



Massachusetts Department of Environmental Protection

eDEP Transaction Copy

Here is the file you requested for your records.

To retain a copy of this file you must save and/or print.

Username: **MICHAELC68**

Transaction ID: **1204651**

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

Size of File: **1313.50K**

Status of Transaction: **Submitted**

Date and Time Created: **3/29/2023:2:23:25 PM**

Note: This file only includes forms that were part of your transaction as of the date and time indicated above. If you need a more current copy of your transaction, return to eDEP and select to "Download a Copy" from the Current Submittals page.



Form S Cover Sheet

Section 1: General Information

Facility Name and Address:

CLEAN HARBORS OF BRAINTREE INC

a. Name

1 HILL AVE

b. Street Address

BRAINTREE

c. City

MA

d. State

021840000

e. ZIP Code

f. Are you making a trade secret claim for any information submitted in this COVER SHEET and/or Form S(s)?

☐ Yes ☒ No

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

h. Are all chemicals 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

i. Taxpayer Identification Number

(Federal Employer Identification Number or FEIN)

02184CLNHR385QU

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.

- ☒ 10-49
☐ 50-99
☐ 100-499
☐ Greater than 500

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



Form S Cover Sheet

2019
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

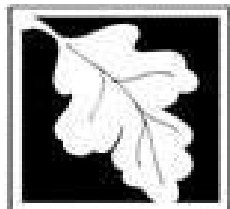
In this section, you may provide information on any chemical reported last year that is not subject to reporting this year. If you substituted a non-listed chemical for a TURA chemical, you may identify the substitution.

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



Form S Cover Sheet

2019
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.



Form S Cover Sheet

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

562211

d. NAICS Code

e. NAICS Code

f. NAICS Code

g. NAICS Code

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

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

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:

7439921

CAS #

LEAD

Chemical Name

Process Codes:



GG-04

Process Code

MATERIALS STORAGE/HANDLING NOS

Process Code Description



GG-03

Process Code

PACKAGING/FILLING

Process Code Description

TURA Chemical:

107211

CAS #

ETHYLENE GLYCOL

Chemical Name

Process Codes:



GG-04

Process Code

MATERIALS STORAGE/HANDLING NOS

Process Code Description



GG-03

Process Code

PACKAGING/FILLING

Process Code Description



Form S Cover Sheet

2019
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

562211

d. NAICS Code

e. NAICS Code

f. NAICS Code

g. NAICS Code

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

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

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:

7439921

CAS #

LEAD

Chemical Name

Process Codes:



GG-01

Process Code

BLENDING, MIXING, COMPOUNDING

Process Code Description

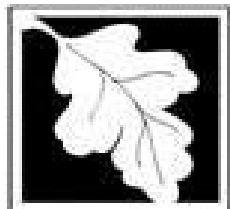


GG-03

Process Code

PACKAGING/FILLING

Process Code Description



Form S
Chemical Use Facility-Wide

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	633746 d. Amount Processed
1102341 e. Amount Otherwise Used	0 f. Amount Generated as Byproduct
1736087 g. Amount Shipped In Or As Product	0.83 h. Production or Activity Ratio

Section 2: Materials Balance and Other Reporting Anomalies

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 occurred at your facility during the reporting year that affected the data reported, if there is not a materials balance, and/or if the Prod. Ratio is <0.5 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.

Section 1: Facility-Wide use of Listed Chemical

7439921	LEAD
a. MA DEP CAS #	b. Chemical Name (Dioxin should be in grams, decimal points may be used)

Facility-wide use of chemical identified in a. Enter the total amount (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	24743
c. Amount Manufactured	d. Amount Processed
30500	0
e. Amount Otherwise Used	f. Amount Generated as Byproduct
55243	1.19
g. Amount Shipped In Or As Product	h. Production or Activity Ratio

Section 2: Materials Balance and Other Reporting Anomalies

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	0
a. Amount of Chemical Recycled OnSite	b. Amount of Chemical Consumed Or Transformed
0	0
c. Amount of Chemical(Product) Held In Inventory	d. Amount of Chemical Compound
0	
e. Other Amount	

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

2019

Reporting Year

CLEAN HARBORS

Facility Name

34839

DEP Facility ID Number

11

CLEAN HARBORS OF BRAINTREE INC

a. Facility Name

1 HILL AVE

b. Facility Site Address

BRAINTREE

c. City

MA

d. State

021840000

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 2019 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 211.

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

a. Authorized Signature

10/28/2020

b. Date (MM/DD/YYYY)

MICHAEL

c. First Name (Print)

COMEAU

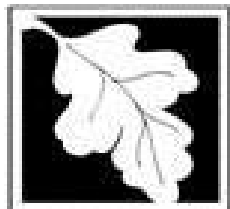
d. Last Name (Print)

MA

e. Position/Title

comeau.michaeld@cleanharbors.com

f. Email Address



Toxics Use Report - Form S
Chemical Use By Production Units

Section 4: Toxics Use by Production Unit

2
a. Production Unit #

LEAD
b. Chemical Name

c. Quantity of Chemical Use Code:

- ☐ 1. $\leq 5,000$ lbs.
☐ 2. $> 5,000 \leq 10,000$ lbs.
☒ 3. $> 10,000 \leq 100,000$ lbs.
☐ 4. $> 100,000 \leq 500,000$ 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 occurred (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)		
<u>GG-01</u>	<u>1</u>	<u>68</u>		
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 occurred (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)		
<u>j.1. _____</u>	<u>2. _____</u>	<u>3a. _____</u>	<u>3b. _____</u>	<u>3c. _____</u>
k.1. _____	2. _____	3a. _____	3b. _____	3c. _____
l.1. _____	2. _____	3a. _____	3b. _____	3c. _____



Toxics Use Report - Form S
Chemical Use By Production Units

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.



Toxics Use Report - Form S
Chemical Use By Production Units

2019
Reporting Year
CLEAN HARBORS
Facility Name
34839
DEP Facility ID Number

Section 4: Toxics Use by Production Unit

3 ETHYLENE GLYCOL
a. Production Unit # b. Chemical Name

c. Quantity of Chemical Use Code:

- ☐ 1. $\leq 5,000$ lbs.
☐ 2. $5,000 < \leq 10,000$ lbs.
☐ 3. $10,000 < \leq 100,000$ lbs.
☐ 4. $100,000 < \leq 500,000$ 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 occurred (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)		
<u>GG-04</u>	<u>D</u>	<u>69</u>		
e.1.	2.	3a.	3b.	3c.
<u>f.1.</u>	<u>2.</u>	<u>3a.</u>	<u>3b.</u>	<u>3c.</u>
<u>g.1.</u>	<u>2.</u>	<u>3a.</u>	<u>3b.</u>	<u>3c.</u>

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 occurred (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)		
<u>j.1.</u>	<u>2.</u>	<u>3a.</u>	<u>3b.</u>	<u>3c.</u>
<u>k.1.</u>	<u>2.</u>	<u>3a.</u>	<u>3b.</u>	<u>3c.</u>
<u>l.1.</u>	<u>2.</u>	<u>3a.</u>	<u>3b.</u>	<u>3c.</u>



Toxics Use Report - Form S
Chemical Use By Production Units

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.



Toxics Use Report - Form S
Chemical Use By Production Units

2019
Reporting Year
CLEAN HARBORS
Facility Name
34839
DEP Facility ID Number

Section 4: Toxics Use by Production Unit

3 LEAD
a. Production Unit # b. Chemical Name

c. Quantity of Chemical Use Code:

- ☐ 1. $\leq 5,000$ lbs.
☐ 2. $5,000 < \leq 10,000$ lbs.
☒ 3. $10,000 < \leq 100,000$ lbs.
☐ 4. $100,000 < \leq 500,000$ 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 occurred (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)		
<u>GG-04</u>	<u>1</u>	<u>68</u>		
e.1.	2.	3a.	3b.	3c.
<u>f.1.</u>	<u>2.</u>	<u>3a.</u>	<u>3b.</u>	<u>3c.</u>
<u>g.1.</u>	<u>2.</u>	<u>3a.</u>	<u>3b.</u>	<u>3c.</u>

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 occurred (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)		
<u>j.1.</u>	<u>2.</u>	<u>3a.</u>	<u>3b.</u>	<u>3c.</u>
<u>k.1.</u>	<u>2.</u>	<u>3a.</u>	<u>3b.</u>	<u>3c.</u>
<u>l.1.</u>	<u>2.</u>	<u>3a.</u>	<u>3b.</u>	<u>3c.</u>

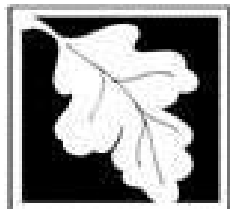


Toxics Use Report - Form S
Chemical Use By Production Units

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

2019
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

6.23

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)



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

2019
Reporting Year
CLEAN HARBORS
Facility Name
34839
DEP Facility ID Number

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:

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

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%



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

2019
Reporting Year
CLEAN HARBORS
Facility Name
34839
DEP Facility ID Number

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:				
8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year?		☐ Yes - continue below	☒ No	

pounds/year

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



Plan Summary Submittal Selection Form

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.



**TOXICS USE REDUCTION PLAN SUMMARY
FORM**

A. Chemical Data

ETHYLENE GLYCOL

A.1 Chemical Name

107211

A.2 CAS #

Calculated as follows:

Projected pounds of Use in the Calendar Year immediately following the Planning Year - Pounds of Use on the current Form S (the amount used in the calendar year prior to the planning year). The number will be negative use is expected to decrease.

Two Year Projected Change in Byproduct.

0

A.3 Use

0

A.4 Byproduct

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

☐ Yes - skip to Section C.

☒ No - go to Section B.

B. Options Considered & Selected for Implementation

B.1 Options Considered

THERE WERE NO NEW OPTIONS IDENTIFIED TO BE CONSIDERED

B.2 Options Selected for Implementation as a result of this planning process

THERE WERE NO NEW OPTIONS IDENTIFIED

C. Prior Options Implementation

Mandatory: List any options that had been selected for implementation in the prior plan but were not implemented, and explain why they were not adopted.

Optional: List TUR Options implemented in prior years.

NONE



**TOXICS USE REDUCTION PLAN SUMMARY
FORM**

A. Chemical Data

LEAD

A.1 Chemical Name

7439921

A.2 CAS #

Calculated as follows:

Projected pounds of Use in the Calendar Year immediately following the Planning Year - Pounds of Use on the current Form S (the amount used in the calendar year prior to the planning year). The number will be negative use is expected to decrease.

Two Year Projected Change in Byproduct.

0

A.3 Use

0

A.4 Byproduct

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

☐ Yes - skip to Section C.

☒ No - go to Section B.

B. Options Considered & Selected for Implementation

B.1 Options Considered

THERE WERE NO NEW OPTIONS IDENTIFIED TO BE CONSIDERED.

B.2 Options Selected for Implementation as a result of this planning process

THERE WERE NO NEW OPTIONS IDENTIFIED.

C. Prior Options Implementation

Mandatory: List any options that had been selected for implementation in the prior plan but were not implemented, and explain why they were not adopted.

Optional: List TUR Options implemented in prior years.

NONE



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

2019
Reporting Year
CLEAN HARBORS
Facility Name
34839
DEP Facility ID Number

Management Certification

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

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

MICHAEL COMEAU

1. Signature of Senior Management Official

10/28/2020

2. Date (mm/dd/yyyy)

MICHAEL COMEAU

3. Print Name of Senior Management Official

COMEAU.MICHAELD@CLEANHARBORS.COM

4. Email Address