

### **Massachusetts Department of Environmental Protection**

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### Form S Cover Sheet

2012	
Reporting \	Year
CLEAN	HARBORS OF B
Facility Nar	me
34839	

**DEP Facility ID Number** 

#### **Section 1: General Information**

Facility Name and Address:

#### Important:

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





<u> </u>	
CLEAN HARBORS OF BRAINTREE INC	
a. Name	

a. Name

1 HILL AVE
b. Street Address

BRAINTREE

c. City

MA

021840000
e. Zip Code

- 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 \(\bigcup \) No \(\bigcup \) (if yes, then there are no production units associated with this facility).

i. Taxpayer Identification Number

j. Toxics Release Inventory (TRI) Identification Number

(Federal Employer Identification Number or FEIN)

#### 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	6/28/2013
a. Authorized Signature	b. Date (MM/DD/YYYY)
DAVID	CABRAL
c. First Name (Print)	d. Last Name (Print)
COMPLIANCE MANAGER	cabral.david@cleanharbors.com
e Position/Title	f Email Address

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### Form S Cover Sheet

2012
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		
•	CAS # of chemical not reportable (if applicable)  Chemical not reportable (if applicable)	mical Name
	a3. Explanation of why the chemical Is	]
a.4		
	CAS # of chemical substituted for TURA chemical Chemical	mical Name
b.1	b.2	
υ. I <u>[</u>		mical Name
	b.3 Explanation of why the chemical Is not reportable (check codes):	]
b.4		
ı	CAS # of chemical substituted for TURA chemical Chemical	mical Name
c.1		
	CAS # of chemical not reportable (if applicable)	mical Name
	c.3 Explanation of why the chemical Is [1] [2] [3]	]
٦,٦	not reportable (check codes):	
c.4		mical Name
	2 S.	
d.1	d.2	
		mical Name
	d.3 Explanation of why the chemical Is [1] [2] [3]	
	d.3 Explanation of why the chemical Is [1] [2] [3] not reportable (check codes):	] [4] [5] [6] [7]
d.4		
	CAS # of chemical substituted for TURA chemical Che	mical Name
e.1		mical Name
	e.3 Explanation of why the chemical Is not reportable (check codes):	]
e.4		
J.⁻T		mical Name
f.	. Do you have more chemicals not subject to reporting this year? Yes	No 🗸

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### **Form S Cover Sheet**

2012
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 <u>and</u> 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	P	RODUCTION UNIT	must b	be given a new, unio	que nur	nber.				
a. Production Unit #	b. Describe the Process:									
Is this production unit IN USE for the reporting year of this submittal?	STO	DRAGE, HANDLIN	G AND	TRANSFER OF V	VASTE					
		Describe the Produ	ct:							
✓ Yes No	POI	JNDS OF WASTE	STORE	ĒD						
E	nter	up to four (4) six-dig	jit NAI	CS Codes that best	describ	e the Product from	this Pro	oduction Unit:		
	563	2211	Г				]			
		NAICS Code	e	e. NAICS Code		f. NAICS Code	J	g. NAICS Code		
<b>P</b> i.	<b>rodu</b> Er a	ction Process Ste	p Infor	rmation For This P s codes (listed in th an input, output or th	<b>Product</b> e repor	ting guidance) for e	ach pro	olume  weight cess step that involves properly make sure		
			7		7		7			
	1.	GG-04 Process Code	2.	Process Code	<u>3</u> .	Process Code	<b>⊿</b> 4.	Process Code		
	5.	Process Code	6.	Process Code	7.	Process Code	8.	Process Code		
	9.	Process Code	10.	Process Code	<sub>11.</sub>	Process Code	12.	Process Code		
	13.	Process Code	] <sub>14.</sub>	Process Code	<sup>⊥</sup> 15.	Process Code	<sup>⊥</sup> 16.	Process Code		
	17.	Process Code	] <sub>18.</sub>	Process Code	<sup>⊥</sup> 19.	Process Code	<sup>⊥</sup> 20.	Process Code		
	21.	Process Code	22.	Process Code	23.	Process Code	<u> </u>	Process Code		



## **Massachusetts Department of Environmental Protection**Bureau of Waste Prevention

### **Form S Cover Sheet**

2012
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).

abov	/e (i.e. bo	ox 1 belov	w corresp	onds to	the proce	ess code	entered i	n i.1).	.000 0000	00.110.0	G
j. Produc	tion Unit	Number:	<u>3</u>								
j. i roddo	don Onic	riambor.	FIOU. OHIL #								
k. TURA	Chemica	al		<b>39921</b> S #				EAD emical Nar	<b></b>		
			CA	.S #			CII	emicai ivai	ne		
Check "A	All" or the	number	s that cor	respond	to the pro	ocess co	des enter	red 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.
ı. TURA (	Chemica	ı		36363						ED BIPH	IENYLS
1. 10101	Oncinioa	•	CA	S#			CI	hemical Na	ime		
Check "A	All" or the	number	s that cor	respond	to the pro	ocess co	des entei	red 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	Chemic	al	CA	S #				hemical Na	ıme		
Check "A	All" or the	number	s that cor	respond	to the pro	ocess co	des entei	red 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	Chemica	al	CA	S#			CI	hemical Na	ime		
Check "A	All" or the	number	s that cor	respond	to the pro	ocess co	des enter	red 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.
		eport for	Yes	<b>✓</b> No		produ	additiona ction unit to this fa	s been	Yes	<b>✓</b> No	

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### Form S Cover Sheet

2012
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 <u>and</u> 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	PRODUCTION UNIT r	nust be given a new, uniqi	ie number.	
a. Production Unit #	b. Describe the Proces	ss:		
Is this production unit IN USE for the reporting year of this submittal?	STABILIZATION OF LE	EAD		
	c. Describe the Produc	et:		
Yes No	DECHARACTERIZED V	VASTE.		
				_
E	nter up to four (4) six-digi	t NAICS Codes that best of	lescribe the Product from th	nis Production Unit:
	562211			
	d. NAICS Code	e. NAICS Code	f. NAICS Code	g. NAICS Code
<b>P</b> i.	area dollar coduction Process Step	o Information For This Process codes (listed in the lat as an input, output or thr	ngth N/A number	ch process step that involves
	1. Process Code 5. Process Code	2. Process Code  6. Process Code	3. Process Code 7. Process Code	4. Process Code  8. Process Code
	9. Process Code	10. Process Code	11. Process Code	12. Process Code
	13. Process Code  17. Process Code	14. Process Code  18. Process Code	15. Process Code  19. Process Code	Process Code Process Code
	21. Process Code	22. Process Code	23. Process Code	24. Process Code



## **Massachusetts Department of Environmental Protection**Bureau of Waste Prevention

### **Form S Cover Sheet**

2012
Reporting Year
<b>CLEAN HARBORS OF B</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).

above (i.e. box 1 below corresponds to the process c				ess code	entered i	n i.1).		50 0111010	<b>G</b>		
j. Production Unit Number:  2   Prod. Unit #											
				39921				AD			
k. TURA	Chemica	al		S#				emical Nar	me		
Check "A	All" or the	number	s that cor	respond	to the pro	ocess co	des enter	ed in i.			AII.
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.	24.
			40	2020				OL VOIII	ODINIAT	TED DIDI	IENIVI O
ı. TURA (	Chemica	I		<b>36363</b> S #				nemical Na		ED BIP	HENYLS
Check "A	All" or the	number	s that cor	respond	to the pro	ocess co	des entei	ed 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	Chemic	al		S #				nemical Na	ame .		
Check "A	All" or the	numbers			to the pro	ocess co			inc		AII.
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	Chemica	al	CA	S#			CI	nemical Na	ame		
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.
chemi	o. Are there more  chemicals to report for Yes No  this production unit?  p. Have additional  production units been Yes No  added to this facility?										

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### Form S

Chemical Use Facility-Wide and by Production Units

2012
Reporting Year
<b>CLEAN HARBORS OF BR</b>
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





Section	1.	Facility	/-Wide	Use of	Listed	Chemical
<del>oc</del> ciion		I acility	7-881GC	<b>U3E</b> UI	LISICU	Oncinical

			Chemical Name			
Se	ction 1: Facility-Wide Use	of Listed C	hemical			
	7439921 LEAD					
		cal Name (Dioxin s	hould 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. <b>NOTE:</b> '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. Processe	d			
	110942	0				
	e. Otherwise Used		d as Byproduct			
	0	5.36				
	g. Shipped In Or As Product	h. Production	n Ratio			
	g. compped in critical reduct	n. i roddollo	Tradio			
	equal the sum of f and g. In other c-g are not in approximate balan	er words, lines ce, use this se ne number of p	ction 1 are added together, the sum will in many cases c-g will often form a "materials balance." If lines ction to explain why. Indicate all the bunds on the appropriate line below (e.g., 4,000)			
	0 0					
	a. Chemical Was Recycled On Site		b. Chemical Was Consumed Or Transformed			
	0		0			
	c. Chemical Was Held In Inventory		d. Chemical Is a Compound			
	110942					
f.	data reported, if there is not a m	aterials balanc	our facility during the reporting year that affected the e, and/or if the Prod. Ratio is <0.2 or >10.  you may explain in Section 4.m. on Page 3.			
Se	ction 3: Chemicals Used i	n Waste Tre	eatment Units			
a.	Is this chemical used to treat wa	aste or control	pollution?			
	☐ Yes ✓ No* *If your	answer is No,	skip ahead to Section 4.			
b.	Enter the amount of the chemica	al (in pounds) ι	sed to treat waste or control pollution.			
C.			nt or pollution control increase or decrease by 10 porting year?			
	c.1 Yes* No *If your	answer is Yes	you may explain in Section 4.m. on Page 3.			

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to treat waste or control pollution).

c.2 Yes V No

Are there more chemicals to report? (Use ONLY if ALL chemicals are used



## **Toxics Use Report - Form S**

Chemical Use Facility-Wide and by Production Units

2012
Reporting Year
<b>CLEAN HARBORS OF BR</b>
Facility Name
34839
DEP Facility ID Number
LEAD
Chemical Name

### **Section 4: Toxics Use by Production Unit**

	<b>5</b> e	ction 4: Toxics Use by P	roduction Unit			
2 a. Production Unit #	b.	Quantity of Chemical Code:				
Use		✓ 1. ≤ 5,000 lbs.	2. > 5,000 ≤ 1	10,000 lbs.	3. > 10,000 lbs.	≤ 100,000 lbs.
		4. > 100,000 lbs. ≤ 500,00	0 lbs. 5. > 500,000 l	bs.		
	C.	Did the use of this chemical in compared with the previous re				
		✓ Yes  No* *If yo	ur answer is No, skip ah	ead to g. below.		
		Process code(s) where most significant changes occurred (up to three in descending order)	Type of Change (Enter "I" for Increase, "D" for Decrease)	Technique Co (up to three per p		in order of importance
		GG-04	I	68		
		d.1.	2.	3a.	3b.	3c.
		e.1.	2.		3b.	3c.
		f.1.	2.	3a.	3b.	3c.
Byproduct	g.	Was byproduct generated for  ✓ Yes*  No *If yo	ur answer is Yes, skip a	•	·	on unit.
	h.	Did the byproduct generated f percent or more compared wit reduction?				
		☐ Yes ☐ No*	*If your answer is No, sl	kip ahead to m.	on Page 3.	
		Process code(s) where most significant changes occurred (up to three in descending order)	Type of Change (Enter "I" for Increase, "D" for Decrease)	Technique Co (up to three per p		in order of importance
		i 1	2.	32		30
		i.1.	2.	3a.	3b.	3c.
		j.1.	2.	3a.	3b.	3c.
		k.1.	2.	3a.	3b.	3c.
	l.	Are there more production unit	ts that use this chemical	?	✓ Yes	No



## **Toxics Use Report - Form S**

Chemical Use Facility-Wide and by Production Units

2012				
Reporting Year				
CLEAN	HARBORS OF BR			
Facility Name  34839  DEP Facility ID Number				
			LEAD	

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).

ı	AMOUNT OF LEAD RECEIVED FROM OUR CUSTOMERS INCREASED IN 2012. VOLUMES FROM YEAR TO YEAR VARY DEPENDING ON OUR CUSTOMERS DISPOSAL NEEDS.FROM
	THEIR PRODUCTIONS/ WASTE, SPILLS, RELEASES OR FROM NATURAL DISASTERS.

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Important:

forms on the computer, use

to move your cursor - do not

use the return

When filling out

only the tab key

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

### Form S

Chemical Use Facility-Wide and by Production Units

	2012
ŀ	Reporting Year
	CLEAN HARBORS OF BR
	Facility Name
	34839
	DEP Facility ID Number

POLYCHLORINATED BIPH

Chemical Name

### Section 1: Facility-Wide Use of Listed Chemical

1336363	_
1330303	
a. MA DEP CAS #	

#### POLYCHLORINATED BIPHENYLS

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
28755	0
e. Otherwise Used	f. Generated as By
0	17.87
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 q. In other words, lines c-q will often form a "materials balance." If lines c-q 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).

as Byproduct

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

c.2 Yes ✓ No

f. Check yes if anything non-routine occured 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.
-------------	---	----

Are there more chemicals to report? (Use ONLY if ALL chemicals are used

Se	ction 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.
C.	Pounds  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.

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to treat waste or control pollution).



## **Toxics Use Report - Form S**

Chemical Use Facility-Wide and by Production Units

2012
Reporting Year
CLEAN HARBORS OF BR
Facility Name
34839
DEP Facility ID Number
POLYCHLORINATED BIPH

Chemical Name

	Se	ection 4: Toxics Use by P	roduction Unit			
2 a. Production Unit #	b.	Quantity of Chemical Code:				
Use		<b>∠</b> 1. ≤ 5,000 lbs.	2. > 5,000 ≤	10,000 lbs.	3. > 10,000 lbs	. ≤ 100,000 lbs.
	$\boxed{}$ 4. > 100,000 lbs. ≤ 500,000 lbs. $\boxed{}$ 5. > 500,000 lbs.					
	C.	Did the use of this chemical in compared with the previous re				
		✓ Yes	ur answer is No, skip ah	nead to g. below.		
		Process code(s) where most significant changes occurred (up to three in descending order)	Type of Change (Enter "I" for Increase, "D" for Decrease)	Technique Co (up to three per p		in order of importance
		GG-01	l	68	26	22
		d.1.	2.	3a.	3b.	3c.
		e.1.	2.	3a.	3b.	3c.
		f.1.	2.	3a.	3b.	3c.
Byproduct	g.	Was byproduct generated for ☐  Yes* ✓ No *If yo	this chemical less than ur answer is Yes, skip a	•	·	on unit?
	h.	Did the byproduct generated find percent or more compared with reduction?				
		☐ Yes ✓ No*	*If your answer is No, s	kip ahead to m.	on Page 3.	
		Process code(s) where most significant changes occurred (up to three in descending order)	Type of Change (Enter "I" for Increase, "D" for Decrease)	Technique Co (up to three per p		in order of importance
		i.1.	2.	3a.	3b.	3c.
				0-	Ola	
		j.1.	2.	3a.	3b.	3c.
		k.1.	2.	3a.	3b.	3c.
	I.	Are there more production unit	ts that use this chemical	1?	<b>∠</b> Yes	□No



## **Toxics Use Report - Form S**

Chemical Use Facility-Wide and by Production Units

2	0	1	2

Reporting Year

CLEAN HARBORS OF BR

Facility Name

34839

DEP Facility ID Number

POLYCHLORINATED BIPH

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).

FROM YEAR TO YEAR VARY DEPENDING ON OUR CUSTOMERS DISPOSAL NEEDS.FROM THEIR PRODUCTIONS/ WASTE, SPILLS, RELEASES OR FROM NATURAL DISASTERS.	

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### Toxics Use Fee Worksheet and Invoice

2012	
Reporting	Year
CLEAN	HARBORS OF B
Facility Na	ame
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 2012 reporting year.

# Full Time Employee Equivalents	Base Fee	Maximum Fee
≥ 10 and < 50 ≥ 50 and < 100 ≥ 100 and < 500 ≥ 500	\$1,850 \$2,775 \$4,625 \$9,250	\$5,550 \$7,400 \$14,800 \$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 hi hazard chemicals:	gh hazard or low	2
h. Enter # of Form Ss you are filing for high hazar	d 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
I. Enter the amount from LINE i or from the 3rd co (Maximum Fee) WHICHEVER IS LESS	lumn of the schedule	4050

Your fee is the amount entered in LINE I. 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 21I will be sent.