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Username: **CLEANHARBORS** 

Transaction ID: 816311

Document: AQ Source Registration Package

Size of File: 2718.73K

Status of Transaction: Submitted

Date and Time Created: 3/29/2023:4:28:29 PM

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Bureau of Waste Prevention - Air Quality

## **Source Registration Overview**

Create or Amend a Source Registration Forms Package

2015	
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 **2015** 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 2015 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: 22 Emission Units (points) and 7 Physical Stacks

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

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



amend a prior year's Source Registration?

		?	?	?	?
	Emission unit name (from prior submittals)	Facility's ID#	DEP#	AP form	Last update
<b>/</b>	HURST BOILER, 2.091 MMBTU/HR, NO. 2 FUEL OIL-0.3 S	2	2	AP-1	2014
	CLEAVER BROOKS BOILER (NO.2 FUEL OIL, 0.3S)	3	3	AP-1	2014
	CUMMINS GENERATOR #2 (NT855G2, DIESEL)	50	50	AP-1	2014
<b>/</b>	CATERPILLAR GENERATOR #1	55	55	AP-1	2014
	2 LENNOX FURNACES SR 20Q5-140/154	64	64	AP-1	2012
<b>/</b>	2 DRUM CRUSHING LINES	5	5	AP-2	2014
	AG TANK A3-9,800 GAL	8	8	AP-4	2011
<b>/</b>	AG TANK A6- 9,500 GAL WASTE STREAM A-31	11	11	AP-4	2014
<b>/</b>	AG TANK A7- 9,500 GAL WASTE STREAM AA19 (NMP)	12	12	AP-4	2014
<b>/</b>	AG TANK A8 - 10,000 GAL TANK	13	13	AP-4	2014
	AG TANK A9- 10,000 GAL WASTE STREAM FB1	14	14	AP-4	2014
	AG TANK A17B - 750 GAL	18	18	AP-4	2011
<b>/</b>	AG TANK A22 (2,400 GAL)	23	23	AP-4	2014

Additional units (if any) listed on following pages



2015

Year of Record

1190564

Facility AQ identifier

# Source Registration Overview Create or Amend a Source Registration Forms Package

	Emission unit name (from prior submittals)	Fa	acility's ID#		DEP#	AP form	ι	Last update
	AG TANK A23 (2,400 GAL)		24		24	AP-4		2014
	AG TANK A24 (2,400 GAL)		25		25	AP-4		2014
	AG TANK A25 (1,000 GAL)		26	]	26	AP-4		2014
<b>/</b>	AG TANK A13 (4,000 GAL), DIESEL LOW SULF		51	]	51	AP-4		2014
<b>/</b>	AG TANK A12 (6,300 GAL), NO. 2 FUEL OIL		52	]	52	AP-4		2014
	AG TANK B1- POLYOLEFIN WASTEWATER NO VOCS		53		53	AP-4		2014
	AG TANK B2- POLYOLEFIN TANK WASTEWATER NO VOCS		54		54	AP-4		2014
	AG TANK B4- POLYOLEFIN H WASTEWATER NO VOCS		57		57	AP-4		2014
	AG TANK B7- POLYOLEFIN H TANKS WASTEWATER NO VOCS		60		60	AP-4		2014
	STACK #1- INCINERATOR #1-VENT-O-MATIC		1		1	AP-STAC		2014
	STACK #2- HURST BOILER, NO. 2 FUEL OIL		2		2	AP-STAC		2014
	1 STACK - BOILER #1-CLEAVER BROOKS, NO 2 FUEL OIL		3	]	3	AP-STAC		2014
	2 DRUM CRUSHING LINES		5	]	5	AP-STAC		2014
	1 STACK GENERATOR (2)- CUMMINS AND CATERPILLAR		7	]	7	AP-STAC		2014
<b>~</b>	1 STACK-2 FURNACES - LENNOX		9	]	9	AP-STAC		2012
	CUT OFF ROOM		10		10	AP-STAC		2014
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2015	)	
Year (	of Rec	ord

# 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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			$\overline{\Box}$		
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Bureau of Waste Prevention – Air Quality

#### **New Unit Creator Form**

Adding New Emission Units and Stacks

2015	
Year of Record	

1190564

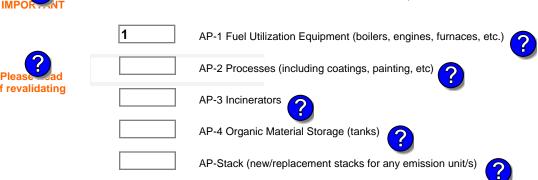
Facility AQ identifier

#### **Steps to Add New Emissions Units and Stacks**

1. Enter the TOTAL number of **new units** and **new stacks** to add to this package in the boxes below:

**New Facilities:** If you are a new facility (or this is your first Source Registration) you must complete a form for each emission unit and stack.

**Replacing emissions units:** To replace an emissions unit or stack you must add a form for the new replacement unit in the boxes below. Then you must **decommission** the old one (by inserting a decommission date in the form for the old unit) Enter the decommission date on the form for the old unit first, then fill out the form for the new replacement unit.



2. Validate this form:

eDEP will add the TOTAL number of blank forms you requested to your package.



## **BWP AQ AP-1**

#### 2015 Year of record DEP EU# (old Point #) 1190564

#### Imp Whe out the use tab mov use







	En	nission Unit – Fuel Utilization Equipment	Facility AQ identifier
Important: When filling	A.	<b>Equipment Description</b>	
out forms on the computer,	1.	Facility identifiers:	
use only the tab key to	١.	•	
move your		a. Facility name	
cursor - do not use the return		34839	1190564
key.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
tab	2.	Emission unit identifiers:	
		INDUSTRIAL OIL FURNACE LG14-225	
return		a. Facility's choice of emission unit name – edit as needed LG14	
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # – old point # 64
		d. ORIS ID # – for large electrical utilities only	e. Combined Units – enter number of individual units
	3.	DEP approvals – leave blank if not applicable:	
		a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)
	4.	Is this unit exempt under 310 CMR 7.02 Plan Appro	ovals?
	5.	If exempt from Plan Approval, indicate reason why	(e.g., cite a specific DEP regulation):
		BELOW THRESHOLDS IN 310 CMR 7.02 (2)(B) 7 AND 15	
How to		Reason for exemption	
delete a unit?	6.	Emission unit installation date and decommission d	ate:
(click ?-icon)		11/15/2015	
		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 requir	rements for this emissions unit?
		✓ yes - specify reporting frequency below	no – skip to question 8c
		b. Reporting frequency - check all that apply:	
		☐ 1. Monthly ☐ 2. Quarterly ☐ 3. Semi-annual (include Operating Permit and Plan Approval reports, but not exceed the control of the control	_
		c. Is this unit subject to (check all that apply):	

☐ NESHAP

■ NSPS

■ MACT



## **BWP AQ AP-1**

Emission Unit - Fuel Utilization Equipment

2015		
Year of	record	
DEP E	J# (old P	oint #)
1190	564	
Facility	AQ ident	ifier

#### A. Equipment Description (cont.)

?	9.	Equipmer	nt: ?	EPA Unit T	ype Code (eDE	P on	ly): FURNACE		
ow to report		a. Type:	□ boiler <b>•</b>	✓ furnace	engine	othe	er:		
nits?	9		, is this an er			es 🔽	Describe "other"	equipm	ent type
		ALLIED A	AIR ENTERF	PRISES LLC	(A LENNOX C		- LG-14-225/275B	340	
		b. Manufac			(**==::::::::::::::::::::::::::::::::::	_	c. Model number		
2		0.2800	t rating MMBtu/	hr (must be ar	pater than 0)	_	Number of hurner	c (onto	r "0" if not applicable)
at to do		u. Max IIIpu	t fatting wilvibtu/	ili (iliust be git	?	) [	e. Number of burners	s (enter	о плогаррисаые)
ata Inown or		f. Type of	f burner – ch	eck one:	☐ rotary		✓ mech. atomiz	er	steam atomizer
available?					air atomiz	zer [	traveling grat	е	☐ hand fired
					other:	_			
		BECKET	Т				other" burner type 230V-1-60		
<b>?</b>		g. Burner m				_	n. Burner model num	ber	
		11/15/20							
		i. Burner ins	stallation date (	mm/dd/yyyy)					
	10		operation for	the emission		] che	eck if continuous		erated – 24 x 7 x 52
		10			7			4	
		b. Number of	of hours per day	/	c. Number of days	s per	week	d. Nu	mber of weeks per year
				-	on that occurs in		-		
		$\frac{0.0}{Q1}$	0.0 Q2	$-\frac{0.0}{Q3}$	$-\frac{100.0}{Q4}$		Sum of Q1+Q2+Q3+ or 0% if the unit was		st = 100%, erated for any quarter
									, , , , , , , , , , , , , , , , , , , ,
	11.		ason operat	ion schedul	e – May 1 throug	gh S	eptember 30:	_	
		0	eason hours per	r dov	b. Ozone season	dovo	por wook	0	eks operated in ozone season
		a. Ozone se	ason nours per	uay	b. Ozone season	uays	per week	C. Wee	eks operated in ozone season
	12	. Emission	release poir	nt – select o	ne:	Engin	es click here for inst	truction	s: <b>?</b>
		Non-Sta	ack Release	Points:		Ph	ysical Stacks:		
		☐ fugit	ive 🔲	horizontal v	ent	<b>/</b>	vertical stack		
				downward fa			vertical with rain	n cap/	sleeve
			cal stack/ver						
	12		ack release poir			iak fi	rom the list hele		
	13		unit to a priys CK-2 FURNA		f applicable) – p	ick II	ioni the list belo	vv.	
					n – to change stack i	name	use STACK form		
					-			ack for	m <b>before</b> completing to this fo



## **BWP AQ AP-1**

Emission Unit - Fuel Utilization Equipment

## A. Equipment Description (cont.)

2015

Year of record

DEP EU# (old Point #) 1190564

Facility AQ identifier

?	14. Is there a pollution control devi	Check here if you need to report more than 3 air pollution control devices on		
How to <b>delete</b> 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 estimate	c. Model number	Model number	Model number	
	d. Facility's ID for this device	Facility's ID for this device	Facility's ID for this device	
	e. Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	
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 devic	e was designed to control:	
PM 10	% Overall eff.	% Overall eff.	% Overall eff.	
PM 2.5	% Overall eff.	% Overall eff.	% Overall eff.	
SO2	% Overall eff.	% Overall eff.	% Overall eff.	
СО	% Overall eff.	% Overall eff.	% Overall eff.	
VOC	% Overall eff.	% Overall eff.	% Overall eff.	
NO2	% Overall eff.	% Overall eff.	% Overall eff.	
NH3	% Overall eff.	% Overall eff.	% Overall eff.	
HOC	% Overall eff.	% Overall eff.	% Overall eff.	
HYC	% Overall eff.	% Overall eff.	% Overall eff.	
Hg				
Pb	% Overall eff.	% Overall eff.	% Overall eff.	
Other	% Overall eff.	% Overall eff.	% Overall eff.	
	% 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.)

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

2015

15. I	s there <b>monitori</b> i	ng equipment	on this unit	or its related	d control devices?
-------	---------------------------	--------------	--------------	----------------	--------------------

75. Is there <b>monitoring equipment</b> on this unit or its related control devices?							
How to delete a monitor?	yes – answer a t	hrough I  ✓ no – skip to s	ection B				
		Monitor 1	Monitor 2	Monitor 3			
	a. Monitor type:	check only one:  CEM Opacity other - describe:	check only one:  CEM Opacity other - describe:	check only one:  CEM Opacity other - describe:			
Do not leave blank – if unknown write 'unknown' or estimate	b. Manufacturer:	Describe "other"	Describe "other"	Describe "other"			
	c. Model number:						
	d. Monitor ID #:	Facility's Designation	Facility's Designation	Facility's Designation			
l	e. Installation date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)			
Legye	f. DEP approval #:						
Leave f, g, h blank if not	g. DEP approval date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)			
applicable.	h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)			
	i. Recorder ?	yes no	yes no	yes no			
	j. Audible alarm ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no			
<b>?</b>	k. Data system ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no			
	I. Monitored pollutants (check all that apply):	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:			

Describe "other"

Describe "other"

Describe "other"



## **BWP AQ AP-1**

Emission Unit - Fuel Utilization Equipment

#### 2015 Year of record DEP EU# (old Point #) 1190564 Facility AQ identifier

#### **B. Fuels and Emissions**

		<b>5</b> 111 (0) (1)	NO. 2 OIL	
	1.	Fuel Name / Characteristics:	Fuel name	
		Number of fuels for this unit (previous records):		
2			DEP Fuel #	
How does eDEF andle multiple uels?	0	Add a NEW fuel: Check the box if you need to add a fuel that you did <b>not</b> report on previously (eDEP will add a blank Sect. B form to your package).	Delete this fuel: check box if you stopped using this fuel in this unit permanently. You must still report for this year of record even if amount is "0" – the fuel will be removed from the unit in the next report cycle.	•
		When to NOT check this box ?		
		a Caura Classification Code (CCC)	10200501	$\neg$
		a. Source Classification Code (SCC) (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:	<b>☑</b> 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 $(0 - 2.2)$ :	0.1380 Percent by weight	
		d. Ash content for oils and coal (0 -10):	0.0	
Note for e: Enter the Maximum Fuel Rate at		e. Maximum hourly fuel rate for all firing burners:	Percent by weight  0.0003 1000 GALLONS	
which the unit can burn		e. Maximum mounty fuel rate for all lifting burners.	Amount Units per hour	
fuel (its absolute uncontrolled			Enter "0" if unit decommissioned prior to this Year of Recor	rd.
design 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:		
operation rate nor any restricted (allowable)			Most recent for this fuel	
rate.		h. Annual use restriction (amount or hours):  For this fuel	Quantity Units	
		i. Short term use restriction (amount or hours):	•	
		For this fuel	Quantity Units	
			Per: month week day hour	
			CAUTION: check your amount vs.units	
	2.	Annual usage:	<b>0.3750</b> 1000 GALLONS	
	۷.	•	a. Amount – year of record b. Units	
		Enter "0" if not used in the year of record		

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

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

2015

#### B. Fuels and Emissions (cont.)

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



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

Pollutant:	☐ PM10	☐ PM2.5	□ SO2	□ NO2
Actual for previous year eDEP only:	Tons <b>0.0004</b>	Tons <b>0.0002</b>	Tons <b>0.0080</b>	Tons <b>0.0038</b>
Actual for year of record:	Tons <b>0.0219</b>	Tons <b>0.0091</b>	Tons <b>0.4665</b>	Tons <b>0.2190</b>
Potential emissions at max capacity uncontrolled:	Tons <b>2.00000</b>	Tons 0.830000	Tons 142.000000	Tons 20.000000
? Emission factor:	1000 GALLONS	1000 GALLONS	1000 GALLONS	1000 GALLONS
in pounds per unit:	1000 071220110	1000 3/1220110	1000 0/1220110	1000 0/122014
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:				
				other:
Pollutant:	□ со	□ voc	□ NH3	specify
Actual for previous year eDEP only:	Tons <b>0.0009</b>	Tons <b>0.0001</b>	Tons <b>0.0002</b>	Tons
Actual for year of record:  Potential emissions at max	Tons <b>0.0548</b>	Tons <b>0.0037</b>	Tons <b>0.0088</b>	Tons
capacity uncontrolled:  Emission factor:	Tons <b>5.000000</b>	Tons <b>0.340000</b>	Tons <b>0.800000</b>	Tons
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				



Bureau of Waste Prevention - Air Quality

#### BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

2015	
Year of record	
DEP EU# (old Point #)	
1190564	
Facility AQ identifier	

<b>D. Fuels and Emissions</b> (Cont.	B.	Fuels and Emissions	(cont.)	)
--------------------------------------	----	---------------------	---------	---

4.	Ozone season emissions – May 1 through Se	ptember 30:
	0	0
	a. Typical day VOC emissions – pounds per day	b. Typical day NOx emissions –pounds per day
	check to enter your own values	check to enter your own values

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

#### C. Notes and Attachments

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

#### 2. Attachments:

Check here to submit attachments to this form (e.g., calculations) – add a note in the field above
indicating what is attached. For eDEP on-line filers, this will create a new step on your Current
Submittal Page where you can attach electronic files to your submittal. Please list attachments
that <b>cannot</b> 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-SR

Source Registration

2015
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	ctivity occurs	:: <b>?</b>		
	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	021840000		
	d. City/Town	e. State	f. Zip Code		
	7813807100	78138071			
	g. Facility Phone Number	h. Facility Fa	ax Number		
	Mailing address: same address as facility address				
2	-				
2.	4 LIII I AVE				
2.	1 HILL AVE				
2.	1 HILL AVE a. Facility Mailing Address / PO Box Line 1				
2.	a. Facility Mailing Address / PO Box Line 1 b. Facility Mailing Address / PO Box Line 2				
2.	a. Facility Mailing Address / PO Box Line 1 b. Facility Mailing Address / PO Box Line 2 BRAINTREE	MA	021840000		
2.	a. Facility Mailing Address / PO Box Line 1 b. Facility Mailing Address / PO Box Line 2	MA d. State	<b>021840000</b> e. Zip Code		
	a. Facility Mailing Address / PO Box Line 1 b. Facility Mailing Address / PO Box Line 2 BRAINTREE c. City/Town				
	a. Facility Mailing Address / PO Box Line 1 b. Facility Mailing Address / PO Box Line 2 BRAINTREE				
	a. Facility Mailing Address / PO Box Line 1 b. Facility Mailing Address / PO Box Line 2 BRAINTREE c. City/Town	d. State			
	a. Facility Mailing Address / PO Box Line 1  b. Facility Mailing Address / PO Box Line 2  BRAINTREE  c. City/Town  Facility type – check one:	d. State	e. Zip Code		
3.	a. Facility Mailing Address / PO Box Line 1  b. Facility Mailing Address / PO Box Line 2  BRAINTREE  c. City/Town  Facility type — check one:  Utility Private Tribal Federal	d. State	e. Zip Code		
3.	a. Facility Mailing Address / PO Box Line 1  b. Facility Mailing Address / PO Box Line 2  BRAINTREE  c. City/Town  Facility type — check one:  Utility Private Tribal Federal  ORIS Facility Code - for large electrical utilities	d. State	e. Zip Code Local Government		
	a. Facility Mailing Address / PO Box Line 1  b. Facility Mailing Address / PO Box Line 2  BRAINTREE  c. City/Town  Facility type — check one:  Utility Private Tribal Federal	d. State	e. Zip Code Local Government		
3.	a. Facility Mailing Address / PO Box Line 1  b. Facility Mailing Address / PO Box Line 2  BRAINTREE  c. City/Town  Facility type — check one:  Utility Private Tribal Federal  ORIS Facility Code - for large electrical utilities	d. State	e. Zip Code Local Government		
3.	a. Facility Mailing Address / PO Box Line 1  b. Facility Mailing Address / PO Box Line 2  BRAINTREE  c. City/Town  Facility type — check one:  Utility Private Tribal Federal  ORIS Facility Code - for large electrical utilities	d. State	e. Zip Code Local Government		
3.	a. Facility Mailing Address / PO Box Line 1  b. Facility Mailing Address / PO Box Line 2  BRAINTREE  c. City/Town  Facility type − check one:  ☐ Utility  Private	d. State	e. Zip Code Local Government		

6. Location (check box to enter either UTM OR Lat/Long):



☐ a. UTM c	oordinates			
		42.235971	70.972946	
c. UTMHorizontal - meters	d. UTM Vertical - meters	f. Latitude 42.9° - 41.2°	g. Longitude – West	
			73.5° - 69.8°	
e. UTM Zone	alid Ranges:		Enter positive values only.	



## **BWP AQ AP-SR**

Source Registration

2015	
Year of Record	
1190564	
Facility AQ identifier	

1.	North American Industry Classification System (NAICS) 6 digits:					
	562211	,	( ( g			
	a. (Primary)	b.	C.	d.		
8.	Facility description needed):	(what is being produced	and how it is being pr	oduced at this facility – upd		
	CLEAN HARBORS AT THIS FACILITY.		S A HAZARDOUS W	ASTE TSDF. NO PRODUC		
9.	Facility's normal ho	urs of operation:				
	12:00 AM	12:00 AM	C Contin	uous - 24 x 7 x 52		
	a. Start time	b. End Time		0000 21 7 7 7 02		
	d. Which days is the	e facility open?   S	M T V	W PT PF S		
10.	. Number of employe	es: <u>16</u>				
10.	. Number of employe	es: <u>16</u>	?			
			pailing address (will copy ad	dress into fields below)		
	Facility Owner:	same address as facility m				
	Facility Owner: Please contact your	same address as facility m				
	Facility Owner:  Please contact your  CLEAN HARBORS  a. Owner or Corporation	same address as facility mr r DEP Regional Office if to				
	Facility Owner:  Please contact your  CLEAN HARBORS  a. Owner or Corporation  1 HILL AVE	same address as facility mr T DEP Regional Office if to soft BRAINTREE INC Name  1 (for owner or corporation)				
	Facility Owner:  Please contact your  CLEAN HARBORS  a. Owner or Corporation  1 HILL AVE  b. Mailing Address Line	same address as facility many representation of the same address as fa				

h. Owner Phone Number

j. Owner Fax Number

i. Extension

fontaine.andrew@cleanharbors.com

k. Owner E-mail Address I. Owner TIN (Taxpayer Identification Number - 9 digits)



Owner?



## **BWP AQ AP-SR**

Source Registration

2015 Year of Record 1190564 Facility AQ identifier

A. Facility Information	(cont.)					
2. Facility <b>contact</b> information:	Facility contact information:  same address as facility address same address as facility mailing address					
ANDREW		FONTAINE				
a. Facility Contact First Name	•		Contact Last Name			
1 HILL AVE						
b. Mailing Address Line 1						
c. Mailing Address Line 2						
BRAINTREE		MA	021840000			
d. City/Town		e. State f. Zip Code				
USA			indrew@cleanharbors.com			
g. Country		h. E-mail Add				
7803807100			807193			
i. Phone Number	j. Extension		Number			
3. Air emissions information		as facility cont address as fac	act name and address			
JAMES R.	Same	LAUBSTE				
a. Air emissions contact First Name	a. Air emissions contact <b>First</b> Name  Air emissions contact <b>Last</b> Name					
b. Mailing Address Line 1	26137 SOUTH RIDGELAND AVENUE b. Mailing Address Line 1					
c. Mailing Address Line 2  MONEE			IL 604490000			
d. City/Town		e. State	f. Zip Code			
USA			i@cleanharbors.com			
g. Country		h. E-mail Address				
6308542549			7813807193			
i. Phone Number	j. Extension	k. Fax	Number			
3. Preparer						
5. i Teparei						
. Identification information for	preparer of this submit	tal:	same as facility air emissions contact name			
			and address			
			same as facility contact name and address same address as facility address			
DAN/ID 0		_	same address as facility address			
DAVID S. MEDINA						
a. Preparer First Name  CLEAN HARBORS ENVIRONMENTAL SERVICES						
b. Mailing Address Line 1 42 LONGWATER DRIVE	· ·					
c. Mailing Address Line 2						
NORWELL	•		020619149			
d. City/Town			MA 020619149 e. State f. Zip Code			
USA			medinad@cleanharbors.com			
g. Country		h. E-mail Address				
7817925174			7817921030			
i. Phone Number	j. Extension		Number			



Bureau of Waste Prevention - Air Quality

#### **BWP AQ AP-SR**

Source Registration

2015

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 S. Medina

Signature of Responsible Official 3/11/2016

Date

eDEP enters these fields automatically on submission.

Responsible official – complete all fields below:

#### DAVID S.

a. Print First Name

#### **MEDINA**

b. Print Last Name

#### **COMPLIANCE MANAGER**

c. Title

#### 7817925174

d. Phone Number

#### medinad@cleanharbors.com

e. E-mail Address





Bureau of Waste Prevention – Air Quality

#### BWP AQ AP-TES

Total Emissions Statement & Hazardous Air Pollutant List

# 2015 Year of record 1190564 Facility AQ identifier

#### A. Annual Total Emissions Statement

<b>Importa</b> i	nt:
------------------	-----

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	.0416	.0314	.3803	.5183	.1177
	eDEP only:	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	0.0308	0.0193	0.4245	0.3539	0.1101
	·	Tons	Tons	Tons	Tons	Tons
	Potential emissions at max	9.4849	9.3555	12.2078	136.2268	29.3023
	capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Facility-wide max allowed				17.3	
<b>U</b>	emissions – annual:	Tons	Tons	Tons	Tons	Tons
9 E	Facility-wide max allowed				9400	
-wi	emissions – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
Facility-wide	Short term period:				MONTH	
aci						
	Basis: DEP approval				MBR-95-RES-047	
$\Box$	number or regulation:					
	Pollutant:	voc	нос	*Reserved*	NH3	☐ *Reserved*
	Actual for previous year	.0494	0	0	.0311	
	eDEP only:	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	0.0155	0	0	0.0190	
		Tons	Tons	Tons	Tons	Tons
	Potential emissions at max	22.8315	0	0	0.7683	
	capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Facility-wide max allowed	36.2				
<u>&gt;</u>	emissions – annual:	Tons	Tons	Tons	Tons	Tons
o ge	Facility-wide max allowed	23600				
-wi	emissions – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
g j	Short term period:	MONTH				
Facility-wide estrictions only	Basis: DEP approval number or regulation:	MBR-95-RES-047				



Bureau of Waste Prevention - Air Quality

2015 Year of record 1190564 Facility AQ identifier

Total Emissions Statement & Hazardous Air Pollutant List

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

(	?
•	

4.	i. If you have facility-wide fuel, raw material, or product restrictions, complete the following for each:											
a.	EXEMPT	135411.0000	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 or product restricted											
b.	MBR-86-COM-027	376680.0000	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 or product restricted											
C.	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 SULFUR											
	Description of fuel, raw material or product restricted											
B.	<b>Greenhouse Gas</b>	List										

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

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

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

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

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

1	yes	- in	dica	te v	/hich	ı ch	emic	als a	re u	sed a	and	which	are	emitte	d by	che	cking	the	appr	opriate	boxe	эs
	no -	skij	p to	sec	tion	D.																

?	
What is a HAP	?

Use	Hazardous Air Pollutants Emitted	CAS#	Use	Hazardous Air Pollutants Emitted	CAS#
	<ul> <li>☑ Acetaldehyde</li> <li>☑ Acetamide</li> <li>☑ Acetonitrile</li> <li>☐ Acetophenone</li> <li>☐ 2-Acetylaminofluorene</li> <li>☐ Acrolein</li> <li>☑ Acrylamide</li> <li>☑ Acrylonitrile</li> </ul>	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

2015 Year of record 1190564

Facility AQ identifier

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

Use	Emi	tted	CAS#	Use	Emi	tted	CAS#
		Biphenyl	92-52-4			2,4-Dinitrotoluene	121-14-2
	V	Bis(2-ethylhexyl)phthalate	117-81-7		V	1,4-Dioxane (1,4-Diethyleneoxide)	123-91-1
		Bis(chloromethyl)ether	542-88-1			1,2-Diphenylhydrazine	122-66-7
	_	Bromoform	75-25-2		v	Epichlorohydrin (1-Chloro-2,3-epoxypropane	
		1,3-Butadiene	106-99-0		V	1,2-Epoxybutane (1,2-Butylene oxide)	106-88-7
		Calcium cyanamide	156-62-7		V	Ethyl acrylate	140-88-5
		Captan	133-06-2		V	Ethyl benzene	100-41-4
	<u></u>	Carbaryl	63-25-2		<u>_</u>	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
	V	Chlorine	7782-50-5			Ethylene thiourea	96-45-7
	V	Chloroacetic acid	79-11-8			Ethylidene dichloride (1,1-Dichloroethane)	75-34-3
		2-Chloroacetophenone	532-27-4		V	Formaldehyde	50-00-0
	V	Chlorobenzene	108-90-7		V	Heptachlor	76-44-8
		Chlorobenzilate	510-15-6			Hexachlorobenzene	118-74-1
	V	Chloroform	67-66-3			Hexachloro-butadiene	87-68-3
		Chloromethyl methyl ether	107-30-2			Hexachlorocyclopentadiene	77-47-4
		Chloroprene	126-99-8		V	Hexachloroethane	67-72-1
	V	Cresols (mixed isomers)	1319-77-3			Hexamethylene-1,6-diisocyanate	822-06-0
	V	m-Cresol	108-39-4			Hexamethylphosphoramide	680-31-9
	V	o-Cresol	95-48-7		V	Hexane	110-54-3
	V	p-Cresol	106-44-5		V	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		V	Hydroquinone	123-31-9
		Dibenzofuran	132-64-9			Isophorone	78-59-1
		1,2-Dibromo-3-chloropropane	96-12-8		V	Lindane	58-89-9
		Dibutylphthalate	84-74-2		V	Maleic anhydride	108-31-6
	V	1,4-Dichlorobenzene	106-46-7		V	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)			V	Methyl chloride (Chloromethane)	74-87-3
		Dichlorvos	62-73-7		~	Methyl chloroform (1,1,1-Trichloroethane)	
	V	Diethanolamine	111-42-2		V		78-93-3
		N,N-Diethyl aniline (N,N-Dimethylaniline)				Methyl hydrazine	60-34-4
		Diethyl sulfate	64-67-5			Methyl iodide (Iodomethane)	74-88-4
		3,3-Dimethoxybenzidine	119-90-4		~	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		V	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		V	Methylene chloride (Dichloromethane)	75-09-2
		Dimethyl phthalate	131-11-3			Methylene diphenyl diisocyanate(MDI)	101-68-8
	V	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

2015 Year of record 1190564

Facility AQ identifier

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

Use	Emitted	CAS#	Use	Em	itted	CAS#	
	☐ 4-Nitrobiphenyl ☐ 4-Nitrophenol	92-93-3 100-02-7			Vinylidene chloride (1,1-Dichloroethylene) Xylene (mixed isomers)	75-35-4 1330-20-7	
	☐ 2-Nitropropane	79-46-9		<b>V</b> 1	m-Xylene	108-38-3	
	☐ N-Nitrosodimethylamine	62-75-9		V (	o-Xylene	95-47-6	
	☐ N-Nitrosomorpholine	59-89-2			p-Xylene	106-42-3	
	☐ N-Nitroso-N-methylurea	684-93-5		V /	Antimony	7440-36-0	
	☐ Parathion	56-38-2					
	☐ Pentachloronitrobenzene (Quintozene)	82-68-8	Arser	nic c	ompounds:		
	☐ Pentachlorophenol	87-86-5		V 1	Arsenic	7440-38-2	
	☑ Phenol	108-95-2		<b>V</b>	Arsine	7784-42-1	
	☑ p-Phenylenediamine	106-50-3					
	☐ Phosgene	75-44-5	Othe				
	☐ 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	<del>-</del>			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 may occur)			
	☐ Styrene oxide	96-09-3		Ш	Hydrogen cyanide	74-90-8	
	2,3,7,8-Tetrachlorodibenzo-p-dioxin	1746-01-6			Chroal others (include mone and disease	toro of otherland	
	1,1,2,2-Tetrachloroethane	79-34-5			Glycol ethers (include mono- and di- esi	•	
	<ul><li>☑ Tetrachloroethylene (Perchloroethylene)</li><li>☐ Titanium tetrachloride</li></ul>				glycol, diethylene glycol, and triethylene (OCH2CH2)n-OR' where n = 1, 2, or 3:		
	☐ Titanium tetrachionde ☐ Toluene	7550-45-0 108-88-3			less; or R= phenyl or alkyl substituted pl	,	
	☐ Toluene-2,4- diamine	95-80-7			alkyl C7 or less; or OR' consisting of cal		
	✓ 2,4-Toluene diisocyanate	584-84-9			ester, sulfate, phosphate, nitrate or sulfe		
	□ o-Toluidene	95-53-4			Fine mineral fibers (includes glass micro	ofibers, glass	
	☐ 0-10ldiderie ☐ 1,2,4-Trichlorobenzene	120-82-1			wool fibers, rock wool fibers and slag we		
	☑ 1,1,2-Trichloroethane	79-00-5			characterized as "respirable" (fiber diam		
	☑ Trichloroethylene	79-00-5 79-01-6			micrometers) and possessing an aspect	t ratio (fiber	
	☐ 2,4,5-Trichlorophenol	95-95-4		[2]	length divided by fiber diameter) > 3) Polycyclic Organic Matters (POM) (inclu	idos organia	
	☐ Z,4,5-Michiorophenol	121-44-8	ш	كا	compounds with more than one benzen	ū	
	☐ Trifluralin	1582-09-8			which have a boiling point greater than		
	2,2,4-Trimethylpentane	540-84-1			C)	5. 5quai to 100	
	✓ Vinyl acetate	108-05-4			Radionuclides (a type of atom which sp	ontaneously	
	☐ Viriyi acetate	593-60-2	•	_	undergoes radioactive decay)	,	
	✓ Vinyl chloride	75-01-4			,,		
Ш	El villyi ciliolide	7 3-0 1-4					



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

2015	
Year of record	
1190564	
Facility AQ identifier	

#### D. Hazardous Air Pollutant Emissions

1.	Does the facility have the potential to emit (PTE) 10 tons of any single listed Hazardous Air Pollutant (HAP)?
	✓ yes □ no
2.	Does the facility have the potential to emit (PTE) a total of 25 tons of any combination of listed Hazardous Air Pollutants (HAPs)?
	✓ yes □ no
3.	Does the facility have a restriction on total HAPS?
	✓ yes □ no
4.	Are you required to report HAP emissions here for any other reason? (e.g., a permit condition)
	☐ yes 🗹 no
5.	If you answered "yes" to any of the questions 1- 4 above you need to report your single largest HAP emissions and your total HAP emissions for the year. You also need to report emissions for any HAP for which you have an emissions restriction. eDEP will generate additional pages needed to enter that data. If you wish to submit additional HAP data, you may add them to the HAP pages that follow or in the attachments and notes sections below.
E	. Notes and Attachments
1.	<b>Notes:</b> Please include in the space below any additional information that will help DEP understand your submission.
2.	Attachments:
	Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your



Bureau of Waste Prevention - Air Quality

#### **BWP AQ AP-TES**

Total Emissions Statement & Hazardous Air Pollutant List

2015 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:	ETHYLENE GLYCOL	LEAD COMPOUNDS	METHANOL
HAP emissions?	CAS # for individual HAPs if applicable:	107211	195	67561
	Actual for previous year	.516	.001	.133
	eDEP only:	Tons <b>0.0240</b>	Tons 0.0000	Tons 0.0740
	Actual for year of record:	Tons	Tons	Tons
	Potential emissions at max	12.8	12.8	12.8
	capacity uncontrolled:	Tons	Tons	Tons
	Maximum allowed	18.6	_	18.6
·wide	emissions – annual:  Maximum allowed	Tons <b>5000</b>	Tons	Tons <b>5000</b>
er f <b>acility-wide</b> limits only	emissions – short term:	Pounds MONTH	Pounds	Pounds MONTH
er fa	Short term period:		_	
?	Basis for max allowed – DEP approval # or regulation:	MBR-95-RES-047	_	MBR-95-RES-047
		НАР	НАР	НАР
	HAP name:	TOLUENE		
	CAS # for individual HAPs if applicable:	108883		<u> </u>
	Actual for previous year eDEP only:	.044 Tons	Tons	Tons
	Actual for year of record:	0.0230		
		Tons 12.8	Tons	Tons
	Potential emissions at max capacity uncontrolled:	Tons	Tons	Tons
	Maximum allowed	18.6		
vide	emissions – annual:	Tons <b>5000</b>	Tons	Tons
er <b>facility-wide</b> limits only	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds
r <b>faci</b> limits	Short term period:	MONTH		
?	Basis for max allowed – DEP approval # or regulation:	MBR-95-RES-047	_	_

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

# 2015 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:	.5017	
		Tons	_
	b. Actual for year of record:	0.4918	
		Tons	
	c. Potential at max capacity uncontrolled:	53.6	
		Tons	
	<ul><li>d. Max allowed emissions – annual:</li></ul>	18.6	Facility-wide restriction only
		Tons	
	<ul><li>e. Max allowed emissions – short term:</li></ul>	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



Bureau of Waste Prevention - Air Quality

Emission Unit - Fuel Utilization Equipment

2015 Year of record 55 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.	<b>Equipment Description</b>	, dominy , de dominion
1.	Facility identifiers:	
	CLEAN HARBORS OF BRAINTREE INC	
	a. Facility name	
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
		C. Facility AQ Identifier – 33E13 ID Humber
2.	Emission unit identifiers:	
	CATERPILLAR GENERATOR #1	
	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
		S. SSINDINGS SINCE SINCE NAMES OF INTERNALS AND
3.	DEP approvals – leave blank if not applicable:	
	MBR-89-COM-31 a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)
		<u> </u>
4.	Is this unit exempt under 310 CMR 7.02 Plan Appro	ovals?
5.	If exempt from Plan Approval, indicate reason why	(e.g., cite a specific DEP regulation):
	Reason for exemption	
3.	Emission unit installation date and decommission d	ate:
	5/4/1989	
	a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
7.	Emission unit replacement:	Complete only if the unit was shutdown permanently or replaced since the last report.
	a. Is this unit replacing another emission unit?	
	II no Use enter DED's emission unit nu	ash ar and name for the weit being replaced below.
	✓ no	mber and name for the unit being replaced below:
	L DEDI and a language of the l	
	b. DEP's emission unit number and facility unit name	
3.	Additional state reporting requirements:	
	a. Are there other routine air quality reporting requir	rements for this emissions unit?
	✓ yes - specify reporting frequency below	no – skip to question 8c
	b. Reporting frequency - check all that apply:	

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

MACT

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

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

■ NSPS

☐ NESHAP



Bureau of Waste Prevention - Air Quality

#### BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

# 2015 Year of record 55 DEP EU# (old Point #) 1190564 Facility AQ identifier

#### A. Equipment Description (cont.)

?	9.	Equipme	nt:	EPA Unit T	ype Code (eDEP	only): RECIPR	OCATIN	G IC ENGINE
ow to report combined		a. Type:	boiler [	furnace	✓ engine □ ot			
its?	<b>?</b>	If engine	, is this an er	mergency ge	enerator? yes	Describe "oth no	ner" equipn	nent type
	•	CATERP	ILLAR			3412DIT		
		b. Manufac	turer			c. Model numbe	r	
?		5.3480 d. Max inpu	ut rating MMBtu/	hr (must be gre	eater than 0)	e. Number of bu	rners (ente	er "0" if not applicable)
at to do			-					
nown or		f. Type of	f burner – ch	eck one:	☐ rotary	mech. ato		steam atomizer
available?					_	r 🗌 traveling (	grate	hand fired
					other:	"other" burner ty	ne	
		CATERP				N/A		
		g. Burner m 6/1/1989	nanufacturer			h. Burner model	number	
			stallation date (	mm/dd/yyyy)				
	40	llaa af	an avation for		it	shoole if against	مم برامريم	24 × 7 × 50
	10.	Hours of	operation for	the emission		check ii continu		erated – 24 x 7 x 52
		b. Number	of hours per day		1 c. Number of days p	er week	11 d. Ni	umber of weeks per year
					on that occurs in e			
		27.3	22.7	22.7	27.3	Sum of Q1+Q2+		uet – 100%
		Q1	Q2	Q3	Q4			perated for any quarter
	11.	Ozone se	eason operat	ion schedul	e – May 1 through	September 30	):	
		1	·		1	·	5	
		a. Ozone se	eason hours per	r day	b. Ozone season da	ays per week	c. We	eks operated in ozone season
	12.	Emission	release poir	nt – select o	ne: ? En	gines click here fo	r instruction	ns: ?
		Non-St	ack Release	Points:		Physical Stacks	s:	
		☐ fugit	tive 🔲	horizontal ve	ent [	vertical stac	k	
				downward fa		vertical with	rain cap	/sleeve
			ical stack/ver					
	12		ack release poir			from the list h	olove	
	13.			•	f applicable) – picl		elow.	
					CUMMINS AND CA		·m	
		Facility's stack identifier from STACK form – to change stack name use STACK form  If the stack for this unit is not listed, save and exit this form new and complete a new Stack 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.)

2015
Year of record
55
DEP EU# (old Point #)
1190564

Facility AQ identifier

		,		
?	14. Is there a pollution control device	Check here if you need to report more than 3 air pollution control devices on		
How to <b>delete</b> 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	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 <b>f</b> , <b>g</b> , <b>h</b> 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)	
		nter for all pollutants that the devic	e was designed to control:	
DM 47				

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



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

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?

2015
Year of record
55
DEP EU# (old Point #)
1190564
Facility AQ identifier

How to <b>delete</b> a monitor?	yes – answer a	rough 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"	
Leave	d. Monitor ID #:  e. Installation date:  f. DEP approval #:	Facility's Designation (mm/dd/yyyy)	Facility's Designation (mm/dd/yyyy)	Facility's Designation (mm/dd/yyyy)	
f, g, h blank if not applicable.	g. DEP approval date: h. Decommission date: i. Recorder ? j. Audible alarm ? k. Data system ? l. Monitored pollutants (check all that apply):	(mm/dd/yyyy)  (mm/dd/yyyy)  yes no  yes no  per no  PM 10  PM 2.5  SO2 CO	(mm/dd/yyyy)    yes   no   yes   no   yes   no   PM 10   PM 2.5   SO2   CO	(mm/dd/yyyy)    yes   no   yes   no   yes   no   PM 10   PM 2.5   SO2   CO	



## **BWP AQ AP-1**

Emission Unit - Fuel Utilization Equipment

#### 2015 Year of record 55 DEP EU# (old Point #) 1190564 Facility AQ identifier

#### **B. Fuels and Emissions**

			GENERATOR #1-0	CATERPILLAR 558.5 KW #	
	1.	Fuel Name / Characteristics:	Fuel name		
_		Number of fuels for this unit (previous records): 1	1		
2			DEP Fuel #		
How does eDEF handle multiple fuels?	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).	fuel in this unit p <i>eri</i> this year of record	heck box if you stopped using this manently. You must still report for even if amount is "0" – the fuel will he 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 IC ENGINE- RECIF		
			SCC Code Description -		
		b. Type of fuel – check one:	SCC Code Description -	- Illied by eDEP	
		b. Type of fuel – check one.	☐ no.2 ☐ no.4	l □ no.6	
			✓ diesel ☐ coal	I ☐ natural gas	
		Note: The option to have eDEP calculate your emissions is not available if your fuel type is "other".	☐ jet fuel ☐ othe	er - describe:	
			Describe "other" fuel		
		c. Sulfur content for oils and coal (0 – 2.2):	.0401		
		d Ash soutsetfor sile and soal (0, 40):	Percent by weight  0		
Note for e:		d. Ash content for oils and coal (0 -10):	Percent by weight		
Enter the			r creent by weight		
Maximum					
Fuel Rate at which the		e. Maximum hourly fuel rate for all firing burners:	0.0380	1000 GALLONS	
unit can burn		,	Amount	Units per hour	
fuel (its absolute uncontrolled			Enter "0" if unit decommi	ssioned prior to this Year of Record.	
design		(5)			
capacity). Do not enter the		f. Do you have fuel or usage restrictions?	·	kip to question 2	
normal		g. DEP approval number for restrictions:	MBR-89-COM-31		
operation			Most recent for this fuel		
rate nor any restricted					
(allowable)			200	EACH-YEAR	
rate.		h. Annual use restriction (amount or hours):  For this fuel	300 Quantity	Units	
		i. Short term use restriction (amount or hours):	<b>24.0000</b>	DAY	
		For this fuel	Quantity	Units	
			· – –		
			Per: month w	veek 🗹 day 📙 hour	
			CAUTION: check your ar		
	2.	Annual usage:	0.4030	1000 GALLONS	
		•	a. Amount – year of reco	ord b. Units 000 GALLONS	
		Enter "0" if not used in the year of record		r prior year of record – eDEP only	
			or rotal armual adage to	. p your or room open 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:

Read First

Part 75 Requirements

Year of record

55

DEP EU# (old Point #)

1190564

Facility AQ identifier

2015

□ NO2 Pollutant: ☐ PM10 ☐ PM2.5 ☐ SO2 0.0222 0.0222 0.0062 0.3157 Actual for previous year Tons Tons Tons Tons eDEP only: 0.0086 0.0086 0.0024 0.1217 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: other:

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:	□ со	□ voc	□ NH3	specify
	Actual for previous year	0.0680	0.0243	0.0222	
	eDEP only	Tons	Tons	Tons	Tons
		0.0262	0.0094	0.0086	
	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 –				
<u>&gt;</u>	annual:	Tons	Tons	Tons	Tons
For this fuel only	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds
	Short term period (or MMBtu):				
	Basis – DEP approval number or regulation:	MBR-89-COM-31	MBR-89-COM-31	MBR-89-COM-31	



Bureau of Waste Prevention - Air Quality

## **BWP AQ AP-1**

Emission Unit - Fuel Utilization Equipment

#### B. Fuels and Emissions (cont.)

2015
Year of record
55
DEP EU# (old Point #)
1190564
Facility AQ identifier

_	_
	ച
	6 /

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

0.0416	0.5402
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.	A	tta	ch	m	en	ts:

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 <b>cannot</b> be sent electronically in the notes field above and deliver them to DEP with a paper
copy of this form.

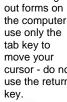


Bureau of Waste Prevention - Air Quality

Emission Unit - Fuel Utilization Equipment

2015 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.	<b>Equipment Description</b>	•					
1.	Facility identifiers:						
	CLEAN HARBORS OF BRAINTREE INC						
	a. Facility name						
	b. DEP Account number	1190564  c. Facility AQ identifier – SSEIS ID number					
_		c. radility AQ identifier – 33E13 ID Humber					
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	ovals? ☑ yes ☐ no					
5.	If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation):						
	BELOW THRESHOLDS IN 310 CMR 7.02 (2)(B) 7 AND 15						
	Reason for exemption						
<b>)</b> 6.	Emission unit installation date and decommission date:						
	8/1/1999						
	a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable					
7.	Emission unit replacement:	Complete only if the unit was shutdown permanently or replaced since the last report.					
	a. Is this unit replacing another emission unit?						
	✓ no						
	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-annua	ıl 🔽 4. Annual 🔽 5. RES					
	(include Operating Permit and Plan Approval reports, but not exc	<del>_</del> _					
	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

# 2015 Year of record 50 DEP EU# (old Point #) 1190564 Facility AQ identifier

#### A. Equipment Description (cont.)

?	9.	Equipment:	?	EPA Unit T	ype Code (e	eDEP o	only): RECIPRO	CATING	G IC ENGINE
How to report on combined		a. Type:	boiler [	furnace	✓ engine	☐ oth	ner:		
units?	<b>?</b>	If engine, is			•	 ] yes	Describe "other	r" equipm	nent type
		CUMMINS					125-DGEA		
		b. Manufacture	er e				c. Model number		
?		d. Max input ra	ting MMBtu/h	r (must be gre	ater than 0)		e. Number of burn	ers (ente	r "0" if not applicable)
What to do if data		f Type of by	umar aba	alr anai	□ rotor		✓ mach atam	izor	□ ataom atamizar
unknown or not available?		f. Type of bu	ırner – cne	eck one:	∐ rotary		✓ mech. atom		
ior available i							traveling gra	ale	
					other	•	"other" burner type	)	
		g. Burner manu	ufacturer			<del></del>	h. Burner model nu	ımber	
		i. Burner install	ation date (m	nm/dd/vvvv)					
			a aa (	, ۵۵, , , , , , ,					
	10.	Hours of ope	eration for	the emissio	n unit:	a. 🗌 cl	neck if continuo	usly op	erated – 24 x 7 x 52
<u></u>		1			1			12	
•		b. Number of h	ours per day		c. Number o	f days pe	er week	d. Nu	ımber of weeks per year
		e. Percent o	of total annu	•	n that occu	rs in ea	ich calendar qua	arter:	
		27.5	12.0	27.5	33.0		Sum of Q1+Q2+Q		st = 100%, erated for any quarter
		Q1	Q2	Q3	Q4			ao not op	orated for any quarter
	11.	Ozone seas	on operation	on schedule	e – May 1 th	rough	September 30:		
		1		da	1			4	also an austral in annua access
		a. Ozone seaso	on nours per o	aay	b. Ozone se	ason day	/s per week	c. we	eks operated in ozone season
	12.	Emission re	lease point	t – select or	ne: ?	Eng	jines click here for in	nstruction	ns: ?
		Non-Stack	k Release F	Points:		F	hysical Stacks:		
		fugitive		orizontal ve			vertical stack		
		engine vertical		lownward fa t less than 1			vertical with ra	ain cap/	/sleeve
		If Non-Stack	release point	t, skip to quest	ion 14.				
	13.					– pick	from the list be	low:	
		7 1 STACK	GENERA	TOR (2)- C	UMMINS A	ND CA	TERPILLAR		
		•			-		ne use STACK form		
		If the stack for this unit is not listed, save and exit this form now and complete a new Stack form <b>before</b> completing to this form.							



Emission Unit – Fuel Utilization Equipment

#### A. Equipment Description (cont.)

2015

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

	14. Is there a pollution control device	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
CStimate	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)
D11.10	i. Percent overall efficiency - er	nter for all pollutants that the device	was designed to control:
PM 10 PM 2.5	% Overall eff.	% Overall eff.	% Overall eff.
	% Overall eff.	% Overall eff.	% Overall eff.
SO2	% Overall eff.	% Overall eff.	% Overall eff.
CO	% Overall eff.	% Overall eff.	% Overall eff.
VOC	% Overall eff.	% Overall eff.	% Overall eff.
NO2	% Overall eff.	% Overall eff.	% Overall eff.
NH3	% Overall eff.	% 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			
Other		% Overall eff.	% Overall eff.
	% 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?

Emission Unit - Fuel Utilization Equipment

#### A. Equipment Description (cont.)

Bureau of Waste Prevention - Air Quality Year of record 50 DEP EU# (old Point #) 1190564 Facility AQ identifier

2015

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

Describe "other"

Describe "other"

Describe "other"



Bureau of Waste Prevention - Air Quality

## **BWP AQ AP-1**

Emission Unit - Fuel Utilization Equipment

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

#### **B. Fuels and Emissions**

	4	First Name / Characteristics	GENERATOR #2-CUMMINS #NT855G2- #2 OI		
	1.	Fuel Name / Characteristics:	Fuel name		
_		Number of fuels for this unit (previous records): 1	1		
2			DEP Fuel #		
How does eDEF handle multiple fuels?	•	Add a NEW fuel: Check the box if you need to add a fuel that you did not report on previously (eDEP will add a blank Sect. B form to your package).	Delete this fuel: check box if you stopped using this fuel in this unit permanently. You must still report for this year of record even if amount is "0" – the fuel will		
		When to NOT check this box ?	be removed non	n the unit in the next report cycle.	
		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:	CCC CCGC Boompaio		
		an type of fuel circuit office.	☐ no.2 ☐ no	o.4	
			✓ diesel □ co	oal  natural gas	
		Note: The option to have eDEP calculate your emissions is not available if your fuel type is "other".	☐ jet fuel ☐ of	ther - describe:	
			Describe "other" fuel		
		c. Sulfur content for oils and coal (0 – 2.2):	.138		
			Percent by weight		
		d. Ash content for oils and coal (0 -10):	0		
Note for e: Enter the Maximum Fuel Rate at			Percent by weight		
which the		e. Maximum hourly fuel rate for all firing burners:	0.0120	1000 GALLONS	
unit can burn fuel (its			Amount	Units per hour	
absolute uncontrolled			Enter "0" if unit decom	missioned prior to this Year of Record.	
design capacity). Do		f. Do you have fuel or usage restrictions?	<b>☑</b> yes □ no	- skip to question 2	
not enter the normal		g. DEP approval number for restrictions:	<b>EXEMPT 7.02</b>		
operation rate nor any restricted			Most recent for this fu	el	
(allowable) rate.		h. Annual use restriction (amount or hours):	300	EACH-YEAR	
rate.		For this fuel	Quantity	Units	
		i. Short term use restriction (amount or hours):	24	DAY	
		For this fuel	Quantity	Units	
			Per: month	week 🗹 day 🗌 hour	
			CAUTION: check your	amount vs.units	
			0.1140	1000 GALLONS	
	2.	Annual usage:	a. Amount – year of re		
		Enter "0" if not used in the year of record	· ·	000 GALLONS	
			c. Total annual usage	for prior year of record – eDEP only	



Bureau of Waste Prevention - Air Quality

Emission Unit - Fuel Utilization Equipment

#### B. Fuels and Emissions (cont.)

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

2015 Year of record 50 DEP EU# (old Point #) 1190564 Facility AQ identifier



Part 75 Requirements

☐ NO2 Pollutant: ☐ PM10 ☐ PM2.5 ☐ SO2 0.0019 0.0019 0.0005 0.0272 Actual for previous year Tons Tons Tons Tons eDEP only: 0.0024 0.0024 0.0007 0.0344 ctual for year of record: Tons Tons Tons Tons 2.2338 2.2338 2.0866 31.7462 otential emissions at max capacity uncontrolled: Tons Tons Tons Tons 42.50 42.50 39.70 604 Emission factor: 1000 GALLONS 1000 GALLONS 1000 GALLONS 1000 GALLONS in pounds per unit: Maximum allowed emissions – annual: Tons Tons Tons Tons For this fuel only Maximum allowed emissions short term: **Pounds Pounds** Pounds Pounds Short term period (or MMBtu): **EXEMPT EXEMPT EXEMPT** EXEMPT Basis - DEP approval number or regulation:

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

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

other: Pollutant: □ VOC ☐ NH3 □ co specify 0.0059 0.0021 0.0019 Actual for previous year Tons Tons Tons Tons eDEP only: 0.0074 0.0027 0.0024 Actual for year of record: Tons Tons Tons Tons 6.8328 2.5912 0.1524 Potential emissions at max capacity uncontrolled: Tons Tons Tons Tons 130 49.30 2.90 Emission factor: 1000 GALLONS 1000 GALLONS 1000 GALLONS in pounds per unit: Maximum allowed emissions -Tons Tons Tons Tons annual: For this fuel only Maximum allowed emissions short term: **Pounds Pounds** Pounds 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.)

2015
Year of record
50
DEP EU# (old Point #)
1190564
Facility AQ identifier

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V	К	J
`		///

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

0.0128	0.1659
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.

<ol><li>Attachmen</li></ol>	its:
-----------------------------	------

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 <b>cannot</b> be sent electronically in the notes field above and deliver them to DEP with a paper
copy of this form.



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

Emission Unit - Fuel Utilization Equipment

#### 2015 Year of record DEP EU# (old Point #) 1190564

Facility AQ identifier

#### Important: Whe out f the o use tab l mov curs





Λ.	Equipment Description			
1.	Facility identifiers:			
	·			
	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, 0.3	S)		
		c. DEP emissions unit # – old point #		
	b. I admity 5 emission unit number / code – edit as needed	c. DET emissions unit # – old point #		
	d. ORIS ID # - for large electrical utilities only	e. Combined Units – enter number of individual units		
3.	DEP approvals – leave blank if not applicable:			
	MBR-86-COM-027	9/11/1986		
	a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)		
4.	Is this unit exempt under 310 CMR 7.02 Plan Approx	vals? ☐ yes 🗹 no		
5.	If exempt from Plan Approval, indicate reason why	e.a., cite a specific DEP regulation):		
	,	,		
	Reason for exemption			
<b>\</b> 6	Emission unit installation date and decommission da	ate:		
<b>)</b>				
		b. Decommission date (mm/dd/yyyy) – if applicable		
7.	Emission unit replacement:	Complete only if the unit was shutdown permanently or replaced since the last report.		
,	a. Is this unit replacing another emission unit?			
	✓ no	nber and name for the unit being replaced below:		
	b. DEP's emission unit number and facility unit name			
8.	Additional state reporting requirements:			
	a. Are there other routine air quality reporting require	ements for this emissions unit?		
	✓ yes - specify reporting frequency below	☐ no – skip to question 8c		
	b. Reporting frequency - check all that apply:			
	☐ 1 Monthly ☐ 2 Quarterly ☐ 3 Semi-annual	I 🗹 4. Annual 🔽 5. RES		
	(include Operating Permit and Plan Approval reports, but not exce	<del>_</del>		
	c. Is this unit subject to (check all that apply):			
	_			
	MACI			
	<ol> <li>3.</li> <li>5.</li> <li>7.</li> </ol>	CLEAN HARBORS OF BRAINTREE INC  a. Facility name 34839  b. DEP Account number  2. Emission unit identifiers: CLEAVER BROOKS BOILER (NO.2 FUEL OIL, 0.3  a. Facility's choice of emission unit name – edit as needed  3  b. Facility's emission unit number / code – edit as needed  d. ORIS ID # – for large electrical utilities only  3. DEP approvals – leave blank if not applicable: MBR-86-COM-027  a. Most recent approval number  4. Is this unit exempt under 310 CMR 7.02 Plan Approval. If exempt from Plan Approval, indicate reason why (  Reason for exemption  6. Emission unit installation date and decommission day/1/1986  a. Installation date – estimate if unknown (mm/dd/yyyy)  7. Emission unit replacement: a. Is this unit replacing another emission unit?  In no yes – enter DEP's emission unit num  b. DEP's emission unit number and facility unit name  8. Additional state reporting requirements: a. Are there other routine air quality reporting require If yes - specify reporting frequency below  b. Reporting frequency - check all that apply:  1. Monthly 2. Quarterly 3. Semi-annua (include Operating Permit and Plan Approval reports, but not excellent.)		



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

## **BWP AQ AP-1**

Emission Unit - Fuel Utilization Equipment

2015
Year of record
3
DEP EU# (old Point #)
1190564
Facility AO identifier

#### A. Equipment Description (cont.)

w to report		Equipmen	it:	EPA Unit T	ype Code (eDEP o	only): BOILLIX	
combined		a. Type: [	<b>☑</b> boiler Γ	furnace	engine oth	ner:	
units?	9	_	is this an er	<u></u>	_ • –	Describe "other" ed	quipment type
	4	,	R BROOKS	3 , 3		CB800-150	
		b. Manufact				c. Model number	
		2.80				1	
at to do		d. Max input	t rating MMBtu/	hr (must be gre	eater than 0)	e. Number of burners	(enter "0" if not applicable)
ita nown or		f. Type of	burner – ch	eck one:	☐ rotary	✓ mech. atomize	er steam atomizer
available?					air atomizer	☐ traveling grate	☐ hand fired
					other:		
		01 5500	2140		_	"other" burner type	
		CL BROC				CB800-150-150 h. Burner model numb	
		g. Burner ma 9/1/1986	anuiaciurei			n. Burner model numb	ei
		i. Burner inst	tallation date (	mm/dd/yyyy)			
(?		24 b. Number o	of hours per day	<u></u>	5 c. Number of days pe	er week	15 d. Number of weeks per year
		e. Percent of total annual operation that occurs in each calendar quarter:					
		89.8	1.5	0.0	8.7	Sum of Q1+Q2+Q3+Q	
		03.0	1.5	_	0.7		
		Q1	Q2	Q3	Q4		not operated for any quarter
	11	Q1				or 0% if the unit was n	
	11.	Q1 Ozone se			e – May 1 through	or 0% if the unit was n September 30:	not operated for any quarter
	11.	Q1 Ozone se		tion schedule		or 0% if the unit was n September 30:	not operated for any quarter
		Q1 Ozone se. 0 a. Ozone se.	eason operat	tion schedule	e – May 1 through  0 b. Ozone season day	or 0% if the unit was not september 30:  ys per week	oot operated for any quarter  Oc. Weeks operated in ozone season
		Q1 Ozone se. 0 a. Ozone se.	ason operat	tion schedule	e – May 1 through  0 b. Ozone season day	or 0% if the unit was n September 30:	oot operated for any quarter  Oc. Weeks operated in ozone season
		Q1 Ozone sea 0 a. Ozone sea	eason operat	r day	e – May 1 through  O b. Ozone season day  ne:  Page 1	or 0% if the unit was not september 30:  ys per week	oot operated for any quarter  Oc. Weeks operated in ozone season
		Q1 Ozone sea  0 a. Ozone sea Emission Non-Sta	eason operate eason hours per release poir eack Release ive	r day  nt – select or Points: horizontal ve	e – May 1 through  0 b. Ozone season day  ne: Pent ecing vent	September 30:  ys per week  gines click here for instru	oot operated for any quarter  Oc. Weeks operated in ozone season  uctions:
		Q1 Ozone se. 0 a. Ozone se. Emission Non-Sta fugiti engir	release poir ack Release ive	r day  nt – select or Points: horizontal vedownward fant less than	e – May 1 through  0 b. Ozone season day  ne: Pent acing vent 10ft	September 30:  September 4:  S	oot operated for any quarter  Oc. Weeks operated in ozone season  uctions:
	12.	Q1 Ozone se. 0 a. Ozone se. Emission Non-Sta fugiti engir vertic If Non-Sta	release poir ack Release ive       ne exh.     cal stack/ver ack release poir	r day  nt – select or Points: horizontal verdownward fant less than nt, skip to quessical stack (i	e – May 1 through  0 b. Ozone season day  ne: Pent eacing vent 10ft  tion 14. f applicable) – pick	September 30:  September 4:  Septe	oc. Weeks operated in ozone season uctions:
	12.	Q1 Ozone secondaria   Ozone secondaria   Emission Non-State   fugiti   engir   vertice   If Non-State   Link this u 3 1 STAC	release poir ack Release ive	r day  nt – select or Points: horizontal verdownward fant less than nt, skip to quessical stack (in	e – May 1 through  0 b. Ozone season day  ne: ? Eng  ent acing vent 10ft  tion 14.	September 30: Se	oc. Weeks operated in ozone season uctions:



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

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)
applicable.	g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)
	? i. Percent overall efficiency - er	nter for all pollutants that the device	was designed to control:
PM 10	% Overall eff.	% Overall eff.	% Overall eff.
PM 2.5	% Overall eff.	% Overall eff.	% Overall eff.
SO2	% Overall eff.	% Overall eff.	% Overall eff.
CO	% Overall eff.	% Overall eff.	% Overall eff.
VOC	% Overall eff.	% Overall eff.	% Overall eff.
NO2	% 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		,5 0 Total 5	,5 0 Toran on.

% Overall eff.

% Overall eff.

Specify "Other"

Other

% Overall eff.

% Overall eff.

Specify "Other"

% Overall eff.

% Overall eff.

Specify "Other"



a monitor?

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

Bureau of Waste Prevention - Air Quality

#### BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

#### A. Equipment Description (cont.)

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

2015

	15. Is there monitoring equipme	nt on this unit or its related control de	evices?
How to delete		I no akin to continu D	
now to delete	yes – answer a through I		

		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
G	j. Audible alarm ?	☐ yes ☐ no ☐ yes ☐ no	☐ yes ☐ no ☐ 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 Protection**Bureau of Waste Prevention – Air Quality

## **BWP AQ AP-1**

Emission Unit – Fuel Utilization Equipment

#### 2015 Year of record DEP EU# (old Point #) 1190564 Facility AQ identifier

#### **B. Fuels and Emissions**

	4	First Name / Observatoristics	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 #
low does eDEF andle multiple uels?	0	Add a NEW fuel: Check the box if you need to add a fuel that you did not report on previously (eDEP will add a blank Sect. B form to your package).	Delete this fuel: check box if you stopped using 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 formered from the time in the floor report eyele.
		a. Source Classification Code (SCC)	10200501
		(see instructions):	SC Code (call DEP if SC code will not validate)
		(300 manuchons).	DIST.OIL- GRADE NO.1 OR NO.2 OIL
			SCC Code Description – filled by eDEP
		b. Type of fuel – check one:	
		b. Type of fact officer officer	<b>☑</b> no.2
			☐ diesel ☐ coal ☐ natural gas
		Note: The option to have eDEP calculate your	_
		emissions is not available if your fuel type is "other".	☐ jet fuel ☐ other - describe:
			Describe "other" fuel
		c. Sulfur content for oils and coal $(0 - 2.2)$ :	.138
		,	Percent by weight
		d. Ash content for oils and coal (0 -10):	0
Note for e:			Percent by weight
Enter the			
Maximum Fuel Rate at			
which the		e. Maximum hourly fuel rate for all firing burners:	0.02 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. Do you have fuel or usage restrictions?	✓ yes
capacity). Do not enter the			
normal		g. DEP approval number for restrictions:	MBR-95-RES-047
operation			Most recent for this fuel
rate nor any restricted			
(allowable)			276690 CALLONS
rate.		h. Annual use restriction (amount or hours):  For this fuel	376680 GALLONS
			Quantity Units 31390 GALLONS
		<ul> <li>Short term use restriction (amount or hours):</li> <li>For this fuel</li> </ul>	Quantity Units
		i di tiis idei	Quantity
			Per: ☑ month ☐ week ☐ day ☐ hour
			•
			CAUTION: check your amount vs.units
			<b>4.9440</b> 1000 GALLONS
	2.	Annual usage:	a. Amount – year of record b. Units
		Enter "0" if not used in the year of record	5.214 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.)

or regulation:

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

2015 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	0.0052	0.0022	0.1111	0.0521
	eDEP only:	Tons	Tons	Tons	Tons
	Actual for your of records	0.0049	0.0021	0.1053	0.0494
	Actual for year of record:	Tons	Tons	Tons	Tons
	Potential emissions at max	0.0876	0.0219	1.7166	2.1024
	capacity uncontrolled:	Tons	Tons	Tons	Tons
	Emission factor:	1	0.25	142	24
	Emission ractor.				
	in pounds per unit:	1000 GALLONS	1000 GALLONS	1000 GALLONS	1000 GALLONS
	Maximum allowed emissions –				
즡	annual:	Tons	Tons	Tons	Tons
nel o	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds
For this fuel only	Short term period (or MMBtu):				
Pō	Basis – DEP approval number or regulation:	MBR-86-COM-027	MBR-86-COM-027	MBR-86-COM-027	MBR-86-COM-027
_					other:
	Pollutant:	□ со	□ voc	□ NH3	specify
	Actual for previous year	0.0130	0.0009	0.0021	
	eDEP only:	Tons	Tons	Tons	Tons
		0.0124	0.0008	0.0020	
	Actual for year of record:	Tons	Tons	Tons	Tons
	Potential emissions at max	0.4380	0.0175	0.0701	
	capacity uncontrolled:	Tons	Tons	Tons	Tons
	Emission factor:	5	0.20	0.80	
		1000 GALLONS	1000 GALLONS	1000 GALLONS	
	in pounds per unit:	1000 GALLONS	1000 GALLONS	1000 GALLONS	<u></u>
	Maximum allowed emissions –				
<u></u>	annual:	Tons	Tons	Tons	Tons
For this fuel only	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds
this f	Short term period (or MMBtu):				
For	Basis – DEP approval number	MBR-86-COM-027		MBR-86-COM-027	



Bureau of Waste Prevention - Air Quality

#### BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

#### B. Fuels and Emissions (cont.)

2015
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 <b>cannot</b> be sent electronically in the notes field above and deliver them to DEP with a paper
copy of this form.



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

Emission Unit - Fuel Utilization Equipment

#### 2015 Year of record 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 no use the return





Α.	Eaui	pment	Descri	ption
Л.	Lqui	Pilicit	Descri	Puon

out forms on 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.			c. Facility AQ identifier – SSEIS ID number	
tab	2.	Emission unit identifiers:		
		HURST BOILER, 2.091 MMBTU/HR, NO. 2 FUEL OI a. Facility's choice of emission unit name – edit as needed	L-0.3 S	
return			2	
			c. DEP emissions unit # – old point #	
		d. ORIS ID # – for large electrical utilities only	e. Combined Units – enter number of individual units	
	3.	DEP approvals – leave blank if not applicable:		
		a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)	
	4.	Is this unit exempt under 310 CMR 7.02 Plan Approvals?   ☑ yes □ no		
	5.	If exempt from Plan Approval, indicate reason why (e BELOW THRESHOLDS IN 310 CMR 7.02 (2)(B) 7 AND 15	.g., cite a specific DEP regulation):	
How to delete	<b>\</b> C	Reason for exemption		
a unit?	o.	Emission unit installation date and decommission dat	e.	
(click ?-icon)		5/1/2003 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable	
9	7	Emission unit replacement:	Complete only if the unit was shutdown permanently or	
	<i>'</i> .	a. Is this unit replacing another emission unit?	replaced since the last report.	
		a. 15 this unit replacing another emission unit:		
		✓ no	per 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	ments for this emissions unit?	
		✓ yes - specify reporting frequency below	☐ no – skip to question 8c	
		b. Reporting frequency - check all that apply:		
		☐ 1. Monthly ☐ 2. Quarterly ☐ 3. Semi-annual (include Operating Permit and Plan Approval reports, but not exceed	_	
		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

# 2015 Year of record 2 DEP EU# (old Point #) 1190564 Facility AQ identifier

#### A. Equipment Description (cont.)

		Equipmen	ı. <u>(</u>	PEPA UNIL	Type Code (eDEP	only): <b>331221</b>	
to report combined		a. Type: 🖟	✓ boiler	☐ furnace	☐ engine ☐ ot	her:	
s ?	9	_		emergency g		Describe "other" e	equipment type
	4	HURST			,, , , , , , , , , , , , , , , , , , , ,	4VT-50BHP	
		b. Manufactu	urer			c. Model number	
9		2.0910				1	
t to do		d. Max input	rating MMBtu	u/hr (must be gi	reater than 0)	e. Number of burners	s (enter "0" if not applicable)
a own or		f. Type of	burner – cl	heck one:	☐ rotary	✓ mech. atomize	er
vailable ?					air atomize	traveling grate	e
					other:		
						"other" burner type	
		HURST				30	
		g. Burner ma 5/1/2003	anufacturer			h. Burner model numl	ber
			allation date	(mm/dd/yyyy)			
<b>4</b>					7		17
<u> </u>		e. Percent		nual operati	c. Number of days p	ach calendar quart	d. Number of weeks per year
•			•	nual operati	c. Number of days p	ach calendar quart	d. Number of weeks per year
•	11	e. Percent 66.7 Q1	6.4 Q2	nnual operati	c. Number of days point that occurs in each occurs	ach calendar quart Sum of Q1+Q2+Q3+ or 0% if the unit was	d. Number of weeks per year ter:  Q4 must = 100%,
•	11.	e. Percent 66.7 Q1 Ozone sea	6.4 Q2	nnual operati	c. Number of days point that occurs in each occurs	ach calendar quart Sum of Q1+Q2+Q3+ or 0% if the unit was	d. Number of weeks per year ter:  Q4 must = 100%, not operated for any quarter
•	11.	e. Percent 66.7 Q1 Ozone sea 0	6.4 Q2	nnual operati 0 Q3 ation schedu	c. Number of days point that occurs in each occurs	Sum of Q1+Q2+Q3+ or 0% if the unit was September 30:	d. Number of weeks per year ter:  Q4 must = 100%, not operated for any quarter
•		e. Percent 66.7 Q1 Ozone sea 0 a. Ozone sea	6.4 Q2 ason opera	nnual operati 0 Q3 ation schedu	c. Number of days point that occurs in each occurs	Sum of Q1+Q2+Q3+ or 0% if the unit was September 30:	d. Number of weeks per year ter:  Q4 must = 100%, not operated for any quarter  0 c. Weeks operated in ozone seasor
•		e. Percent 66.7 Q1 Ozone sea 0 a. Ozone sea	6.4 Q2 ason opera	inual operation $\frac{0}{Q3}$ ation scheduer day	c. Number of days prion that occurs in each series and series are series and series and series and series are series and series and series are series and series and series are	Sum of Q1+Q2+Q3+ or 0% if the unit was September 30:	d. Number of weeks per year ter:  Q4 must = 100%, not operated for any quarter  0 c. Weeks operated in ozone seasor
•		e. Percent 66.7 Q1 Ozone sea 0 a. Ozone sea Emission i Non-Sta ☐ fugitiv ☐ engin	ason hours portion in the control of	inual operation $\frac{0}{Q3}$ ation scheduer day	c. Number of days prion that occurs in each occurs	Sum of Q1+Q2+Q3+ or 0% if the unit was September 30: ys per week	d. Number of weeks per year  ter:  Q4 must = 100%, not operated for any quarter  0 c. Weeks operated in ozone seasor  ructions:
•	12.	e. Percent 66.7 Q1 Ozone sea 0 a. Ozone sea Emission I Non-Sta	ason hours pour le exh. Cal stack/veck release pour le ck release pour le exh. Cal stack/veck release pour le ck release pour le exh. Cal stack/veck release pour le ck release pour le	e Points: horizontal vent less than	c. Number of days prion that occurs in each specific street.  26.9 Q4  le – May 1 through ob. Ozone season days priority.	Sum of Q1+Q2+Q3+ or 0% if the unit was  September 30:  ys per week  gines click here for instemply sical Stacks:  vertical stack vertical with rain	d. Number of weeks per year ter:  Q4 must = 100%, not operated for any quarter  0 c. Weeks operated in ozone seasor ructions:  ?
	12.	e. Percent 66.7 Q1 Ozone sea 0 a. Ozone sea Emission I Non-Sta	ason operated as a son hours por a son hours p	anual operation	c. Number of days point that occurs in each occurs	Sum of Q1+Q2+Q3+ or 0% if the unit was  September 30:  ys per week  gines click here for instemply sical Stacks:  vertical stack vertical with rain	d. Number of weeks per year  ter:  Q4 must = 100%, not operated for any quarter  0 c. Weeks operated in ozone seasor  ructions:  ?
	12.	e. Percent 66.7 Q1 Ozone sea 0 a. Ozone sea Emission i Non-Sta graph engin vertic If Non-Sta Link this ui 2 STACK	ason operated as a son operated as a son hours por a son hours	inual operation operation operation operation scheducter day  int – select operation o	c. Number of days prion that occurs in each specific street.  26.9 Q4  le – May 1 through ob. Ozone season days priority.	Sum of Q1+Q2+Q3+ or 0% if the unit was  September 30:  ys per week  Physical Stacks:  vertical stack vertical with rain  from the list below	d. Number of weeks per year  ter:  Q4 must = 100%, not operated for any quarter  0 c. Weeks operated in ozone seasor  ructions:  ?



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

2	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
	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)
applicable.	g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)
	? i. Percent overall efficiency - er	nter for all pollutants that the device	was designed to control:
PM 10	% Overall eff.	% Overall eff.	% Overall eff.
PM 2.5	% Overall eff.	% Overall eff.	% Overall eff.
SO2	% Overall eff.	% Overall eff.	% Overall eff.
CO	% Overall eff.	% Overall eff.	% Overall eff.
VOC	% Overall eff.	% Overall eff.	% Overall eff.
NO2	% 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.

Specify "Other"

Specify "Other"

Specify "Other"



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

Emission Unit - Fuel Utilization Equipment

#### A. Equipment Description (cont.)

2013
Year of record
2
DEP EU# (old Point #)
1190564
Facility AQ identifier

15.	Is there monitoring	equipment on t	this unit c	or its r	elated	control	devices?

How to <b>delete</b> 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
	j. Audible alarm ?  k. Data system ?  I. Monitored pollutants (check all that apply):	yes no  yes no  PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity	yes no  yes no  PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity	yes no  yes no  PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity
		other – describe:	other – describe:	other – describe:

Describe "other"

Describe "other"

Describe "other"



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

## **BWP AQ AP-1**

Emission Unit - Fuel Utilization Equipment

#### 2015 Year of record DEP EU# (old Point #) 1190564 Facility AQ identifier

#### **B. Fuels and Emissions**

			BOILER #2-HURST #30 - #2 OIL-0.3 SULFU	
	1.	Fuel Name / Characteristics:	Fuel name	
		Number of fuels for this unit (previous records): 1	1	
<b>?</b>			DEP Fuel #	
How does eDEF handle multiple fuels?	o e	Add a NEW fuel: Check the box if you need to add a fuel that you did <b>not</b> report on previously (eDEP will add a blank Sect. B form to your package).	Delete this fuel: check box if you stopped using this fuel in this unit permanently. You must still report for this year of record even if amount is "0" – the fuel will be removed from the unit in the next report cycle.	
		When to NOT check this box ?		
		a. Source Classification Code (SCC)	10200501	
		(see instructions):	SC Code (call DEP if SC code will not validate)	
			DIST.OIL- GRADE NO.1 OR NO.2 OIL	
		b. Type of fuel – check one:	SCC Code Description – filled by eDEP	
		b. Type of fuel – check offe.	✓ no.2  □ no.4  □ no.6	
			☐ diesel ☐ coal ☐ natural gas	
		Note: The option to have eDEP calculate your emissions is not available if your fuel type is "other".	☐ jet fuel ☐ other - describe:	
			Describe "other" fuel	
		c. Sulfur content for oils and coal (0 – 2.2):	.138	
			Percent by weight	
		d. Ash content for oils and coal (0 -10):	0	
Note for e: Enter the			Percent by weight	
Maximum				
Fuel Rate at which the		e. Maximum hourly fuel rate for all firing burners:	<b>0.0155</b> 1000 GALLONS	
unit can burn		of Maximum flourly fuor face for all filling bufflore.	Amount Units per hour	
fuel (its absolute			Enter "0" if unit decommissioned prior to this Year of Record.	
uncontrolled				
design capacity). Do		f. Do you have fuel or usage restrictions?	yes no - skip to question 2	
not enter the		g. DEP approval number for restrictions:	EXEMPT	
normal operation		g. Bei approvar nambor for rectifications.	Most recent for this fuel	
rate nor any				
restricted (allowable)				
rate.		h. Annual use restriction (amount or hours):	111252.0000 GALLONS	
		For this fuel	Quantity Units 9271.0000 GALLONS	
		<ul> <li>Short term use restriction (amount or hours):</li> <li>For this fuel</li> </ul>	9271.0000 GALLONS Units	
		i or the rue:	Quality Onlis	
			Per: 🗹 month 🗌 week 🔲 day 🔲 hour	
			CAUTION: check your amount vs.units	
	2	Annual upage:	<b>14.4810</b> 1000 GALLONS	
	۷.	Annual usage:	a. Amount – year of record b. Units	
		Enter "0" if not used in the year of record	12.325 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:

2015
Year of record
2
DEP EU# (old Point #)
1190564
Facility AQ identifier



Part 75 Requirements

☐ NO2 Pollutant: ☐ PM10 ☐ PM2.5 ☐ SO2 0.0123 0.0051 0.2625 0.1233 Actual for previous year Tons Tons Tons Tons eDEP only: 0.0145 0.0060 0.3081 0.1446 ctual for year of record: Tons Tons Tons Tons 0.0679 0.0170 1.3304 1.6294 otential emissions at max Tons Tons capacity uncontrolled: Tons Tons 0.25 142 24 Emission factor: 1000 GALLONS 1000 GALLONS 1000 GALLONS 1000 GALLONS in pounds per unit: Maximum allowed emissions – annual: Tons Tons Tons Tons For this fuel only Maximum allowed emissions short term: Pounds **Pounds** Pounds Pounds Short term period (or MMBtu): **EXEMPT EXEMPT EXEMPT EXEMPT** Basis - DEP approval number or regulation:

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

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

					other:
	Pollutant:	□ со	□ voc	□ NH3	specify
	Actual for previous year	0.0308	0.0021	0.0049	
	eDEP only:	Tons	Tons	Tons	Tons
		0.0632	0.0025	0.0058	
	Actual for year of record:	Tons	Tons	Tons	Tons
	Potential emissions at max	0.3395	0.0136	0.0543	
	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 –	Total			Total
奆	annual:	Tons	Tons	Tons	Tons
For this fuel only	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds
this	Short term period (or MMBtu):				
Po	Basis – DEP approval number or regulation:	EXEMPT	EXEMPT	EXEMPT	



Bureau of Waste Prevention - Air Quality

#### BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

#### B. Fuels and Emissions (cont.)

2015
Year of record
2
DEP EU# (old Point #)
1190564
Facility AQ identifier

٦.	Ozone season emissions – May 1 through Se	ptember 60.
	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 <b>cannot</b> 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

2015 Year of record 5 DEP EU# (old Point #) 1190564

Facility AQ identifier

Important:

#### A. Emission Unit - Process Description

out forms on		•				
the computer,	1.	Facility identifiers:				
use only the ab 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. Facility AQ identifier – SSEIS ID number			
tab						
	2	Emission unit identifiers: 7				
return	2.					
		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 #)			
2						
		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)			
	4.	Is this unit exempt under 310 CMR 7.02 Plan Approv				
	5.	If exempt from Plan Approval, indicate reason why (	e.g., die a spediid DEP regulation).			
		Reason for exemption				
2	6.	Equipment manufacturer and model number and typ				
How to report		GREENBECK	18 SWB			
on combined		a. Manufacturer DRUM CRUSHER	b. Model number			
units?		c. Equipment Type				
?		d. EPA Unit Type Code : CRUSHER				
How to						
delete a unit ?	7.	Emission unit installation and decommission dates:				
(click ?-icon)		6/1/1986				
		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable			
			Complete only if the unit was shut down permanently			

or replaced since the last report.

Bureau of Waste Prevention – Air Quality

## **BWP AQ AP-2**

Emission Unit – Process Description

2015
Year of record
5
DEP EU# (old Point #)
1190564
Facility AQ identifier

#### A. Emission Unit – Process Description (cont.)

8.				
	Emission unit replacement:			
	a. Is this unit replacing another	er emission unit?		
	✓ no  yes – enter Di	EP's emissions unit	number for the unit t	peing replaced below:
	DEP's emission unit number and fac	sility unit namo		
	DEF 5 emission unit number and fac	sility unit hame		
9.	Additional state reporting requ	uirements:		
	a. Are there other routine air o	quality reporting req	uirements for this en	nissions unit?
	yes – specify reporting free	quency below	no – skip to c	uestion 9c
	b. Reporting frequency - che	ck all that apply:		
	☐ Monthly	Semi-annual 🔽	Annual 🗹 RES	
	(include Operating Permit and Plan	Approval reports, but not	exceedance reporting)	
	c. Is this unit subject to (chec			
	☐ NESHAP ☐ NSPS [	MACT		
10	. Hours of operation for the em	nission unit: a. 🗆	] check if continuous	ly operated – 24 x 7 x 52
	0	0		0
				_
	b. Number of hours per day	c. Number of day	s per week	d. Number of weeks per year
•	Number of hours per day     e. Percent of total annual ope	·	•	
•	e. Percent of total annual ope	eration that occurs in  0.0	each calendar quar	ter:
11	e. Percent of total annual ope 0.0 0.0 Q2 0.0 Q1 Q2 Q3	eration that occurs in Q.0 Q4	each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was	ter: Q4 must = 100%
11.	e. Percent of total annual ope	eration that occurs in Q.0 Q4	each calendar quar Sum of Q1+Q2+Q3+ (or 0% if the unit was	ter: Q4 must = 100%
11.	e. Percent of total annual ope $\frac{\textbf{0.0}}{Q1}$ $\frac{\textbf{0.0}}{Q2}$ $\frac{\textbf{0.0}}{Q3}$ Ozone season schedule – Ma	eration that occurs in  O Q4  ay 1 through Septem	Sum of Q1+Q2+Q3+ (or 0% if the unit was	ter: Q4 must = 100% s not operated for any quarter)
11.	e. Percent of total annual ope  0.0 0.0 Q2 Q2  Ozone season schedule – Ma  0	eration that occurs in  0 0.0  Q4  ay 1 through Septem	Sum of Q1+Q2+Q3+ (or 0% if the unit was	ter:  Q4 must = 100% s not operated for any quarter)
	e. Percent of total annual ope  0.0 0.0 Q2 Q2  Ozone season schedule – Ma  0	eration that occurs in 0.0 Q4  ay 1 through Septem b. Ozone season o	Sum of Q1+Q2+Q3+ (or 0% if the unit was	ter:  Q4 must = 100% s not operated for any quarter)
	e. Percent of total annual ope  0.0 0.0 Q2 Q3  Ozone season schedule – Ma  0 a. Ozone season hours per day	eration that occurs in Q.0 Q4  ay 1 through Septem D.0 D.0 Q4  b. Ozone season of	Sum of Q1+Q2+Q3+ (or 0% if the unit was	ter:  Q4 must = 100% s not operated for any quarter)
	e. Percent of total annual ope  0.0 0.0 Q2 0.0 Q3  Ozone season schedule – Ma  0 a. Ozone season hours per day  Emission release point – sele	eration that occurs in 0.0 Q4  ay 1 through Septem 0 b. Ozone season occurs one:	sum of Q1+Q2+Q3+ (or 0% if the unit was nber 30:	ter:  Q4 must = 100% s not operated for any quarter)
	e. Percent of total annual ope  0.0	eration that occurs in 0.0 Q4  ay 1 through Septem 0.0 D. Ozone season of 0.0 D. Ozone season of 0.0 P. Ozone season of 0.0 D. Ozone seas	each calendar quar  Sum of Q1+Q2+Q3+ (or 0% if the unit was her 30:  days per week  Physical Stacks:	ter:  Q4 must = 100% s not operated for any quarter)   O  c. Weeks operated in ozone season
	e. Percent of total annual ope  0.0	eration that occurs in 0.0 Q4  ay 1 through Septem b. Ozone season of the cet one:  ect one:  all vent and facing vent than 10ft	each calendar quar  Sum of Q1+Q2+Q3+ (or 0% if the unit was  aber 30:  days per week  Physical Stacks:	ter:  Q4 must = 100% s not operated for any quarter)   O  c. Weeks operated in ozone season
12	e. Percent of total annual ope  0.0	eration that occurs in 0.0 Q4  ay 1 through Septem 0.0 D. Ozone season of 0.0 D. Ozone seas	each calendar quar  Sum of Q1+Q2+Q3+ (or 0% if the unit was her 30:  days per week  Physical Stacks:  vertical stack vertical with rai	ter:  Q4 must = 100% s not operated for any quarter)  O c. Weeks operated in ozone season  n cap/sleeve
12	e. Percent of total annual ope  0.0	eration that occurs in 0.0  Q4  ay 1 through Septem  b. Ozone season of the company of the compa	sum of Q1+Q2+Q3+ (or 0% if the unit was aber 30:  days per week  Physical Stacks:  vertical stack vertical with rai	ter:  Q4 must = 100% s not operated for any quarter)  O c. Weeks operated in ozone season  n cap/sleeve

Bureau of Waste Prevention – Air Quality

## **BWP AQ AP-2**

Emission Unit – Process Description

2015
Year of record
5
DEP EU# (old Point #)
1190564
Eacility AO identifier

#### A. Emission Unit – Process Description (cont.)

?	yes – answer a t	hrough I	o to Question 15	devices ?
How to delete monitor	a	Monitor 1	Monitor 2	Monitor 3
(	a. Monitor type:	check only one:	check only one:	check only one:
Do not leave blank – if unknown write		☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:	☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:	☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other — describe:
'unknown' or estimate		Describe "other"	Describe "other"	Describe "other"
	b. Manufacturer:			
	c. Model #:			
	d. Monitor ID #:			
	a Installation data	Facility's Designation	Facility's Designation	Facility's Designation
(	e. Installation date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	f. DEP approval #:			
Leave f, g, h	g. DEP approval date:			
applicable.	h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
(		(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	j. Audible alarm ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
?	k. Data system ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	I. Monitored pollutants - check all that apply:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	PM 10 PM 2.5 S02 C0 VOC N02 NH3 Mercury Oxygen C02 H2S HCL Opacity other – describe:	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:
		Describe offici	Describe offici	Describe offici

Bureau of Waste Prevention – Air Quality

## **BWP AQ AP-2**

Emission Unit – Process Description

2015
Year of record
5
DEP EU# (old Point #)
1190564
Facility AO identifier

#### A. Emission Unit – Process Description (cont.)

2 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)
PM 10	i. Percent overall efficiency – er	nter for all pollutants that the device	e was designed to control:
PM 2.5	% Overall eff.	% Overall eff.	% Overall eff.
SO2	% Overall eff.	% Overall eff.	% Overall eff.
CO	% Overall eff.	% Overall eff.	% Overall eff.
voc	% Overall eff.	% Overall eff.	% Overall eff.
NO2	% Overall eff.	% Overall eff.	% Overall eff.
NH3	% Overall eff.	% Overall eff.	% Overall eff.
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.
Otilel	% Overall eff.	% Overall eff.	% Overall eff.
	Specify "Other"	Specify "Other"	Specify "Other"

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

## **BWP AQ AP-2**

09/19/05

Emission Unit – Process Description

2015
Year of record
5
DEP EU# (old Point #)
1190564
Facility AQ identifier

	В.	<b>Emissions for Raw Materials/Finis</b>	hed Products	,
		Add a NEW material / product: Check the box if you need to add a material or product that you did <b>not</b> report on previously (eDEP will add a blank Sect. B form to your package).	unit permanently. You mu of record even if amount is	luct: check the box if you all or making this product in this lest still report data for this year s "0" – the material / product unit in the next report cycle.
	1.	Operation description:	RCRA EMPTY DRUMS	
?		a. Raw material or finished product name:     Number of segments for this unit (previous records): 1		
ow does eDEl andle multiple		b. Is material/product an input or output ?	✓ input □ output	1 DEP #
aw materials o nished roducts ?	r	c. Process description:	2 DRUM CRUSHING LIN	
		d. Source Classification Code (SCC): (see instructions)	3999998 SC Code (call DEP if SC Code MISC INDUSTRIAL PRO	•
			SCC Description – filled by eDI	
?		e. Maximum process rate for material/product:	120 Amount	1000 EACH Units per hour
ote: efinition of laximum		f. If organic material, give weight % of:	VOC	НОС
rocess rate			HYC	
		g. Total actual raw material used or finished	0.0000	1000 EACH
		product produced for year of record:	Amount <b>0.3250</b>	Units 1000 EACH
		Enter "0" if not used in the year of record	Prior year – eDEP only	Units prior year
(	?	h. Do you have raw material or finished product restrictions?	☐ yes 🗹 no – skip	to question 1.I
	?	i. DEP approval number for restrictions:	Most recent approval number f	or this material or product
		j. Short term raw material/finished product		
		restriction – if none, leave blank:	Quantity (amount or hours)	Units
			Per: month wee	k
		<ul><li>k. Annual material/product restriction</li><li>if none, leave blank:</li></ul>	Quantity (amount or hours)	Units
		<ol> <li>Indicate which air pollution control devices from Section A, Question 15 control this</li> </ol>	Device ID #	Device ID #
		material/product by listing the facility- designated control device ID # for each unit	Device ID #	Device ID #
		that applies:	Device ID #	Device ID #
		How to make a new air pollution control device appear in these drop menus?	check here if ALL air polluunit apply to this material/	ntion control devices on the product

Bureau of Waste Prevention - Air Quality

## **BWP AQ AP-2**

Emission Unit - Process Description

2015
Year of record
5
DEP EU# (old Point #)
1190564

Other:

Facility AQ identifier

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

**?**2.

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

Important:
Leaving blanks for
Actual and Potential
emissions means that
you are certifying that
there were less than
0.0001 (or zero) tons
of emissions for each
blank.

or	Pollutant	PM10	PM2.5	SO2	NO2	СО
ntial s that g that	Actual for previous year eDEP only:	Tons	Tons	Tons	Tons	Tons
han tons each	Actual for year of record:	Tons	Tons	Tons	Tons	Tons
	Potential emissions at maximum capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Emission factor:		_	_	_	_
	In pounds per unit::		_	_	_	_
<b>al or</b> <b>y</b> ione)	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
For this material product only	Short term period:		_	_	_	_
For P (leav	Basis: DEP approval number or regulation:					

Important:
Reporting now required for t-Butyl Acetate

	Pollutant	VOC	нос	*Reserved*	NH3	specify
	Actual for previous year	0.02				_
	eDEP only:	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	0.0000 Tons	Tons	Tons	Tons	Tons
Pote	ential emissions at maximum	12	. 0.10	. 66	. 66	. 66
	capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Emission factor:	0.11		_	-	_
	In pounds per unit:	1000 EACH				
(2)	Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
reave blank ii nolle,	Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
2	Short term period:			-	-	_
2	Basis - DEP approval number or regulation:	MBR-87-IND-				_

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

2015
Year of record
5
DEP EU# (old Point #)
1190564
Facility AQ identifier

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

#### C. Notes and Attachments

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

#### 2. Attachments:

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

Bureau of Waste Prevention - Air Quality

#### **BWP AQ AP-4**

Emission Unit - Organic Material Storage

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

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

combine units?

a unit?

Co	mplete one AP-4 for EACH organic material storage ta	ink.		
A	Equipment Description			
1.	Facility identifiers: ? CLEAN HARBORS OF BRAINTREE INC			
	a. Facility name	4400564		
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number		
2.	Emission unit identifiers:			
	AG TANK B7- POLYOLEFIN TANKS WASTEWA	TER NO VOCS		
	a. Facility's choice of emission unit name – edit as needed	60		
	b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #		
	d. Combined Units – enter number of individual units			
3.	Emission unit installation and decommission dates	:		
	3/1/2011 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable		
		Complete only if the unit was shut down permanently or replaced since the last report.		
4.	Emission unit replacement:			
	a. Is this unit replacing another emission unit?			
	✓ no	umber for the unit being replaced below:		
	b. DEP's Emission Unit Number and facility unit name			
5.	Unit descriptions:			
	a. Description: 🗹 above ground 🗌 below ground	ınd		
	b Roof type: ☐ floating roof ☐ internal roof			

other:

6506

e. Capacity - gallons

Specify other

**✓** fixed

9.25

d. Diameter - feet

19.13

c. Height / Length – feet

Bureau of Waste Prevention - Air Quality

#### **BWP AQ AP-4**

Emission Unit - Organic Material Storage

2015
Year of record
60
DEP EU# (old Point #)
1190564
Facility AQ identifier

#### A. Equipment Description (cont.)

7.	Material	stored	(at st	art of	t year	):
----	----------	--------	--------	--------	--------	----

WASTEWATER NO VOCS NOT APPLICAB	LE TO REPORT
a. Name of material	50300701
b. CAS number if single chemical	c. SC Code for standing / breathing loss
LIQUID WASTE GENERAL	J. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	
	ntents changed during year of record):
New material stored (enter new material if co	ntents changed during year of record): ?  c. SC Code for standing / breathing loss
New material stored (enter new material if co	
New material stored (enter new material if contains a stored a. Name of material b. CAS number if single chemical	c. SC Code for standing / breathing loss
New material stored (enter new material if co     a. Name of material     b. CAS number if single chemical     d. SC Code description – filled by eDEP	c. SC Code for standing / breathing loss  e. Vapor pressure in PSI at 25° C

#### **B. Notes and Attachments**

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

DID NOT LIST ANNUAL THROUGHPUT. WASTE WATER TANK, NOT APPLICABLE TO HAP/ VOC.	

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.

for SC Code help

Bureau of Waste Prevention – Air Quality

Emission Unit - Organic Material Storage

2015 Year of record 57 DEP EU# (old Point #) 1190564 Facility AQ identifier

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

combine units?

a unit?

Co	mplete one AP-4 for EACH organic material storage tal	nk.
Α.	<b>Equipment Description</b>	
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.	Emission unit identifiers:  AG TANK B4- POLYOLEFIN H WASTEWATER N	IO VOCS
	a. Facility's choice of emission unit name – edit as needed  57  b. Facility's emission unit number / code – edit as needed  d. Combined Units – enter number of individual units	57 c. DEP emissions unit # – SSEIS point #
3.	Emission unit installation and decommission dates: 3/1/2011 a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
4.	Emission unit replacement:	Complete only if the unit was shut down permanently or replaced since the last report.
	<ul><li>a. Is this unit replacing another emission unit?</li><li>✓ no</li></ul>	umber for the unit being replaced below:
	b. DEP's Emission Unit Number and facility unit name	
5.	Unit descriptions:	
	a. Description: 🗹 above ground 🗌 below ground	nd
	b. Roof type:   floating roof internal roo	f

Bureau of Waste Prevention - Air Quality

#### **BWP AQ AP-4**

Emission Unit - Organic Material Storage

2015
Year of record
57
DEP EU# (old Point #)
1190564
Facility AQ identifier

#### A. Equipment Description (cont.)

7. Material stored (at start of year): CORROSIVES NO VOCS NOT APPLICABLE TO REPORT a. Name of material 50300701 c. SC Code for standing / breathing loss b. CAS number if single chemical LIQUID WASTE GENERAL 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 i. Oxygenate name - gasoline only 8. New material stored (enter new material if contents changed during year of record): a. Name of material b. CAS number if single chemical c. SC Code for standing / breathing loss d. SC Code description - filled by eDEP e. Vapor pressure in PSI at 25° C

#### **B. Notes and Attachments**

j. Oxygenate name - gasoline only

h. RVP - gasoline only

f. Temperature - typical storage temp. in °Fahrenheit

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

g. Annual throughput in gallons

i. Total oxygen percent - gasoline only

DID NOT LIST ANNUAL THROUGHPUT. WASTE WATER TANK, NOT APPLICABLE TO HAP/ VOC.

**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.

for SC Code help

Bureau of Waste Prevention - Air Quality

#### **BWP AQ AP-4**

Emission Unit - Organic Material Storage

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	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			,			
	2.	Emission unit identifiers:				
return		AG TANK B2- POLYOLEFIN TANK WASTEWAT	TER NO VOCS			
		<ul><li>a. Facility's choice of emission unit name – edit as needed</li></ul>	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:				
		3/1/2011				
		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable			
How to <b>delete</b> a unit?			Complete only if the unit was shut down permanently or replaced since the last report.			
	1	Emission unit replacements				

Emission unit replacement:

a. Is this unit replacing another emission unit?

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

<b>?</b> 5.	Unit descriptions:							
	a. Description: 🗹 above ground			☐ belo	below ground			
	b. Roof type: ☐ floating roof ✓ fixed			inte	rnal roof er:			
						Specify other		
	19.13		9.25		6506			
	c. Height / Length -	- feet	d. Diameter - fe	eet	e. Capacity – gallons		<del>_</del>	

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

Bureau of Waste Prevention - Air Quality

#### **BWP AQ AP-4**

Emission Unit - Organic Material Storage

2015
Year of record
54
DEP EU# (old Point #)
1190564
Facility AQ identifier

#### A. Equipment Description (cont.)

7.	Material stored (at start of year):
	CORROSIVES NO VOCS NOT APPLICABLE TO REPO

. Name of material	
	50300701
. CAS number if single chemical	c. SC Code for standing / breathing loss
IQUID WASTE GENERAL	
I. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
52	0
Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
	i. Total oxygen percent – gasoline only
. RVP – gasoline only	i. Total oxygen percent – gasoline only
oxygenate name – gasoline only	i. Total oxygen percent – gasoline only
Oxygenate name – gasoline only	
Oxygenate name – gasoline only  New material stored (enter new material if co	
Oxygenate name – gasoline only	
Oxygenate name – gasoline only  New material stored (enter new material if co	ontents changed during year of record):
Oxygenate name – gasoline only  New material stored (enter new material if co	
Oxygenate name – gasoline only  New material stored (enter new material if co	ontents changed during year of record):  c. SC Code for standing / breathing loss
Oxygenate name – gasoline only  New material stored (enter new material if co	ontents changed during year of record):
Oxygenate name – gasoline only  New material stored (enter new material if co	ontents changed during year of record):  c. SC Code for standing / breathing loss
Oxygenate name – gasoline only  New material stored (enter new material if co  I. Name of material  I. CAS number if single chemical  I. SC Code description – filled by eDEP	c. SC Code for standing / breathing loss  e. Vapor pressure in PSI at 25° C

#### **B. Notes and Attachments**

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

DID NOT LIST ANNUAL THROUGHPUT. WASTE WATER TANK, NOT APPLICABLE TO HAP/ VOC.	

**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.

for SC Code help

Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2015 Year of record 53 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.
nd fee

	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	1.	Facility identifiers: 7					
tab key to		CLEAN HARBORS OF BRAINTREE INC					
move your cursor – do		a. Facility name					
not use the return key.		b. DEP Account number			1190564 c. Facility AQ identifier – SSEIS ID number		
tab		B. BET Account Humber		Ŭ	radiily / le ladrillioi GGE le le l'allibei		
	2.	Emission unit identifiers:					
return		AG TANK B1- POLYOLE	FIN WASTE	WATER N	O VOCS		
		a. Facility's choice of emission un	nit name – edit as nee				
		53	* / aada adit aa saa		53 c. DEP emissions unit# - SSEIS point#		
		b. Facility's emission unit numbe	r / code – edit as nee	eded C	z. DEP emissions unit # – 55E15 point #		
How to combine units ?		d. Combined Units – enter numb	er of individual units				
	3.	Emission unit installation a	and decommissio	n dates:			
		3/1/2011					
?		a. Installation date – estimate if u	unknown (mm/dd/yyyy	y) b	b. Decommission date (mm/dd/yyyy) – if applicable		
How to <b>delete</b> a unit?					Complete only if the unit was shut down permanently or replaced since the last report.		
<b>?</b>	4.	Emission unit replacemen	t:				
		a. Is this unit replacing and	other emission ur	nit?			
		_					
		✓ no yes – ente	r DEP's emission	is unit num	ber for the unit being replaced below:		
		b. DEP's Emission Unit Number	and facility unit name	e			
<u>?</u>	<b>)</b> 5.	Unit descriptions:					
		a. Description: ☑ above ground ☐ below ground					
		b. Roof type:	g roof   inte	ernal roof er:			
		19.13 9.25	5	6506	Specify other		
			ameter – feet	e. Capacity	gallons		
		- <del>-</del>		•			

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
53
DEP EU# (old Point #)
1190564
Facility AQ identifier

#### A. Equipment Description (cont.)

Material stored (at start of year):	
CORROSIVES NO VOCS NOT APPLIBABLE 1	ΓΟ REPORT
a. Name of material	
	50300701
b. CAS number if single chemical	c. SC Code for standing / breathing loss
LIQUID WASTE GENERAL	
d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
52	0
f. Temperature – typical storage temp. in *Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
h. RVP – gasoline only	i. Total oxygen percent – gasoline only
j. Oxygenate name – gasoline only	_
New material stored (enter new material if conte	ents changed during year of record): ?
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

#### **B. Notes and Attachments**

j. Oxygenate name – gasoline only

h. RVP - gasoline only

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

i. Total oxygen percent - gasoline only

DID NOT LIST ANNUAL THROUGHPUT. WASTE WATER TANK, NOT APPLICABLE TO HAP/ VOC.	

**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.

for SC Code help

Bureau of Waste Prevention - Air Quality

#### **BWP AQ AP-4**

Emission Unit - Organic Material Storage

2015
Year of record
52
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Coi	mplete one AP-4 for EACH organic material storage tar	nk.
Important: When filling out forms on	A.	<b>Equipment Description</b>	
the computer,	1.	Facility identifiers:	
use only the 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
	2.	Emission unit identifiers:	
return		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 #
How to combine units?		d. Combined Units – enter number of individual units	
unito :	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 <b>delete</b> 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?	
		·	umber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
?	5.	Unit descriptions:	
		a. Description: 🗹 above ground 🗌 below ground	nd
		b. Roof type:	Specify other
		20 6 6300	Opedity office
			city – gallons

Bureau of Waste Prevention - Air Quality

## **BWP AQ AP-4**

Emission Unit - Organic Material Storage

2015
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	0.009				
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
(?)	52	19115.0000				
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)				
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only					
8.	New material stored (enter new material if contents	s changed during year of record): ?				
	a. Name of material					
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons				
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only				
	j. Oxygenate name – gasoline only					
В.	Notes and Attachments					
1.	Notes: please include in the space below any add	itional information that will help DEP understand				
	your submission.					
	2 Attachments:  Check here to submit attachm	conto to this form. For attachments that connet 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

2015 Year of record 51 DEP EU# (old Point #) 1190564 Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank	Com	plete one	AP-4 for	<b>EACH</b> or	ganic ma	aterial s	torage t	ank
--	-----	-----------	----------	----------------	----------	-----------	----------	-----

	•	p.o.o ono / ii	<del></del>		
Important: When filling out forms on	A.	Equipment Description			
the computer, use only the	1.	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 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 #		
2		d. Combined Units – enter number of individual units			
How to combine units ?		a. Constitute onto hambot of managar ante			
	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 <b>delete</b> a unit?			Complete only if the unit was shut down permanently or replaced since the last report.		
<u></u>	4.	Emission unit replacement:			
<u> </u>		a. Is this unit replacing another emission unit?			
a. 15 this drift replacing another emission drift.					
	mber for the unit being replaced below:				
		b. DEP's Emission Unit Number and facility unit name			
		,			
<b>2</b>	5.	Unit descriptions:			
		a Description. We show a record. The law arrays	~ d		
		a. Description:   above ground below ground	iu		

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

internal roof

4000

e. Capacity – gallons

Specify other

other:

b. Roof type:

c. Height / Length – feet

25

floating roof

d. Diameter - feet

✓ fixed

Bureau of Waste Prevention - Air Quality

## **BWP AQ AP-4**

Emission Unit - Organic Material Storage

2015
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	0.009
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
(?	52	135411.0000
	f. Temperature – typical storage temp. in <sup>°</sup> 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	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 addi	tional information that will help DEP understand
	your submission.	
	2. Attachments:   Check here to submit attachm	onto to this form. For attachments that <b>cannot</b> 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

2015
Year of record
25
DEP EU# (old Point #)
1190564
Facility AQ identifier

A Liquipment Description  1. Facility identifiers: 2. CLEAN HARBORS OF BRAINTREE INC a. Facility name 34839 b. DEP Account number  2. Emission unit identifiers: AG TANK A24 (2,400 GAL) a. Facility's emission unit number / code - edit as needed 25 b. Facility's emission unit number of individual units  2. Emission unit installation and decommission dates: 1/1/1983 a. Installation date - estimate if unknown (mm/dd/yyyy)  3. Emission unit replacement: a. Is this unit replacing another emission unit?  2. 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.  2. Emission unit replacement: a. Is this unit replacing another emission unit?  2. In the provided provid		Coi	Complete one AP-4 for EACH organic material storage tank.				
the computer, use only the lab key to move your cursor - do not use the return key.  1. Facility identifiers:	Important: When filling out forms on						
Library 10 move your cursor—do not use the return key.  2. Emission unit identifiers: AG TANK A24 (2,400 GAL) a. Facility semission unit number – edit as needed 25 b. Facility's emission unit number / code – edit as needed 25 c. DEP emissions unit # – SSEIS point #  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.  21. Emission unit replacing another emission unit number for the unit being replaced below:  b. DEP's Emission Unit Number and facility unit name  23. Unit descriptions: a. Description:  a. Description:  a. Description: a. Description: a. Description: b. Roof type: dictance in the sall and in the placing and below ground b. Roof type: dictance in the sall internal roof dictance in the sall internal	the computer,	1.	Facility identifiers:				
a Paciny feature 34839 b. DEP Account number  2. Emission unit identifiers: AG TANK A24 (2,400 GAL) a. Facility's choice of emission unit name – edit as needed 25 b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units  3. Emission unit installation and decommission dates: 1/1/1983 a. Installation date – estimate if unknown (mm/dd/yyyy) b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.  21. Emission unit replacement: a. Is this unit replacing another emission unit?  ☑ no ☐ yes – enter DEP's emissions unit number for the unit being replaced below:  b. DEP's Emission Unit Number and facility unit name  23. Unit descriptions: a. Description: ☑ above ground ☐ below ground b. Roof type: ☐ floating roof ☐ internal roof ☑ fixed ☐ other:	tab key to		CLEAN HARBORS OF BRAINTREE INC				
2. Emission unit identifiers: AG TANK A24 (2,400 GAL) a. Facility's choice of emission unit number / code – edit as needed 25 b. Facility's emission unit number of individual units  2. Emission unit installation and decommission dates: 1/1/1983 a. Installation date – estimate if unknown (mm/dd/yyyy)  2. Emission unit installation and decommission dates: 1/1/1983 a. Installation date – estimate if unknown (mm/dd/yyyy)  2. DEP emissions unit # – SSEIS point #  2. DEP emissions unit # – SSEIS point #  2. DEP emissions unit # – SSEIS point #  2. DEP emissions unit # – SSEIS point #  3. Emission unit installation and decommission dates: 1/1/1983 a. Installation date – estimate if unknown (mm/dd/yyyy)  4. Emission unit replacement: a. Is this unit replacing another emission unit?  2. In o	•		a. Facility name				
2. Emission unit identifiers: AG TANK A24 (2,400 GAL) a. Facility's choice of emission unit name – edit as needed 25 b. Facility's emission unit number / code – edit as needed 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) but to delete a unit?  2. Emission unit replacement: a. Is this 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:  D. DEP's Emission Unit Number and facility unit name  2. Unit descriptions: a. Description: above ground below ground b. Roof type: floating roof internal roof of the:	not use the						
AG TANK A24 (2,400 GAL)  a. Facility's choice of emission unit name – edit as needed 25  b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units  3. Emission unit installation and decommission dates: 1/1/1983  a. Installation date – estimate if unknown (mm/dd/yyyy)  b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.  ? 4. Emission unit replacement: a. Is this unit replacing another emission unit?  ☑ no ☐ yes – enter DEP's emissions unit number for the unit being replaced below:  b. DEP's Emission Unit Number and facility unit name  ? 5. Unit descriptions: a. Description: ☑ above ground ☐ below ground  b. Roof type: ☐ floating roof ☐ internal roof	tab		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number			
a. Facility's choice of emission unit name – edit as needed 25  b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units  d. Combined Units – enter number of individual units  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.  2. 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  3. Unit descriptions:  a. Description: In above ground below ground  b. Roof type: floating roof internal roof fixed other:		2.	Emission unit identifiers:				
b. Facility's emission unit number / code – edit as needed  d. Combined Units – enter number of individual units  d. Combined Units – enter number of individual units  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.  2. 4. 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  3. 5. Unit descriptions: a. Description:  a. Description: b. Roof type: floating roof fixed internal roof fixed	return		AG TANK A24 (2,400 GAL)				
b. Facility's emission unit number / code – edit as needed d. Combined Units – enter number of individual units  3. Emission unit installation and decommission dates:  1/1/1983 a. Installation date – estimate if unknown (mm/dd/yyyy) b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.  2. 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  2. Unit descriptions: a. Description: J above ground below ground  b. Roof type: I floating roof internal roof  I fixed other:							
d. Combined Units – enter number of individual units  3. Emission unit installation and decommission dates:  1/1/1983 a. Installation date – estimate if unknown (mm/dd/yyyy) b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.  2. 4. Emission unit replacement: a. Is this unit replacing another emission unit?  I no  yes – enter DEP's emissions unit number for the unit being replaced below:  b. DEP's Emission Unit Number and facility unit name  2. 5. Unit descriptions: a. Description:  above ground  below ground  b. Roof type:  floating roof  internal roof   fixed  other:							
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.  2. 4. Emission unit replacement: a. Is this unit replacing another emission unit?  I no yes – enter DEP's emissions unit number for the unit being replaced below:  b. DEP's Emission Unit Number and facility unit name  2. 5. Unit descriptions: a. Description: date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.  Description: date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.  Description: date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.  Description: date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.  Description: date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.  Description: date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.  Description: date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently or replaced since the last report.			b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #			
3. Emission unit installation and decommission dates:    1/1/1983	How to		d. Combined Units – enter number of individual units				
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.	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.  2. 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  2. Unit descriptions: a. Description: above ground below ground  b. Roof type: floating roof internal roof I fixed other:		3.	Emission unit installation and decommission dates:				
Complete only if the unit was shut down permanently or replaced since the last report.  2. 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  2. S. Unit descriptions:  a. Description: above ground below ground  b. Roof type: floating roof internal roof  I fixed other:			1/1/1983				
a unit?  Or replaced since the last report.  2. 4. Emission unit replacement:  a. Is this unit replacing another emission unit?  ☑ no ☐ yes – enter DEP's emissions unit number for the unit being replaced below:  b. DEP's Emission Unit Number and facility unit name  2. 5. Unit descriptions:  a. Description: ☑ above ground ☐ below ground  b. Roof type: ☐ floating roof ☐ internal roof ☑ fixed ☐ other:			a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable			
a. Is this unit replacing another emission unit?    o	How to <b>delete</b> a unit?						
<ul> <li>✓ no</li></ul>	<b>?</b>	4.	Emission unit replacement:				
b. DEP's Emission Unit Number and facility unit name  1. Unit descriptions:  a. Description:  above ground  below ground  b. Roof type:  floating roof  internal roof  v fixed  other:			a. Is this unit replacing another emission unit?				
b. DEP's Emission Unit Number and facility unit name  1. Unit descriptions:  a. Description:  above ground  below ground  b. Roof type:  floating roof  internal roof  v fixed  other:			· -				
<ul> <li>② 5. Unit descriptions:</li> <li>a. Description:</li></ul>			✓ no  yes – enter DEP's emissions unit nu	imber for the unit being replaced below:			
a. Description:  above ground below ground  b. Roof type:  floating roof internal roof other:			b. DEP's Emission Unit Number and facility unit name				
a. Description:  above ground below ground  b. Roof type:  floating roof internal roof other:							
b. Roof type: ☐ floating roof ☐ internal roof ☐ other:	?	5.	Unit descriptions:				
✓ fixed			a. Description: 🗹 above ground 🗌 below ground	nd			
				f			
			l <b>v</b> ] lixed □ otner:	Specify other			

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

d. Diameter - feet

2400

e. Capacity - gallons

10.5

c. Height / Length – feet

Bureau of Waste Prevention - Air Quality

## **BWP AQ AP-4**

Emission Unit - Organic Material Storage

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

#### A. Equipment Description (cont.)

NA (LAST CONTAINED OIL WITH PCBS)					
not used)					
,					
understand					
understa					

**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.

for SC Code help

Bureau of Waste Prevention - Air Quality

### **BWP AQ AP-4**

Emission Unit - Organic Material Storage

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

	Coi	mplete one AP-4 for EACH organic material storage ta	nk.
Important: When filling out forms on	Α.	Equipment Description	
the computer,	1.	Facility identifiers:	
use only the 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
	2.	Emission unit identifiers:	
return		AG TANK A23 (2,400 GAL)	
		a. Facility's choice of emission unit name – edit as needed	
		24	24
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
How to		d. Combined Units – enter number of individual units	
combine units ?			
unito :	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 <b>delete</b> a unit ?			Complete only if the unit was shut down permanently or replaced since the last report.
<u> </u>	4.	Emission unit replacement:	
•		a. Is this unit replacing another emission unit?	
		✓ no  yes – enter DEP's emissions unit n	umber for the unit being replaced below:
		yes – enter DEF's emissions unit in	umber for the unit being replaced below.
		b. DEP's Emission Unit Number and facility unit name	
?	5.	Unit descriptions:	
		a. Description: 🗹 above ground 🗌 below ground	and
		b. Roof type:	of

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

d. Diameter - feet

2400

e. Capacity - gallons

10.5

c. Height / Length – feet

Specify other

Bureau of Waste Prevention - Air Quality

### **BWP AQ AP-4**

Emission Unit - Organic Material Storage

2015
Year of record
24
DEP EU# (old Point #)
1190564
Facility AQ identifier

### A. Equipment Description (cont.)

7.	Material stored (at start of year):							
	WASTE OIL WITH PCBS							
	a. Name of material							
		50300899						
	b. CAS number if single chemical	c. SC Code for standing / breathing loss						
	WASTE DISP-INDUS /TREATMENT, STORAGE	0.030						
<u>7</u>	d. SC Code description – filled by eDEP 52	e. Vapor pressure in PSI at 25° C ?						
<u> </u>	f. Temperature – typical storage temp. in <sup>°</sup> 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	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 <sup>o</sup> Fahrenheit	g. Annual throughput in gallons						
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only						
	j. Oxygenate name – gasoline only							
<b>B.</b> 1.	Notes and Attachments  Notes: please include in the space below any additional your submission.	tional information that will help DEP understand						
	2. Attachments: Check here to submit attachm							
	sent electronically, please list all such attachments	in notes above and deliver them to DEP with a						

paper copy of this form.

for SC Code help

Bureau of Waste Prevention - Air Quality

### **BWP AQ AP-4**

Emission Unit - Organic Material Storage

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

	Coi	mplete one AP-4	for EACH organic m	aterial storage tar	nk.	
Important: When filling out forms on	Α.	Equipmen	t Description	1		
the computer, use only the	1.	Facility identifie	ers: 🛜			
tab key to		CLEAN HARBO	ORS OF BRAINTRE	EE INC		
move your cursor – do		a. Facility name				
not use the		34839			1190564	
return key.		b. DEP Account nu	ımber		c. Facility AQ identifier – SSEIS ID number	
	2.	Emission unit id	dentifiers:			
return		AG TANK A22	(2,400 GAL)			
			of emission unit name –	edit as needed		
		23			23	
		b. Facility's emission	on unit number / code – e	edit as needed	c. DEP emissions unit # - SSEIS point #	
How to combine units ?		d. Combined Units	enter number of individual	dual units		
	3.	Emission unit in	nstallation and deco	mmission dates:		
		1/1/1983				
		a. Installation date	<ul> <li>estimate if unknown (n</li> </ul>	mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable	
How to <b>delete</b> 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 o	emissions unit nu	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 grour	nd	
		b. Roof type:	☐ floating roof ☑ fixed	internal roof other:	Specify other	
		10.5	7	2400	opoony outor	

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

e. Capacity - gallons

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

Bureau of Waste Prevention - Air Quality

### **BWP AQ AP-4**

Emission Unit - Organic Material Storage

2015
Year of record
23
DEP EU# (old Point #)
1190564
Facility AQ identifier

### A. Equipment Description (cont.)

7.	Material stored (at start of year):					
	NA (LAST CONTAINED OIL WITH PCBS)					
	a. Name of material					
		50300899				
	b. CAS number if single chemical	c. SC Code for standing / breathing loss				
	WASTE DISP-INDUS /TREATMENT, STORAGE					
<u></u>	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C				
T	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	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.	<b>Notes</b> : please include in the space below any addi your submission.	tional information that will help DEP understand				
	TANK WAS NOT USED IN YEAR 2015					

**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.

for SC Code help

Bureau of Waste Prevention – Air Quality

### **BWP AQ AP-4**

Emission Unit - Organic Material Storage

2015
Year of record
14
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Co	mplete one AP-4 for EACH organic material storage ta	nk.
<b>nt:</b> ling	Α.	<b>Equipment Description</b>	
s on puter,	1.	Facility identifiers: 7	
the to		CLEAN HARBORS OF BRAINTREE INC	
ur		a. Facility name	
do the		34839	1190564
ey.		b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
	2.	Emission unit identifiers:	
		AG TANK A9- 10,000 GAL	
		a. Facility's choice of emission unit name – edit as needed	
		14	14
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
<b>\</b>			
		d. Combined Units – enter number of individual units	
е			
	3.	Emission unit installation and decommission dates:	
		3/1/2011	
		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
elete			Complete only if the unit was shut down permanently or replaced since the last report.
?	4.	Emission unit replacement:	
		a. Is this unit replacing another emission unit?	
		✓ no  yes – enter DEP's emissions unit no	umber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
		·	
<u> </u>	5.		
?	5.	Unit descriptions:	
?	5.		nd
?	5.	Unit descriptions:  a. Description: ☑ above ground ☐ below ground  b. Roof type: ☐ floating roof ☐ internal roof	
?	5.	Unit descriptions:  a. Description: ✓ above ground ☐ below ground	
?	5.	Unit descriptions:  a. Description: ☑ above ground ☐ below ground  b. Roof type: ☐ floating roof ☐ internal roof	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

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 WASTE FUEL (FB1)								
	a. Name of material								
		50300899							
	b. CAS number if single chemical	c. SC Code for standing / breathing loss							
	WASTE DISP-INDUS /TREATMENT, STORAGE	1.04							
?	d. SC Code description – filled by eDEP  52	e. Vapor pressure in PSI at 25° C ? 269393.0000							
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)							
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only							
	j. Oxygenate name – gasoline only								
8.	New material stored (enter new material if contents	changed during year of record):							
	a. Name of material								
	b. CAS number if single chemical 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.	<b>Notes</b> : please include in the space below any addit your submission.	ional information that will help DEP understand							
	your submission.								
	2 Attachments: Check here to submit attachme	ants to this form. For attachments that cannot be							

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

paper copy of this form.

for SC Code help

Bureau of Waste Prevention - Air Quality

### **BWP AQ AP-4**

Emission Unit - Organic Material Storage

2015
Year of record
13
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Coi	mplete one AP-4 for EACH organic material storage tar	nk.
Important: When filling out forms on	A.	<b>Equipment Description</b>	
the computer,	1.	Facility identifiers:	
use only the 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
<b>—</b>	2.	Emission unit identifiers:	
return		AG TANK A8 - 10,000 GAL TANK	
		a. Facility's choice of emission unit name – edit as needed	
		13	13
_		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
How to combine units ?		d. Combined Units – enter number of individual units	
	3.	Emission unit installation and decommission dates:	
		3/1/2011	
?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
How to <b>delete</b> a unit ?			Complete only if the unit was shut down permanently or replaced since the last report.
<b>?</b>	4.	Emission unit replacement:	
		a. Is this unit replacing another emission unit?	
		v no yes – enter DEP's emissions unit nu	mber for the unit being replaced below:
		b. DEP's Emission Unit Number and facility unit name	
?	5.	Unit descriptions:	
		a. Description: 🗹 above ground 🗌 below groun	nd
		b. Roof type: ☐ floating roof ☐ internal roof ☐ other:	
		18.5 11.2 10000	Specify other
			ity – gallons

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

Bureau of Waste Prevention - Air Quality

### **BWP AQ AP-4**

Emission Unit - Organic Material Storage

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 (A22)								
	a. Name of material								
		50300899							
	b. CAS number if single chemical	c. SC Code for standing / breathing loss							
	WASTE DISP-INDUS /TREATMENT, STORAGE	0.39							
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C							
(?)	52	190587.0000							
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)							
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only							
	j. Oxygenate name – gasoline only								
8.	New material stored (enter new material if contents	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 <sup>o</sup> 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.	<b>Notes</b> : please include in the space below any addit your submission.	tional information that will help DEP understand							
:	2. Attachments: Check here to submit attachme	ents to this form. For attachments that <b>cannot</b> 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

2015 Year of record 12 DEP EU# (old Point #) 1190564 Facility AQ identifier

(	Complet	e one	AP-4	tor E	ACH	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.

combine units?

a unit?

Α.	<b>Equipment Description</b>					
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 A7 - 9,500 GAL.					
	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					
3.	Emission unit installation and decommission dates:					
	3/1/2011					
	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:					
5.	Unit descriptions:					
	- Descriptions of above manual of below manual	_1				

	a. Description:	✓ above ground	below ground			
	b. Roof type:	☐ floating roof ☑ fixed	☐ internal roof ☐ other:			
				Specify other		
	17.25	12	9500			
	c. Height / Length -	- feet d. Diameter - fe	e. Capacity	– gallons	=	
6.	Construction:	✓ steel weld	other weld  rive	t  fiberglass	gunite	

Bureau of Waste Prevention - Air Quality

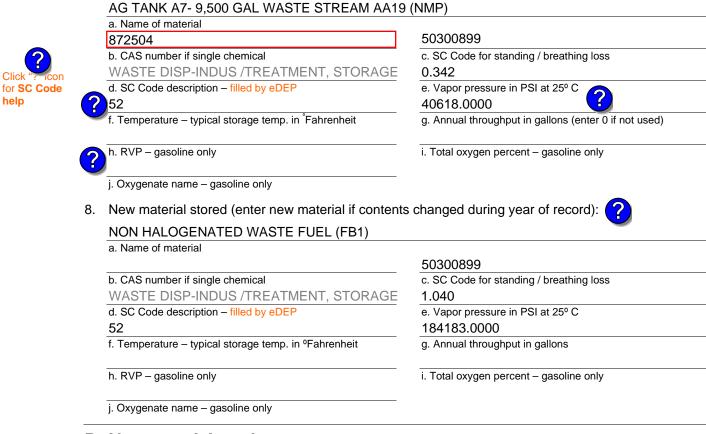
### BWP AQ AP-4

Emission Unit - Organic Material Storage

2015 Year of record 12 DEP EU# (old Point #) 1190564 Facility AQ identifier

#### A. Equipment Description (cont.)

7. Material stored (at start of year):



#### **B. Notes and Attachments**

<b>Notes</b> : please i your submission	nclude in the spac n.	e below any ac	lditional informa	tion 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.

1.

help

Bureau of Waste Prevention - Air Quality

### **BWP AQ AP-4**

Emission Unit - Organic Material Storage

2015
Year of record
11
DEP EU# (old Point #)
1190564
Facility AQ identifier

	Coi	mplete one AP-4 for EACH organic material storage tan	k.					
Important: When filling out forms on	A.	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 X	2.	Emission unit identifiers:  AG TANK A6- 9,500 GAL WASTE STREAM A-31 a. Facility's choice of emission unit name – edit as needed  11 b. Facility's emission unit number / code – edit as needed  d. Combined Units – enter number of individual units	11 c. DEP emissions unit # – SSEIS point #					
How to combine units ?								
	3.	Emission unit installation and decommission dates:						
How to delete a unit?		3/1/2011 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.					
<b>?</b>	4.	Emission unit replacement:						
		a. Is this unit replacing another emission unit?						
		✓ no	mber for the unit being replaced below:					
		b. DEP's Emission Unit Number and facility unit name						
?	5.	Unit descriptions:						
		a. Description: 🗹 above ground 🗌 below groun	nd					
		b. Roof type: ☐ floating roof ☐ internal roof ☐ other:						
		17.25 12 9500	Specify other					
		c. Height / Length - feet d. Diameter - feet e. Capac	ity – gallons					

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

Bureau of Waste Prevention - Air Quality

### **BWP AQ AP-4**

Emission Unit - Organic Material Storage

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

### A. Equipment Description (cont.)

7.	Material stored (at start of year):		
	OIL AND WATER		
	a. Name of material		
		50300899	
	b. CAS number if single chemical	c. SC Code for standing / breathing loss	
	WASTE DISP-INDUS /TREATMENT, STORAGE	0.030	
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C	
(?	52	157535.0000	
	f. Temperature – typical storage temp. in <sup>°</sup> Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)	
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only	
	j. Oxygenate name – gasoline only		
8.	New material stored (enter new material if contents	changed during year of record):	
	a. Name of material	_	
	b. CAS number if single chemical	c. SC Code for standing / breathing loss	
	WASTE DISP-INDUS /TREATMENT, STORAGE	c. So code for standing / breathing loss	
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C	
	u. de deus description initial by about	c. vapor procedio in i orac 20 °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 control of the space below and the s	tional information that will help DEP understand	
••	your submission.	north information that will holp 521 understand	
	2 Attachments: Check here to submit attachments	ents to this form. For attachments that cannot be	

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

paper copy of this form.

for SC Code help

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

## **BWP AQ AP-STACK**

**Physical Vertical Stacks** 

2015
Year of record
9
DEP Stack #
1190564
Facility AQ identifier

	Co	mplete one AP-STACK fo	orm for EACH phys	ical stack at the facility	
Important: When filling out forms on	A.	Stack Descripti	on	Hov	w to report combined units/stacks: see 3b below
the computer, use only the	1.	Facility identifiers:			
tab key to		CLEAN HARBORS O	F BRAINTREE IN	С	
move your cursor - do not		a. Facility name			
use the return		34839		1190564	
key.		b. DEP Account number		c. AQ identifie	er – SSEIS ID number
tab	2.	Stack identifiers: ?	)		
		1 STACK-2 FURNACE	S - LENNOX		
return		a. Facility's choice of stack n	name – edit as needed		
100011		9		9	
		b. Facility's stack number – 6	edit as needed	c. DEP stack	# - old SSEIS stack #
	3.	Type: a. 🗹 vertical 🗌 v	ertical with rain cap/sle	eve b. Combined stacks	- enter number of individual stacks:
			28		0.6
?	4.	Dimensions:	Height in feet abo	ove the ground	Internal Diameter in feet
What to so if data is unknown or	5.	Gas exit velocity:	15		15
unavailable ?	Э.	das call velocity.	Low end - feet pe	er second (0.1 – 500)	High end - feet per second (0.1 – 500) <b>200</b>
	6.	Exit temperature:	Low end - <sup>0</sup> Fahre	enheit (50 – 1800)	High end - <sup>0</sup> Fahrenheit (50 – 1800)
	7.	Stack liner material:	✓ metal	refractory  other:	
	•	Glack intol material.	E motar _ bnor	Crondotory outlot.	
				Describe Oth	er
	8.	Decommission date – i	if annlicable:		
How to delete a stack?	0.	Doodhimicolori dato	п арриосоло.	(mm/dd/yyyy) Complete c	only if the stack was permanently removed
	В.	Emission Units	Associated	with Stack - el	DEP Only
	Ве	low is a list of the emissi	ion units associate	ed with this stack. This I	list is for information only – no data
	ent		y changes on the f	orms for each emission	n unit (i.e., AP1, AP2, or AP3). Note:
Important:	EU#64-2 LENNOX FURNACES SR 20Q5-140/154		4		
To assign an emission unit					•
to this stack, enter the Stack Id No.					
on the form for the		-			

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

Bureau of Waste Prevention - Air Quality

### WP AQ AP-STACK

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

#### 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 2012 THE 2 LENNOX FURANCES WERE REMOVED FROM BUILDING 6 IN SEPTEMBER 2015. THE NEW LG14 FURANCE WAS INSTALLED IN NOVEMBER 2015 AND BUT INTO SERVICE IN DECEMBER 2015. THE LG14 FURNACE VENTS OUT THE SAME STACK AS THE OLD FURANCES.

#### 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.

2015

Year of record

Bureau of Waste Prevention – Air Quality

8. Decommission date – if applicable:

## **BWP AQ AP-STACK**

Physical Vertical Stacks

2015
Year of record
7
DEP Stack #
1190564
Facility AQ identifier

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

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







How to **delete** a stack?

A.	Stack Description	1		
	•		How	to report combined units/stacks: see 3b below
1.	Facility identifiers:			
	CLEAN HARBORS OF B	RAINTREE INC		
	a. Facility name			
	34839		1190564	
	b. DEP Account number		c. AQ identifier	r – SSEIS ID number
2.	Stack identifiers: (2)			
	1 STACK GENERATOR	(2)- CUMMINS AND CAT	ERPILLAR	
	a. Facility's choice of stack name	` '		
	7		7	
b. Facility's stack number – edit as needed		as needed	c. DEP stack #	# - old SSEIS stack #
3.	Type: a. ✓ vertical  vertical vertical	al with rain cap/sleeve b. Cor	mbined stacks –	enter number of individual stacks:
	Disconsista	12		0.8
4.	Dimensions:	Height in feet above the ground		Internal Diameter in feet
_		32		32
5.	Gas exit velocity:	Low end - feet per second (0.1	- 500)	High end - feet per second (0.1 – 500)
_		1150		1150
6.	Exit temperature:	Low end - <sup>0</sup> Fahrenheit (50 – 18	00)	High end - <sup>0</sup> Fahrenheit (50 – 1800)
7.	Stack liner material:	metal	other:	
			Describe Othe	r

### 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#50-CUMMINS GENERATOR #2 (NT855G2, DIESEL)	
EU#55-CATERPILLAR GENERATOR #1	

Bureau of Waste Prevention - Air Quality

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

#### C. Notes and Attachments

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

#### 2. Attachments:

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

2015

Bureau of Waste Prevention - Air Quality

## BWP AQ AP-STACK

Physical Vertical Stacks

2015
Year of record
5
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.
tab
return

۹.	Stack Descripti	on	
	•		How to report combined units/stacks: see 3b be
	Facility identifiers:		
	CLEAN HARBORS O	F BRAINTREE INC	
	a. Facility name		
	34839	1	190564
	b. DEP Account number	C	AQ identifier – SSEIS ID number
	Stack identifiers:		
	2 DRUM CRUSHING I	INES	
	a. Facility's choice of stack n	ame – edit as needed	
	5	5	
	b. Facility's stack number – e	edit as needed c.	DEP stack # - old SSEIS stack #
	Type: a. vertical ver	ertical with rain cap/sleeve b. Comb	ned stacks – enter number of individual stacks:
		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 - 5	00) High end - feet per second (0.1 – 500)
		60	60
	Exit temperature:	Low end - <sup>0</sup> Fahrenheit (50 – 1800)	High end - <sup>0</sup> Fahrenheit (50 – 1800)
	Stack liner material:	✓ metal ☐ brick refractory [	other:
			escribe Other
	Decommission date – i	f applicable: (mm/dd/yyyy)	Complete only if the stack was permanently removed

How to delete a stack?

What t 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.

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 DRUM CRUSHING LINES				

Bureau of Waste Prevention - Air Quality

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

2015

#### 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

2015				
Year of record				
3				
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 not
use the return







Η.	Stack	Desci	iption

CLEAN HARBORS OF BRAINTREE INC

a. Facility name 34839

2. Stack identifiers:

Exit temperature:

Stack liner material:

b. DEP Account number

Facility identifiers:

1190564

c. AQ identifier - SSEIS ID number

1 STACK - BOILER #1-CLEAVER BROOKS, NO 2 FUEL OIL

a. Facility's choice of stack name – edit as needed 3

b. Facility's stack number - edit as needed

c. DEP stack # - old SSEIS stack #

B. Type: a. 🗹 vertical 🔲 vertical with rain cap/sleeve b. Combined stacks – enter number of individual stacks:

4. Dimensions:

Height in feet above the ground

47

5. Gas exit velocity:

Low end - feet per second (0.1 – 500)

450

Low end - <sup>0</sup>Fahrenheit (50 – 1800)

Internal Diameter in feet

47

High end - feet per second (0.1 – 500)

450

High end - <sup>0</sup> Fahrenheit (50 – 1800)

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

✓ metal ☐ brick refractory ☐ other:

Describe Other



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-CLEAVER BROOKS BOILER (NO.2 FUEL OIL, 0.3S)				



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.

CONVERTED THE CLEAVER BROOKS BOILER FROM A HIGH PRESSURE TO A LOW PRESSURE BOILER IN SEPTEMBER 2009. WORK PERFORMED BY **NEW ENGLAND INDUSTRIAL BOILER.** 

#### 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 <b>cannot</b> be sent electronically, please list all such attachments
below and deliver them to DEP with a paper copy of this form.

2015

Bureau of Waste Prevention - Air Quality

## /P AQ AP-STACK

Physical Vertical Stacks

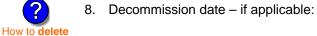
2015
Year of record
2
DEP Stack #
1190564
Facility AQ identifier

	Complete one AP-STACK form for EACH physical stack at the facility					
Important: When filling	A.	Stack Description	n			
out forms on				How	to report combined units/stacks: see 3b below	
the computer, 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.	2.	b. DEP Account number		c. AQ identifier	c. AQ identifier – SSEIS ID number	
tab		Stack identifiers: ?				
		STACK #2- HURST BOIL				
return		a. Facility's choice of stack nam	ne – edit as needed			
700011		2		2		
		b. Facility's stack number – edit	as needed	c. DEP stack #	# - old SSEIS stack #	
	3.	Type: a. 🗹 vertical 🗌 vertic	cal with rain cap/sleeve	b. Combined stacks –	enter number of individual stacks:	
		D'acceste de	35		1	
	4.	Dimensions:	Height in feet above the g	ground	Internal Diameter in feet	
What to if data	_	One and make	50		50	
s unknown or	5	Gas exit velocity:				

unavailable?

a stack?

4.	Dimensions:	Height in feet above the ground	Internal Diameter in feet	
_	Coo evit valenitus	50	50	
5.	Gas exit velocity:	Low end - feet per second (0.1 – 500)	High end - feet per second (0.1 – 500)	
6.	Exit temperature:	212	212	
	LXII lemperature.	Low end - <sup>0</sup> Fahrenheit (50 – 1800)	High end - <sup>0</sup> Fahrenheit (50 – 1800)	
7.	Stack liner material:	✓ metal		
		Describe Of	ther	



(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:	EU#2-HURST BOILER, 2.091 MMBTU/HR, NO. 2 FUEL OIL-0.3 S	
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

### WP AQ AP-STACK

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

#### C. Notes and Attachments

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

#### 2. Attachments:

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

2015

Bureau of Waste Prevention - Air Quality

## BWP AQ AP-STACK

Physical Vertical Stacks

2015
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 - <sup>0</sup>Fahrenheit (50 – 1800) High end - <sup>0</sup> 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

### WP AQ AP-STACK

Year of record 10 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 WASTE FLAMMABLE LIQUIDS AND OTHER HAZARDOUS WATSTE LIQUID DRUMS.

#### 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 <b>cannot</b> be sent electronically, please list all such attachments
below and deliver them to DEP with a paper copy of this form.

2015

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

## **BWP AQ AP-STACK**

**Physical Vertical Stacks** 

2015
Year of record
1
DEP Stack #
1190564
Facility AQ identifier

units/stacks: see 3b below					
er					
< # dividual stacks:					
r in feet					
er second (0.1 – 500)					
renheit (50 – 1800)					
7. Stack liner material:   ✓ metal   brick refractory   other:					
permanently removed					
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.					

Bureau of Waste Prevention - Air Quality

### WP AQ AP-STACK

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

2015

Year of record

#### 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 2014. ON APRIL 3,1998 CHBI DISCONNECTED THE FUEL SUPPLY AND ELECTRICITY LINES THAT SUPPLIED THE INCINERATOR, AND WELDED THE INCINERATOR CHARGIND DOOR SHUT.

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