacea selem.				
		b. DEP's Emission Unit Number and facility's unit name						
	6.	Are there routine air quality reporting requirements fo	r this amissions unit (other	or than Source				
	0.	Registration)?	i tilis emissions unit (othe	er than Source				
		a. Are there other routine air quality reporting require	ments for this emissions ເ	unit ?				
		✓ yes – specify reporting frequency below □ no	o – skip to question 6c					
		b. Reporting frequency – check all that apply:						
		☐ Monthly ☐ Quarterly ☐ Semi-annual ✓ Annu	al ☑ RES					
		(include Operating Permit and Plan Approval reports, but not exce-						
		c. Is this unit subject to (check all that apply):						
		□ NESHAP □ NSPS □ MACT						
		LINEOLIAF LINOFO LIMACI						

Bureau of Waste Prevention – Air Quality

BWP AQ AP-3

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

2011
Year of record
1
DEP EU# (old Point#)
1190564
Facility AQ identifier

Note: This section is not for afterburners or	7.	Incinerator description:		
other pollution		a. Type: commercial industrial medical		
control equipment.			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:	
		e. Pounds of steam per hour	f. MMBtu per hour	
	8.		- dry rubbish, trash	
		☐ Type 1 Waste ☐ Type 2 Waste	– rubbish – mix of rubbish & garbage	
		☐ Type 3 Waste		
			- infectious/medical waste	
			e – industrial (liquid) e – industrial (solid)	
		☐ other:	maddita (Solid)	
		Specify Other Waste 1	Гуре	
	0	Course Olera Faction Code (CCC)	50200505	
	9.	Source Classification Code (SCC) (see instructions):	SC Code (call DEP if SC code will not validate)	
		(coo includationo).	INCINERATION-SPCL-PATHOLOGICAL	
			SC Code Description – filled by eDEP upon validation	
	10	. Amount of material incinerated in year of record:	0.0000 Tons	
			0	
			Tons in previous year – eDEP only	
	11	. Charging rate restriction (for batch units only):	0	
			a. Amount	
			 b.	
			_ tone of waste per fied.	
	12	. Heat recovery?	☑ yes ☐ no	
	13	. Number of hearths:	1	
	14	. Total hearth area (total square footage):	100	
	, -		Square Feet	
	15	. Automatic feeder?	✓ yes □ no	

Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-3

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

2011
Year of record
1
DEP EU# (old Point#)
1190564
Facility AQ identifier

	Hours of operation for th	e emissio	_] check if co		erated – 24 x	7 x 52			
	b. Number of hours per day		c. Number of days per week			d. Number of weeks per year				
						ilibei oi weeks i	Dei yeai			
	e. Percent of total annua	al operation	on that occurs in 0		-					
	$\frac{0}{Q1}$ $\frac{0}{Q2}$	m of Q1+Q2+Q3+ 0 if the unit was no								
	2. 2-	40	Q4							
17.	Ozone season schedule 0	– May 1	through Septem	ber 30:	0					
	a. Ozone season hours per da	у	b. Ozone season	days per week	c. We	eeks operated ir	n ozone season			
	Non-Stack Release Po	oints: rizontal ve	ont	Physical vertical						
10.	Emission release point - Non-Stack Release Po		ile.	Physical	Stacks:					
	☐ gooseneck ☐ downward facing vent ☐ vertical with rain cap/sleeve ☐ vertical stack/vent less than 10ft									
	If Non-Stack release point, skip to question 20. Link this unit to a physical stack (if applicable) – pick from the list below:									
19.				ick from the	list below:					
19.	Link this unit to a physica 1 STACK #1- INCINERATOR #1-VENT	al stack (i -o-matic- na	f applicable) – p 2007							
	Link this unit to a physica	al stack (i -o-matic- na STACK form sted, save a	f applicable) – p 2007 n – to change stack is and exit this form no	name use the s	STACK form					
	Link this unit to a physica 1 STACK #1-INCINERATOR #1-VENT Facility's stack identifier from S If the stack for this unit is not li Temperature – degrees	al stack (i -o-matic- na STACK form sted, save a	f applicable) – p 2007 n – to change stack is and exit this form no	name use the s	STACK form te a new Stack for					
	Link this unit to a physica 1 STACK #1-INCINERATOR #1-VENT Facility's stack identifier from S If the stack for this unit is not li Temperature — degrees a. Operating range:	al stack (i -o-matic- na STACK form sted, save a	f applicable) – p 2007 n – to change stack is and exit this form no	Primar 50 Lower 50	STACK form te a new Stack form Ty Chamber 100 Upper 100	Seconda	Try Chambe			
	Link this unit to a physica 1 STACK #1-INCINERATOR #1-VENT Facility's stack identifier from S If the stack for this unit is not li Temperature – degrees	al stack (i -o-matic- na STACK form sted, save a	f applicable) – p 2007 n – to change stack is and exit this form no	Primar 50 Lower	STACK form te a new Stack form Ty Chamber 100 Upper	Seconda	ry Chambe			
20.	Link this unit to a physica 1 STACK #1-INCINERATOR #1-VENT Facility's stack identifier from S If the stack for this unit is not li Temperature — degrees a. Operating range:	al stack (i	f applicable) – p 2007 n – to change stack is and exit this form no	Primar 50 Lower 50	STACK form te a new Stack form Ty Chamber 100 Upper 100	Seconda	Ty Chamber			
20.	Link this unit to a physica 1 STACK #1-INCINERATOR #1-VENT Facility's stack identifier from S If the stack for this unit is not li Temperature – degrees a. Operating range: b. Permitted range:	al stack (i	f applicable) – p 2007 n – to change stack is and exit this form no	Primar 50 Lower 50	STACK form te a new Stack form Ty Chamber 100 Upper 100	Seconda	Ty Chamber			

Bureau of Waste Prevention – Air Quality

BWP AQ AP-3

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

2011
Year of record
1
DEP EU# (old Point#)
1190564
Facility AQ identifier

Primary chamber auxiliary burners:				
a. Type of burner – check one: ☐ rotary ☐ air atomiz ☑ other:	☐ mech. atomizer cer ☐ traveling grate	steam atomizer hand fired		
	MECH ATOMIZER			
	Specify "other" burner type			
CARLIN b. Burner manufacturer				
201-CRD	0.77			
c. Burner model number	d. Maximum rating MMBtu /	hr		
e. Source Classification C code (SCC):	50290005			
(see instructions)	SC Code (call DEP if SC co AUX.FUEL/NO EMSN	•		
	SC Code Description – filled			
f. Type of fuel – check one:	☐ no.2 ☐ no.4			
	☐ diesel ☐ natural	gas 🗹 other – describe:		
	AUX FUEL	5 —		
	Describe "other "fuel			
g. Sulfur content for oils (0-2.2):				
3	Percent by weight	Percent by weight		
h. Maximum hourly fuel rate for all firing burners:	0.1750	1000 GALLONS		
	Amount	Units per hour		
i. Total actual fuel used for year of record:	0.0000	1000 GALLONS		
(Enter "0" if not used in the year of record)	Amount – year of record	Units		
	Drior year a DED only	1000 GALLONS Units		
	Prior year – eDEP only	Offits		
j. Do you have fuel or usage restrictions?	☑ yes □ no – sl	kip to question 23		
j. Do you have fuel of usuge restrictions.	MBR-89-INC-003	up to question 20		
k. DEP approval number for fuel restrictions:	Most recent for this fuel			
	183.96	1000 GALLONS		
Annual usage restriction (for this fuel):				
I. Annual usage restriction (for this fuel):	Quantity	Units		
I. Annual usage restriction (for this fuel):m. Short term use restriction (for this fuel):		Units 1000 GALLONS Units		

Bureau of Waste Prevention – Air Quality

BWP AQ AP-3

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

2011
Year of record
1
DEP EU# (old Point#)
1190564
Facility AQ identifier

23.	Secondary chamber auxiliary burners	S:		
	Is there a secondary chamber?	☐ Yes 🗹 No –	if no skip to Question 24	4
	a. Type of burner – check one:	rotary air atomizer other:	☐ mech. atomizer ☐ traveling grate	steam atomizer hand fired
			Specify "other" burner type	
	b. Burner manufacturer			
	c. Burner model number		d. Maximum rating MMBtu/hr	
	e. Source Classification C code (SCC (see instructions)):	SC Code (call DEP if SC cod	e will not validate)
			SC Code Description – filled	<u> </u>
	f. Type of fuel – check one:		no.2 no.4	☐ no.6 as ☐ other – describe:
			Describe "other" fuel	
	g. Sulfur content for oils (0-2.2):		Percent by weight	
	h. Maximum hourly fuel rate for all firing burners:			
			Amount	Units per hour
	i. Total actual fuel used for year of rec (Enter "0" if not used in the year of record)	ord:	Amount – year of record	Units
			Prior year – eDEP only	Units
	j. Do you have fuel usage restrictions?	?	☐ yes no – ski	ip to question 24
	k. DEP approval number for fuel restri	ctions:	Most recent for this fuel	
	I. Annual usage restriction (for this fue	el):	Quantity	Units
	m. Short term fuel use restriction (for t	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

Year of record

DEP EU# (old Point#)

1190564

Facility AQ identifier

24	. 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.
	Air pollution control device	Air pollution control device	Air pollution control device
	SODIUM-ALKALI SCRUBBING	DRY SCRUBBER	FABRIC FILTER
	а. Туре	Туре	Туре
	0	0	0
Do not leave blank –	b. Manufacturer	Manufacturer	Manufacturer
if unknown	0	0	0
write	C. Model number	Model number	Model number
'unknown' or	2-CAE500	3-CAE500	1-CAE500
estimate	d. Facility's ID for this device	Facility's ID for this device	Facility's ID for this device
	4/1/1989	4/1/1989	4/1/1989
	e. Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)
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	nter for all pollutants that the device	e was designed to control:
PM 10	99	99	99
	% Overall eff.	% Overall eff.	% Overall eff.
PM 2.5	0	0	0
=	% Overall eff.	% Overall eff.	% Overall eff.
SO2	0	0	0
552	% Overall eff.	% Overall eff.	% Overall eff.
СО	0	0	0
	% Overall eff.	% Overall eff.	% Overall eff.
VOC	0	0	0
, , ,	% Overall eff.	% Overall eff.	% Overall eff.
NO2	0	0	0
1402	% Overall eff.	% Overall eff.	% Overall eff.
NH3	0	0	0
11110	% Overall eff.	% Overall eff.	% Overall eff.
HOC	0	0	0
1100	% Overall eff.	% Overall eff.	% Overall eff.
HYC	0	0	0
1110	% Overall eff.	% Overall eff.	% Overall eff.
Hg	0/ 0/ 0/ 0/ 0/ 0/ 0/ 0/ 0/ 0/ 0/ 0/ 0/ 0	0 % Overall eff.	O/ Owners II off
DI	% Overall eff.	% Overall eff.	% Overall eff.
Pb	% Overall eff.	% Overall eff.	% Overall eff.
Oth an	% Overall eπ.	% Overall eπ. 99	% Overall eπ.
Other			
	% 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

2011
Year of record
1
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	(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

2011 Year of record DEP EU# (old Point#) 1190564 Facility AQ identifier

B. Emissions

Total emissions for this emissions unit – tons per vear:

	1. Total emissions for this emissions unit – tons per year:						
Important.	Pollutant	PM10	PM2.5	SO2	NO2	со	
Important: Leaving blanks for	Actual for previous year	0	0	0	0	0	
Actual and Potential emissions means that	eDEP only:	Tons	Tons	Tons	Tons	Tons	
you are certifying that	Actual for year of record:	0.0000 Tono	0.0000	0.0000	0.0000	0.0000	
there were less than 0.0001 (or zero) tons		Tons . 048	Tons 0.0480	Tons 3	Tons 5	Tons 6	
of emissions for each	Potential emissions at max. capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons	
blank.	Emission factor:			_			
	Emission factor units						
	in pounds per:				 ;		
_	Maximum allowed						
ini one)	emissions – annual:	Tons	Tons	Tons	Tons	Tons	
if no	Maximum allowed	Davis da	Davisda	Davinda	Devende	Davis da	
ent. ank	emissions – short term:	Pounds	Pounds	Pounds	Pounds	Pounds	
the e bl	Short term period (or MMBtu):						
For the entire unit only (leave blank if none)	Basis: DEP approval	MBR-91-INC-003B		MBR-91-INC-003B	MBR-91-INC-003B	MBR-91-INC-003B	
	number or regulation:						
						Other:	
	Pollutant	voc	нос	*Reserved*	NH3	Specify	
	Actual for previous year	0					
	eDEP only:	Tons	Tons	Tons	Tons	Tons	
	Actual for year of record:	0.0000	Tons	Tono	Tono	Tons	
		Tons 19	TOTIS	Tons	Tons	TONS	
	Potential emissions at maximum capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons	
	Emission factor:						
	Emission factor units in pounds per:						
	Maximum allowed						
ini	emissions – annual:	Tons	Tons	Tons	Tons	Tons	
For the entire unit only leave blank if none)	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds	Pounds	
r the enti only	Short term period (or MMBtu):						
For th	Basis – DEP approval number or regulation:	MBR-91-INC-003B					
?	2. Ozone season emissio	ons – May 1 thro	ugh Septemb	er 30:			
NOTE for	0			0			
NOTE for 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

2011
Year of record
1
DEP EU# (old Point#)
1190564
Facility AQ identifier

C. Notes and Attachments

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

INCINERATOR HAS NOT OPERATED IN MORE THAN 10 YEARS

2. Attachments:

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2011
Year of record
9
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Coi	mplete one AP-4 for EACH organic material storage tar	ık.
Important: When filling out forms on	A.	Equipment Description	
the computer, use only the tab key to	1.	Facility identifiers: CLEAN HARBORS OF BRAINTREE INC	
move your cursor – do not use the return key.		a. Facility name 34839 b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number
tab			
return	2.	Emission unit identifiers: AG TANK A4- 5,200 GAL WASTE STREAM A-22	2
		a. Facility's choice of emission unit name – edit as needed 9	9
How to combine		b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units	c. DEP emissions unit # - SSEIS point #
units?	3.	Emission unit installation and decommission dates:	
2		1/1/1986 a. Installation date – estimate if unknown (mm/dd/yyyy)	12/30/2010 b. Decommission date (mm/dd/yyyy) – if applicable
How to delete a unit ?		a. notaliano. Cato cominato i annicom (immosayyyyy	Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit replacement:	
		a. Is this unit replacing another emission unit?	
		✓ no	mber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
?	5.	Unit descriptions:	
		a. Description: ✓ above ground ☐ below groun	nd
		b. Roof type:	

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

other:

5200

e. Capacity - gallons

Specify other

✓ fixed

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

10.5

10.66

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2011
Year of record
9
DEP EU# (old Point #)
1190564

Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):					
	HALOGENATED FUEL					
	a. Name of material					
		40722098				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	ORGANIC CHEM.SPECIFY IN COMMNETS					
?	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C 0.0000				
	f. Temperature – typical storage temp. in [®] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)				
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only					
8.	New material stored (enter new material if conter	nts changed during year of record): ?				
	a. Name of material					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	ORGANIC CHEM.SPECIFY IN COMMNETS	•				
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons				
	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	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

2011
Year of record
8
DEP EU# (old Point #)
1190564
Facility AQ identifier

	001	mplete one AP-4 for EACH organic material storage to	arin.
ortant: en filling forms on	A.	Equipment Description	
computer,	1.	Facility identifiers:	
only the ey to		CLEAN HARBORS OF BRAINTREE INC	
e your		a. Facility name	
or – do use the		34839	1190564
n key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
ab			
Y	2.	Emission unit identifiers:	
n		AG TANK A3-9,800 GAL	
		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 #
2		d. Combined Units – enter number of individual units	
to		d. Combined Offits – effet flumber of individual units	
bine			
nits?	_	Envisaire continuatellation and decomposition dates	
	٠,		
	3.	Emission unit installation and decommission dates	X:
	3.	1/1/1986	
?	3.		b. Decommission date (mm/dd/yyyy) – if applicable
	3.	1/1/1986	
	3.	1/1/1986 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently
	3.	1/1/1986 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement:	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently
	3.	1/1/1986 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently
	3.	a. Installation date – estimate if unknown (mm/dd/yyyyy) Emission unit replacement: a. Is this unit replacing another emission unit?	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.
	3. 4.	a. Installation date – estimate if unknown (mm/dd/yyyyy) Emission unit replacement: a. Is this unit replacing another emission unit?	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently
	3. 4.	a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? ✓ no ☐ yes – enter DEP's emissions unit no	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.
? to delete it?	3. 4.	a. Installation date – estimate if unknown (mm/dd/yyyyy) Emission unit replacement: a. Is this unit replacing another emission unit?	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.
	3. 4.	a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? ✓ no ☐ yes – enter DEP's emissions unit no	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.
	3.4.5.	a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? ✓ no	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.
	4.5.	a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? v no yes – enter DEP's emissions unit no b. DEP's Emission Unit Number and facility unit name	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.
	4.5.	a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? ☑ no ☐ yes – enter DEP's emissions unit not b. DEP's Emission Unit Number and facility unit name Unit descriptions: a. Description: ☑ above ground ☐ below ground b. Roof type: ☐ floating roof ☐ internal roof	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. number for the unit being replaced below:
	3. 4.	a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? ✓ no	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. number for the unit being replaced below:
	3.4.5.	a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? ☑ no ☐ yes – enter DEP's emissions unit not b. DEP's Emission Unit Number and facility unit name Unit descriptions: a. Description: ☑ above ground ☐ below ground b. Roof type: ☐ floating roof ☐ internal roof	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. number for the unit being replaced below:

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

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2011
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	nts changed during year of record): ?				
a. Name of material					
b. CAS number if single chemical	c. SC Code for standing / breathing loss				
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons				
h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
j. Oxygenate name – gasoline only	_				
Notes and Attachments Notes: please include in the space below any ac your submission.	dditional information that will help DEP understand				
1					
2. Attachments: ☐ Check here to submit attach	oments to this form. For attachments that cannot				

paper copy of this form.

for SC Code help

Bureau of Waste Prevention – Air Quality

Emission Unit - Organic Material Storage

2011 Year of record 7 DEP EU# (old Point #) 1190564 Facility AQ identifier

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

	COI	inplete one Ar-4 for LAGIT organic material storage t	ank.			
Important: When filling out forms on	A. Equipment Description					
the computer,	1.	Facility identifiers: (2)	Facility identifiers:			
tab key to CLEAN HARBORS OF BRAINTREE INC						
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 A2-9,800 GAL WASTE STREAM A-2	1			
		a. Facility's choice of emission unit name – edit as needed				
		7	7			
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #			
2		d. Combined Units – enter number of individual units				
How to						
combine units ?						
	3.	Emission unit installation and decommission dates	S:			
_		1/1/1986	12/11/2010			
?		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?	unit replacing another emission unit?			
		Due DED's series and series				
		✓ no yes – enter DEP's emissions unit r	number for the unit being replaced below:			
		b. DEP's Emission Unit Number and facility unit name				
	_					
(?	5.	Unit descriptions:				
		a. Description: ✓ above ground ☐ below gro	und			
		an a coordana				
		b. Roof type:	of			
		✓ fixed □ other:				
		44.00	Specify other			
		14.66 11.5 9800				

e. Capacity - gallons

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

c. Height / Length – feet

6. Construction:

d. Diameter – feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2011	
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	e. Vapor pressure in PSI at 25° C					
?	52	0.0000					
<u> </u>	f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)					
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only	=					
8.	New material stored (enter new material if conte	ents changed during year of record):					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons					
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only	_					
В.	Notes and Attachments						
1.	Notes : please include in the space below any acyour submission.	dditional information that will help DEP understand					
	2. Attachments: Check here to submit attach	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.

for SC Code help

Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2011 Year of record 63 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 fo	or EACH organ	ic materia	I 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.

COI	inplete one Ar -4 for EAGIT organic material storage tal	IN.			
Α.	Equipment Description				
1.	Facility identifiers:				
	CLEAN HARBORS OF BRAINTREE INC				
	a. Facility name				
	34839	1190564			
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number			
2.	Emission unit identifiers:				
۷.					
	AG TANK B9 POLYOLEFIN H TANKS WASTEWAT	ER NO VOCS			
	a. Facility's choice of emission unit name – edit as needed	00			
	63	63			
	b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #			
	d. Combined Units – enter number of individual units				
3.	Emission unit installation and decommission dates:				
	1/1/1977	11/29/2010			
	1/1/1 <i>311</i>	11/20/2010			





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

11/29/2010

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 anoth

er 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	☐ belo	ow ground			
	b. Roof type:	☐ floating roof ☑ fixed	inte	rnal roof er:			
	40 F	44.75		0050	Specify other		
	10.5	11.75		6250		=	
	c. Height / Length -	- feet d. Diameter – fe	eet	e. Capacity –	gallons		

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2011 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	7
		b CAC gumbar if single chamical	30187097
		b. CAS number if single chemical SPECIFY LIQUID:BREATHING LOSS	c. SC Code for standing / breathing loss
for SC Code		d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
help	?	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	_
	В.	Notes and Attachments	
	1.	Notes : please include in the space below any acyour submission.	dditional information that will help DEP understand

2. Attachments:

Check here to submit 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

Emission Unit - Organic Material Storage

2011 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.
1 m
Tab Tab

COI	Complete one AP-4 for EACH organic material storage tank.				
A.	Equipment Description				
1.	Facility identifiers:				
	CLEAN HARBORS OF BRAINTREE INC				
	a. Facility name				
	34839	1190564			
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number			
2.	Emission unit identifiers:				
	AG TANK B8- POLYOLEFIN H TANKS 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	c. DEP emissions unit # - SSEIS point #			



3. Emission unit installation and decommission dates:



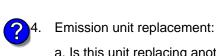
a. Installation date - estimate if unknown (mm/dd/yyyy)

d. Combined Units - enter number of individual units

8/4/2010

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

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



a. Is this unit replacing another emission unit?

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

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

? 5.	Unit description	ns:				
	a. Description:	✓ above ground	☐ bel	ow ground		
	b. Roof type:	☐ floating roof ☑ fixed	☐ inte	ernal roof er:		
					Specify other	
	9.6	11.75		7000		
	c. Height / Length -	- feet d. Diameter - f	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

2011		
Year of record		
62		
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	00407007						
	h OAO washan Yalasha sharakat	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						
2	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	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	_						
В.	Notes and Attachments							
1.	Notes : please include in the space below any additional information that will help DEP understand your submission.							
	your submission.							
	2. Attachments: Check here to submit attac	hments to this form. For attachments that cannot be						

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2011 Year of record 60 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.
tah

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



2. Emission unit identifiers:

a. Facility's choice of emission unit name – edit as needed	
60	60
o. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #



3. Emission unit installation and decommission dates:

?
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

er emission unit?

✓ no	yes – enter DEP's emissions unit number for the unit being replaced below:
b DED's En	pission Unit Number and facility unit name

	b. DEP's Emission	n Unit Number and facility	unit name)		
9 5.	Unit description	ns:				
4	•					
	a Description:	✓ above ground	□ hel	ow ground		
	a. Description.	E above ground		ow ground		
	b. Roof type:	floating roof	□inte	rnal roof		
	о	fixed	oth			
		<u>г</u> пхоа		01.	Specify other	
	11 E	10		COEO	Opening office	
	11.5	10		6250		
	c. Height / Length	– feet d. Diameter – f	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

2011 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						
<u> </u>		b. CAS number if single chemical	c. SC Code for standing / breathing loss						
Click " con		SPECIFY LIQUID:BREATHING LOSS	o. Oo ood for startding / broathing 1005						
for SC Code		d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C						
help	(?	52	0						
		f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter $\overline{0}$ if not used)						
	?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only						
		j. Oxygenate name – gasoline only	_						
	8.	New material stored (enter new material if conte	ents changed during year of record): ?						
		a. Name of material							
		b. CAS number if single chemical	c. SC Code for standing / breathing loss						
		d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C						
		f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons						
		h. RVP – gasoline only	i. Total oxygen percent – gasoline only						
		j. Oxygenate name – gasoline only	_						
	B.	Notes and Attachments							
	1.	1. Notes : please include in the space below any additional information that will help D 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

2011
Year of record
6
DEP EU# (old Point #)
1190564
Facility AQ identifier

	33	mplete one AP-4 for EACH organic material storage	tank.
i nt: ling	A.	Equipment Description	
s on puter,	1.	Facility identifiers:	
the to		CLEAN HARBORS OF BRAINTREE INC	
our		a. Facility name	
do the		34839	1190564
эу. ☐		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
<u>-</u> / ∽	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 date	s·
	٥.		.
		1/1/1986	h Decembication data (mm/dd/nnn) if applicable
ielete		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.
		Facination with souls assessed.	or replaced effect the last repetit
		Emission unit replacement:	
?) +.		
?)	a. Is this unit replacing another emission unit?	
?) *.		number for the unit being replaced below:
?	,		number for the unit being replaced below:
?	5.	v no yes – enter DEP's emissions unit	number for the unit being replaced below:
?	5.	b. DEP's Emission Unit Number and facility unit name	
?	5.	po yes – enter DEP's emissions unit b. DEP's Emission Unit Number and facility unit name Unit descriptions:	bund
?	5.	 ✓ no	ound Specify other

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

6. Construction:

Bureau of Waste Prevention – Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2011
Year of record
6
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):	
	FLAMMABLE LIQUIDS	
	a. Name of material	
		40799997
	b. CAS number if single chemical CHEMICAL STORAGE	c. SC Code for standing / breathing loss
9	d. SC Code description – filled by eDEP 52	e. Vapor pressure in PSI at 25° C
U	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	_
8.	New material stored (enter new material if conte	ents changed during year of record):
	a. Name of material	
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	_
В.	Notes and Attachments	
1.	Notes : please include in the space below any acyour submission.	dditional information that will help DEP understand
	2 Attachments: Check here to submit attach	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

2011 Year of record 59 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.
tao
return

Α.	Equipment Description	
1.	Facility identifiers:	
	CLEAN HARBORS OF BRAINTREE INC	
	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 WASTEWA	ATER NO VOCS
	a. Facility's choice of emission unit name – edit as needed	TIETO VOCO
	59	59
	b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
	d. Combined Units – enter number of individual units	
3.	Emission unit installation and decommission dates:	
3.	Emission unit installation and decommission dates: 1/1/1977	1/1/2011

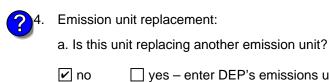
a unit?

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.



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 gr	round 🗌	belo	w ground			
	b. Roof type:	☐ floating r ✓ fixed		inter othe	nal roof r:			
	11.5	10			6250	Specify other		
	c. Height / Length -		neter – feet		e. Capacity –	gallons		

steel weld vother weld rivet fiberglass gunite 6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2011
Year of record
59
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):				
	COROSSIVES NO VOCS NOT APPLIBABLE TO	REPORT			
	a. Name of material				
		30187097			
	b. CAS number if single chemical	c. SC Code for standing / breathing loss			
	SPECIFY LIQUID:BREATHING LOSS				
_	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C			
?	52	0			
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)			
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only			
	j. Oxygenate name – gasoline only				
8.	New material stored (enter new material if contents changed during year of record):				
	a. Name of material				
	b. CAS number if single chemical	g. Annual throughput in gallons (enter 0 if not used) i. Total oxygen percent – gasoline only			
	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			

B. Notes and Attachments

j. Oxygenate name - gasoline only

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

f	TANK B6 REMOVED FROM FACILITY

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

Emission Unit - Organic Material Storage

2011 Year of record 58 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?

Facility identifiers: CLEAN HARBORS OF BRAINTREE INC a. Facility name 34839 b. DEP Account number Emission unit identifiers: AG TANK B5- POLYHLEFIN H TANKS WASTEWATER NO VOCS a. Facility's choice of emission unit name – edit as needed 58 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units Emission unit installation and decommission dates: 1/1/1977 a. Installation date – estimate if unknown (mm/dd/yyyy) b. Decommission date (mm/dd/yyyy) – if applicable	Equipment Description					
CLEAN HARBORS OF BRAINTREE INC a. Facility name 34839 b. DEP Account number Emission unit identifiers: AG TANK B5- POLYHLEFIN H TANKS WASTEWATER NO VOCS a. Facility's choice of emission unit number / code – edit as needed 58 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units Emission unit installation and decommission dates: 1/1/1977 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. Emission unit replacement: a. Is this unit replacing another emission unit? Image: A c. Facility AQ identifier – SSEIS ID number 11/22/2010 b. DEP emissions unit # – SSEIS point # 11/22/2010 b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. Emission unit replacement: a. Is this unit replacing another emission unit? Image: A c. Facility AQ identifier – SSEIS ID number 11/22/2010 b. DEP emissions unit # – SSEIS point # 11/22/2010 b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. Emission unit replacement: a. Is this unit replacing another emission unit? Image: A c. Facility AQ identifier – SSEIS ID number 11/22/2010 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 replacement: b. DEP's Emission Unit Number and facility unit name	Equipment Description					
a. Facility name 34839 b. DEP Account number Emission unit identifiers: AG TANK B5- POLYHLEFIN H TANKS WASTEWATER NO VOCS a. Facility's choice of emission unit name – edit as needed 58 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units Emission unit installation and decommission dates: 1/1/1977 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. Emission unit replacement: a. Is this unit replacing another emission unit? Image: Installation and facility unit name Unit descriptions:	Facility identifiers: 7					
b. DEP Account number Emission unit identifiers: AG TANK B5- POLYHLEFIN H TANKS WASTEWATER NO VOCS a. Facility's choice of emission unit name – edit as needed 58 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units Emission unit installation and decommission dates: 1/1/1977 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 permanents or replaced since the last report. Emission unit replacement: a. Is this unit replacing another emission unit? Image: Installation of the unit being replaced below: b. DEP's Emission Unit Number and facility unit name Unit descriptions:	CLEAN HARBORS OF BRAINTREE INC					
Emission unit identifiers: AG TANK B5- POLYHLEFIN H TANKS WASTEWATER NO VOCS a. Facility's choice of emission unit name – edit as needed 58 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units Emission unit installation and decommission dates: 1/1/1977 a. Installation date – estimate if unknown (mm/dd/yyyy) Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. Emission unit replacement: a. Is this unit replacing another emission unit? In o yes – enter DEP's emissions unit number for the unit being replaced below: Unit descriptions:	•	4400504				
Emission unit identifiers: AG TANK B5- POLYHLEFIN H TANKS WASTEWATER NO VOCS a. Facility's choice of emission unit name – edit as needed 58 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units Emission unit installation and decommission dates: 1/1/1977 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. Emission unit replacement: a. Is this unit replacing another emission unit? In o yes – enter DEP's emissions unit number for the unit being replaced below: Unit descriptions:						
AG TANK B5- POLYHLEFIN H TANKS WASTEWATER NO VOCS a. Facility's choice of emission unit name – edit as needed 58 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units Emission unit installation and decommission dates: 1/1/1977 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. Emission unit replacement: a. Is this unit replacing another emission unit? In o yes – enter DEP's emissions unit number for the unit being replaced below: Unit descriptions:		·				
a. Facility's choice of emission unit name – edit as needed 58 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units Emission unit installation and decommission dates: 1/1/1977 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. Emission unit replacement: a. Is this unit replacing another emission unit? In o yes – enter DEP's emissions unit number for the unit being replaced below: Unit descriptions:	Emission unit identifiers:					
b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units Emission unit installation and decommission dates: 1/1/1977 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. Emission unit replacement: a. Is this unit replacing another emission unit? In o yes – enter DEP's emissions unit number for the unit being replaced below: b. DEP's Emission Unit Number and facility unit name Unit descriptions:		WATER NO VOCS				
b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units Emission unit installation and decommission dates: 1/1/1977 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. Emission unit replacement: a. Is this unit replacing another emission unit? In o yes – enter DEP's emissions unit number for the unit being replaced below: b. DEP's Emission Unit Number and facility unit name Unit descriptions:		50				
d. Combined Units – enter number of individual units 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. Emission unit replacement: a. Is this unit replacing another emission unit? In o yes – enter DEP's emissions unit number for the unit being replaced below: b. DEP's Emission Unit Number and facility unit name Unit descriptions:						
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. Emission unit replacement: a. Is this unit replacing another emission unit? In o yes – enter DEP's emissions unit number for the unit being replaced below: b. DEP's Emission Unit Number and facility unit name Unit descriptions:		0. 22. 000.0.0 0				
a. Installation date – estimate if unknown (mm/dd/yyyy) b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report. Emission unit replacement: a. Is this unit replacing another emission unit? ✓ no						
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? I no yes – enter DEP's emissions unit number for the unit being replaced below: b. DEP's Emission Unit Number and facility unit name Unit descriptions:		es:				
or replaced since the last report. Emission unit replacement: a. Is this unit replacing another emission unit? I no yes – enter DEP's emissions unit number for the unit being replaced below: b. DEP's Emission Unit Number and facility unit name Unit descriptions:	Emission unit installation and decommission date 1/1/1977	11/22/2010				
 a. Is this unit replacing another emission unit? i no yes – enter DEP's emissions unit number for the unit being replaced below: b. DEP's Emission Unit Number and facility unit name Unit descriptions: 	Emission unit installation and decommission date 1/1/1977	11/22/2010 b. Decommission date (mm/dd/yyyy) – if applicable				
 ✓ no yes – enter DEP's emissions unit number for the unit being replaced below: b. DEP's Emission Unit Number and facility unit name Unit descriptions: 	Emission unit installation and decommission date 1/1/1977	11/22/2010 b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently				
b. DEP's Emission Unit Number and facility unit name Unit descriptions:	Emission unit installation and decommission date 1/1/1977 a. Installation date – estimate if unknown (mm/dd/yyyy)	11/22/2010 b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently				
Unit descriptions:	Emission unit installation and decommission date 1/1/1977 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement:	11/22/2010 b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently				
·	Emission unit installation and decommission date 1/1/1977 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit?	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.				
	Emission unit installation and decommission date 1/1/1977 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? I no yes – enter DEP's emissions unit	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.				
a. Description: 🔽 above ground 🗌 below ground	Emission unit installation and decommission date 1/1/1977 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? I no yes – enter DEP's emissions unit	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.				
	Emission unit installation and decommission date 1/1/1977 a. Installation date – estimate if unknown (mm/dd/yyyy) Emission unit replacement: a. Is this unit replacing another emission unit? I no yes – enter DEP's emissions unit b. DEP's Emission Unit Number and facility unit name	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.				

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

internal roof

6250

e. Capacity - gallons

Specify other

other:

b. Roof type:

c. Height / Length - feet

10.5

floating roof ✓ fixed

11.75

d. Diameter - feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2011
Year of record
58
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

Material stored (at start of year):		
CORROSIVES NO VOCS NOT APPLICABLE 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	_	
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	e. Vapor pressure in PSI at 25° C g. Annual throughput in gallons	
f. Temperature – typical storage temp. in °Fahrenheit h. RVP – gasoline only		

B. Notes and Attachments

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

TA	ANK B5 REMOVED FROM FACILITY

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

Emission Unit - Organic Material Storage

2011 Year of record 57 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete	one AP-4	for EAC	CH organi	ic material	storage	tank.

Important: When filling out forms on	A.	. Equipment Description					
the computer, use only the	1.	Facility identifie	ers: 🛜				
tab key to		CLEAN HARBO	ORS OF BRAINTRE	E INC			
move your cursor – do		a. Facility name					
not use the return key.		b. DEP Account nu	mhor		c. Facility AQ identifier – SSEIS ID number		
tab tab		b. DEF Account nu	mbei		C. Facility Act Identifier – 33E13 ID Humber		
	2.	Emission unit ic	dentifiers:				
return		AG TANK B4-	POLYOLEFIN H W	ASTEWATER N	o vocs		
		· ·	of emission unit name –	edit as needed			
		57			57		
		b. Facility's emission	on unit number / code – e	edit as needed	c. DEP emissions unit # - SSEIS point #		
?		d. Combined Units	– enter number of individ	dual units			
How to combine							
units ?							
	3.	Emission unit in	nstallation and deco	mmission dates:			
		1/1/1977					
How to gelete		a. Installation date	 estimate if unknown (n 	nm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable		
a unit?					Complete only if the unit was shut down permanently or replaced since the last report.		
?	4.	Emission unit re	eplacement:				
		a. Is this unit re	placing another em	ission unit?			
		☑ no □	yes – enter DEP's e	emissions unit nu	mber for the unit being replaced below:		
		b. DEP's Emission	Unit Number and facility	/ unit name			
<u> </u>	\ 5.	Unit description	ns:				
		a. Description:	✓ above ground	below groun	nd .		
		b. Roof type:	☐ floating roof ✓ fixed	internal roof other:			
		9.5	11 75	7000	Specify other		

e. Capacity - gallons

steel weld vother weld rivet fiberglass gunite

c. Height / Length - feet

6. Construction:

d. Diameter – feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2011
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	CORROSIVES NO VOCS NOT APPLICABLE TO REPORT							
	a. Name of material								
		30187097							
	b. CAS number if single chemical	c. SC Code for standing / breathing loss							
	SPECIFY LIQUID:BREATHING LOSS d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C							
2	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 conternal 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	_							
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

A. Equipment Description

Emission Unit - Organic Material Storage

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

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

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

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



Emission unit identifiers:

AG TANK B3- POLYOLEFIN TANKS WASTEWA	ATER NO VOCS
a. Facility's choice of emission unit name – edit as needed	
56	56
b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #



d. Combined Units - enter number of individual units

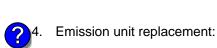
3. Emission unit installation and decommission dates:



1/1/1977 a. Installation date – estimate if unknown (mm/dd/yyyy) b. Decomn

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

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



a. Is this unit replacing another emission unit?

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

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

?)5.	Unit description	is:							
	a. Description:	✓ above	ground	☐ belo	ow ground				
	b. Roof type:	☐ floatin	g roof	☐ inte	rnal roof er:				
	11.5	10			6250	Specify oth	er		
	c. Height / Length -		iameter – fe	eet	e. Capacity –	gallons			

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

BWP AQ AP-4

Emission Unit - Organic Material Storage

2011
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
	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 a your submission.	dditional information that will help DEP understand
	TANK B3 NO LONGER AT FACILITY	

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

2011
Year of record
54
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Complete one AP-4 for EACH organic material storage tank.				
Important: When filling out forms on	A.	Equipment Description			
the computer, use only the tab key to move your	1.	Facility identifiers: CLEAN HARBORS OF BRAINTREE INC			
cursor – do not use the		a. Facility name 34839	1190564		
return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number		
X	2.	Emission unit identifiers:			
return		AG TANK B2- POLYOLEFIN TANK WASTEWAT a. Facility's choice of emission unit name – edit as needed	ER NO VOCS		
		54	54		
		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:			
		1/1/1987			
How to gelete		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable		
a unit ?			Complete only if the unit was shut down permanently or replaced since the last report.		
?	4.	Emission unit replacement:			
		a. Is this unit replacing another emission unit?			
		✓ no	mber for the unit being replaced below:		
		b. DEP's Emission Unit Number and facility unit name			
?	5.	Unit descriptions:			
		a. Description: 🗹 above ground 🗌 below ground	nd		
		b. Roof type: ☐ floating roof ☐ internal roof ☐ type: ☐ fixed ☐ other:	Specify other		
		11.5 10 6250 c. Height / Length – feet d. Diameter – feet e. Capac	city – gallons		

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

2011
Year of record
54
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

-	CORROSIVES NO VOCS NOT APPLICABLE TO REPORT					
	a. Name of material	7				
Į		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				
	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)				
2	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 g. Annual throughput in gallons				
=	f. Temperature – typical storage temp. in °Fahrenheit					
=	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
-	j. Oxygenate name – gasoline only	_				
	j. expgenate name gasemie emp					
	Notes and Attachments					
3.	Notes and Attachments	dditional information that will help DEP understand				
3.	Notes and Attachments Notes: please include in the space below any a	dditional information that will help DEP understand				
3.	Notes and Attachments Notes: please include in the space below any a	dditional information that will help DEP understand				
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3.	Notes and Attachments Notes: please include in the space below any a	dditional information that will help DEP understand				
3.	Notes and Attachments Notes: please include in the space below any a	dditional information that will help DEP understand				
3.	Notes and Attachments Notes: please include in the space below any a	dditional information that will help DEP understand				

2. Attachments:

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

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Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2011
Year of record
53
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	Complete one AP-4 for EACH organic material storage tank.						
Important: When filling	A.	Equipmen	t Description					
out forms on the computer,	1.	Facility identifie	ers:					
use only the tab key to		-	ORS OF BRAINTRE	EE INC				
move your cursor – do		a. Facility name	31.0 31 B10 1111112					
not use the		34839			1190564			
return key.		b. DEP Account nu	ımber		c. Facility AQ identifier – SSEIS ID number			
120	2.	Emission unit i	dentifiers:					
return			POLYOLEFIN	WASTEWATER	NO VOCS			
			of emission unit name –		NO 7003			
		53			53			
		b. Facility's emission	on unit number / code – e	edit as needed	c. DEP emissions unit # - SSEIS point #			
2		d Combined Units	enter number of individual	dual units				
How to combine units?		u. Combined Onits	- enter number of main	uuai uiilis				
unito :	3.	Emission unit in	nstallation and deco	mmission dates:				
		1/1/1987						
?		-	- 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?				
		✓ no	yes – enter DEP's	emissions unit nui	mber for the unit being replaced below:			
		b. DEP's Emission	n Unit Number and facility	y unit name				
?	5.	Unit descriptions:						
		a. Description:	✓ above ground	☐ below groun	d			
		b. Roof type:	☐ floating roof ☑ fixed	internal roof				
		11.5	10	6250	Specify other			
		11.5	10	0∠30				

d. Diameter - feet

e. Capacity - gallons

c. Height / Length – feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2011
Year of record
53
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

	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	e. Vapor pressure in PSI at 25° C				
7	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	ents changed during year of record).				
Ο.	Thew material stored (effet new material if conte	ship changed during year or recordy.				
	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 g. Annual throughput in gallons				
	d. SC Code description – filled by eDEP					
	f. Temperature – typical storage temp. in °Fahrenheit					
		Tatal account according				
	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 —				
R	j. Oxygenate name – gasoline only	i. Total oxygen percent – gasoline only				
B .	j. Oxygenate name – gasoline only Notes and Attachments	dditional information that will help DEP understand				
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a					
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a					
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a					
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a					
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a					
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a					
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a					
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a					
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a					
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a					
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any a					

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

Emission Unit - Organic Material Storage

2011 Year of record 52 DEP EU# (old Point #) 1190564 Facility AQ identifier

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

Α.	Equipment Description				
orms on omputer, 1. Facility identifiers: ?					
	CLEAN HARBORS OF BRAINTREE INC				
	a. Facility name				
	34839	1190564			
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number			
2.	Emission unit identifiers:				
	AG TANK A12 (6,300 GAL), NO. 2 FUEL OIL				
	a. Facility's choice of emission unit name – edit as needed				
	52	52			
	b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #			
	d. Combined Units – enter number of individual units				
3.	. Emission unit installation and decommission dates:				
	1/1/1985				
	a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable			
		Complete only if the unit was shut down permaner or replaced since the last report.			
4.	Emission unit replacement:				
	a. Is this unit replacing another emission unit?				
	✓ no	imber for the unit being replaced below:			
	yes offici ber semissions unit no	arriber for the drift being replaced below.			
	b. DEP's Emission Unit Number and facility unit name	amber for the unit being replaced below.			
) 5.		amber for the unit being replaced below.			
5.	b. DEP's Emission Unit Number and facility unit name				
) 5.	b. DEP's Emission Unit Number and facility unit name Unit descriptions:	nd f			
5.	 b. DEP's Emission Unit Number and facility unit name Unit descriptions: a. Description: ✓ above ground ☐ below ground b. Roof type: ☐ floating roof ☐ internal roo 	nd			

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

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2011
Year of record
52
DEP EU# (old Point #)
1190564
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):						
	FUEL NO. 2						
	a. Name of material	_					
	68476302	40301021					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	PETROLEUM STORAGEDIST FUEL NO.2						
?	d. SC Code description – filled by eDEP 52	e. Vapor pressure in PSI at 25° C 18882.0000					
	f. Temperature – typical storage temp. in Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)					
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only	_					
8.	New material stored (enter new material if conte	ents changed during year of record):					
	a. Name of material						
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C g. Annual throughput in gallons					
	f. Temperature – typical storage temp. in ^o Fahrenheit						
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only					
	j. Oxygenate name – gasoline only	_					
В.	Notes and Attachments						
1.	Notes : please include in the space below any additional information that will help DEP understand your submission.						
:	2. Attachments: Check here to submit attach	nments to this form. For attachments that cannot be					

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

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

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

2011
Year of record
51
DEP EU# (old Point #)
1190564
Facility AQ identifier

mportant: When filling out forms on	A.	A. Equipment Description					
he computer, use only the	1.	Facility identifiers: ? CLEAN HARBORS OF BRAINTREE INC					
ab key to							
nove your cursor – do		a. Facility name					
not use the		34839	1190564				
eturn key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number				
tab							
	2.	Emission unit identifiers:					
return		AG TANK A13 (4,000 GAL), DIESEL LOW SULF					
		a. Facility's choice of emission unit name – edit as needed					
		51	51				
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #				
		d. Combined Units – enter number of individual units					
How to combine units ?		d. Combined office Chief Humber of Individual units					
	3.	Emission unit installation and decommission dates:					
		1/1/1985					
		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable				
How to delete a unit?			Complete only if the unit was shut down permanently or replaced since the last report.				
_	_						

?)4.	Emission unit replacement:						
	a. Is this unit replacing another emission unit?						
	☑ no	✓ no					
	b. DEP's Emission	b. DEP's Emission Unit Number and facility unit name					
? 5.	Unit descriptions:						
	a. Description:	✓ above ground	☐ belo	ow ground			
	b. Roof type:	☐ floating roof ☑ fixed	inte	ernal roof er:			
	0.5	_		4000	Specify other		
	25	/		4000			
	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

2011
Year of record
51
DEP EU# (old Point #)
1190564

Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):						
	DIESEL FUEL # 2						
	a. Name of material						
	68334305	40301021					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss					
	PETROLEUM STORAGEDIST FUEL NO.2	o. So coustor standing producing roos					
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C					
9	52	115729.0000					
<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 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.

Bureau of Waste Prevention – Air Quality

Emission Unit - Organic Material Storage

2011 Year of record 26 DEP EU# (old Point #) 1190564 Facility AQ identifier

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

Important: When filling out forms on	A.	Equipmen	t Description				
the computer, use only the	1.	Facility identifiers:					
tab key to		CLEAN HARBO	ORS OF BRAINTRE	EE INC			
move your a. Facility name					4400504		
not use the return key.		b. DEP Account nu	ımher		1190564 c. Facility AQ identifier – SSEIS ID number		
tab		B. BET 7.000une na			c. r dointy reg identified		
	2.	Emission unit id	Emission unit identifiers:				
return		AG TANK A25 (1,000 GAL), PCB					
		a. Facility's choice 26	of emission unit name –	edit as needed	26		
		-	on unit number / code – e	edit as needed	c. DEP emissions unit # - SSEIS point #		
			5. Facility 5 ethiosion anit hamber 7 dode - Calt as his caca		·		
How to combine		d. Combined Units	enter number of individual	dual units			
units?	3.	Emission unit in	nstallation and deco	mmission dates:			
_	٥.	1/1/1987	iotaliation and acco	miniocion datos.			
?			 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 replacement:						
		a. Is this unit re	placing another em				
		v no □	yes – enter DEP's o	emissions unit nu	mber for the unit being replaced below:		
		b. DEP's Emission	unit Number and facility	y unit name			
?							
		a. Description:	✓ above ground	below grour	nd		
		b. Roof type:	☐ floating roof ✓ fixed	☐ internal roof ☐ other:			
		10.5	4	1000	Specify other		

e. Capacity - gallons

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

d. Diameter - feet

agap4.doc • revised 10/03/05	

6. Construction:

c. Height / Length - feet

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2011
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			
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			
8.	New material stored (enter new material if content	s changed during year of record): 🥐		
	a. Name of material			
	b. CAS number if single chemical	c. SC Code for standing / breathing loss		
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C		
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons		
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only		
	j. Oxygenate name – gasoline only			
В.	Notes and Attachments			
1.	Notes : please include in the space below any additional information that will help DEP understand your submission.			
THIS TANK WAS NOT USED IN CALENDAR YEAR 2011				
	2 Attachments: Check here to submit attachments.	cents 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

2011
Year of record
25
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Complete one AP-4 for EACH organic material storage tank.			
mportant: When filling out forms on	A.	Equipment Description		
the computer, use only the tab key to move your	1.	Facility identifiers: ? CLEAN HARBORS OF BRAINTREE INC		
cursor – do		a. Facility name 34839	1190564	
not use the return key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number	
X	2.	Emission unit identifiers:		
return		AG TANK A24 (2,400 GAL), PCB		
		a. Facility's choice of emission unit name – edit as needed		
		b. Facility's emission unit number / code – edit as needed	25 c. DEP emissions unit # – SSEIS point #	
		b. Facility's emission unit number / code – edit as needed	C. DEF emissions unit # - 33E13 point #	
How to combine units ?		d. Combined Units – enter number of individual units		
annes :				
_	3.	Emission unit installation and decommission dates: 1/1/1983		
?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable	
How to delete a unit ?			Complete only if the unit was shut down permanently or replaced since the last report.	
<u> </u>	4.	Emission unit replacement:		
•		a. Is this unit replacing another emission unit?		
 ✓ no			umber for the unit being replaced below:	
		a. Description: 🗹 above ground 🗌 below grou	nd	
		b. Roof type:	Specify other	
		10.5 7 2400	Opedity office	
		·	city – gallons	

 $lue{}$ 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

2011
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			
9	d. SC Code description – filled by eDEP 52	e. Vapor pressure in PSI at 25° C		
<u> </u>	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)		
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only		
	j. Oxygenate name – gasoline only	_		
8.	New material stored (enter new material if conte	ents changed during year of record): 🥐		
	a. Name of material			
	b. CAS number if single chemical	c. SC Code for standing / breathing loss		
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C		
	f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons		
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only		
	j. Oxygenate name – gasoline only	_		
B. 1.	Notes and Attachments Notes: please include in the space below any ac your submission.	dditional information that will help DEP understand		
	2 Attachments: Check here to submit attach	amonto to this form. For attachments that seemed be		
		nments to this form. For attachments that cannot be not 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

2011
Year of record
24
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Complete one AP-4 for EACH organic material storage tank.			
mportant: Vhen filling	A.	Equipment Description		
ut forms on ne computer,	1.	Facility identifiers: 7		
se only the ab key to		CLEAN HARBORS OF BRAINTREE INC		
ove your ursor – do		a. Facility name		
ot use the		34839	1190564	
turn key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number	
Y	2.	Emission unit identifiers:		
return		AG TANK A23 (2,400 GAL), PCB		
		a. Facility's choice of emission unit name – edit as needed		
		24	24	
_		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #	
ow to		d. Combined Units – enter number of individual units		
nits ?	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	
ow to delete unit?			Complete only if the unit was shut down permanently or replaced since the last report.	
?	4.	Emission unit replacement:		
		a. Is this unit replacing another emission unit?		
		✓ no	umber for the unit being replaced below:	
		b. DEP's Emission Unit Number and facility unit name		
?	5.	Unit descriptions:		
		a. Description: 🗹 above ground 🗌 below grou	nd	
		b. Roof type:		
		10.5 7 2400	Specify other	
			city – gallons	

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

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2011
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	3		
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C		
9	52	0.0000		
U	f. Temperature – typical storage temp. in Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)		
	ii romporataro typicar ctorago tomp. iii r amormot	g. 7 militar un ougriput in ganono (ontor o il riot ucou)		
?	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.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

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

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

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

	A.	Equ	ipment	Descr	iption
--	-----------	-----	--------	-------	--------

Facility identifiers:

CLEAN HARBORS OF BRAINTREE INC

a. Facility name

34839

1190564





2. Emission unit identifiers:

b. DEP Account number

AG TANK A22 (2,400 GAL), PCB

a. Facility's choice of emission unit name – edit as needed 23

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

d. Combined Units - enter number of individual units

23

c. DEP emissions unit # - SSEIS point #

c. Facility AQ identifier - SSEIS ID number



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.



Emission unit replacement:

a. Is this unit replacing another emission unit?

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

5. Unit descriptions:

a. Description: 🗹 above ground 🗌 below ground

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

Specify other 10.5 7 2400

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

2011
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	_		
?	d. SC Code description – filled by eDEP 52	e. Vapor pressure in PSI at 25° C 2000.0000		
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)		
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only		
	j. Oxygenate name – gasoline only	_		
8.	New material stored (enter new material if conte	ents changed during year of record):		
	a. Name of material			
	b. CAS number if single chemical	c. SC Code for standing / breathing loss		
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C		
	f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons		
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only		
	j. Oxygenate name – gasoline only	_		
В.	Notes and Attachments			
1.	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

Emission Unit - Organic Material Storage

2011 Year of record 18 DEP EU# (old Point #) 1190564 Facility AQ identifier

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

	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 move your	1.	Facility identifiers: CLEAN HARBORS OF BRAINTREE INC a. Facility name								
cursor – do 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								
		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								
	3.	Emission unit installation and decommission dates:								
		1/1/1983								
		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable							
How to delete a unit?			Complete only if the unit was shut down permanently or replaced since the last report.							
?) 4.	Emission unit replacement:								
		a. Is this unit replacing another emission unit?								
		✓ no								
		b. DEP's Emission Unit Number and facility unit name								
?	5.	Unit descriptions:								
		a. Description: above ground below ground below ground	nd .							
		b. Roof type: ☐ floating roof ☐ internal roof ☐ other:	Specify other							
		6.5 4.83 700	Specify dutor							
		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

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	40799997						
	b. CAS number if single chemical	c. SC Code for standing / breathing loss						
<u> </u>	CHEMICAL STORAGE d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C						
	f. Temperature – typical storage temp. in Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)						
	h. RVP – gasoline only i. Total oxygen percent – gasoline only							
	j. Oxygenate name – gasoline only	-						
	New material stored (enter new material if conternal a. Name of material	ints 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						
	h. RVP – gasoline only j. Oxygenate name – gasoline only	i. Total oxygen percent – gasoline only						
		i. Total oxygen percent – gasoline only						
	j. Oxygenate name – gasoline only Notes and Attachments	-						
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ac	dditional information that will help DEP understan						
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any acyour submission.	dditional information that will help DEP understand						
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any acyour submission.	dditional information that will help DEP understan						
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any acyour submission.	dditional information that will help DEP understan						
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any acyour submission.	dditional information that will help DEP understan						
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any acyour submission.	dditional information that will help DEP understan						
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any acyour submission.	dditional information that will help DEP understan						
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any acyour submission.	dditional information that will help DEP understan						
	j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any acyour submission.	dditional information that will help DEP understand						

paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2011
Year of record
14
DEP EU# (old Point #)
1190564
Facility AQ identifier

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

combine units?

a unit?

Со	Complete one AP-4 for EACH organic material storage tank.				
A.	Equipment Description				
1.	Facility identifiers: ? CLEAN HARBORS OF BRAINTREE INC				
	a. Facility name 34839	1190564			
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number			
2.	Emission unit identifiers:				
	AG TANK A9- 5,000 GAL WASTE STREAM A21				
	a. Facility's choice of emission unit name – edit as needed 14	4.4			
	b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # – SSEIS point #			
	S. Fashing & Gringston and Harriston / 2008 Can do Hooded	o. Del officolorio drik ii Goero politik ii			
	d. Combined Units – enter number of individual units				
3.	Emission unit installation and decommission dates: 1/1/1985 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.			
4.	Emission unit replacement:				
	a. Is this unit replacing another emission unit?				
	✓ no				
	b. DEP's Emission Unit Number and facility unit name				
5.	Unit descriptions:				
	a. Description: 🗹 above ground 🗌 below ground	nd			
	b. Roof type:	f			

	c. Height / Length – feet		d. Diameter – feet		e. Capacity – gallons		_	
6.	Construction:	✓ s	teel weld	other w	reld 🗌 rivet	☐ fiberglass	gunite	

Specify other

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2011
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 CHEMICAL STORAGE	c. SC Code for standing / 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 conter	nts changed during year of record):					
	a. Name of material						
	b. CAS number if single chemical CHEMICAL STORAGE	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	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

2011
Year of record
13
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Cor	mplete one AP-4 for EACH organic material storage tar	ık.
Important: When filling out forms on	A.	Equipment Description	
the computer, use only the tab key to move your cursor – do not use the return key.	1.	Facility identifiers: CLEAN HARBORS OF BRAINTREE INC a. Facility name 34839 b. DEP Account number	1190564 c. Facility AQ identifier – SSEIS ID number
return	2.	Emission unit identifiers: AG TANK A8 - 5,000 GAL TANK a. Facility's choice of emission unit name – edit as needed 13	13
How to combine units ?		b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units	c. DEP emissions unit # - SSEIS point #
	3.	Emission unit installation and decommission dates:	
Plow to delete a unit?		1/1/1987 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit replacement:	
		a. Is this unit replacing another emission unit?	
		✓ no	mber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
?	5.	Unit descriptions:	
		a. Description: 🗹 above ground 🗌 below groun	nd
		b. Roof type:	Specify other
		12 12 10000	
		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

2011
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	
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
?	52	113574.0000
	f. Temperature – typical storage temp. in Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	
8.	New material stored (enter new material if content a. Name of material	ts changed during year of record):
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	
В.	Notes and Attachments	
1.	Notes : please include in the space below any add your submission.	ditional information that will help DEP understand
2	2. Attachments: Check here to submit attachn	nents to this form. For attachments that cannot be

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

paper copy of this form.

for SC Code help

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2011
Year of record
12
DEP EU# (old Point #)
1190564
Facility AQ identifier

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

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

combine units?

a unit?

Α.	Equipment Description	
1.	Facility identifiers: 7	
	CLEAN HARBORS OF BRAINTREE INC	
	a. Facility name	
	34839	1190564
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
2.	Emission unit identifiers:	
	AG TANK A7- 9,000 GAL WASTE STREAM A-2	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	
	d. Combined Offics – effect frumber of individual drifts	
3.	Emission unit installation and decommission dates:	
Э.		
	1/1/1987	h Decembination data (mm/dd/unus) if applicable
	a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
		Complete only if the unit was shut down permanently or replaced since the last report.
4.	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	

	D. DEP'S EMISSION	Unit Number and facility	unit name		
).	Unit description	ns:			
	a. Description:	✓ above ground	☐ below groun	d	
	b. Roof type:	☐ floating roof ☑ fixed	internal roof other:		
		10.5	9000	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

2011
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 WASTE MIXTURE					
a. Name of material					
an rame of material	40722098				
b. CAS number if single chemical	c. SC Code for standing / breathing loss				
ORGANIC CHEM.SPECIFY IN COMMNETS	or of order or standing / ordening root				
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
? 52	266170.0000				
f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)				
h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
j. Oxygenate name – gasoline only	_				
New material stored (enter new material if conte a. Name of material	ents changed during year of record):				
h CAC aurahan if signle chamical	CO Code for standing / breathing loss				
b. CAS number if single chemical	c. SC Code for standing / breathing loss				
ORGANIC CHEM.SPECIFY IN COMMNETS d. SC Code description – filled by eDEP	a Vanar praequire in DCI at 250 C				
a. 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 a your submission. 	additional information that will help DEP understand				
2. Attachments: Check here to submit attac	hments to this form. For attachments that cannot be				

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

paper copy of this form.

for SC Code help

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2011
Year of record
11
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Со	mplete one AP-4	for EACH organic m	aterial storage tan	k.
Important: When filling out forms on	Α.	Equipmen	t Description		
the computer, use only the tab key to	1.	Facility identified	ers: ? ORS OF BRAINTRE	EE INC	
move your cursor – do not use the		a. Facility name 34839			1190564
return key.		b. DEP Account no	umber		c. Facility AQ identifier – SSEIS ID number
	2.	Emission unit i	dentifiers:		
return		AG TANK A6-	9,000 GAL WAST	TE STREAM A-23	
		a. Facility's choice	of emission unit name -	edit as needed	11
		-	on unit number / code – e	edit as needed	c. DEP emissions unit # - SSEIS point #
How to combine		d. Combined Units	– enter number of individ	dual units	
units ?	3.	Emission unit i	nstallation and deco	mmission dates:	
How to delete a unit?			- estimate if unknown (n	nm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit r	eplacement:		
		a. Is this unit re	eplacing another em	ission unit?	
		v no □	yes – enter DEP's e	emissions unit nur	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	d
		b. Roof type:	☐ floating roof ✓ fixed	internal roof other:	Specify other
		14 66	10.5	9000	opeony outer

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

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

e. Capacity - gallons

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

2011
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 103182.0000
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	_
8.	New material stored (enter new material if conte	nts changed during year of record): ?
	a. Name of material	
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	CHEMICAL STORAGE	o. Oo code for standing / broatming 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
	ii remperature typicar eterage temp. iii r amerinet	g. Allital thoughput in gallons
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments	i. Total oxygen percent – gasoline only
B.	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments	
	h. RVP – gasoline only j. Oxygenate name – gasoline only Notes and Attachments Notes: please include in the space below any ac	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 ac	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 ac	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 ac	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 ac	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 ac	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 ac	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 ac	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 ac	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 ac	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 ac	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 ac	i. Total oxygen percent – gasoline only

paper copy of this form.

for SC Code help

Bureau of Waste Prevention - Air Quality

WP AQ AP-STACK

Physical Vertical Stacks

2011
Year of record
9
DEP Stack #
1190564
Facility AQ identifier

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

Important:
When filling
out forms on
the computer,
use only the
tab key to
move your
cursor - do no
use the return
key.
1









a stack?

Important: When filling	A.	Stack Description	on			
out forms on the computer,		Facility intensifiers		ŀ	How to report combined units/stacks: see 3b below	
use only the	1.	Facility identifiers:				
tab key to		CLEAN HARBORS OF	BRAINTREE INC			
move your cursor - do not		a. Facility name				
use the return		34839		1190564		
key.		b. DEP Account number		c. AQ iden	c. AQ identifier – SSEIS ID number	
tab	2.	Stack identifiers:				
1/		1 STACK-2 FURNACES - LENNOX				
		a. Facility's choice of stack name – edit as needed				
return		9		9		
		b. Facility's stack number – edit as needed c. DEP s		c. DEP sta	ack # - old SSEIS stack #	
	3.	Type: a. 🗹 vertical 🔲 vertical with rain cap/sleeve b. Combined stacks – enter number of individual stacks:				
			28		0.6	
(?)	4. 5.	Dimensions:	Height in feet above the g	round	Internal Diameter in feet	
hat to so if data			15		15	
unknown or available ?		Gas exit velocity:	Low end - feet per second	I (0.1 – 500)	High end - feet per second (0.1 – 500)	
	6.	Evit tomporatura:	200		200	
	О.	Exit temperature:	Low end - °Fahrenheit (50	– 1800)	High end - ⁰ Fahrenheit (50 – 1800)	
	7.	Stack liner material:	metal 🗌 brick refrac	tory 🗌 other		
				Describe C	Other	
Pow to delete	8.	Decommission date – if	applicable: (mm/	dd/yyyy) Complet	e only if the stack was permanently removed	

B. Emission Units Associated with Stack - eDEP Only

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

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

EU#64-2 LENNOX FURNACES SR 20Q5-140/154 0.246 MMBTU/HR	

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.

THIS UNIT WAS REMOVED FROM SERVICE IN 2009, IT WAS NOT USED IN **CALENDAR YEAR 2011**

2. Attachments:

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-STACK

Physical Vertical Stacks

A. Stack Description

8. Decommission date – if applicable:

1. Facility identifiers:

2011
Year of record
7
DEP Stack #
1190564
Facility AQ identifier

How to report combined units/stacks: see 3b below

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

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









How to delete a stack?

ab key to		CLEAN HARBORS OF BRAINTREE INC			
nove your cursor - do not		a. Facility name			
ise the return		34839		1190564	
ey.		b. DEP Account number		c. AQ identifier	- SSEIS ID number
tab	2.	Stack identifiers: ?			
•		1 STACK GENERATOR (2)- CUMMINS AND CATERPILLAR			
		a. Facility's choice of stack nan	ne – edit as needed		
return		7		7	
		b. Facility's stack number – edi	t as needed	c. DEP stack #	- old SSEIS stack #
	3.	Type: a. ☑ vertical ☐ vert	ical with rain cap/sleeve b. C	Combined stacks –	enter number of individual stacks:
			12		0.8
(?)	4.	Dimensions:	Height in feet above the grou	ınd	Internal Diameter in feet
at to if data	_		32		32
nknown or vailable ?	5.	Gas exit velocity:	Low end - feet per second (0	.1 – 500)	High end - feet per second (0.1 – 500)
valiable :	6.		1150		1150
		Exit temperature:	Low end - ⁰ Fahrenheit (50 –	1800)	High end - ⁰ Fahrenheit (50 – 1800)
	7.	Stack liner material:	metal	y 🗌 other:	
				Describe Other	
				Describe Offici	

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#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

2011

C. Notes and Attachments

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

2. Attachments:

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

Bureau of Waste Prevention – Air Quality

BWP AQ AP-STACK

Physical Vertical Stacks

2011
Year of record
5
DEP Stack #
1190564
Facility AQ identifier

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

	COI
Important: When filling	A.
out forms on the computer, use only the	1.
tab key to move your	
cursor - do not	
use the return key.	
tab	2.
return	

3.

4.

5.

6.

7.

8. Decommission date – if applicable:

Stack Description	n			
Facility identifiers:		How	to report combined units/stacks: see 3b below	
CLEAN HARBORS OF E	BRAINTREE INC			
a. Facility name				
34839		1190564		
b. DEP Account number		c. AQ identifier	r – SSEIS ID number	
Stack identifiers:				
2 DRUM CRUSHING LIN	ES			
a. Facility's choice of stack nam	e – edit as needed			
5		5		
b. Facility's stack number – edit as needed		c. DEP stack # - old SSEIS stack #		
Type: a. ☑ vertical ☐ vertic	cal with rain cap/sleeve b. Con	nbined stacks –	enter number of individual stacks:	
5	54		1.3	
Dimensions:	Height in feet above the ground		Internal Diameter in feet	
	54		54	
Gas exit velocity:	Low end - feet per second (0.1 -	- 500)	High end - feet per second (0.1 – 500)	
	60		60	
Exit temperature:	Low end - ⁰ Fahrenheit (50 – 180	00)	High end - ⁰ Fahrenheit (50 – 1800)	
Stack liner material:	metal	other:		
		Describe Othe		

How to delete a stack?

What to wif of is unknown or

unavailable?

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.

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

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#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

C. Notes and Attachments

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

THIS UNIT WAS NOT USED IN CALENDAR YEAR 2011

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

AQ AP-STACK

Physical Vertical Stacks

2011
Year of record
3
DEP Stack #
1190564
Facility AQ identifier

Con

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

A.

2.

3.

5.

6.

7.









Stack Descripti	on			
•		Но	ow to report combined units/stacks: see 3b below	
Facility identifiers:				
CLEAN HARBORS OF	BRAINTREE INC			
a. Facility name				
34839		1190564		
b. DEP Account number		c. AQ identif	ier – SSEIS ID number	
Stack identifiers:	CLEAVED BROOKS NO	NA FLIEL OIL		
a. Facility's choice of stack n	I-CLEAVER BROOKS, NO	2 FUEL OIL	•	
3	anie – euit as neeueu	3		
b. Facility's stack number – edit as needed		c. DEP stack # - old SSEIS stack #		
Type: a. ✓ vertical	ertical with rain cap/sleeve b.	Combined stacks	s – enter number of individual stacks:	
35			1	
Dimensions:	Height in feet above the grou	und	Internal Diameter in feet	
One mit walanita	47		47	
Gas exit velocity:	Low end - feet per second (0.1 – 500)		High end - feet per second (0.1 – 500)	
Exit temperature:	Low end - ⁰ Fahrenheit (50 – 1800)		450	
LXII temperature.			High end - ⁰ Fahrenheit (50 – 1800)	
Stack liner material:	metal	ry		
		Describe Ot	her	

How to delete a stack?

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 unit
(i.e., AP1,
AP2, or AP3).

EU#3-BOILER #1-CLEAVER BROOKS- #2 OIL 0.3 PERCENTSULFUR

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:

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Bureau of Waste Prevention - Air Quality

WP AQ AP-STACK

Physical Vertical Stacks

2011
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
out forms on
the computer,
use only the
tab key to
move your
cursor - do no
use the return
key.
1
Tiab Tiab

When filling out forms on	Α.	Stack Description	on	ш	low to report combined units/stacks: see 3b below	
the computer, use only the	1.	Facility identifiers:		11	low to report combined units/stacks, see 30 below	
tab key to move your		CLEAN HARBORS OF	BRAINTREE INC			
cursor - do not		a. Facility name		1100564		
use the return key.		b. DEP Account number		1190564 c. AQ ident	ifier – SSEIS ID number	
tab	2.	Stack identifiers: ?		0.7.2.00		
return		a. Facility's choice of stack name – edit as needed 2		2	2	
		b. Facility's stack number – ed	lit as needed	c. DEP stac	ck # - old SSEIS stack #	
	3.	Type: a. ✓ vertical □ ver	tical with rain cap/sleeve b.	. Combined stack	ss – enter number of individual stacks:	
	4.	Dimensions:	35		1	
What to sif data	•	Dimensioner.	Height in feet above the gro	ound	Internal Diameter in feet 50	
is unknown or unavailable ?	5.	Gas exit velocity:	Low end - feet per second	(0.1 – 500)	High end - feet per second (0.1 – 500)	
	6.	Exit temperature: 212 Low end - Fahrenheit (50 -		1900\	212 High end - ⁰ Fahrenheit (50 – 1800)	
	7.	Stack liner material:		ory other:	,	
				Describe O	ther	

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.

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

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#2-BOILER #2-HURST	#30 1.004 MMBTU/HR	#2 OIL-0.3 S

8. Decommission date – if applicable:

Bureau of Waste Prevention - Air Quality

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

2011

C. Notes and Attachments

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

2. Attachments:

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-STACK

Physical Vertical Stacks

2011
Year of record
10
DEP Stack #
1190564
Facility AQ identifier

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

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

Bureau of Waste Prevention - Air Quality

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.

THIS ROOM IS USED TO PUMP FLAMMABLE DRUMS ONLY.

2. Attachments:

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

Bureau of Waste Prevention - Air Quality

BWP AQ AP-STACK

Physical Vertical Stacks

2011
Year of record
1
DEP Stack #
1190564
Facility AQ identifier

	Col	Complete one AP-STACK form for EACH physical stack at the facility				
Important: When filling	A.	Stack Description	1			
out forms on the computer, use only the	1.	Facility identifiers:		How	to report combined units/stacks: see 3b below	
tab key to		CLEAN HARBORS OF BRAINTREE INC				
move your cursor - do not		a. Facility name				
use the return		34839		1190564		
key.		b. DEP Account number c. AQ iden		c. AQ identifier	ifier – SSEIS ID number	
tab	2.	Stack identifiers:				
		STACK #1- INCINERATOR #1-VENT-O-MATIC a. Facility's choice of stack name – edit as needed				
return		1		1		
		b. Facility's stack number – edit	as needed	c. DEP stack #	- old SSEIS stack #	
	3.	Type: a. ✓ vertical vertical vertical	al with rain cap/sleeve b. Co	mbined stacks –	enter number of individual stacks:	
		D : .	185		1.2	
	4.	Dimensions:	Height in feet above the ground	d	Internal Diameter in feet	
What to so if data sunknown or	_	21			21	
navailable ?	5.	Gas exit velocity:	Low end - feet per second (0.1 – 500)		High end - feet per second (0.1 – 500)	
	_	E 24.6	240		240	
	6.	Exit temperature:	Low end - °Fahrenheit (50 – 18	300)	High end - ⁰ Fahrenheit (50 – 1800)	

How to delete a stack?

8. Decommission date – if applicable:

7. Stack liner material: ✓ metal ☐ brick refractory ☐ 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.

Describe Other

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

mportant:	EU#1-STACK 1 POINT 1 SEGMENT NOT USED 09
o assign an mission unit	
o this stack, inter the Stack Id No.	
n the form	
mission unit	
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 WAS NOT OPERATED IN 2011

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.