Massachusetts Department of Environmental Protection

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Document:	**Toxics Use Reduction Act (TURA) Reporting**
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Massachusetts Department of Environmental Protection
Bureau of Air & Waste - Toxics Use Reduction Report

Form S Cover Sheet

2017
Reporting Year
CLEAN HARBORS
Facility Name
34839
DEP Facility ID Number

Section 1: General Information

Facility Name and Address:

CLEAN HARBORS OF BRAINTREE INC
a. Name

1 HILL AVE
b. Street Address

BRAINTREE	MA	021840000
c. City	d. State	e. ZIP Code

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

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

h. Are all chemicals included in this Annual Toxics Use report used only to treat waste or control pollution? ○ Yes ◉ No
(if yes, then there are no production units associated with this facility).

042507498	02184CLNHR385QU
i. Taxpayer Identification Number (Federal Employer Identification Number or FEIN)	j. Toxics Release Inventory (TRI) Identification Number

Section 2: FTE Information

a. The number of "full time employee equivalents" (FTEs) (2,000 work hours per year = 1 FTE) that work at your facility.

This is calculated as the sum of the total number of paid hours(including paid leave) for regular and parttime employees (including drivers, sales, and support staff), the hours spent onsite by contract employees and trades people, and employees from other sites under the same ownership divided by 2000.

If you have fewer than 10 FTEs you do not have to submit an Annual Toxic Use Report.

- ◉ 10-49
- ○ 50-99
- ○ 100-499
- ○ Greater than 500

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

Form S Cover Sheet

2017
Reporting Year
CLEAN HARBORS
Facility Name
34839
DEP Facility ID Number

Section 3: Chemicals Reported in Your Last Report That Are Not Reportable This Year

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

a.1 _____ a.2 _____
CAS # of chemical not reportable (if applicable) Chemical Name

a.3 Explanation of why the chemical is not reportable (check codes):

- ☐ Chemical Below Threshold But > 0
- ☐ No Chemical Use in Reporting Year
- ☐ Chemical Substitution
- ☐ Chemical Eliminated (No Substitution)
- ☐ Decline in Business
- ☐ Other (Explain below in the additional comments section)
- ☐ Chemical no longer reportable under TURA

a.4 _____ a.5 _____
CAS # of chemical substituted for TURA chemical Chemical Name

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

Form S Cover Sheet

2017
Reporting Year
CLEAN HARBORS
Facility Name
34839
DEP Facility ID Number

Section 4: Facility-Wide Description of Production Units

A PRODUCTION UNIT is the combination of the process used to produce a product or service and the product or service being produced. In this section, first time reporters list each of the PRODUCTION UNITS at the facility in which a reported toxic chemical is used. Repeat reporters review and if necessary, update the existing descriptions, indicate whether the production unit was in use during the reporting year, add new production units for new product lines, and if an existing production unit has been substantially changed since the last report, add new production unit with a new unique number.

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

Form S Cover Sheet

2017
Reporting Year
CLEAN HARBORS
Facility Name
34839
DEP Facility ID Number

a. Production Unit #
3

Is this production unit IN USE with chemical(s) over the reporting threshold(s) for the reporting year of this submittal?
(•) Yes ( ) No

b. Describe the Process:
STORAGE, HANDLING AND TRANSFER OF WASTE

c. Describe the Product:
POUNDS OF WASTE STORED

Enter up to 4 six-digit NAICs code that best describe the Product from this Production Unit. Put the primary NAICs code first

d. NAICS Code	e. NAICS Code	f. NAICS Code	g. NAICS Code
562211			

h. Check the appropriate description for the unit of product:
( ) area ( ) dollar ( ) hours ( ) kilowatt ( ) length ( ) N/A ( ) number ( ) volume (•) weight

i. Enter the CAS # of each reported chemical used in the production unit. List the production process code(s) for each process step that involves a reported chemical as an input, output or throughput.

List the TURA-reportable chemicals associated with this production unit.

TURA Chemical:

CAS #	Chemical Name
7439921	LEAD

Process Codes:	
[x] GG-04	MATERIALS STORAGE/HANDLING NOS
Process Code	Process Code Description
[x] GG-03	PACKAGING/FILLING
Process Code	Process Code Description

TURA Chemical:

CAS #	Chemical Name
107211	ETHYLENE GLYCOL

Process Codes:	
[x] GG-04	MATERIALS STORAGE/HANDLING NOS
Process Code	Process Code Description
[x] GG-03	PACKAGING/FILLING
Process Code	Process Code Description

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

Form S Cover Sheet

2017
Reporting Year
CLEAN HARBORS
Facility Name
34839
DEP Facility ID Number

a. Production Unit #
2

Is this production unit IN USE with chemical(s) over the reporting threshold(s) for the reporting year of this submittal?
(•) Yes ( ) No

b. Describe the Process:
STABILIZATION OF LEAD

c. Describe the Product:
DECHARACTERIZED WASTE.

Enter up to 4 six-digit NAICs code that best describe the Product from this Production Unit. Put the primary NAICs code first

d. NAICS Code	e. NAICS Code	f. NAICS Code	g. NAICS Code
562211			

h. Check the appropriate description for the unit of product:
( ) area ( ) dollar ( ) hours ( ) kilowatt ( ) length ( ) N/A ( ) number ( ) volume (•) weight

i. Enter the CAS # of each reported chemical used in the production unit. List the production process code(s) for each process step that involves a reported chemical as an input, output or throughput.

List the TURA-reportable chemicals associated with this production unit.

TURA Chemical:

CAS #	Chemical Name
7439921	LEAD

Process Codes:	
[x] GG-01	BLENDING, MIXING, COMPOUNDING
Process Code	Process Code Description
[x] GG-03	PACKAGING/FILLING
Process Code	Process Code Description

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

Form S
Chemical Use Facility-Wide

2017
Reporting Year
CLEAN HARBORS
Facility Name
34839
DEP Facility ID Number

Section 1: Facility-Wide use of Listed Chemical

107211
a. MA DEP CAS #

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

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

0
c. Amount Manufactured

1576157
d. Amount Processed

336888
e. Amount Otherwise Used

0
f. Amount Generated as Byproduct

1913045
g. Amount Shipped In Or As Product

2.45
h. Production or Activity Ratio

Section 2: Materials Balance and Other Reporting Anomolies

The amount of a chemical that goes into a production unit generally equals the amount that comes out as waste or product. If the total amount of a chemical used (the sum of c, d & e) generally equals the sum of the amount shipped in or as product and generated at byproduct does not approximate this "materials balance". Questions a-e list the common reasons why there may not be a materials balance. If your chemical is not in materials balance, enter the pounds in the relevant section. Enter 0 if the section is not relevant or if the chemical is in materials balance.

0
a. Amount of Chemical Recycled OnSite

0
b. Amount of Chemical Consumed Or Transformed

0
c. Amount of Chemical(Product) Held In Inventory

0
d. Amount of Chemical Compound

0
e. Other Amount

f. Check yes if anything non-routine occured at your facility during the reporting year that affected the data reported, if there is not a materials balance, and/or if the Prod. Ratio is <0.5 or >2.

○ Yes* ◉ No

* If your answer is Yes, you may explain in Section 5.

Section 3: Chemicals Used in Waste Treatment Units

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

○ Yes ◉ No*

* If your answer is No, skip ahead to Section 4 Toxics Use By Production Unit.

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

Pounds

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

○ Yes* ◉ No

* If your answer is Yes, you may explain in Section 5.

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

Form S
Chemical Use Facility-Wide

2017
Reporting Year
CLEAN HARBORS
Facility Name
34839
DEP Facility ID Number

Section 1: Facility-Wide use of Listed Chemical

7439921
a. MA DEP CAS #

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

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

0
c. Amount Manufactured

17686.09
d. Amount Processed

6357.56
e. Amount Otherwise Used

0
f. Amount Generated as Byproduct

24043
g. Amount Shipped In Or As Product

0.91
h. Production or Activity Ratio

Section 2: Materials Balance and Other Reporting Anomolies

The amount of a chemical that goes into a production unit generally equals the amount that comes out as waste or product. If the total amount of a chemical used (the sum of c, d & e) generally equals the sum of the amount shipped in or as product and generated at byproduct does not approximate this "materials balance". Questions a-e list the common reasons why there may not be a materials balance. If your chemical is not in materials balance, enter the pounds in the relevant section. Enter 0 if the section is not relevant or if the chemical is in materials balance.

0
a. Amount of Chemical Recycled OnSite

0
b. Amount of Chemical Consumed Or Transformed

0
c. Amount of Chemical(Product) Held In Inventory

0
d. Amount of Chemical Compound

0
e. Other Amount

f. Check yes if anything non-routine occured at your facility during the reporting year that affected the data reported, if there is not a materials balance, and/or if the Prod. Ratio is <0.5 or >2.

○ Yes* ◉ No

* If your answer is Yes, you may explain in Section 5.

Section 3: Chemicals Used in Waste Treatment Units

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

○ Yes ◉ No*

* If your answer is No, skip ahead to Section 4 Toxics Use By Production Unit.

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

Pounds

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

○ Yes* ◉ No

* If your answer is Yes, you may explain in Section 5.

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

Toxics Use Fee Worksheet

2017
Reporting Year
CLEAN HARBORS
Facility Name
11 **34839**
DEP Facility ID Number

CLEAN HARBORS OF BRAINTREE INC
a. Facility Name

1 HILL AVE
b. Facility Site Address

BRAINTREE	MA	021840000
c. City	d. State	e. ZIP Code

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

Use the following schedule to determine your fee for the 2017 reporting year.

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

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

Your fee is the amount entered in LINE L. MASSDEP WILL MAIL AN INVOICE FOR PAYMENT. Payment due 30 days after invoice notice date - Late payment will result in a $1000 late fee as mandated by MGL 21l.

Certification Statement

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

MICHAEL COMEAU	6/25/2018
a. Authorized Signature	b. Date (MM/DD/YYYY)
MICHAEL	COMEAU
c. First Name (Print)	d. Last Name (Print)
ENVIRONMENTAL COMPLIANCE MANAGER	comeau.michaeld@cleanharbors.com
e. Position/Title	f. Email Address

Toxics Use Report - Form S

Chemical Use By Production Units

2017
Reporting Year
CLEAN HARBORS
Facility Name
34839
DEP Facility ID Number

Section 4: Toxics Use by Production Unit

2 — a. Production Unit #

LEAD — b. Chemical Name

c. Quantity of Chemical Use Code:

- ○ 1. <= 5,000 lbs.
- ○ 2. > 5,000 <= 10,000 lbs.
- ◉ 3. > 10,000 <= 100,000 lbs.
- ○ 4. > 100,000 <= 500,000 lbs.
- ○ 5. >500,000 lbs.

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

○ Yes ◉ No* * If your answer is No, skip ahead to h. below.

Process code(s) where most significant changes occured (up to three in descending order)	Type of Change (Enter "I" for Increase, "D" for Decrease)	Technique Code(s) (up to 3 pre process code, enter in order of importance)		
e.1.	2.	3a.	3b.	3c.
f.1.	2.	3a.	3b.	3c.
g.1.	2.	3a.	3b.	3c.

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

◉ Yes* ○ No * If your answer is Yes, skip ahead to Section 5.

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

○ Yes ◉ No* * If your answer is No, skip ahead to Section 5.

Process code(s) where most significant changes occured (up to three in descending order)	Type of Change (Enter "I" for Increase, "D" for Decrease)	Technique Code(s) (up to 3 pre process code, enter in order of importance)		
j.1.	2.	3a.	3b.	3c.
k.1.	2.	3a.	3b.	3c.
l.1.	2.	3a.	3b.	3c.

Toxics Use Report - Form S

Chemical Use By Production Units

2017
Reporting Year
CLEAN HARBORS
Facility Name
34839
DEP Facility ID Number

Section 5: Description

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

WASTE STREAMS VARY FROM YEAR TO YEAR.

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

Toxics Use Report - Form S

Chemical Use By Production Units

2017
Reporting Year
CLEAN HARBORS
Facility Name
34839
DEP Facility ID Number

Section 4: Toxics Use by Production Unit

3 — a. Production Unit #

ETHYLENE GLYCOL — b. Chemical Name

c. Quantity of Chemical Use Code:

- ○ 1. <= 5,000 lbs.
- ○ 2. > 5,000 <= 10,000 lbs.
- ○ 3. > 10,000 <= 100,000 lbs.
- ○ 4. > 100,000 <= 500,000 lbs.
- ◉ 5. >500,000 lbs.

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

◉ Yes ○ No* * If your answer is No, skip ahead to h. below.

Process code(s) where most significant changes occured (up to three in descending order)	Type of Change (Enter "I" for Increase, "D" for Decrease)	Technique Code(s) (up to 3 pre process code, enter in order of importance)		
GG-03 e.1.	I 2.	80 3a.	3b.	3c.
f.1.	2.	3a.	3b.	3c.
g.1.	2.	3a.	3b.	3c.

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

◉ Yes* ○ No * If your answer is Yes, skip ahead to Section 5.

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

○ Yes ◉ No* * If your answer is No, skip ahead to Section 5.

Process code(s) where most significant changes occured (up to three in descending order)	Type of Change (Enter "I" for Increase, "D" for Decrease)	Technique Code(s) (up to 3 pre process code, enter in order of importance)		
j.1.	2.	3a.	3b.	3c.
k.1.	2.	3a.	3b.	3c.
l.1.	2.	3a.	3b.	3c.

Toxics Use Report - Form S

Chemical Use By Production Units

2017
Reporting Year
CLEAN HARBORS
Facility Name
34839
DEP Facility ID Number

Section 5: Description

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

WASTE STREAMS RECEIVED AT THE TSD FACILITY MAY VARY FROM YEAR TO YEAR.

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

Toxics Use Report - Form S

Chemical Use By Production Units

2017
Reporting Year
CLEAN HARBORS
Facility Name
34839
DEP Facility ID Number

Section 4: Toxics Use by Production Unit

3
a. Production Unit #

LEAD
b. Chemical Name

c. Quantity of Chemical Use Code:

- ○ 1. <= 5,000 lbs.
- ○ 2. > 5,000 <= 10,000 lbs.
- ◉ 3. > 10,000 <= 100,000 lbs.
- ○ 4. > 100,000 <= 500,000 lbs.
- ○ 5. >500,000 lbs.

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

○ Yes ◉ No* * If your answer is No, skip ahead to h. below.

Process code(s) where most significant changes occured (up to three in descending order)	Type of Change (Enter "I" for Increase, "D" for Decrease)	Technique Code(s) (up to 3 pre process code, enter in order of importance)		
e.1.	2.	3a.	3b.	3c.
f.1.	2.	3a.	3b.	3c.
g.1.	2.	3a.	3b.	3c.

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

◉ Yes* ○ No * If your answer is Yes, skip ahead to Section 5.

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

○ Yes ◉ No* * If your answer is No, skip ahead to Section 5.

Process code(s) where most significant changes occured (up to three in descending order)	Type of Change (Enter "I" for Increase, "D" for Decrease)	Technique Code(s) (up to 3 pre process code, enter in order of importance)		
j.1.	2.	3a.	3b.	3c.
k.1.	2.	3a.	3b.	3c.
l.1.	2.	3a.	3b.	3c.

Toxics Use Report - Form S

Chemical Use By Production Units

2017
Reporting Year
CLEAN HARBORS
Facility Name
34839
DEP Facility ID Number

Section 5: Description

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

WASTE STREAMS VARY FROM YEAR TO YEAR.

Massachusetts Department of Environmental Protection
Bureau of Air & Waste - Toxics Use Reduction Report
State Only Form R/Form A

2017
Reporting Year
CLEAN HARBORS
Facility Name
34839
DEP Facility ID Number

This form is for chemicals or facilities that are not reportable under the US EPA Toxics Release Inventory program which include:

- Companies in NAICs codes covered by TURA but not covered by TRI. See the TURA Reporting Appendix at http://www.mass.gov/eea/agencies/massdep/toxics/approvals/tura-online-reporting.html
- Chemicals listed under TURA but on the Federal TRI list including CERCLA chemicals, TRI chemicals with a different definition on the CERCLA list than on the TRI list and all TURA High Hazard Chemicals because they have a lower reporting threshold. See the TURA Chemical List at http://www.mass.gov/eea/agencies/massdep/toxics/approvals/tura-online-reporting.html.

This form contains a portion of the fields used in the US EPA Form R and Form A. Please refer to US EPA's Toxic Chemical Release Inventory Reporting Form and Instructions at http://www.epa.gov/toxics-release-inventory-tri-program/tri-reporting-forms-and-instructions

Chemical-Specific Information

Section 1 Toxic Chemical Identity

7439921
1.1 CAS Number

LEAD
1.2 Toxic Chemical or Chemical Category Name

Please note that DEP does not accept the US EPA chemical category identifiers ('N###'); please refer to Appendix B of DEP's Toxics Use Reporting Forms and Instructions for the appropriate Massachusetts reporting number for chemical categories).

There are two filing forms: Form R and an abbreviated Form A. Companies must use the Form R if
1. Their Total chemical use is greater than 1 million pounds. OR
2. They generate more than 500 pounds of TURA Byproduct: (Sum of the amount released on site, treated on-site, recycled on-site, used for energy recovery on-site, or transferred offsite for treatment, recycling, recovery, disposal or release.) OR
3. The chemical is a PBT.

The Form A may ONLY be used if the company uses less than a million pounds of the chemical AND generates less than 500 pounds of TURA byproduct, and the chemical is not a PBT.

Are you filing a Form R? (Yes) ( ) No
(if yes, continue to Section 4 (note: Section 2 and 3 are not required for State Only reporting)
if no, fill out only the State Only Form A).

Section 4

Enter the maximum amount of the toxic chemical on-site at any time during the calendar year

04
4.1 Two-Digit Code From TRI Instruction Package

Section 5

Quantity of the Toxic Chemical Entering Each Environmental Medium On-site

5.1-2 Air Emissions ☐ check if not applicable

1.49
5.1 Fugitive or non-point air emissions (pounds/year)

5
5.2 Stack or point air emissions (pounds/year)

5.3 Discharges to Receiving Streams or Water Bodies ☑ check if not applicable

Total Release (pounds/year)

5.4 Underground Injection On-site to Class I or Class II-V wells ☑ check if not applicable

5.4.1 Underground Injection On-site to Class I Wells (pounds/year)	5.4.2 Underground Injection On-site to Class II-V Wells (pounds/year)

5.5 Disposal to Land On-site ☑ check if not applicable

5.5.1A RCRA Subtitle C landfills (pounds/year)	5.5.1B Other landfills (pounds/year)
5.5.2 Land treatment/application farming (pounds/year)	5.5.3 Surface Impoundment (pounds/year)

5.5.4 Other disposal (pounds/year)

Section 6

Transfers of the toxic chemical in wastes to off-site locations

6.1.A Total Quantity Transferred to all POTWs ☑ check if not applicable

6.1.A.1 Total Transfers to all POTWs (pounds/year)

6.2 Total Quantity Transferred to all other Off-site locations (for treatment, disposal, recycling, energy recovery etc., excluding amounts sent to POTWs) ☑ check if not applicable

6.2.A Total Transfers (pounds/year)

Section 7A

On-site Waste Treatment Methods and Efficiency: ☐ check if not applicable

1. General Waste Stream Code: s (7A.1a)

Waste Treatment Method(s) Sequence 4-character codes:

7A.1b.1	7A.1b.2	7A.1b.3	7A.1b.4	7A.1b.5	7A.1b.6	7A.1b.7	7A.1b.8
H111							

Waste Treatment Efficiency Estimate: (7A.1c)

○ greater than 99.9999%	◉ greater than 99.99% to 99.9999%	○ greater than 99% to 99.99%	○ greater than 95% to 99%	○ greater than 50% to 95%	○ greater than 0% to 50%

Section 7B

On-Site Energy Recovery Processes: ☑ check if not applicable

Energy Recovery Methods 3-character code(s): _____ (1) _____ (2) _____ (3)

Section 7C

On-Site Recycling Processes. Recycling Methods 3-character code(s): ☑ check if not applicable

_____ (1) _____ (2) _____ (3)

Section 8

Production Related Waste Managed. Enter in Pounds per year (grams of dioxins) (Do not double count: 8.1a - 8.7 should total: (Amount used in production - Amount shipped in product + Amount consumed in production)

Source Reduction and Recycling Activities. Note: Do not double count. (Enter data as pounds per year)	Column A Prior Year	Column B Current Rpt. Year	Column C Following Rpt. Year	Column D 2nd Following Rpt. Year
8.1a Total on-site disposal underground injection & landfills				
8.1b Total on-site disposal or other releases				
8.1c Total off-site disposal underground injection & landfills				
8.1d Total off-site disposal or other releases				
8.2 Quantity used for energy recovery on-site				
8.3 Quantity used for energy recovery off-site				
8.4 Quantity recycled on-site				
8.5 Quantity recycled off-site				
8.6 Quantity treated on-site				
8.7 Quantity treated off-site				

8.8 Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes: _____ pounds/year

8.10 Did your facility engage in any source reduction activities for this chemical during the reproting year? ○ Yes - continue below ◉ No

	Source Reduction Activities [enter code(s)]	Methods to Identity Activity (enter codes) a	b	c
8.10.1				
8.10.2				

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

Plan Summary Submittal Selection Form

2017
Reporting Year
CLEAN HARBORS
Facility Name
34839
DEP Facility ID Number

Complete Section 1, 2, 3, 4 or 5 to identify the type of plan your facility completed in this planning cycle.

1 ☑ This facility completed an Environmental Management System Plan during this planning cycle. (NOTE: To select this option your facility must have completed a traditional Toxics Use Reduction Plan for at least three prior planning cycles.)

2 ☐ This facility completed a Resource Conservation Plan during this planning cycle for the following assets. (Note: To select this option, your facility must have completed a traditional TUR Plan for at least three planning cycles, AND not have completed a Resource Conservation Plan in the last planning cycle.)

Assets (check all that apply)

2a ☐ Energy
2b ☐ Water
2c ☐ Materials that contribute to solid waste
2d ☐ Chemicals on the TURA Toxics or Hazardous Substance List used below reporting thresholds
2e ☐ Chemical substances that are not on TURA Toxics or Hazardous Substance List

3 ☐ This facility either completed a traditional TUR Plan during this planning cycle OR is not submitting any type of plan because the use of all reportable toxics for which a plan is required will have been eliminated or reduced below the reporting threshold by the end of THIS calendar year.

The traditional TUR Plan is required for all chemicals for which a Form S is being submitted in this Annual Toxics Use Reduction Report and was submitted in at least one prior Annual Toxics Use Reduction Report, unless the use of that chemical will have been eliminated or reduced below the reporting threshold by the end of the current calendar year.

○ 3a. This facility has completed a Traditional TUR Plan that includes all chemicals for which a Form S is being submitted in this Annual Toxics Use Reduction Report and was submitted in at least one prior year.

○ 3b. This facility use of the following chemicals for which a plan would otherwise is required will have been eliminated or reduced below the reporting threshold by the end of THIS calendar year. Note, if this list includes ALL chemicals for which a TUR Plan is otherwise due, this facility is not required to complete any type of plan or submit any plan summary in this planning cycle.

CAS #	Chemical Name	Method*	By taking the following steps
		☐ E ☐ R	
3b.a.1	3b.a.2		3b.a.4

4 ☐ This facility is not required to complete any type of plan or submit a plan summary because it has closed or is scheduled to close in this calendar year.

Date (mm/dd/yyyy)

5 ☐ This facility completed a Resource Conservation Plan in the prior planning cycle. If Yes, you must also submit a Resource Conservation Progress Report describing progress in the implementation of the Resource Conservation Plan and complete TUR Plan summary as needed.

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Environmental Management System Progress Report

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The TURA Environmental Management System (EMS) must be certified by a TUR Planner approved to certify TURA EMS Plans or an EMS professional, every two years in accordance with 310 CMR 50.84.

A. Significant Aspects - Covered Topics

1. Provide a list of the covered toxics addressed in the TURA EMS for this planning cycle:

LEAD AND ETHYLENE GLYCOL

2. Provide a brief description of the objectives and targets established by your facility for this planning cycle to address the covered toxics listed above:

THIS PLAN WAS DEVELOPED IN ACCORDANCE WITH SECTION 11 OF THE MASSACHUSETTS TOXIC USE REDUCTION ACT. THIS PLAN WAS DEVELOPED USING THE DEP'S MEMO TITLED "TURA PLANS FOR COMPANIES WITH LIMITED OPTIONS"

3. Provide a brief description of progress made toward meeting objectives and targets established for covered toxics during the previous planning cycle, and, if applicable, why anticipated progress was not achieved:

THERE ARE NO NEW OPTIONS IDENTIFIED SO THE TUR COMMITTEE DID NOT CONDUCT TECHNICAL EVALUATIONS OF APPROPRIATE TUR OPTIONS.

B. Integrating TUR Planning

1. We have checked if alternatives to our current toxics use have become available and are technically and economically feasible to implement.
   (•) Yes ( ) No

2. We have solicited our employees for ideas about reducing toxics use, the generation of byproduct from toxics use, or releases.
   (•) Yes ( ) No

3. We have continued to promote a policy of toxics use reduction in our activities and are incorporating it into planning and design as well as day-to-day management.
   (•) Yes ( ) No

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4. We have continued to monitor our toxics use in order to ensure that all leaks, spills, releases and byproduct generation are minimized to the extent practicable.
   (•) Yes ( ) No

5. We have identified all regulatory requirements triggered by use of toxics chemicals.
   (•) Yes ( ) No

6. Our EMS has been audited by a qualified independent auditor at least once during the past two year TURA planning cycle.
   (•) Yes ( ) No

7. We have solicited information from vendors, consultants, government agencies, academic experts, or other resources to better understand our options for implementing TUR activities.
   (•) Yes ( ) No

8. If you answered "no" to any of the above questions, please explain actions that your facility has or will take to achieve positive responses.

9. You may provide additional information about your EMS activities:

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C. Certification Statements

1. Based on my independent professional judgment, as a MassDEP Certified TUR Planner approved for EMS Plans or as a Certified EMS Professional, I certify under penalty of law that the following is true:

   (a) I have examined and am familiar with this EMS;

   (b) The EMS satisfies the requirements of 310 CMR 50.80; and

   (c) The EMS demonstrates a good faith and reasonable effort to integrate toxics use reduction planning into the EMS.

PAUL RICHARD — 1. Signature of TUR Planner approved to certify Toxics Use Reduction EMSs

6/25/2018 — 2. Date (mm/dd/yyyy)

PAUL RICHARD — 3. Print Name of TUR Planner approved to certify Toxics Use Reduction EMSs

paul.richard@amec.com — 4. Email Address

X264496 — 5. TUR Planner ID Number (if applicable)

(Check applicable) ☐ EMS Professional ☑ Toxics Use Reduction Planner

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

   (a) I have examined and am familiar with this EMS;

   (b) The EMS meets the requirements of 310 CMR 50.82 and the elements specified therein are being implemented;

   (c) The EMS is actively addressing environmental compliance issues;

   (d) The individual who has certified the EMS pursuant to 310 CMR 50.84(3) has provided me with documentation that he or she meets the requirements of 310 CMR 50.84(2).

   (e) These statements are based upon answers to queries made by me to individuals who have been designated to implement the EMS, and I have made my best effort to ensure that they are being held accountable for implementing the system in good faith. I understand that by choosing to implement an EMS in lieu of a toxics use reduction plan, I am responsible for maintaining documentation to evidence a good faith effort to implement all elements of the EMS.

   (f) I am aware that there are penalties for submitting false information, including possible fines and imprisonment.

DAVE MEDINA — 1. Signature of Senior Management Official

6/25/2018 — 2. Date (mm/dd/yyyy)

DAVE MEDINA — 3. Print Name of Senior Management Official

medina.d@cleanharbors.com — 4. Email Address