



Massachusetts Department of Environmental Protection

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Document: **Toxics Use Reduction Act (TURA) Reporting**

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Massachusetts Department of Environmental Protection
Bureau of Waste Prevention - Toxics Use Reduction Report

Form S Cover Sheet

2011
Reporting Year
CLEAN HARBORS OF B
Facility Name
34839
DEP Facility ID Number

Section 1: General Information

Important:

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



Facility Name and Address:

CLEAN HARBORS OF BRAINTREE INC

a. Name

1 HILL AVE

b. Street Address

BRAINTREE

c. City

MA

d. State

021840000

e. Zip Code

f. Are you making a trade secret claim for any information submitted in this COVER SHEET and/or Form S(s)? Yes ☐ No ☒

g. If YES, attach a statement substantiating the claim. This copy is: Sanitized ☐ Unsanitized ☐

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

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

02184CLNHR385QU

j. Toxics Release Inventory (TRI) Identification Number

Section 2: Certification Statement

I hereby certify that I have reviewed this and all attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and information in these documents are accurate based on measurements and/or reasonable estimates using data available to the preparers of these documents. I am aware that there are significant penalties for willful or intentional submission of false or incomplete information. I agree on behalf of the filing facility to remit the required Toxics Use Fee (as determined on the Fee Worksheet form) to the Commonwealth of Massachusetts, as required by 301 CMR 40.03. I further certify that the information contained within this filing, as it pertains to TURA billing, is true and correct.

DAVID P. CABRAL, P.E., TURP, BCEE

a. Authorized Signature

DAVID P.

c. First Name (Print)

COMPLIANCE MANAGER

e. Position/Title

7/2/2012

b. Date (MM/DD/YYYY)

CABRAL, P.E., TURP

d. Last Name (Print)

cabral.david@cleanharbors.com

f. Email Address



Form S Cover Sheet

2011
Reporting Year
CLEAN HARBORS OF B
Facility Name
34839
DEP Facility ID Number

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

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

The codes to explain why the chemical is not reportable are: [1] Chemical Below Threshold But > 0; [2] No Chemical Use in Reporting Year; [3] Chemical Substitution; [4] Chemical Eliminated (No Substitution); [5] Decline in Business; [6] Other (Explain below in the additional comments section); [7] Chemical no longer reportable under TURA. Check all the codes, up to four, that apply.

a.1	<input type="text" value="1040"/>	a.2	<input type="text" value="POLYCYCLIC AROMATIC COMPOUNDS"/>
	CAS # of chemical not reportable (if applicable)		Chemical Name
a.3	Explanation of why the chemical is not reportable (check codes): <input checked="" type="checkbox"/> [1] <input type="checkbox"/> [2] <input type="checkbox"/> [3] <input type="checkbox"/> [4] <input type="checkbox"/> [5] <input type="checkbox"/> [6] <input type="checkbox"/> [7]		
a.4	<input type="text"/>	a.5	<input type="text"/>
	CAS # of chemical substituted for TURA chemical		Chemical Name
b.1	<input type="text"/>	b.2	<input type="text"/>
	CAS # of chemical not reportable (if applicable)		Chemical Name
b.3	Explanation of why the chemical is not reportable (check codes): <input type="checkbox"/> [1] <input type="checkbox"/> [2] <input type="checkbox"/> [3] <input type="checkbox"/> [4] <input type="checkbox"/> [5] <input type="checkbox"/> [6] <input type="checkbox"/> [7]		
b.4	<input type="text"/>	b.5	<input type="text"/>
	CAS # of chemical substituted for TURA chemical		Chemical Name
c.1	<input type="text"/>	c.2	<input type="text"/>
	CAS # of chemical not reportable (if applicable)		Chemical Name
c.3	Explanation of why the chemical is not reportable (check codes): <input type="checkbox"/> [1] <input type="checkbox"/> [2] <input type="checkbox"/> [3] <input type="checkbox"/> [4] <input type="checkbox"/> [5] <input type="checkbox"/> [6] <input type="checkbox"/> [7]		
c.4	<input type="text"/>	c.5	<input type="text"/>
	CAS # of chemical substituted for TURA chemical		Chemical Name
d.1	<input type="text"/>	d.2	<input type="text"/>
	CAS # of chemical not reportable (if applicable)		Chemical Name
d.3	Explanation of why the chemical is not reportable (check codes): <input type="checkbox"/> [1] <input type="checkbox"/> [2] <input type="checkbox"/> [3] <input type="checkbox"/> [4] <input type="checkbox"/> [5] <input type="checkbox"/> [6] <input type="checkbox"/> [7]		
d.4	<input type="text"/>	d.5	<input type="text"/>
	CAS # of chemical substituted for TURA chemical		Chemical Name
e.1	<input type="text"/>	e.2	<input type="text"/>
	CAS # of chemical not reportable (if applicable)		Chemical Name
e.3	Explanation of why the chemical is not reportable (check codes): <input type="checkbox"/> [1] <input type="checkbox"/> [2] <input type="checkbox"/> [3] <input type="checkbox"/> [4] <input type="checkbox"/> [5] <input type="checkbox"/> [6] <input type="checkbox"/> [7]		
e.4	<input type="text"/>	e.5	<input type="text"/>
	CAS # of chemical substituted for TURA chemical		Chemical Name

f. Do you have more chemicals not subject to reporting this year? Yes ☐ No ☒



Form S Cover Sheet

2011

Reporting Year

CLEAN HARBORS OF B

Facility Name

34839

DEP Facility ID Number

Section 4: Facility-Wide Listing of Production Units

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

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

3

a. Production Unit #

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

☒ Yes ☐ No

b. Describe the Process:

STORAGE, HANDLING AND TRANSFER OF WASTE

c. Describe the Product:

POUNDS OF WASTE STORED

Enter up to four (4) six-digit NAICS Codes that best describe the Product from this Production Unit:

562211

d. NAICS Code

e. NAICS Code

f. NAICS Code

g. NAICS Code

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

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

Production Process Step Information For This Production Unit

i. Enter the production process codes (listed in the reporting guidance) for each process step that involves a TURA-listed chemical as an input, output or throughput. To ensure eDEP works properly make sure this list is complete before proceeding.

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



Form S Cover Sheet

2011
Reporting Year
CLEAN HARBORS OF B
Facility Name
34839
DEP Facility ID Number

Section 4: Facility-Wide Listing of Production Units (continued)

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

j. Production Unit Number:

3

Prod. Unit #

k. TURA Chemical

1336363

CAS #

POLYCHLORINATED BIPHENYLS

Chemical Name

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

All. ☒

1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐

13. ☐ 14. ☐ 15. ☐ 16. ☐ 17. ☐ 18. ☐ 19. ☐ 20. ☐ 21. ☐ 22. ☐ 23. ☐ 24. ☐

l. TURA Chemical

7439921

CAS #

LEAD

Chemical Name

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

All. ☒

1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐

13. ☐ 14. ☐ 15. ☐ 16. ☐ 17. ☐ 18. ☐ 19. ☐ 20. ☐ 21. ☐ 22. ☐ 23. ☐ 24. ☐

m. TURA Chemical

CAS #

Chemical Name

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

All. ☐

1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐

13. ☐ 14. ☐ 15. ☐ 16. ☐ 17. ☐ 18. ☐ 19. ☐ 20. ☐ 21. ☐ 22. ☐ 23. ☐ 24. ☐

n. TURA Chemical

CAS #

Chemical Name

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

All. ☐

1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐

13. ☐ 14. ☐ 15. ☐ 16. ☐ 17. ☐ 18. ☐ 19. ☐ 20. ☐ 21. ☐ 22. ☐ 23. ☐ 24. ☐

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

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



Form S Cover Sheet

2011

Reporting Year

CLEAN HARBORS OF B

Facility Name

34839

DEP Facility ID Number

Section 4: Facility-Wide Listing of Production Units

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

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

2

a. Production Unit #

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

☐ Yes ☒ No

b. Describe the Process:

STABILIZATION OF LEAD

c. Describe the Product:

DECHARACTERIZED WASTE.

Enter up to four (4) six-digit NAICS Codes that best describe the Product from this Production Unit:

562211

d. NAICS Code

e. NAICS Code

f. NAICS Code

g. NAICS Code

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

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

Production Process Step Information For This Production Unit

i. Enter the production process codes (listed in the reporting guidance) for each process step that involves a TURA-listed chemical as an input, output or throughput. To ensure eDEP works properly make sure this list is complete before proceeding.

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



Form S Cover Sheet

2011
Reporting Year
CLEAN HARBORS OF B
Facility Name
34839
DEP Facility ID Number

Section 4: Facility-Wide Listing of Production Units (continued)

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

j. Production Unit Number:

2

Prod. Unit #

k. TURA Chemical

CAS #

Chemical Name

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

All. ☐

1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐

13. ☐ 14. ☐ 15. ☐ 16. ☐ 17. ☐ 18. ☐ 19. ☐ 20. ☐ 21. ☐ 22. ☐ 23. ☐ 24. ☐

l. TURA Chemical

CAS #

Chemical Name

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

All. ☐

1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐

13. ☐ 14. ☐ 15. ☐ 16. ☐ 17. ☐ 18. ☐ 19. ☐ 20. ☐ 21. ☐ 22. ☐ 23. ☐ 24. ☐

m. TURA Chemical

CAS #

Chemical Name

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

All. ☐

1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐

13. ☐ 14. ☐ 15. ☐ 16. ☐ 17. ☐ 18. ☐ 19. ☐ 20. ☐ 21. ☐ 22. ☐ 23. ☐ 24. ☐

n. TURA Chemical

CAS #

Chemical Name

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

All. ☐

1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐

13. ☐ 14. ☐ 15. ☐ 16. ☐ 17. ☐ 18. ☐ 19. ☐ 20. ☐ 21. ☐ 22. ☐ 23. ☐ 24. ☐

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

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



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Toxics Use Reduction Report

Form S

Chemical Use Facility-Wide and by Production Units

2011

Reporting Year

CLEAN HARBORS OF BR

Facility Name

34839

DEP Facility ID Number

LEAD

Chemical Name

Important:

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



Section 1: Facility-Wide Use of Listed Chemical

7439921

a. MA DEP CAS #

LEAD

b. Chemical Name (Dioxin should be in grams, decimal points may be used)

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

0

c. Manufactured

0

d. Processed

20712

e. Otherwise Used

20712

f. Generated as Byproduct

0

g. Shipped In Or As Product

0.41

h. Production Ratio

Section 2: Materials Balance

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

a. Chemical Was Recycled On Site

b. Chemical Was Consumed Or Transformed

c. Chemical Was Held In Inventory

d. Chemical Is a Compound

e. Other

- f. Check yes if anything non-routine occurred at your facility during the reporting year that affected the data reported, if there is not a materials balance, and/or if the Prod. Ratio is <0.2 or >10.

☐ Yes* ☒ No

*If your answer is Yes, you may explain in Section 4.m. on Page 3.

Section 3: Chemicals Used in Waste Treatment Units

- a. Is this chemical used to treat waste or control pollution?

☐ Yes ☒ No*

*If your answer is No, skip ahead to Section 4.

- b. Enter the amount of the chemical (in pounds) used to treat waste or control pollution.

Pounds

- c. Did the use of this chemical for waste treatment or pollution control increase or decrease by 10 percent or more compared with the previous reporting year?

c.1 ☐ Yes* ☒ No

*If your answer is Yes, you may explain in Section 4.m. on Page 3.

c.2 ☐ Yes ☒ No

Are there more chemicals to report? (Use ONLY if ALL chemicals are used to treat waste or control pollution).



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention - Toxics Use Reduction Report
Toxics Use Report - Form S
Chemical Use Facility-Wide and by Production Units

2011
Reporting Year
CLEAN HARBORS OF BR
Facility Name
34839
DEP Facility ID Number
LEAD
Chemical Name

Section 4: Toxics Use by Production Unit

3
a. Production Unit #

Use

b. Quantity of Chemical Code:

- ☐ 1. $\leq 5,000$ lbs. ☐ 2. $> 5,000 \leq 10,000$ lbs. ☒ 3. $> 10,000$ lbs. $\leq 100,000$ lbs.
☐ 4. $> 100,000$ lbs. $\leq 500,000$ lbs. ☐ 5. $> 500,000$ lbs.

c. Did the use of this chemical in this production unit increase or decrease by 10 percent or more compared with the previous reporting year and/or did you implement toxics use reduction?

☒ Yes ☐ No* *If your answer is No, skip ahead to g. below.

Process code(s) where most significant changes occurred (up to three in descending order)

GG-04

d.1.

e.1.

f.1.

Type of Change (Enter "I" for Increase, "D" for Decrease)

D

2.

2.

2.

Technique Code(s)

(up to three per process code, enter in order of importance)

69

3a.

3a.

3a.

3b.

3b.

3b.

3c.

3c.

3c.

Byproduct

g. Was byproduct generated for this chemical less than 1 percent of use in this production unit?

☐ Yes* ☒ No *If your answer is Yes, skip ahead to m. on Page 3.

h. Did the byproduct generated for this chemical in this production unit increase or decrease by 10 percent or more compared with the previous reporting year and/or did you implement toxics use reduction?

☒ Yes ☐ No* *If your answer is No, skip ahead to m. on Page 3.

Process code(s) where most significant changes occurred (up to three in descending order)

GG-04

i.1.

j.1.

k.1.

Type of Change (Enter "I" for Increase, "D" for Decrease)

D

2.

2.

2.

Technique Code(s)

(up to three per process code, enter in order of importance)

69

3a.

3a.

3a.

3b.

3b.

3b.

3c.

3c.

3c.

i. Are there more production units that use this chemical?

☐ Yes ☒ No



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Toxics Use Reduction Report

Form S

Chemical Use Facility-Wide and by Production Units

2011
Reporting Year
CLEAN HARBORS OF BR
Facility Name
34839
DEP Facility ID Number
POLYCHLORINATED BIPHENYLS
Chemical Name

Important:

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



Section 1: Facility-Wide Use of Listed Chemical

1336363	POLYCHLORINATED BIPHENYLS
a. MA DEP CAS #	b. Chemical Name (Dioxin should be in grams, decimal points may be used)
Facility-wide use of chemical identified in a. Enter the total amount (in POUNDS, except for dioxin) for each applicable category. NOTE: 'Generated as byproduct' (item f.) means all waste containing the listed chemical before the waste is handled, transferred, treated, recycled or released. Please refer to the reporting instructions before completing this section.	
0	0
c. Manufactured	d. Processed
1609	1609
e. Otherwise Used	f. Generated as Byproduct
0	0.13
g. Shipped In Or As Product	h. Production Ratio

Section 2: Materials Balance

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

a. Chemical Was Recycled On Site	b. Chemical Was Consumed Or Transformed
c. Chemical Was Held In Inventory	d. Chemical Is a Compound
e. Other	

- f. Check yes if anything non-routine occurred at your facility during the reporting year that affected the data reported, if there is not a materials balance, and/or if the Prod. Ratio is <0.2 or >10.

☒ Yes* ☐ No

*If your answer is Yes, you may explain in Section 4.m. on Page 3.

Section 3: Chemicals Used in Waste Treatment Units

- a. Is this chemical used to treat waste or control pollution?
- ☐ Yes ☒ No* *If your answer is No, skip ahead to Section 4.
- b. Enter the amount of the chemical (in pounds) used to treat waste or control pollution.
- 0
- Pounds
- c. Did the use of this chemical for waste treatment or pollution control increase or decrease by 10 percent or more compared with the previous reporting year?
- c.1 ☐ Yes* ☒ No *If your answer is Yes, you may explain in Section 4.m. on Page 3.
- c.2 ☐ Yes ☒ No Are there more chemicals to report? (Use ONLY if ALL chemicals are used to treat waste or control pollution).



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention - Toxics Use Reduction Report
Toxics Use Report - Form S
Chemical Use Facility-Wide and by Production Units

2011
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CLEAN HARBORS OF BR
Facility Name
34839
DEP Facility ID Number
POLYCHLORINATED BIPH
Chemical Name

Section 4: Toxics Use by Production Unit

2
a. Production Unit #

Use

b. Quantity of Chemical Code:

- ☒ 1. $\leq 5,000$ lbs. ☐ 2. $> 5,000 \leq 10,000$ lbs. ☐ 3. $> 10,000$ lbs. $\leq 100,000$ lbs.
☐ 4. $> 100,000$ lbs. $\leq 500,000$ lbs. ☐ 5. $> 500,000$ lbs.

c. Did the use of this chemical in this production unit increase or decrease by 10 percent or more compared with the previous reporting year and/or did you implement toxics use reduction?

☒ Yes ☐ No* *If your answer is No, skip ahead to g. below.

Process code(s) where most significant changes occurred (up to three in descending order)

GG-01

d.1.

e.1.

f.1.

Type of Change (Enter "I" for Increase, "D" for Decrease)

D

2.

2.

2.

Technique Code(s)

(up to three per process code, enter in order of importance)

69

3a.

3a.

3a.

72

3b.

3b.

3b.

3c.

3c.

3c.

Byproduct

g. Was byproduct generated for this chemical less than 1 percent of use in this production unit?

☐ Yes* ☒ No *If your answer is Yes, skip ahead to m. on Page 3.

h. Did the byproduct generated for this chemical in this production unit increase or decrease by 10 percent or more compared with the previous reporting year and/or did you implement toxics use reduction?

☒ Yes ☐ No* *If your answer is No, skip ahead to m. on Page 3.

Process code(s) where most significant changes occurred (up to three in descending order)

GG-01

i.1.

j.1.

k.1.

Type of Change (Enter "I" for Increase, "D" for Decrease)

D

2.

2.

2.

Technique Code(s)

(up to three per process code, enter in order of importance)

69

3a.

3a.

3a.

72

3b.

3b.

3b.

3c.

3c.

3c.

i. Are there more production units that use this chemical?

☒ Yes ☐ No



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Chemical Use Facility-Wide and by Production Units

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Reporting Year
CLEAN HARBORS OF BRAINTREE
Facility Name
34839
DEP Facility ID Number
POLYCHLORINATED BIPHENYL
Chemical Name

Section 4: Toxics Use by Production Unit (continued)

- m. You may add any comments or explanations regarding chemical use and/or byproduct generated in this production unit, chemical use in waste treatment (from Section 3), and non-routine occurrences at your facility (from Section 2).

AMOUNT OF PCBS RECEIVED FROM CUSTOMER DECREASED IN RY2011. LARGE INFLUX PCB WASTE TO CLEAN HARBORS OF BRAINTREE DEPENDENT ON VARIOUS FACTORS, INCLUDING WEATHER (DISASTERS TEND TO INCREASE PCB WASTE). LACK OF ANY LARGE SCALE WEATHER INCIDENT IN 2011 DECREASED PCB WASTE FOR BRAINTREE TSDF.



Massachusetts Department of Environmental Protection
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Chemical Use Facility-Wide and by Production Units

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Facility Name
34839
DEP Facility ID Number
POLYCHLORINATED BIPH
Chemical Name

Section 4: Toxics Use by Production Unit

3
a. Production Unit #

Use

b. Quantity of Chemical Code:

- ☒ 1. $\leq 5,000$ lbs. ☐ 2. $> 5,000 \leq 10,000$ lbs. ☐ 3. $> 10,000$ lbs. $\leq 100,000$ lbs.
☐ 4. $> 100,000$ lbs. $\leq 500,000$ lbs. ☐ 5. $> 500,000$ lbs.

c. Did the use of this chemical in this production unit increase or decrease by 10 percent or more compared with the previous reporting year and/or did you implement toxics use reduction?

☒ Yes ☐ No* *If your answer is No, skip ahead to g. below.

Process code(s) where most significant changes occurred (up to three in descending order)

GG-04

d.1.

e.1.

f.1.

Type of Change (Enter "I" for Increase, "D" for Decrease)

D

2.

2.

2.

Technique Code(s)

(up to three per process code, enter in order of importance)

69

3a.

3a.

3a.

80

3b.

3b.

3b.

3c.

3c.

3c.

Byproduct

g. Was byproduct generated for this chemical less than 1 percent of use in this production unit?

☐ Yes* ☒ No *If your answer is Yes, skip ahead to m. on Page 3.

h. Did the byproduct generated for this chemical in this production unit increase or decrease by 10 percent or more compared with the previous reporting year and/or did you implement toxics use reduction?

☒ Yes ☐ No* *If your answer is No, skip ahead to m. on Page 3.

Process code(s) where most significant changes occurred (up to three in descending order)

GG-04

i.1.

j.1.

k.1.

Type of Change (Enter "I" for Increase, "D" for Decrease)

D

2.

2.

2.

Technique Code(s)

(up to three per process code, enter in order of importance)

69

3a.

3a.

3a.

80

3b.

3b.

3b.

3c.

3c.

3c.

i. Are there more production units that use this chemical?

☐ Yes ☒ No



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Toxics Use Reduction Report

Toxics Use Fee Worksheet and Invoice

2011
Reporting Year
CLEAN HARBORS OF B
Facility Name
34839
DEP Facility ID Number

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



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

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

Use the following schedule to determine your fee for the **2011** reporting year.

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

f. Determine your base fee by referring to the 2nd column above.	1850
g. Enter # of Form Ss you are filing that are not high hazard or low hazard chemicals:	2
h. Enter # of Form Ss you are filing for high hazard chemicals:	0
i. Enter # of Form Ss you are filing for low hazard chemicals:	0
j. ADD LINES g and h and multiply the result by \$1,100.	2200
k. Add LINES f and LINE j.	4050
l. Enter the amount from LINE i or from the 3rd column of the schedule (Maximum Fee) WHICHEVER IS LESS	4050

Your fee is the amount entered in LINE l. Payment of the fee will be processed later in the eDEP filing process. If the Check option is selected, print this Worksheet as documentation and send a copy with your check to MassDEP PO Box 4062, Boston MA 02211. Payment is due by Sept. 1. If your payment is not received by Sept. 1, a second invoice including the **\$1000 late fee** mandated by MGL 211 will be sent .



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention - Toxics Use Reduction Report
**Plan Summary Submittal
Selection Form**

2011
Planning Year
CLEAN HARBORS OF
Facility Name
34839
DEP Facility ID Number

I certify under penalty of law that to the best of my knowledge and belief the following is true:

Select either 1, 2 (a-e) , 3 (a-b) or 4 as allowed per 310 CMR 50.40, 50.80 and 50.90.

- 1 ☐ This facility is submitting an Environmental Management Systems Progress Report.
- 2 ☐ This facility is submitting a Resource Conservation Plan Summary Form(s) for the following asset(s):
SELECT 1 or MORE
2a ☐ Energy
2b ☐ Water
2c ☐ Materials that contribute to solid waste
2d ☐ Toxic substances on the TURA list used below threshold amounts
2e ☐ Chemical substances exempt from TURA reporting
- 3 ☒ This facility is submitting Toxics Use Reduction Plan Summary Form(s), or if all chemicals used and reported at the facility have either been eliminated or reduced below reporting thresholds, select 3a or 3b below:
SELECT 3a or 3b
3a ☒ This facility has no exceptions to Toxics Use Reduction planning requirements.
3b ☐ This facility has eliminated or reduced below threshold the following chemicals – indicate CAS# Chemical Name, Method, and Steps taken. (below)

Toxics Use Reduction Plan Summary Exceptions:

1 CAS#	2 Chemical Name	3 Method*	4 By taking the following steps:
		E R	
3b.a.1	3b.a.2	<input type="checkbox"/> <input type="checkbox"/>	3b.a.4
		E R	
3b.b.1	3b.b.2	<input type="checkbox"/> <input type="checkbox"/>	3b.b.4
		E R	
3b.c.1	3b.c.2	<input type="checkbox"/> <input type="checkbox"/>	3b.c.4
		E R	
3b.d.1	3b.d.2	<input type="checkbox"/> <input type="checkbox"/>	3b.d.4
		E R	
3b.e.1	3b.e.2	<input type="checkbox"/> <input type="checkbox"/>	3b.e.4
		E R	
3b.f.1	3b.f.2	<input type="checkbox"/> <input type="checkbox"/>	3b.f.4

3b.h Do you have additional chemicals to list? Yes ☐ No ☒
If filing on paper, please attach an additional sheet to continue.

- 4 ☐ This facility is scheduled to close:

Date (mm/dd/yyyy)

I am aware that there are penalties for submitting false information, including possible fines.

a Signature of Senior Management Official
DAVID P. CABRAL, P.E., TURP, BCEE
c Print Name of Senior Management Official

7/2/2012
b Date (mm/dd/yyyy)
CABRAL.DAVID@CLEANHARBORS.COM
d E-Mail Address



Plan Summary Form

A separate form for each covered toxic is required.

2011
Planning Year
CLEAN HARBORS OF B
Facility Name
34839
MassDEP Facility ID Number

A. Facility-Wide Data

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



LEAD
A.1 Chemical Name
7439921
A.2 CAS #

The two year projected changes should be reported ☐ as the difference between the amount projected to ☐ be reported year after next, and the amount reported ☐ on the Form S submitted with this Plan Summary. ☐ Report a negative number if a reduction is projected.

Use

Two Year Projected Changes (Total lbs.):

0

A.3 Use

0

A.4 Byproduct

Byproduct

A.5 Is this chemical used only in wastewater treatment?

<input type="checkbox"/>	Yes – skip to Section C.
<input checked="" type="checkbox"/>	No – go to Section B.

B. Options Considered & Selected to Implement

B.1 Options Considered

NO OPTIONS CONSIDERED, AS STABILIZATION S.O.P. IS RCRA PERMIT REQUIREMENT THAT FACILITY CANNOT DEVIATE FROM.

B.2 Options Selected to Implement

NONE

C. Reason for not implementing option(s) selected in prior plan

You may also the following section to provide more information about your TUR Plans and/or progress. If you did NOT implement options previously selected for implementation, explain why.

--



Plan Summary Form

A separate form for each covered toxic is required.

2011

Planning Year

CLEAN HARBORS OF B

Facility Name

34839

MassDEP Facility ID Number

A. Facility-Wide Data

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



POLYCHLORINATED BIPHENYLS

A.1 Chemical Name

1336363

A.2 CAS #

The two year projected changes should be reported ☐ as the difference between the amount projected to ☐ be reported year after next, and the amount reported on the Form S submitted with this Plan Summary. ☐ Report a negative number if a reduction is projected.

Use

Byproduct

Two Year Projected Changes (Total lbs.):

0

A.3 Use

0

A.4 Byproduct

A.5 Is this chemical used only in wastewater treatment?

- ☐ Yes – skip to Section C.
☐ No – go to Section B.

B. Options Considered & Selected to Implement

B.1 Options Considered

MINIMIZE STORMWATER INTRUSION INTO PCB STORAGE UNITS; AMOUNT OF PCBS
ONSITE DEPENDENT ON OUR CUSTOMERS' GENERATION OF PCBS

B.2 Options Selected to Implement

NONE

C. Reason for not implementing option(s) selected in prior plan

You may also use the following section to provide more information about your TUR Plans and/or progress. If you did NOT implement options previously selected for implementation, explain why.



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention - Toxics Use Reduction Report
TUR Plan Summary

2011
Planning Year
CLEAN HARBORS OF BR
Facility Name
34839
DEP Facility ID Number

A. Planner Certification

Based on my independent professional judgment as a MassDEP Certified Toxics Use Reduction Planner, I certify under penalty of law that the following is true:

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



- (a) I have examined and am familiar with this Toxics Use Reduction Plan;
- (b) the Plan satisfies the requirements of 310 CMR 50.40; and
- (c) the Plan demonstrates a good faith and reasonable effort to identify and evaluate toxics use reduction options.

DAVID P. CABRAL, P.E., TURP, BCEE
1. Signature of Toxics Use Reduction Planner
7/2/2012
2. Date (mm/dd/yyyy)
DAVID CABRAL
3. Print Name of Toxics Use Reduction Planner
CABRAL.DAVID@CLEANHARBORS.COM
4. E-Mail Address
X251808
5. TUR Planner I.D. Number

B. Management Certification

I certify under penalty of law that the following is true:

- (a) I have personally examined and am familiar with this Toxics Use Reduction Plan;
- (b) I am satisfied that any supporting documentation used in the development of the Plan exists and is consistent with the Plan;
- (c) based on my inquiry of those individuals immediately responsible for the development of this Plan, I believe that the information in the Plan and any supporting documentation used in the development of the Plan is true, accurate, and complete;
- (d) the Plan, to the best of my knowledge and belief, meets the requirements of 310 CMR 50.40; and
- (e) I am aware that there are penalties for submitting false information, including possible fines and imprisonment.

DAVID P. CABRAL, P.E., TURP, BCEE
1. Signature of Senior Management Official
7/2/2012
2. Date (mm/dd/yyyy)
DAVID P. CABRAL, P.E., TURP, BCEE
3. Print Name of Senior Management Official
CABRAL.DAVID@CLEANHARBORS.COM
4. E-Mail Address