



Massachusetts Department of Environmental Protection

## **eDEP Transaction Copy**

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Username: **MICHAELC68**

Transaction ID: **1281797**

Document: **AQ Source Registration Package (SR)**

Size of File: **4929.44K**

Status of Transaction: **Submitted**

Date and Time Created: **3/29/2023:2:58:01 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.



**Massachusetts Department of Environmental Protection**  
*Bureau of Air and Waste*

Source Registration (SR) or SR and Greenhouse Gas (GHG)  
Overview

2020

YEAR OF RECORD

1190564

FACILITY AQ Identifier

The “?” icons will reveal information about a particular portion of the form or question such as definitions, instructions, sources of assistance or information. Additional information about filling out these forms is available at the Source Registration and Greenhouse Gas Reporting Website: <https://www.mass.gov/guides/massdep-source-registration>

**A. Create a Source Registration Package (SR) or SR and Greenhouse Gas(SR/GHG) Package.**

☒ 1. Select existing or new facility : ☐ Check if you added emission units or stacks since your last report.

☐ New Facility: Check if you have never before submitted an AQ Source Registration Package (SR) or (SR/GHG).

Date received (DEP use only - mm/dd/yyyy)

**B. Amend an AQ Source Registration Package (SR) or SR and Greenhouse Gas(SR/GHG) Package.**

☐ 1. Check if you need to correct or add to a previously submitted SR or SR/GHG Package ,check the boxes in the list below to select the forms/units you wish to work on.

2.Facility Name :

Our records indicate that this facility has  Emission Units (points) and  Physical stacks

☒ Facility Information Form (general facility and contact)

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



Massachusetts Department of Environmental Protection  
Bureau of Air and Waste

Source Registration (SR) or SR and Greenhouse Gas (GHG)  
Overview

2020

YEAR OF RECORD

1190564

FACILITY AQ Identifier

	Emission unit name	DEP#	EU Category	Last Update
<input checked="" type="checkbox"/>	COLUMBIA, 2.091 MMBTU/HR, NO. 2 FUEL OIL-0.3 S	2	FUEL BURNING DEVICE	2019
<input checked="" type="checkbox"/>	CLEAVER BROOKS BOILER (NO.2 FUEL OIL, 0.3S)	3	FUEL BURNING DEVICE	2019
<input checked="" type="checkbox"/>	CUMMINS GENERATOR #2 (NT855G2, DIESEL)	50	FUEL BURNING DEVICE	2019
<input checked="" type="checkbox"/>	CATERPILLAR GENERATOR #1	55	FUEL BURNING DEVICE	2019
<input checked="" type="checkbox"/>	2 LENNOX FURNACES SR 20Q5-140/154	64	FUEL BURNING DEVICE	2019
<input checked="" type="checkbox"/>	INDUSTRIAL OIL FURNACE LG14-225	67	FUEL BURNING DEVICE	2019
<input checked="" type="checkbox"/>	2 DRUM CRUSHING LINES	5	PROCESS	2019
<input checked="" type="checkbox"/>	AG TANK A3-9,800 GAL	8	TANK	2019
<input checked="" type="checkbox"/>	AG TANK A6- 9,500 GAL WASTE STREAM A-31	11	TANK	2019
<input checked="" type="checkbox"/>	AG TANK A8 - 10,000 GAL TANK	13	TANK	2019
<input checked="" type="checkbox"/>	AG TANK A9- 10,000 GAL	14	TANK	2019
<input checked="" type="checkbox"/>	AG TANK A17B - 750 GAL	18	TANK	2019
<input checked="" type="checkbox"/>	AG TANK A22 (2,400 GAL)	23	TANK	2019
<input checked="" type="checkbox"/>	AG TANK A23 (2,400 GAL)	24	TANK	2019
<input checked="" type="checkbox"/>	AG TANK A24 (2,400 GAL)	25	TANK	2019
<input checked="" type="checkbox"/>	AG TANK A25 (1,000 GAL)	26	TANK	2019
<input checked="" type="checkbox"/>	AG TANK A13 (4,000 GAL), DIESEL LOW SULF	51	TANK	2019
<input checked="" type="checkbox"/>	AG TANK A12 (6,300 GAL), NO. 2 FUEL OIL	52	TANK	2019
<input checked="" type="checkbox"/>	AG TANK B1- POLYOLEFIN WASTEWATER NO VOCS	53	TANK	2019
<input checked="" type="checkbox"/>	AG TANK B2- POLYOLEFIN TANK WASTEWATER NO VOCS	54	TANK	2019
<input checked="" type="checkbox"/>	AG TANK B4- POLYOLEFIN H WASTEWATER NO VOCS	57	TANK	2019
<input checked="" type="checkbox"/>	AG TANK B7- POLYOLEFIN TANKS WASTEWATER NO VOCS	60	TANK	2019
<input checked="" type="checkbox"/>	AG TANK A7 - 9,500 GAL.	68	TANK	2019
<input checked="" type="checkbox"/>	STACK #1- INCINERATOR #1-VENT-O-MATIC	1	STACK	2019
<input checked="" type="checkbox"/>	STACK #2- COLUMBIA BOILER, NO. 2 FUEL OIL	2	STACK	2019



**Massachusetts Department of Environmental Protection**  
*Bureau of Air and Waste*

Source Registration (SR) or SR and Greenhouse Gas (GHG)  
Overview

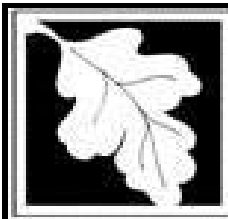
2020

YEAR OF RECORD

1190564

FACILITY AQ Identifier

<input checked="" type="checkbox"/>	1 STACK - BOILER #1-CLEAVER BROOKS, NO 2 FUEL OIL	3	STACK	2019
<input checked="" type="checkbox"/>	2 DRUM CRUSHING LINES	5	STACK	2019
<input checked="" type="checkbox"/>	1 STACK GENERATOR (2)- CUMMINS AND CATERPILLAR	7	STACK	2019
<input checked="" type="checkbox"/>	1 STACK-2 FURNACES - LENNOX	9	STACK	2019
<input checked="" type="checkbox"/>	CUT OFF ROOM	10	STACK	2019



## A. Facility Information:

1. Facility - the site or works where the regulated activity occurs:

CLEAN HARBORS OF BRAINTREE INC

a. Facility Name

1 HILL AVE

b. Facility Street Address Line 1

c. Facility Street Address Line 2

BRAINTREE

d. City/Town

MA

e. State

02184

f. ZIP Code

7813807100

g. Facility Phone Number

7813807193

h. Facility Fax Number

2. Mailing address: (check all that apply)

☐ same address as facility address

1 HILL AVE

a. Facility Mailing Address / PO Box Line 1

b. Facility Mailing Address / PO Box Line 2

BRAINTREE

c. City/Town

MA

d. State

02184

e. ZIP Code

3. Facility type - check one:

☐ Utility

☒ Private

☐ Tribal

☐ Federal

☐ State

☐ Local Government

4. ORIS Facility Code - for large electrical utilities only:

ORIS Facility Code

5. ID Numbers:

34839

a. DEP Account Number / FMF Facility #

1190564

b. Facility AQ Identifier - SSEIS ID Number

6. Location :

42.235971

a. Latitude 42.9 - 41.2

70.972946

b. Longitude - West 73.5 - 69.8 Enter positive values only.

7. North American Industry Classification System (NAICS) 6 digits:

562211

a. (Primary)

b.

c.

d.



Massachusetts Department of Environmental Protection  
Bureau of Air and Waste - Air Quality  
Facility Information

2020

Year of Record

1190564

Facility AQ identifier

8. Facility description ( What is being produced and how it is being produced at this facility - update as needed):

CLEAN HARBORS OF BRAINTREE INC. IS A HAZARDOUS WASTE TSDF.  
NO PRODUCTION AT THIS FACILITY.

9. Facility's normal hours of operation:

12:00 AM

a. Start Time

12:00 AM

b. End Time

☒ c. Continuous - 24 X 7 X 52

d. Which days is the facility open?

☐ S

☐ M

☐ T

☐ W

☐ T

☐ F

☐ S

10. Number of Employees:

16

11. Facility Owner:

☐ same address as facility mailing address ( will copy address into fields below)

Please contact your MassDEP Regional Office if the ownership of this facility has changed.

CLEAN HARBORS OF BRAINTREE INC

a. Owner or Corporation Name

1 HILL AVE

b. Mailing Address Line 1 (for owner or corporation)

ATTN: GENERAL MANAGER

c. Mailing Address Line 2

BRAINTREE

d. City/Town

MA

e. State

02184

f. Zip Code

US

g. Country

042507498

h. Owner TIN

7813807100

i. Owner Phone Number

7134

j. Extension

7813807193

k. Owner Fax Number

fontaine.andrew@cleanharbors.com

l. Owner E-mail Address



Massachusetts Department of Environmental Protection  
*Bureau of Air and Waste - Air Quality*  
Facility Information

2020

Year of Record

1190564

Facility AQ identifier

12. Facility **contact** information: ☐ same address as facility address  
☐ same address as facility mailing address

DAVID

a. Facility Contact **First** Name

MEDINA

Contact **Last** Name

1 HILL AVE

b. Mailing Address Line 1

c. Mailing Address Line 2

BRAINTREE

d. City/Town

MA

e. State

02184

f. Zip Code

US

g. Country

medinad@cleanharbors.com

h. E-mail Address

7803807100

i. Phone Number

j. Extension

7813807193

k. Fax Number

13. **Air emissions information** contact: ☐ same name and address as facility contact name and address  
☐ same address as facility address

JAMES R.

a. Air emissions contact **First** Name

LAUBSTED

Air emissions contact **Last** Name

26137 SOUTH RIDGELAND AVENUE

b. Mailing Address Line 1

c. Mailing Address Line 2

MONEE

d. City/Town

IL

e. State

60449

f. Zip Code

US

g. Country

laubsted.j@cleanharbors.com

h. E-mail Address

6308542549

i. Phone Number

7134

j. Extension

7813807193

k. Fax Number



## B. Preparer

1. Contact information for the **preparer** of this submittal:

- ☐ same name and address as air emissions contact name and address  
☐ same name and address as facility contact name and address  
☐ same address as facility address

MICHAEL

a. Preparer **First** Name

COMEAU

Preparer **Last** Name

CLEAN HARBORS ENVIRONMENTAL SERVICES

b. Mailing Address Line 1

42 LONGWATER DRIVE

c. Mailing Address Line 2

NORWELL

d. City/Town

MA

e. State

02061

f. Zip Code

US

g. Country

comeau.michaeld@cleanharbors.com

h. E-mail Address

7817925174

i. Phone Number

j. Extension

7817921030

k. Fax Number





## C. Notes

1. **Notes:** please include in the space below any additional information that will help DEP understand your submission (5000 character max).

## D. Certification

"I certify that I have personally examined the foregoing and am familiar with the information contained in this report 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 signification 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 during the signature Step.**

Signed under the pains and penalties of perjury:

Signature of Responsible Official

Date

Responsible official - complete all fields below.

MICHAEL

a. **First** Name

COMEAU

b. **Last** Name

COMPLIANCE MANAGER

c. Title

7817925174

d. Phone Number

comeau.michaeld@cleanharbors.com

e. E-mail Address

**A . Annual Total Emissions Statement**

## 1. Facility Identifiers:

CLEAN HARBORS OF BRAINTREE INC

## a. Facility Name

34839

## b. DEP Account Number

1190564

## c. Facility AQ Identifier

## 2. Total Emissions :

This form calculates your facility's actual and potential emissions by adding the emissions you entered in forms for each unit. The results are displayed in the table below . You must error check each emission unit's forms before the results below can be complete.

Pollutant:	PM 10-FIL	PM 2.5-FIL	PM-CON	SO2
Actual for previous year:	.0415 Tons	.027 Tons	 Tons	.3982 Tons
Actual for year of record:	0.0179 Tons	0.0113 Tons	0 Tons	0.1806 Tons
Potential emissions	9.4880 Tons	9.3526 Tons	0 Tons	11.9580 Tons
Max allowed emissions-annual:	 Tons	 Tons	 Tons	 Tons
Max allowed emissions-short term:	 Pounds	 Pounds	 Pounds	 Pounds
Short term Period	 ▼	 ▼	 ▼	 ▼
Basis DEP Approval number or regulation:	 	 	 	 



**Massachusetts Department of Environmental Protection**  
*Bureau of Air and Waste*  
**BWP AQ AP - TES**  
 Total Emissions Statement & Hazardous Air Pollutant List

2020  
 YEAR OF RECORD  
 1190564  
 Facility AQ Identifier

Pollutant:	PB	VOC	NH3	CO
Actual for previous year:	<input type="text"/> Tons	<input type="text" value="0.0296"/> Tons	<input type="text" value="0"/> Tons	<input type="text" value="0.1642"/> Tons
Actual for year of record:	<input type="text" value="0"/> Tons	<input type="text" value="0.0122"/> Tons	<input type="text" value="0"/> Tons	<input type="text" value="0.0715"/> Tons
Potential emissions	<input type="text" value="0"/> Tons	<input type="text" value="22.8354"/> Tons	<input type="text" value="0"/> Tons	<input type="text" value="29.3023"/> Tons
Max allowed emissions-annual:	<input type="text"/> Tons	<input type="text" value="36.2"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons
Max allowed emissions-short term:	<input type="text"/> Pounds	<input type="text" value="23600"/> Pounds	<input type="text"/> Pounds	<input type="text"/> Pounds
Short term Period	<input type="text" value=""/> ▼	<input type="text" value="Month"/> ▼	<input type="text" value=""/> ▼	<input type="text" value=""/> ▼
Basis DEP Approval number or regulation:	<input type="text"/>	<input type="text" value="MBR-95-RES-047"/>	<input type="text"/>	<input type="text"/>

Pollutant:	NO2	HOC
Actual for previous year:	<input type="text" value="0.7777"/> Tons	<input type="text"/> Tons
Actual for year of record:	<input type="text" value="0.3390"/> Tons	<input type="text" value="0"/> Tons
Potential emissions	<input type="text" value="136.2320"/> Tons	<input type="text" value="0"/> Tons
Max allowed emissions-annual:	<input type="text" value="17.3"/> Tons	<input type="text"/> Tons
Max allowed emissions-short term:	<input type="text" value="9400"/> Pounds	<input type="text"/> Pounds
Short term Period	<input type="text" value="Month"/> ▼	<input type="text" value=""/> ▼
Basis DEP Approval number or regulation:	<input type="text" value="MBR-95-RES-047"/>	<input type="text"/>



Massachusetts Department of Environmental Protection  
*Bureau of Air and Waste*  
BWP AQ AP - TES  
Total Emissions Statement & Hazardous Air Pollutant List

2020  
YEAR OF RECORD  
1190564  
Facility AQ Identifier

3.If you have **facility-wide** fuel, raw material, or product restrictions, either by plan approval or regulation complete the following for each

a. EXEMPT 135411 GALLONS year  
DEP Amount of Restriction Restriction Units Per Unit  
approval # Time  
(most  
recent)

NO. 2 FUEL OIL 0.3 PERCENT SULFUR  
Description of fuel, raw material or product restricted

b. MBR-89-C 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

c. MBR-86- 376680 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



Massachusetts Department of Environmental Protection

*Bureau of Air and Waste*

**BWP AQ AP - TES**

Total Emissions Statement & Hazardous Air Pollutant List

2020

YEAR OF RECORD

1190564

Facility AQ Identifier

## **B. Hazardous Air Pollutant Emissions**

a.Does the facility have the potential to emit (PTE) 10 tons of any single listed Hazardous Air Pollutant (HAP)?

☒ Yes ☐ No

b.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

c.Does the facility have a restriction on total HAPS?

☒ Yes ☐ No

d.Are you required to report HAP emissions here for any other reason? (e.g., a permit condition)

☐ Yes ☒ No

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Massachusetts Department of Environmental Protection  
Bureau of Air and Waste  
BWP AQ AP - TES  
Total Emissions Statement & Hazardous Air Pollutant List

2020  
YEAR OF RECORD  
1190564  
Facility AQ Identifier

### C. Hazardous Air Pollutants (HAPs)

#### 1. Hazardous Air Pollutant List

HAP

METHYL ALCOHOL



67561

a. HAP Name

b. CAS # for individual HAPs

☐ c. Check if this is your single largest HAP emission.

.137

0.032

d. Actual for previous year

e. Actual for year of record

12.8

18.6

f. Potential Emissions

g. Max allowed emissions –  
annual(Tons)

5000



h. Max allowed emissions – short term(Pounds)

i. Short term period

MBR-95-RES-047

j. Basis DEP Approval number or regulation

HAP

TOLUENE



108883

a. HAP Name

b. CAS # for individual HAPs

☒ c. Check if this is your single largest HAP emission.

0

0.126

d. Actual for previous year

e. Actual for year of record

12.8

18.6

f. Potential Emissions

g. Max allowed emissions –  
annual(Tons)

5000



h. Max allowed emissions – short term(Pounds)

i. Short term period

MBR-95-RES-047

j. Basis DEP Approval number or regulation



Massachusetts Department of Environmental Protection  
*Bureau of Air and Waste*  
**BWP AQ AP - TES**  
Total Emissions Statement & Hazardous Air Pollutant List

2020

YEAR OF RECORD

1190564

Facility AQ Identifier

HAP

ETHYLENE GLYCOL



107211

a. HAP Name

b. CAS # for individual HAPs

☐ c. Check if this is your single largest HAP emission.

.052

d. Actual for previous year

0.009

e. Actual for year of record

12.8

f. Potential Emissions

18.6

g. Max allowed emissions –  
annual(Tons)

5000

h. Max allowed emissions – short term(Pounds)



i. Short term period

MBR-95-RES-047

j. Basis DEP Approval number or regulation



**Massachusetts Department of Environmental Protection**  
*Bureau of Air and Waste*  
**BWP AQ AP - TES**  
Total Emissions Statement & Hazardous Air Pollutant List

2020

YEAR OF RECORD

1190564

Facility AQ Identifier

## 2. Total HAP Emissions

a. Actual for previous year: Tons

b. Actual for year of record: Tons

0.4143

c. Potential at max capacity uncontrolled: Tons

38.4

d. Max allowed emissions – annual: Tons

55.8

Facility-wide restriction only

e. Max allowed emissions – short term : Pounds

10600

Facility-wide restriction only

f. Short term period:

Month

g. Basis for max allowed emissions:

MBR-95-RES-047

DEP approval # or regulation

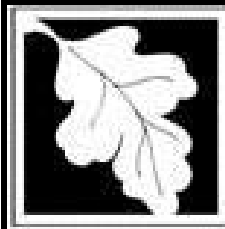
## D. Notes and Attachments

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 in the notes field above and deliver them to DEP with a paper copy of this form.





**Massachusetts Department of Environmental Protection**  
*Bureau of Air and Waste*

**Fuel Burning Device**  
**Emission Unit**

2020  
Year of Record

2  
DEP EU#

1190564  
Facility AQ Identifier

## A. Equipment Description

### 1. Facility Identifiers:

CLEAN HARBORS OF BRAINTREE INC

a. Facility Name

34839

b. DEP Account Number

1190564

c. Facility AQ Identifier

### 2. Emission Unit Identifiers:

COLUMBIA, 2.091 MMBTU/HR, NO. 2 FUEL OIL-0.3 S

a. Facility's choice of emission unit name - edit as needed

2

b. Facility's emission unit number / code - edit as needed

2

c. DEP emission unit #

d. ORIS ID # – for large electrical utilities only

e. Combined Units – enter number of individual units

### 3. Emission unit installation and decommission dates:

11/17/2018

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 and name for the unit being replaced from the drop-down list below:

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

**Massachusetts Department of Environmental Protection***Bureau of Air and Waste***Fuel Burning Device****Emission Unit**

2020

Year of Record

2

DEP EU#

1190564

Facility AQ Identifier

**5. Equipment**

a. Equipment Type

EPA Unit type code

BOILER

EPA Unit Type (describe):

BOILER

If engine, is this an emergency generator?

☐ Yes☐ No

If an emergency generator, please give the number of hours of operation during the reporting year for each category of operation:

Emergency Use(hours)

Non Emergency Use(hours)

Maintenance and Readiness Testing(hours)

COLUMBIA

b. Manufacturer

4VT-50BHP

c. Model number

2.0910

d. Max Input Rating MMBtu/hr (must be greater than 0)

1

e. Number of burners (enter "0" if not applicable)

f. Types of burner - check one:

☐ rotary☒ mech. atomizer☐ steam atomizer☐ air atomizer☐ traveling grate☐ hand fired☐ Other

Specify "other" burner type

COLUMBIA

g. Burner Manufacturer

163970

h. Burner Model number

11/17/2018

i. Burner Installation Date (mm/dd/yyyy)

**6. DEP approvals - leave blank if not applicable:**

a. Most recent approval number

b. DEP approval date (mm/dd/yyyy)

**7. Is this unit exempt under 310 CMR 7.02 Plan Approvals?**☒ Yes ☐ No**8. If exempt from Plan Approval, indicate the reason for the exemption, from the drop-down list below. (e.g., cite a specific DEP regulation):**

below thresholds in 310 CMR 7.02 (2)(b) 7 and 15

**Massachusetts Department of Environmental Protection***Bureau of Air and Waste***Fuel Burning Device****Emission Unit**

2020

Year of Record

2

DEPEU#

1190564

Facility AQ Identifier

**9. 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 9c

b. Reporting frequency - check all that apply:

☐ Monthly☐ Quarterly☐ Semi-annual☒ Annual☒ RES

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

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

☒ NESHAP☐ NSPS☐ MACT**10. Hours of operation for the emission unit:**☐ a. check if continuously operated - 24 X 7 X 52

24

7

17

b. Number of hours per day

c. Number of days per week

d. Number of weeks per year

e. Percent of total annual operation that occurs in each calendar quarter(0 or 0.1 - 100):

17.0

0.0

0.0

83.0

Q1

Q2

Q3

Q4

Sum of Q1+Q2+Q3+Q4 must = 100%  
or 0 if the unit was not operated for any quarter**11. Ozone season schedule - May 1 through September 30:**

0

a. Ozone season hours per day

0

b. Ozone season days per week

0

c. Weeks operated in ozone season

**12. Emission Release Point - select one:**

Engines click here for instructions:

## Non-Stack Release Points:

☐ fugitive☐ horizontal vent☐ engine exhaust☐ downward facing vent☐ vertical stack/vent less than 10ft

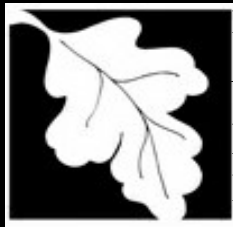
## Physical Stacks:

☒ vertical stack☐ vertical with rain cap/sleeve**13. Link this unit to a physical stack ( if applicable) - pick from the list below:**

2 STACK #2- COLUMBIA BOILER, NO. 2 FUEL OIL

Facility's stack identifier from STACK form - to change stack name use the STACK form

If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before returning to this form.



**Massachusetts Department of Environmental Protection**  
*Bureau of Air and Waste*

**Fuel Burning Device**  
**Emission Unit**

2020

Year of Record

2

DEP EU#

1190564

Facility AQ Identifier

14. Is there an air pollution control device/s on this emissions unit?

☐ Yes - answer a through i

☒ No - skip to question 15



Massachusetts Department of Environmental Protection  
*Bureau of Air and Waste*

Fuel Burning Device  
Emission Unit

2020  
Year of Record

2  
DEP EU#

1190564  
Facility AQ Identifier

15. Is there **monitoring equipment** on this emissions unit or its related control devices:

☐ Yes - answer a through l

☒ No - skip to section B

	Monitor 1	Monitor 2	Monitor 3
a. Monitor type:	<input type="radio"/> CEMs <input type="radio"/> opacity <input type="radio"/> other <div></div> <div>Describe</div>	<input type="radio"/> CEMs <input type="radio"/> opacity <input type="radio"/> other <div></div> <div>Describe</div>	<input type="radio"/> CEMs <input type="radio"/> opacity <input type="radio"/> other <div></div> <div>Describe</div>
b. Manufacturer:	<div></div>	<div></div>	<div></div>
c. Model Number:	<div></div>	<div></div>	<div></div>
d. Monitor ID #:	<div></div>	<div></div>	<div></div>
e. Installation Date:	<div>Facility's Designation</div> <div></div> <div>(mm/dd/yyyy)</div>	<div>Facility's Designation</div> <div></div> <div>(mm/dd/yyyy)</div>	<div>Facility's Designation</div> <div></div> <div>(mm/dd/yyyy)</div>
f. DEP Approval #:	<div></div>	<div></div>	<div></div>
g. DEP Approval Date:	<div></div> <div>(mm/dd/yyyy)</div>	<div></div> <div>(mm/dd/yyyy)</div>	<div></div> <div>(mm/dd/yyyy)</div>
h. Decommission Date:	<div></div> <div>(mm/dd/yyyy)</div>	<div></div> <div>(mm/dd/yyyy)</div>	<div></div> <div>(mm/dd/yyyy)</div>
i. Recorder?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
j. Audible Alarm?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
k. Data System?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
l. Monitored Pollutants - check all that apply:	<div><input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> Other</div> <div></div> <div>Describe</div>	<div><input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> Other</div> <div></div> <div>Describe</div>	<div><input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> Other</div> <div></div> <div>Describe</div>



Massachusetts Department of Environmental Protection  
*Bureau of Air and Waste*

Fuel Burning Device  
Emission Unit

2020  
Year of Record

2  
DEP EU#

1190564  
Facility AQ Identifier

## B. Fuels and Emissions

1. Fuel Name / Characteristics:

Number of fuels for this unit (previous records):

1

☐ 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).

Number of Additional Fuels :

a. Source Classification Code (SCC):

b. Type of fuel

c. Sulfur content for oils and coal (0-2.2%):

d. Ash content for oils and coal(0- 10.0%):

e. Maximum hourly fuel rate for all firing burners:(enter "0"if unit decommissioned prior to this year of record):

f. Do you have fuel or usage restrictions?

g. DEP approval number for fuel restrictions:

h. Annual usage restriction ( for this fuel):(amount or hours)

i. Short term use restriction (for this fuel):(amount or hours)

BOILER #2-COLUMBIA #30 - #2 OIL-0.3 SULFUR

Fuel Name

1

DEP Fuel #

☐ 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.

10200501

SCC ( call DEP if SCC will not validate)

EXTERNAL COMBUSTION BOILERS - INDUSTRIAL -  
DISTILLATE OIL - GRADES 1 AND 2 - BOILER

SCC Description - filled by eDEP upon error check.

FUEL NO.2

Fuel Description - filled by eDEP upon error check.

.138

Percent by weight

0

Percent by weight

0.0155

Amount

1000 GALLONS

Units per hour

☒ yes

☐ no - skip to question 2

EXEMPT

Most recent for this fuel

111252

Quantity

GALLONS

Units

9271

Quantity

GALLONS

Units

Per ☒ month ☐ week ☐ day ☐ hour



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2. Total actual fuel used for year of record:

( check your amount vs units and enter "0" if not used in the year of record)

4.4800 1000 GALLONS

a. Amount - year of record b.Units

25.8 1000 GALLONS

c. Total annual usage for prior year of record

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:	<input type="checkbox"/> PM 10-FIL	<input type="checkbox"/> PM 2.5-FIL	<input type="checkbox"/> PM-CON	<input type="checkbox"/> SO2
Actual for previous year:	0.0129 Tons	0.0032 Tons	 Tons	0.2528 Tons
Actual for year of record:	0.0022 Tons	0.0006 Tons	 Tons	0.0439 Tons
Potential emissions	0.0679 Tons	0.0170 Tons	 Tons	1.3304 Tons
Emission Factor	1	0.25		142
in pounds per unit	1000 GALLONS	1000 GALLONS		1000 GALLONS
Calculation Method	USEPA Emission Facto	USEPA Emission Facto	USEPA Emission Facto	USEPA Emission Facto
Max allowed emissions-annual:	 Tons	 Tons	 Tons	 Tons
Max allowed emissions-short term:	 Pounds	 Pounds	 Pounds	 Pounds
Short term Period				
Basis DEP Approval number or regulation:				



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Pollutant:	<input type="checkbox"/> PB	<input type="checkbox"/> VOC	<input type="checkbox"/> NH3	<input type="checkbox"/> CO
Actual for previous year:	<input type="text"/> Tons	<input type="text"/> 0.0026 Tons	<input type="text"/> Tons	<input type="text"/> 0.0645 Tons
Actual for year of record:	<input type="text"/> Tons	<input type="text"/> 0.0004 Tons	<input type="text"/> Tons	<input type="text"/> 0.0112 Tons
Potential emissions	<input type="text"/> Tons	<input type="text"/> 0.0136 Tons	<input type="text"/> Tons	<input type="text"/> 0.3395 Tons
Emission Factor	<input type="text"/>	<input type="text"/> 0.20	<input type="text"/>	<input type="text"/> 5
in pounds per unit	<input type="text"/>	<input type="text"/> 1000 GALLONS	<input type="text"/>	<input type="text"/> 1000 GALLONS
Calculation Method	<input type="text"/> USEPA Emission Facto	<input type="text"/> USEPA Emission Facto	<input type="text"/> USEPA Emission Facto	<input type="text"/> USEPA Emission Facto
Max allowed emissions-annual:	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons
Max allowed emissions-short term:	<input type="text"/> Pounds	<input type="text"/> Pounds	<input type="text"/> Pounds	<input type="text"/> Pounds
Short term Period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Basis DEP Approval number or regulation:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Pollutant:	<input type="checkbox"/> NO2	specify other pollutant <input type="text"/>
Actual for previous year:	<input type="text"/> 0.3096 Tons	<input type="text"/> Tons
Actual for year of record:	<input type="text"/> 0.0538 Tons	<input type="text"/> Tons
Potential emissions	<input type="text"/> 1.6294 Tons	<input type="text"/> Tons
Emission Factor	<input type="text"/> 24	<input type="text"/>
in pounds per unit	<input type="text"/> 1000 GALLONS	<input type="text"/>
Calculation Method	<input type="text"/> USEPA Emission Facto	<input type="text"/> USEPA Emission Facto
Max allowed emissions-annual:	<input type="text"/> Tons	<input type="text"/> Tons
Max allowed emissions-short term:	<input type="text"/> Pounds	<input type="text"/> Pounds
Short term Period	<input type="text"/>	<input type="text"/>
Basis DEP Approval number or regulation:	<input type="text"/>	<input type="text"/>





**Massachusetts Department of Environmental Protection**  
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**Emission Unit**

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4. Ozone season emissions - May 1 through September 30

0 0

a. Typical day VOC emissions - pounds per day

☐ check to enter your own values

b. Typical day NOx emissions - pounds per day

☐ check to enter your own values

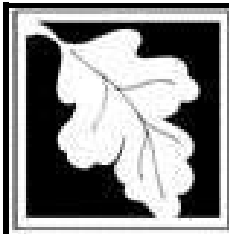
NOTE: The form will estimate the ozone season emissions for you. However, you may enter your own values by checking the boxes above.

## C. Notes and Attachments

1. **Notes:** please include 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. This will create a new step on your Transaction Overview Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments above and deliver them to DEP with a paper copy of this form.



**Massachusetts Department of Environmental Protection**  
*Bureau of Air and Waste*

**Fuel Burning Device**  
**Emission Unit**

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Year of Record

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Facility AQ Identifier

## A. Equipment Description

### 1. Facility Identifiers:

CLEAN HARBORS OF BRAINTREE INC

a. Facility Name

34839

b. DEP Account Number

1190564

c. Facility AQ Identifier

### 2. Emission Unit Identifiers:

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

a. Facility's choice of emission unit name - edit as needed

3

b. Facility's emission unit number / code - edit as needed

3

c. DEP emission unit #

d. ORIS ID # – for large electrical utilities only

e. Combined Units – enter number of individual units

### 3. Emission unit installation and decommission dates:

09/01/1986

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.

### 4. Emission Unit Replacement

a. Is this unit, replacing another emission unit?

☒ No ☐ Yes - Enter DEP's emissions unit number and name for the unit being replaced from the drop-down list below:

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

**Massachusetts Department of Environmental Protection***Bureau of Air and Waste***Fuel Burning Device****Emission Unit**

2020

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**5. Equipment**

a. Equipment Type

EPA Unit type code

BOILER

EPA Unit Type (describe):

BOILER

If engine, is this an emergency generator?

☐ Yes☐ No

If an emergency generator, please give the number of hours of operation during the reporting year for each category of operation:

Emergency Use(hours)

Non Emergency Use(hours)

Maintenance and Readiness Testing(hours)

CLEAVER BROOKS

b. Manufacturer

CB800-150

c. Model number

2.80

d. Max Input Rating MMBtu/hr (must be greater than 0)

1

e. Number of burners (enter "0" if not applicable)

f. Types of burner - check one:

☐ rotary☒ mech. atomizer☐ steam atomizer☐ air atomizer☐ traveling grate☐ hand fired☐ Other

Specify "other" burner type

CL BROOKS

g. Burner Manufacturer

CB800-150-150

h. Burner Model number

09/01/1986

i. Burner Installation Date (mm/dd/yyyy)

**6. DEP approvals - leave blank if not applicable:**

MBR-86-COM-027

a. Most recent approval number

9/11/1986

b. DEP approval date (mm/dd/yyyy)

**7. Is this unit exempt under 310 CMR 7.02 Plan Approvals?**☐ Yes ☒ No**8. If exempt from Plan Approval, indicate the reason for the exemption, from the drop-down list below. (e.g., cite a specific DEP regulation):**

**Massachusetts Department of Environmental Protection***Bureau of Air and Waste***Fuel Burning Device  
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**9. 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 9c

b. Reporting frequency - check all that apply:

☐ Monthly☐ Quarterly☐ Semi-annual☒ Annual☒ RES

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

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

☒ NESHAP☐ NSPS☐ MACT**10. Hours of operation for the emission unit:**☐ a. check if continuously operated - 24 X 7 X 52

24

5

15

b. Number of hours per day

c. Number of days per week

d. Number of weeks per year

e. Percent of total annual operation that occurs in each calendar quarter(0 or 0.1 - 100):

100.0

0.0

0.0

0.0

Sum of Q1+Q2+Q3+Q4 must = 100%

or 0 if the unit was not operated for any quarter

Q1

Q2

Q3

Q4

**11. Ozone season schedule - May 1 through September 30:**

0

a. Ozone season hours per day

0

b. Ozone season days per week

0

c. Weeks operated in ozone season

**12. Emission Release Point - select one:**

Engines click here for instructions:

**Non-Stack Release Points:**☐ fugitive☐ horizontal vent☐ engine exhaust☐ downward facing vent☐ vertical stack/vent less than 10ft**Physical Stacks:**☒ vertical stack☐ vertical with rain cap/sleeve**13. Link this unit to a physical stack ( if applicable) - pick from the list below:**

3 1 STACK - BOILER #1-CLEAVER BROOKS, NO 2 FUEL OIL

Facility's stack identifier from STACK form - to change stack name use the STACK form

If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before returning to this form.



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14. Is there an air pollution control device/s on this emissions unit?

☐ Yes - answer a through i

☒ No - skip to question 15



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15. Is there **monitoring equipment** on this emissions unit or its related control devices:

☐ Yes - answer a through l

☒ No - skip to section B

	Monitor 1	Monitor 2	Monitor 3
a. Monitor type:	<input type="radio"/> CEMs <input type="radio"/> opacity <input type="radio"/> other <input type="text"/>	<input type="radio"/> CEMs <input type="radio"/> opacity <input type="radio"/> other <input type="text"/>	<input type="radio"/> CEMs <input type="radio"/> opacity <input type="radio"/> other <input type="text"/>
	Describe	Describe	Describe
b. Manufacturer:	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Model Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Monitor ID #:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Facility's Designation	Facility's Designation	Facility's Designation
e. Installation Date:	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)
f. DEP Approval #:	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. DEP Approval Date:	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)
h. Decommission Date:	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)
i. Recorder?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
j. Audible Alarm?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
k. Data System?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
l. Monitored Pollutants - check all that apply:	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> Other <input type="text"/>
	Describe	Describe	Describe



# Massachusetts Department of Environmental Protection

## Bureau of Air and Waste

### Fuel Burning Device

### Emission Unit

2020

Year of Record

3

DEP EU#

1190564

Facility AQ Identifier

## B. Fuels and Emissions

1. Fuel Name / Characteristics:

Number of fuels for this unit (previous records):

1

☐ 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).

Number of Additional Fuels :

a. Source Classification Code (SCC):

b. Type of fuel

c. Sulfur content for oils and coal (0-2.2%):

d. Ash content for oils and coal(0- 10.0%):

e. Maximum hourly fuel rate for all firing burners:(enter "0"if unit decommissioned prior to this year of record):

f. Do you have fuel or usage restrictions?

g. DEP approval number for fuel restrictions:

h. Annual usage restriction ( for this fuel):(amount or hours)

i. Short term use restriction (for this fuel):(amount or hours)

BOILER #1-CLEAVER BROOKS #2 OIL-0.3 PERCENT SULFU

Fuel Name

1

DEP Fuel #

☐ 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.

10200501

SCC ( call DEP if SCC will not validate)

EXTERNAL COMBUSTION BOILERS - INDUSTRIAL -  
DISTILLATE OIL - GRADES 1 AND 2 - BOILER

SCC Description - filled by eDEP upon error check.

FUEL NO.2

Fuel Description - filled by eDEP upon error check.

.138

Percent by weight

0

Percent by weight

0.02

Amount

1000 GALLONS

Units per hour

☒ yes

☐ no - skip to question 2

MBR-95-RES-047

Most recent for this fuel

376680

Quantity

GALLONS

Units

31390

Quantity

GALLONS

Units

Per

☒

☐

☐

☐

month week day hour



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2. Total actual fuel used for year of record:

( check your amount vs units and enter "0" if not used in the year of record)

12.7300 1000 GALLONS

a. Amount - year of record b.Units

12.4 1000 GALLONS

c. Total annual usage for prior year of record

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:	<input type="checkbox"/> PM 10-FIL	<input type="checkbox"/> PM 2.5-FIL	<input type="checkbox"/> PM-CON	<input type="checkbox"/> SO2
Actual for previous year:	0.0062 Tons	0.0016 Tons	 Tons	0.1215 Tons
Actual for year of record:	0.0064 Tons	0.0016 Tons	 Tons	0.1247 Tons
Potential emissions	0.0876 Tons	0.0219 Tons	 Tons	1.7166 Tons
Emission Factor	1	0.25		142
in pounds per unit	1000 GALLONS	1000 GALLONS		1000 GALLONS
Calculation Method	USEPA Emission Facto	USEPA Emission Facto	USEPA Emission Facto	USEPA Emission Facto
Max allowed emissions-annual:	 Tons	 Tons	 Tons	 Tons
Max allowed emissions-short term:	 Pounds	 Pounds	 Pounds	 Pounds
Short term Period				
Basis DEP Approval number or regulation:				





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Pollutant:	<input type="checkbox"/> PB	<input type="checkbox"/> VOC	<input type="checkbox"/> NH3	<input type="checkbox"/> CO
Actual for previous year:	<input type="text"/> Tons	0.0012 Tons	<input type="text"/> Tons	0.0310 Tons
Actual for year of record:	<input type="text"/> Tons	0.0013 Tons	<input type="text"/> Tons	0.0318 Tons
Potential emissions	<input type="text"/> Tons	0.0175 Tons	<input type="text"/> Tons	0.4380 Tons
Emission Factor	<input type="text"/>	0.20 Tons	<input type="text"/>	5 Tons
in pounds per unit	<input type="text"/>	1000 GALLONS Tons	<input type="text"/>	1000 GALLONS Tons
Calculation Method	USEPA Emission Facto	USEPA Emission Facto	USEPA Emission Facto	USEPA Emission Facto
Max allowed emissions-annual:	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons
Max allowed emissions-short term:	<input type="text"/> Pounds	<input type="text"/> Pounds	<input type="text"/> Pounds	<input type="text"/> Pounds
Short term Period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Basis DEP Approval number or regulation:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Pollutant:	<input type="checkbox"/> NO2	specify other pollutant
Actual for previous year:	0.1488 Tons	<input type="text"/> Tons
Actual for year of record:	0.1528 Tons	<input type="text"/> Tons
Potential emissions	2.1024 Tons	<input type="text"/> Tons
Emission Factor	24 Tons	<input type="text"/> Tons
in pounds per unit	1000 GALLONS Tons	<input type="text"/> Tons
Calculation Method	USEPA Emission Facto	USEPA Emission Facto
Max allowed emissions-annual:	<input type="text"/> Tons	<input type="text"/> Tons
Max allowed emissions-short term:	<input type="text"/> Pounds	<input type="text"/> Pounds
Short term Period	<input type="text"/>	<input type="text"/>
Basis DEP Approval number or regulation:	<input type="text"/>	<input type="text"/>



**Massachusetts Department of Environmental Protection**

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4. Ozone season emissions - May 1 through September 30

0

a. Typical day VOC emissions - pounds per day

☐ check to enter your own values

0

b. Typical day NOx emissions - pounds per day

☐ check to enter your own values

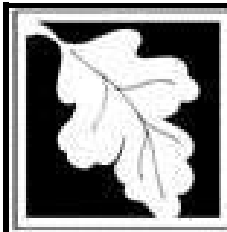
**NOTE:** The form will estimate the ozone season emissions for you. However, you may enter your own values by checking the boxes above.

## C. Notes and Attachments

1. **Notes:** please include 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. This will create a new step on your Transaction Overview Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments above and deliver them to DEP with a paper copy of this form.



**Massachusetts Department of Environmental Protection**  
*Bureau of Air and Waste*

**Fuel Burning Device**  
**Emission Unit**

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Year of Record

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Facility AQ Identifier

## A. Equipment Description

### 1. Facility Identifiers:

CLEAN HARBORS OF BRAINTREE INC

#### a. Facility Name

34839

#### b. DEP Account Number

1190564

#### c. Facility AQ Identifier

### 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

50

#### c. DEP emission unit #

#### d. ORIS ID # – for large electrical utilities only

#### e. Combined Units – enter number of individual units

### 3. Emission unit installation and decommission dates:

08/01/1999

#### 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 and name for the unit being replaced from the drop-down list below:

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

**Massachusetts Department of Environmental Protection***Bureau of Air and Waste***Fuel Burning Device****Emission Unit**

2020

Year of Record

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DEP EU#

1190564

Facility AQ Identifier

**5. Equipment**

a. Equipment Type

EPA Unit type code

RECIPROCATING IC ENGINE

EPA Unit Type (describe):

ENGINE

If engine, is this an emergency generator?

☐ Yes☒ No

If an emergency generator, please give the number of hours of operation during the reporting year for each category of operation:

Emergency Use(hours)

Non Emergency Use(hours)

Maintenance and Readiness Testing(hours)

CUMMINS

b. Manufacturer

125-DGEA

c. Model number

1.6880

d. Max Input Rating MMBtu/hr (must be greater than 0)

e. Number of burners (enter "0" if not applicable)

f. Types of burner - check one:

☐ rotary☒ mech. atomizer☐ steam atomizer☐ air atomizer☐ traveling grate☐ hand fired☐ Other

Specify "other" burner type

g. Burner Manufacturer

h. Burner Model number

i. Burner Installation Date (mm/dd/yyyy)

**6. DEP approvals - leave blank if not applicable:**

a. Most recent approval number

b. DEP approval date (mm/dd/yyyy)

**7. Is this unit exempt under 310 CMR 7.02 Plan Approvals?**☒ Yes ☐ No**8. If exempt from Plan Approval, indicate the reason for the exemption, from the drop-down list below. (e.g., cite a specific DEP regulation):**

below thresholds in 310 CMR 7.02 (2)(b) 7 and 15

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**9. 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 9c

b. Reporting frequency - check all that apply:

☐ Monthly☐ Quarterly☐ Semi-annual☒ Annual☒ RES

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

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

☐ NESHAP☐ NSPS☐ MACT**10. Hours of operation for the emission unit:**☐ a. check if continuously operated - 24 X 7 X 52

b. Number of hours per day

c. Number of days per week

d. Number of weeks per year

e. Percent of total annual operation that occurs in each calendar quarter(0 or 0.1 - 100):

Q1

Q2

Q3

Q4

Sum of Q1+Q2+Q3+Q4 must = 100%

or 0 if the unit was not operated for any quarter

**11. Ozone season schedule - May 1 through September 30:**

a. Ozone season hours per day

b. Ozone season days per week

c. Weeks operated in ozone season

**12. Emission Release Point - select one:**

Engines click here for instructions:

## Non-Stack Release Points:

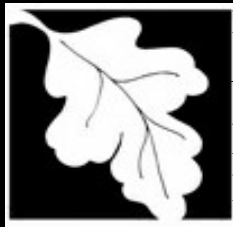
☐ fugitive☐ horizontal vent☐ engine exhaust☐ downward facing vent☐ vertical stack/vent less than 10ft

## Physical Stacks:

☒ vertical stack☐ vertical with rain cap/sleeve**13. Link this unit to a physical stack ( if applicable) - pick from the list below:**

Facility's stack identifier from STACK form - to change stack name use the STACK form

If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before returning to this form.



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14. Is there an air pollution control device/s on this emissions unit?

☐ Yes - answer a through i

☒ No - skip to question 15



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15. Is there **monitoring equipment** on this emissions unit or its related control devices:

☐ Yes - answer a through l

☒ No - skip to section B

	Monitor 1	Monitor 2	Monitor 3
a. Monitor type:	<input type="radio"/> CEMs <input type="radio"/> opacity <input type="radio"/> other <input type="text"/>	<input type="radio"/> CEMs <input type="radio"/> opacity <input type="radio"/> other <input type="text"/>	<input type="radio"/> CEMs <input type="radio"/> opacity <input type="radio"/> other <input type="text"/>
	Describe	Describe	Describe
b. Manufacturer:	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Model Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Monitor ID #:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Facility's Designation	Facility's Designation	Facility's Designation
e. Installation Date:	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)
f. DEP Approval #:	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. DEP Approval Date:	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)
h. Decommission Date:	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)
i. Recorder?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
j. Audible Alarm?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
k. Data System?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
l. Monitored Pollutants - check all that apply:	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> Other <input type="text"/>
	Describe	Describe	Describe



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## B. Fuels and Emissions

1. Fuel Name / Characteristics:

Number of fuels for this unit (previous records):

1

☐ 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).

Number of Additional Fuels :

a. Source Classification Code (SCC):

b. Type of fuel

c. Sulfur content for oils and coal (0-2.2%):

d. Ash content for oils and coal(0- 10.0%):

e. Maximum hourly fuel rate for all firing burners:(enter "0"if unit decommissioned prior to this year of record):

f. Do you have fuel or usage restrictions?

g. DEP approval number for fuel restrictions:

h. Annual usage restriction ( for this fuel):(amount or hours)

i. Short term use restriction (for this fuel):(amount or hours)

GENERATOR #2-CUMMINS #NT855G2- #2 OIL 0.3 PER.S

Fuel Name

1

DEP Fuel #

☐ 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.

20200102

SCC ( call DEP if SCC will not validate)

INTERNAL COMBUSTION ENGINES - INDUSTRIAL -  
DISTILLATE OIL (DIESEL) - RECIPROCATING

SCC Description - filled by eDEP upon error check.

DIESEL

Fuel Description - filled by eDEP upon error check.

.138

Percent by weight

0

Percent by weight

0.0120

Amount

1000 GALLONS

Units per hour

☒ yes

☐ no - skip to question 2

EXEMPT 7.02

Most recent for this fuel

300

Quantity

EACH-YEAR

Units

24

Quantity

DAY

Units

Per ☐ month ☐ week ☒ day ☐ hour



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2. Total actual fuel used for year of record:

( check your amount vs units and enter "0" if not used in the year of record)

0.1200

1000 GALLONS

a. Amount - year of record

b. Units

.132

1000 GALLONS

c. Total annual usage for prior year of record

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:	<input type="checkbox"/> PM 10-FIL	<input type="checkbox"/> PM 2.5-FIL	<input type="checkbox"/> PM-CON	<input type="checkbox"/> SO2
Actual for previous year:	0.0028 Tons	0.0028 Tons	 Tons	0.0026 Tons
Actual for year of record:	0.0026 Tons	0.0026 Tons	 Tons	0.0024 Tons
Potential emissions	2.2338 Tons	2.2338 Tons	 Tons	2.0866 Tons
Emission Factor	42.50	42.50		39.70
in pounds per unit	1000 GALLONS	1000 GALLONS		1000 GALLONS
Calculation Method	USEPA Emission Facto	USEPA Emission Facto	USEPA Emission Facto	USEPA Emission Facto
Max allowed emissions-annual:	 Tons	 Tons	 Tons	 Tons
Max allowed emissions-short term:	 Pounds	 Pounds	 Pounds	 Pounds
Short term Period				
Basis DEP Approval number or regulation:				



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Pollutant:	<input type="checkbox"/> PB	<input type="checkbox"/> VOC	<input type="checkbox"/> NH3	<input type="checkbox"/> CO
Actual for previous year:	<input type="text"/> Tons	<input type="text"/> 0.0033 Tons	<input type="text"/> Tons	<input type="text"/> 0.0086 Tons
Actual for year of record:	<input type="text"/> Tons	<input type="text"/> 0.0030 Tons	<input type="text"/> Tons	<input type="text"/> 0.0078 Tons
Potential emissions	<input type="text"/> Tons	<input type="text"/> 2.5912 Tons	<input type="text"/> Tons	<input type="text"/> 6.8328 Tons
Emission Factor	<input type="text"/>	<input type="text"/> 49.30	<input type="text"/>	<input type="text"/> 130
in pounds per unit	<input type="text"/>	<input type="text"/> 1000 GALLONS	<input type="text"/>	<input type="text"/> 1000 GALLONS
Calculation Method	<input type="text"/> USEPA Emission Facto	<input type="text"/> USEPA Emission Facto	<input type="text"/> USEPA Emission Facto	<input type="text"/> USEPA Emission Facto
Max allowed emissions-annual:	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons
Max allowed emissions-short term:	<input type="text"/> Pounds	<input type="text"/> Pounds	<input type="text"/> Pounds	<input type="text"/> Pounds
Short term Period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Basis DEP Approval number or regulation:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Pollutant:	<input type="checkbox"/> NO2	specify other pollutant <input type="text"/>
Actual for previous year:	<input type="text"/> 0.0399 Tons	<input type="text"/> Tons
Actual for year of record:	<input type="text"/> 0.0362 Tons	<input type="text"/> Tons
Potential emissions	<input type="text"/> 31.7462 Tons	<input type="text"/> Tons
Emission Factor	<input type="text"/> 604	<input type="text"/>
in pounds per unit	<input type="text"/> 1000 GALLONS	<input type="text"/>
Calculation Method	<input type="text"/> USEPA Emission Facto	<input type="text"/> USEPA Emission Facto
Max allowed emissions-annual:	<input type="text"/> Tons	<input type="text"/> Tons
Max allowed emissions-short term:	<input type="text"/> Pounds	<input type="text"/> Pounds
Short term Period	<input type="text"/>	<input type="text"/>
Basis DEP Approval number or regulation:	<input type="text"/>	<input type="text"/>



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4. Ozone season emissions - May 1 through September 30

0.4980

a. Typical day VOC emissions - pounds per day

☐ check to enter your own values

6.0092

b. Typical day NOx emissions - pounds per day

☐ check to enter your own values

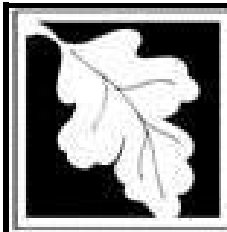
NOTE: The form will estimate the ozone season emissions for you. However, you may enter your own values by checking the boxes above.

## C. Notes and Attachments

1. **Notes:** please include 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. This will create a new step on your Transaction Overview Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments above and deliver them to DEP with a paper copy of this form.



**Massachusetts Department of Environmental Protection**  
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**Fuel Burning Device**  
**Emission Unit**

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## A. Equipment Description

### 1. Facility Identifiers:

CLEAN HARBORS OF BRAINTREE INC

#### a. Facility Name

34839

#### b. DEP Account Number

1190564

#### c. Facility AQ Identifier

### 2. Emission Unit Identifiers:

CATERPILLAR GENERATOR #1

#### a. Facility's choice of emission unit name - edit as needed

55

#### b. Facility's emission unit number / code - edit as needed

55

#### c. DEP emission unit #

#### d. ORIS ID # – for large electrical utilities only

#### e. Combined Units – enter number of individual units

### 3. Emission unit installation and decommission dates:

05/04/1989

#### 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 and name for the unit being replaced from the drop-down list below:

DEP's Emission Unit Number and facility's emission unit name

**Massachusetts Department of Environmental Protection***Bureau of Air and Waste***Fuel Burning Device****Emission Unit**

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Facility AQ Identifier

**5. Equipment**

a. Equipment Type

EPA Unit type code

RECIPROCATING IC ENGINE

EPA Unit Type (describe):

ENGINE

If engine, is this an emergency generator?

☐ Yes☒ No

If an emergency generator, please give the number of hours of operation during the reporting year for each category of operation:

Emergency Use(hours)

Non Emergency Use(hours)

Maintenance and Readiness Testing(hours)

CATERPILLAR

b. Manufacturer

3412DIT

c. Model number

5.3480

d. Max Input Rating MMBtu/hr (must be greater than 0)

1

e. Number of burners (enter "0" if not applicable)

f. Types of burner - check one:

☐ rotary☒ mech. atomizer☐ steam atomizer☐ air atomizer☐ traveling grate☐ hand fired☐ Other

Specify "other" burner type

CATERPILLR

g. Burner Manufacturer

N/A

h. Burner Model number

06/01/1989

i. Burner Installation Date (mm/dd/yyyy)

**6. DEP approvals - leave blank if not applicable:**

MBR-89-COM-31

a. Most recent approval number

5/4/1989

b. DEP approval date (mm/dd/yyyy)

**7. Is this unit exempt under 310 CMR 7.02 Plan Approvals?**☐ Yes ☒ No**8. If exempt from Plan Approval, indicate the reason for the exemption, from the drop-down list below. (e.g., cite a specific DEP regulation):**

**Massachusetts Department of Environmental Protection***Bureau of Air and Waste***Fuel Burning Device****Emission Unit**

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Facility AQ Identifier

**9. 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 9c

b. Reporting frequency - check all that apply:

☐ Monthly☐ Quarterly☐ Semi-annual☒ Annual☒ RES

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

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

☐ NESHAP☐ NSPS☐ MACT**10. Hours of operation for the emission unit:**☐ a. check if continuously operated - 24 X 7 X 52

1

b. Number of hours per day

1

c. Number of days per week

11

d. Number of weeks per year

e. Percent of total annual operation that occurs in each calendar quarter(0 or 0.1 - 100):

25.0

Q1

13.0

Q2

25.0

Q3

37.0

Q4

Sum of Q1+Q2+Q3+Q4 must = 100%

or 0 if the unit was not operated for any quarter

**11. Ozone season schedule - May 1 through September 30:**

3

a. Ozone season hours per day

1

b. Ozone season days per week

6

c. Weeks operated in ozone season

**12. Emission Release Point - select one:**

Engines click here for instructions:

## Non-Stack Release Points:

☐ fugitive☐ horizontal vent☐ engine exhaust☐ downward facing vent☐ vertical stack/vent less than 10ft

## Physical Stacks:

☒ vertical stack☐ vertical with rain cap/sleeve**13. Link this unit to a physical stack ( if applicable) - pick from the list below:**

71 STACK GENERATOR (2)- CUMMINS AND CATERPILLAR

Facility's stack identifier from STACK form - to change stack name use the STACK form

If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before returning to this form.



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**Emission Unit**

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14. Is there an air pollution control device/s on this emissions unit?

☐ Yes - answer a through i

☒ No - skip to question 15



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15. Is there **monitoring equipment** on this emissions unit or its related control devices:

☐ Yes - answer a through l

☒ No - skip to section B

	Monitor 1	Monitor 2	Monitor 3
a. Monitor type:	<input type="radio"/> CEMs <input type="radio"/> opacity <input type="radio"/> other <input type="text"/>	<input type="radio"/> CEMs <input type="radio"/> opacity <input type="radio"/> other <input type="text"/>	<input type="radio"/> CEMs <input type="radio"/> opacity <input type="radio"/> other <input type="text"/>
	Describe	Describe	Describe
b. Manufacturer:	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Model Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Monitor ID #:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Facility's Designation	Facility's Designation	Facility's Designation
e. Installation Date:	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)
f. DEP Approval #:	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. DEP Approval Date:	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)
h. Decommission Date:	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)
i. Recorder?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
j. Audible Alarm?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
k. Data System?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
l. Monitored Pollutants - check all that apply:	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> Other <input type="text"/>
	Describe	Describe	Describe



**Massachusetts Department of Environmental Protection***Bureau of Air and Waste***Fuel Burning Device****Emission Unit**

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Facility AQ Identifier

**B. Fuels and Emissions**

## 1. Fuel Name / Characteristics:

Number of fuels for this unit (previous records):

1

GENERATOR #1-CATERPILLAR 558.5 KW #2 OIL-0.3 S

Fuel Name

1

DEP Fuel #

☐ 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.

Number of Additional Fuels :

a. Source Classification Code (SCC):

20200102

SCC ( call DEP if SCC will not validate)

INTERNAL COMBUSTION ENGINES - INDUSTRIAL -  
DISTILLATE OIL (DIESEL) - RECIPROCATING

SCC Description - filled by eDEP upon error check.

b. Type of fuel

DIESEL

Fuel Description - filled by eDEP upon error check.

c. Sulfur content for oils and coal (0-2.2%):

.0401

Percent by weight

d. Ash content for oils and coal(0- 10.0%):

0

Percent by weight

e. Maximum hourly fuel rate for all firing burners:(enter "0"if unit decommissioned prior to this year of record):

0.0380

Amount

1000 GALLONS

Units per hour

f. Do you have fuel or usage restrictions?

☒ yes☐ no - skip to question 2

g. DEP approval number for fuel restrictions:

MBR-89-COM-31

Most recent for this fuel

h. Annual usage restriction ( for this fuel):(amount or hours)

300

Quantity

EACH-YEAR

Units

i. Short term use restriction (for this fuel):(amount or hours)

24

Quantity

DAY

Units

Per

☐☐☒☐

month week day hour

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2. Total actual fuel used for year of record:

( check your amount vs units and enter "0" if not used in the year of record)

0.3040

1000 GALLONS

a. Amount - year of record

b. Units

.912

1000 GALLONS

c. Total annual usage for prior year of record

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:	<input type="checkbox"/> PM 10-FIL	<input type="checkbox"/> PM 2.5-FIL	<input type="checkbox"/> PM-CON	<input type="checkbox"/> SO2
Actual for previous year:	0.0194 Tons	0.0194 Tons	 Tons	0.0181 Tons
Actual for year of record:	0.0065 Tons	0.0065 Tons	 Tons	0.0060 Tons
Potential emissions	7.0737 Tons	7.0737 Tons	 Tons	6.6077 Tons
Emission Factor	42.50	42.50		39.70
in pounds per unit	1000 GALLONS	1000 GALLONS		1000 GALLONS
Calculation Method	USEPA Emission Facto	USEPA Emission Facto	USEPA Emission Facto	USEPA Emission Facto
Max allowed emissions-annual:	 Tons	 Tons	 Tons	 Tons
Max allowed emissions-short term:	 Pounds	 Pounds	 Pounds	 Pounds
Short term Period				
Basis DEP Approval number or regulation:				



**Massachusetts Department of Environmental Protection**  
*Bureau of Air and Waste*

**Fuel Burning Device**  
**Emission Unit**

2020  
Year of Record

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DEPEU#

1190564  
Facility AQ Identifier

Pollutant:	<input type="checkbox"/> PB	<input type="checkbox"/> VOC	<input type="checkbox"/> NH3	<input type="checkbox"/> CO
Actual for previous year:	<input type="text"/> Tons	<input type="text"/> 0.0225 Tons	<input type="text"/> Tons	<input type="text"/> 0.0593 Tons
Actual for year of record:	<input type="text"/> Tons	<input type="text"/> 0.0075 Tons	<input type="text"/> Tons	<input type="text"/> 0.0198 Tons
Potential emissions	<input type="text"/> Tons	<input type="text"/> 8.2055 Tons	<input type="text"/> Tons	<input type="text"/> 21.6372 Tons
Emission Factor	<input type="text"/> in pounds per unit	<input type="text"/> 49.30 1000 GALLONS	<input type="text"/> in pounds per unit	<input type="text"/> 130 1000 GALLONS
Calculation Method	USEPA Emission Facto	USEPA Emission Facto	USEPA Emission Facto	USEPA Emission Facto
Max allowed emissions-annual:	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons
Max allowed emissions-short term:	<input type="text"/> Pounds	<input type="text"/> Pounds	<input type="text"/> Pounds	<input type="text"/> Pounds
Short term Period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Basis DEP Approval number or regulation:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Pollutant:	<input type="checkbox"/> NO2	specify other pollutant
Actual for previous year:	<input type="text"/> 0.2754 Tons	<input type="text"/> Tons
Actual for year of record:	<input type="text"/> 0.0918 Tons	<input type="text"/> Tons
Potential emissions	<input type="text"/> 100.5298 Tons	<input type="text"/> Tons
Emission Factor	<input type="text"/> 604 in pounds per unit	<input type="text"/> in pounds per unit
Calculation Method	USEPA Emission Facto	USEPA Emission Facto
Max allowed emissions-annual:	<input type="text"/> Tons	<input type="text"/> Tons
Max allowed emissions-short term:	<input type="text"/> Pounds	<input type="text"/> Pounds
Short term Period	<input type="text"/>	<input type="text"/>
Basis DEP Approval number or regulation:	<input type="text"/>	<input type="text"/>



**Massachusetts Department of Environmental Protection**  
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**Emission Unit**

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Facility AQ Identifier

4. Ozone season emissions - May 1 through September 30

0.8395

a. Typical day VOC emissions - pounds per day

☐ check to enter your own values

10.2755

b. Typical day NOx emissions - pounds per day

☐ check to enter your own values

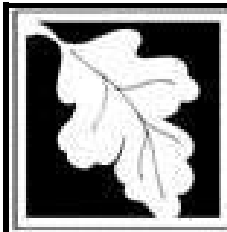
**NOTE:** The form will estimate the ozone season emissions for you. However, you may enter your own values by checking the boxes above.

## C. Notes and Attachments

1. **Notes:** please include 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. This will create a new step on your Transaction Overview Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments above and deliver them to DEP with a paper copy of this form.



**Massachusetts Department of Environmental Protection**  
*Bureau of Air and Waste*

**Fuel Burning Device**  
**Emission Unit**

2020  
Year of Record

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DEP EU#

1190564  
Facility AQ Identifier

## A. Equipment Description

### 1. Facility Identifiers:

CLEAN HARBORS OF BRAINTREE INC

#### a. Facility Name

34839

#### b. DEP Account Number

1190564

#### c. Facility AQ Identifier

### 2. Emission Unit Identifiers:

2 LENNOX FURNACES SR 20Q5-140/154

#### a. Facility's choice of emission unit name - edit as needed

64

#### b. Facility's emission unit number / code - edit as needed

64

#### c. DEP emission unit #

#### d. ORIS ID # – for large electrical utilities only

#### e. Combined Units – enter number of individual units

### 3. Emission unit installation and decommission dates:

06/01/1994

#### 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 and name for the unit being replaced from the drop-down list below:

DEP's Emission Unit Number and facility's emission unit name

**Massachusetts Department of Environmental Protection***Bureau of Air and Waste***Fuel Burning Device****Emission Unit**

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Facility AQ Identifier

**5. Equipment**

a. Equipment Type

EPA Unit type code

FURNACE

EPA Unit Type (describe):

FURNACE

If engine, is this an emergency generator?

☐ Yes☐ No

If an emergency generator, please give the number of hours of operation during the reporting year for each category of operation:

Emergency Use(hours)

Non Emergency Use(hours)

Maintenance and Readiness Testing(hours)

LENNOX

b. Manufacturer

SR20Q5-140

c. Model number

0.3070

d. Max Input Rating MMBtu/hr (must be greater than 0)

1

e. Number of burners (enter "0" if not applicable)

f. Types of burner - check one:

☐ rotary☒ mech. atomizer☐ steam atomizer☐ air atomizer☐ traveling grate☐ hand fired☐ Other

Specify "other" burner type

BECKETT

g. Burner Manufacturer

AFG

h. Burner Model number

06/01/1995

i. Burner Installation Date (mm/dd/yyyy)

**6. DEP approvals - leave blank if not applicable:**

a. Most recent approval number

b. DEP approval date (mm/dd/yyyy)

**7. Is this unit exempt under 310 CMR 7.02 Plan Approvals?**☒ Yes ☐ No**8. If exempt from Plan Approval, indicate the reason for the exemption, from the drop-down list below. (e.g., cite a specific DEP regulation):**

below thresholds in 310 CMR 7.02 (2)(b) 7 and 15

**Massachusetts Department of Environmental Protection***Bureau of Air and Waste***Fuel Burning Device  
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**9. 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 9c

b. Reporting frequency - check all that apply:

☐ Monthly☐ Quarterly☐ Semi-annual☒ Annual☒ RES

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

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

☐ NESHAP☐ NSPS☐ MACT**10. Hours of operation for the emission unit:**☐ a. check if continuously operated - 24 X 7 X 52

b. Number of hours per day

c. Number of days per week

d. Number of weeks per year

e. Percent of total annual operation that occurs in each calendar quarter(0 or 0.1 - 100):

Q1

Q2

Q3

Q4

Sum of Q1+Q2+Q3+Q4 must = 100%

or 0 if the unit was not operated for any quarter

**11. Ozone season schedule - May 1 through September 30:**

a. Ozone season hours per day

b. Ozone season days per week

c. Weeks operated in ozone season

**12. Emission Release Point - select one:**

Engines click here for instructions:

## Non-Stack Release Points:

☐ fugitive☐ horizontal vent☐ engine exhaust☐ downward facing vent☐ vertical stack/vent less than 10ft

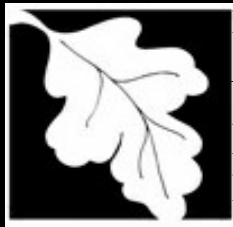
## Physical Stacks:

☒ vertical stack☐ vertical with rain cap/sleeve**13. Link this unit to a physical stack ( if applicable) - pick from the list below:**

91 STACK-2 FURNACES - LENNOX

Facility's stack identifier from STACK form - to change stack name use the STACK form

If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before returning to this form.



**Massachusetts Department of Environmental Protection**  
*Bureau of Air and Waste*

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**Emission Unit**

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14. Is there an air pollution control device/s on this emissions unit?

☐ Yes - answer a through i

☒ No - skip to question 15



**Massachusetts Department of Environmental Protection***Bureau of Air and Waste***Fuel Burning Device****Emission Unit**

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Facility AQ Identifier

15. Is there **monitoring equipment** on this emissions unit or its related control devices:☐ Yes - answer a through l☒ No - skip to section B

	<b>Monitor 1</b>	<b>Monitor 2</b>	<b>Monitor 3</b>
a. Monitor type:	<input type="radio"/> CEMs <input type="radio"/> opacity <input type="radio"/> other <input type="text"/>	<input type="radio"/> CEMs <input type="radio"/> opacity <input type="radio"/> other <input type="text"/>	<input type="radio"/> CEMs <input type="radio"/> opacity <input type="radio"/> other <input type="text"/>
	Describe	Describe	Describe
b. Manufacturer:	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Model Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Monitor ID #:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Facility's Designation	Facility's Designation	Facility's Designation
e. Installation Date:	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)
f. DEP Approval #:	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. DEP Approval Date:	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)
h. Decommission Date:	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)
i. Recorder?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
j. Audible Alarm?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
k. Data System?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
l. Monitored Pollutants - check all that apply:	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> Other <input type="text"/>
	Describe	Describe	Describe



Massachusetts Department of Environmental Protection  
*Bureau of Air and Waste*

Fuel Burning Device  
Emission Unit

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## B. Fuels and Emissions

1. Fuel Name / Characteristics:

Number of fuels for this unit (previous records):

1

☐ 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).

Number of Additional Fuels :

a. Source Classification Code (SCC):

b. Type of fuel

c. Sulfur content for oils and coal (0-2.2%):

d. Ash content for oils and coal(0- 10.0%):

e. Maximum hourly fuel rate for all firing burners:(enter "0"if unit decommissioned prior to this year of record):

f. Do you have fuel or usage restrictions?

g. DEP approval number for fuel restrictions:

h. Annual usage restriction ( for this fuel):(amount or hours)

i. Short term use restriction (for this fuel):(amount or hours)

FURNACES #1(2)-LENNOX SR 20Q5 #2 OIL-0.3 SULPHUR

Fuel Name

1

DEP Fuel #

☐ 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.

10500105

SCC ( call DEP if SCC will not validate)

EXTERNAL COMBUSTION - SPACE HEATERS - INDUSTRIAL -  
DISTILLATE OIL

SCC Description - filled by eDEP upon error check.

FUEL NO.2

Fuel Description - filled by eDEP upon error check.

.138

Percent by weight

0

Percent by weight

0.0022

Amount

1000 GALLONS

Units per hour

☒ yes ☐ no - skip to question 2

EXEMPT

Most recent for this fuel

19.2720

Quantity

1000 GALLONS

Units

0.0022

Quantity

1000 GALLONS

Units

Per ☐ month ☐ week ☐ day ☒ hour



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2. Total actual fuel used for year of record:

( check your amount vs units and enter "0" if not used in the year of record)

0.0 1000 GALLONS

a. Amount - year of record b.Units

0 1000 GALLONS

c. Total annual usage for prior year of record

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:	<input type="checkbox"/> PM 10-FIL	<input type="checkbox"/> PM 2.5-FIL	<input type="checkbox"/> PM-CON	<input type="checkbox"/> SO2
Actual for previous year:	0 Tons	0 Tons	 Tons	0 Tons
Actual for year of record:	0 Tons	0 Tons	 Tons	0 Tons
Potential emissions	0.0237 Tons	0.0059 Tons	 Tons	0.1910 Tons
Emission Factor	2.46	0.6150		143.60
in pounds per unit	1000 GALLONS	1000 GALLONS		1000 GALLONS
Calculation Method	USEPA Emission Facto	USEPA Emission Facto	USEPA Emission Facto	USEPA Emission Facto
Max allowed emissions-annual:	 Tons	 Tons	 Tons	 Tons
Max allowed emissions-short term:	 Pounds	 Pounds	 Pounds	 Pounds
Short term Period				
Basis DEP Approval number or regulation:				



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Pollutant:	<input type="checkbox"/> PB	<input type="checkbox"/> VOC	<input type="checkbox"/> NH3	<input type="checkbox"/> CO
Actual for previous year:	<input type="text"/> Tons	<input type="text"/> 0 Tons	<input type="text"/> Tons	<input type="text"/> 0 Tons
Actual for year of record:	<input type="text"/> Tons	<input type="text"/> 0 Tons	<input type="text"/> Tons	<input type="text"/> 0 Tons
Potential emissions	<input type="text"/> Tons	<input type="text"/> 0.0073 Tons	<input type="text"/> Tons	<input type="text"/> 0.0482 Tons
Emission Factor	<input type="text"/> in pounds per unit	<input type="text"/> 0.76 1000 GALLONS	<input type="text"/> 1000 GALLONS	<input type="text"/> 5 1000 GALLONS
Calculation Method	USEPA Emission Facto	USEPA Emission Facto	USEPA Emission Facto	USEPA Emission Facto
Max allowed emissions-annual:	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons
Max allowed emissions-short term:	<input type="text"/> Pounds	<input type="text"/> Pounds	<input type="text"/> Pounds	<input type="text"/> Pounds
Short term Period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Basis DEP Approval number or regulation:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Pollutant:	<input type="checkbox"/> NO2	specify other pollutant
Actual for previous year:	<input type="text"/> 0 Tons	<input type="text"/> Tons
Actual for year of record:	<input type="text"/> 0 Tons	<input type="text"/> Tons
Potential emissions	<input type="text"/> 0.1927 Tons	<input type="text"/> Tons
Emission Factor	<input type="text"/> 20 in pounds per unit	<input type="text"/> 1000 GALLONS
Calculation Method	USEPA Emission Facto	USEPA Emission Facto
Max allowed emissions-annual:	<input type="text"/> Tons	<input type="text"/> Tons
Max allowed emissions-short term:	<input type="text"/> Pounds	<input type="text"/> Pounds
Short term Period	<input type="text"/>	<input type="text"/>
Basis DEP Approval number or regulation:	<input type="text"/>	<input type="text"/>



**Massachusetts Department of Environmental Protection**  
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4. Ozone season emissions - May 1 through September 30

0 0

a. Typical day VOC emissions - pounds per day

☐ check to enter your own values

b. Typical day NOx emissions - pounds per day

☐ 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.

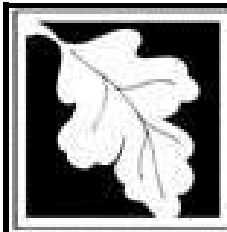
## C. Notes and Attachments

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

THIS UNIT WAS NOT USED IN CALENDAR YEAR 2020

2. **Attachments:**

☐ Check here to submit attachments to this form (e.g., calculations) -add a note in the field above indicating what is attached. This will create a new step on your Transaction Overview Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments above and deliver them to DEP with a paper copy of this form.



**Massachusetts Department of Environmental Protection**  
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**Fuel Burning Device**  
**Emission Unit**

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1190564  
Facility AQ Identifier

## A. Equipment Description

### 1. Facility Identifiers:

CLEAN HARBORS OF BRAINTREE INC

a. Facility Name

34839

b. DEP Account Number

1190564

c. Facility AQ Identifier

### 2. Emission Unit Identifiers:

INDUSTRIAL OIL FURNACE LG14-225

a. Facility's choice of emission unit name - edit as needed

LG14

b. Facility's emission unit number / code - edit as needed

67

c. DEP emission unit #

64

d. ORIS ID # – for large electrical utilities only

e. Combined Units – enter number of individual units

### 3. Emission unit installation and decommission dates:

11/15/2015

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 and name for the unit being replaced from the drop-down list below:

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

**Massachusetts Department of Environmental Protection***Bureau of Air and Waste***Fuel Burning Device****Emission Unit**

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Facility AQ Identifier

**5. Equipment**

a. Equipment Type

EPA Unit type code

FURNACE

EPA Unit Type (describe):

FURNACE

If engine, is this an emergency generator?

☐ Yes☐ No

If an emergency generator, please give the number of hours of operation during the reporting year for each category of operation:

Emergency Use(hours)

Non Emergency Use(hours)

Maintenance and Readiness Testing(hours)

ALLIED AIR ENTERPRISES LLC (A LENNOX COMPANY)

b. Manufacturer

LG-14-225/275B40

c. Model number

0.28

d. Max Input Rating MMBtu/hr (must be greater than 0)

1

e. Number of burners (enter "0" if not applicable)

f. Types of burner - check one:

☐ rotary☒ mech. atomizer☐ steam atomizer☐ air atomizer☐ traveling grate☐ hand fired☐ Other

Specify "other" burner type

BECKETT

g. Burner Manufacturer

230V-1-60

h. Burner Model number

11/15/2015

i. Burner Installation Date (mm/dd/yyyy)

**6. DEP approvals - leave blank if not applicable:**

a. Most recent approval number

b. DEP approval date (mm/dd/yyyy)

**7. Is this unit exempt under 310 CMR 7.02 Plan Approvals?**☒ Yes ☐ No**8. If exempt from Plan Approval, indicate the reason for the exemption, from the drop-down list below. (e.g., cite a specific DEP regulation):**

below thresholds in 310 CMR 7.02 (2)(b) 7 and 15

**Massachusetts Department of Environmental Protection***Bureau of Air and Waste***Fuel Burning Device****Emission Unit**

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**9. 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 9c

b. Reporting frequency - check all that apply:

☐ Monthly☐ Quarterly☐ Semi-annual☐ Annual☐ RES

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

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

☐ NESHAP☐ NSPS☐ MACT**10. Hours of operation for the emission unit:**☐ a. check if continuously operated - 24 X 7 X 52

10

7

4

b. Number of hours per day

c. Number of days per week

d. Number of weeks per year

e. Percent of total annual operation that occurs in each calendar quarter(0 or 0.1 - 100):

60.0

20.0

0.0

20.0

Q1

Q2

Q3

Q4

Sum of Q1+Q2+Q3+Q4 must = 100%  
or 0 if the unit was not operated for any quarter**11. Ozone season schedule - May 1 through September 30:**

0

a. Ozone season hours per day

0

b. Ozone season days per week

0

c. Weeks operated in ozone season

**12. Emission Release Point - select one:**

Engines click here for instructions:

**Non-Stack Release Points:**☐ fugitive☐ horizontal vent☐ engine exhaust☐ downward facing vent☐ vertical stack/vent less than 10ft**Physical Stacks:**☒ vertical stack☐ vertical with rain cap/sleeve**13. Link this unit to a physical stack ( if applicable) - pick from the list below:**

91 STACK-2 FURNACES - LENNOX

Facility's stack identifier from STACK form - to change stack name use the STACK form

If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before returning to this form.





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*Bureau of Air and Waste*

**Fuel Burning Device**  
**Emission Unit**

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14. Is there an air pollution control device/s on this emissions unit?

☐ Yes - answer a through i

☒ No - skip to question 15



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15. Is there **monitoring equipment** on this emissions unit or its related control devices:

☐ Yes - answer a through l

☒ No - skip to section B

	Monitor 1	Monitor 2	Monitor 3
a. Monitor type:	<input type="radio"/> CEMs <input type="radio"/> opacity <input type="radio"/> other <input type="text"/>	<input type="radio"/> CEMs <input type="radio"/> opacity <input type="radio"/> other <input type="text"/>	<input type="radio"/> CEMs <input type="radio"/> opacity <input type="radio"/> other <input type="text"/>
	Describe	Describe	Describe
b. Manufacturer:	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Model Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Monitor ID #:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Facility's Designation	Facility's Designation	Facility's Designation
e. Installation Date:	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)
f. DEP Approval #:	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. DEP Approval Date:	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)
h. Decommission Date:	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)
i. Recorder?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
j. Audible Alarm?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
k. Data System?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
l. Monitored Pollutants - check all that apply:	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> Other <input type="text"/>
	Describe	Describe	Describe

**Massachusetts Department of Environmental Protection***Bureau of Air and Waste***Fuel Burning Device****Emission Unit**

2020

Year of Record

67

DEP EU#

1190564

Facility AQ Identifier

**B. Fuels and Emissions**

## 1. Fuel Name / Characteristics:

Number of fuels for this unit (previous records):

1

NO. 2 OIL

Fuel Name

1

DEP Fuel #

☐ 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).

Number of Additional Fuels :

a. Source Classification Code (SCC):

b. Type of fuel

c. Sulfur content for oils and coal (0-2.2%):

d. Ash content for oils and coal(0- 10.0%):

e. Maximum hourly fuel rate for all firing burners:(enter "0"if unit decommissioned prior to this year of record):

f. Do you have fuel or usage restrictions?

g. DEP approval number for fuel restrictions:

h. Annual usage restriction ( for this fuel):(amount or hours)

i. Short term use restriction (for this fuel):(amount or hours)

10200501

SCC ( call DEP if SCC will not validate)

EXTERNAL COMBUSTION BOILERS - INDUSTRIAL -  
DISTILLATE OIL - GRADES 1 AND 2 - BOILER

SCC Description - filled by eDEP upon error check.

FUEL NO.2

Fuel Description - filled by eDEP upon error check.

.138

Percent by weight

0

Percent by weight

0.0003

Amount

1000 GALLONS

Units per hour

☐ yes☒ no - skip to question 2

Most recent for this fuel

Quantity

Units

Quantity

Units

Per

☐☐☐☐

month week day hour



Massachusetts Department of Environmental Protection  
*Bureau of Air and Waste*

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2. Total actual fuel used for year of record:

( check your amount vs units and enter "0" if not used in the year of record)

0.3640 1000 GALLONS

a. Amount - year of record b.Units

.33 1000 GALLONS

c. Total annual usage for prior year of record

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:	<input type="checkbox"/> PM 10-FIL	<input type="checkbox"/> PM 2.5-FIL	<input type="checkbox"/> PM-CON	<input type="checkbox"/> SO2
Actual for previous year:	0.0002 Tons	0 Tons	 Tons	0.0032 Tons
Actual for year of record:	0.0002 Tons	0 Tons	 Tons	0.0036 Tons
Potential emissions	0.0013 Tons	0.0003 Tons	 Tons	0.0257 Tons
Emission Factor	1	0.25		142
in pounds per unit	1000 GALLONS	1000 GALLONS		1000 GALLONS
Calculation Method	USEPA Emission Facto	USEPA Emission Facto	USEPA Emission Facto	USEPA Emission Facto
Max allowed emissions-annual:	 Tons	 Tons	 Tons	 Tons
Max allowed emissions-short term:	 Pounds	 Pounds	 Pounds	 Pounds
Short term Period				
Basis DEP Approval number or regulation:				



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Pollutant:	<input type="checkbox"/> PB	<input type="checkbox"/> VOC	<input type="checkbox"/> NH3	<input type="checkbox"/> CO
Actual for previous year:	<input type="text"/> Tons	<input type="text" value="0"/> Tons	<input type="text"/> Tons	<input type="text" value="0.0008"/> Tons
Actual for year of record:	<input type="text"/> Tons	<input type="text" value="0"/> Tons	<input type="text"/> Tons	<input type="text" value="0.0009"/> Tons
Potential emissions	<input type="text"/> Tons	<input type="text" value="0.0003"/> Tons	<input type="text"/> Tons	<input type="text" value="0.0066"/> Tons
Emission Factor	<input type="text"/> in pounds per unit	<input type="text" value="0.20"/> 1000 GALLONS	<input type="text"/> 1000 GALLONS	<input type="text" value="5"/> 1000 GALLONS
Calculation Method	USEPA Emission Facto	USEPA Emission Facto	USEPA Emission Facto	USEPA Emission Facto
Max allowed emissions-annual:	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons
Max allowed emissions-short term:	<input type="text"/> Pounds	<input type="text"/> Pounds	<input type="text"/> Pounds	<input type="text"/> Pounds
Short term Period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Basis DEP Approval number or regulation:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Pollutant:	<input type="checkbox"/> NO2	specify other pollutant
Actual for previous year:	<input type="text" value="0.0040"/> Tons	<input type="text"/> Tons
Actual for year of record:	<input type="text" value="0.0044"/> Tons	<input type="text"/> Tons
Potential emissions	<input type="text" value="0.0315"/> Tons	<input type="text"/> Tons
Emission Factor	<input type="text" value="24"/> in pounds per unit	<input type="text"/> 1000 GALLONS
Calculation Method	USEPA Emission Facto	USEPA Emission Facto
Max allowed emissions-annual:	<input type="text"/> Tons	<input type="text"/> Tons
Max allowed emissions-short term:	<input type="text"/> Pounds	<input type="text"/> Pounds
Short term Period	<input type="text"/>	<input type="text"/>
Basis DEP Approval number or regulation:	<input type="text"/>	<input type="text"/>



**Massachusetts Department of Environmental Protection**

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4. Ozone season emissions - May 1 through September 30

0

a. Typical day VOC emissions - pounds per day

☐ check to enter your own values

0

b. Typical day NOx emissions - pounds per day

☐ check to enter your own values

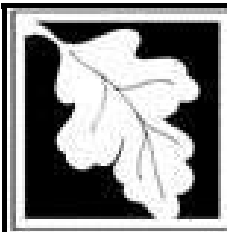
**NOTE:** The form will estimate the ozone season emissions for you. However, you may enter your own values by checking the boxes above.

## C. Notes and Attachments

1. **Notes:** please include 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. This will create a new step on your Transaction Overview Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments above and deliver them to DEP with a paper copy of this form.



**Massachusetts Department of Environmental Protection**  
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Emission Unit

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Facility AQ Identifier

## A. Process Description

### 1. Facility Identifiers:

CLEAN HARBORS OF BRAINTREE INC

#### a. Facility Name

34839

#### b. DEP Account Number

1190564

#### c. Facility AQ Identifier

### 2. Emission Unit Identifiers:

2 DRUM CRUSHING LINES

#### a. Facility's choice of emission unit name - edit as needed

5

#### b. Facility's emission unit number / code - edit as needed

5

#### c. DEP emission unit #

#### d. Combined Units – enter number of individual units

### 3. Emission unit installation and decommission dates:

6/1/1986

#### a. Installation date - estimate if unknown (mm/dd/yyyy)

#### b. Decommission date (mm/dd/yyyy) - if applicable (mm/dd/yyyy)

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's unit name

**Massachusetts Department of Environmental Protection***Bureau of Air and Waste***Process**

Emission Unit

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## 5. Equipment

CRUSHER

a. Equipment Type:

CRUSHER

b. EPA Unit Type Code:

GREENBECK

c. Manufacturer

18 SWB

d. Model number

e. Max Input Rating MMBtu/hr (must be greater than 0)

## 6. DEP approvals - leave blank if not applicable:

MBR-87-IND-191

a. Most recent approval number

1/13/1988

b. DEP approval date (mm/dd/yyyy)

## 7. Is this unit exempt under 310 CMR 7.02 Plan Approvals ?

☐ Yes ☒ No

## 8. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation):







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9. 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 9c

b. Reporting frequency - check all that apply:

☐ Monthly

☒ Quarterly

☐ Semi-annual

☒ Annual

☒ RES

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

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

☐ NESHAP

☐ NSPS

☐ MACT

10. Hours of operation for this emission unit:

☐ a. check if continuously operated - 24 X 7 X 52

0

0

0

b. Number of hours per day

c. Number of days per week

d. Number of weeks per year

e. Percent of total annual operation that occurs in each calendar quarter(0 or 0.1 - 100):

0.0

0.0

0.0

0.0

Q1

Q2

Q3

Q4

Sum of Q1+Q2+Q3+Q4 must = 100%  
or 0 if the unit was not operated for any  
quarter

11. Ozone season schedule - May 1 through September 30:

0

0

0

a. Ozone season hours per day

b. Ozone season days per week

c. Weeks operated in ozone season

12. Emission Release Point - select one:

Non-Stack Release Points:

☐ fugitive

☐ horizontal vent

☐ gooseneck

☐ downward facing vent

☐ vertical stack/vent less than 10ft

Physical Stacks:

☒ vertical stack

☐ vertical with rain cap/sleeve

13. Link this unit to a physical stack ( if applicable) - pick from the list below:

5 2 DRUM CRUSHING LINES

Facility's stack identifier from STACK form - to change stack name use the STACK form

If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before returning to this form.



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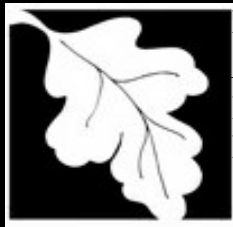
14. Air pollution control device/s on this emissions unit?

- ☐ Yes - answer a through i ☒ No - skip to Section B.

15. **Monitoring Equipment** on this emissions unit or its related control devices:

- ☐ Yes - answer a through i ☒ No - skip to section B

	<b>Monitor 1</b>	<b>Monitor 2</b>	<b>Monitor 3</b>
a. Monitor type:	<input type="radio"/> CEMs <input type="radio"/> opacity <input type="radio"/> fuel flow meter <input type="radio"/> time recorder <input type="radio"/> temperature recorder <input type="radio"/> pressure recorder <input type="radio"/> other	<input type="radio"/> CEMs <input type="radio"/> opacity <input type="radio"/> fuel flow meter <input type="radio"/> time recorder <input type="radio"/> temperature recorder <input type="radio"/> pressure <input type="radio"/> other	<input type="radio"/> CEMs <input type="radio"/> opacity <input type="radio"/> fuel flow meter <input type="radio"/> time recorder <input type="radio"/> temperature recorder <input type="radio"/> pressure recorder <input type="radio"/> other
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Describe	Describe	Describe
b. Manufacturer:	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Model Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Monitor ID #:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Facility's Designation	Facility's Designation	Facility's Designation
e. Installation Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
f. DEP Approval #:	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. DEP Approval Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
h. Decommission Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
i. Recorder	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
j. Audible Alarm	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
k. Data System?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no



**Massachusetts Department of Environmental Protection**

*Bureau of Air and Waste*

**Process**

Emission Unit

2020

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DEPEU#

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Facility AQ Identifier

**Massachusetts Department of Environmental Protection***Bureau of Air and Waste***Process**

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I. Monitored Pollutants - ☐ PM 10

check all that apply:

☐ PM 2.5☐ SO<sub>2</sub>☐ CO☐ VOC☐ NO<sub>2</sub>☐ NH<sub>3</sub>☐ Mercury☐ Oxygen☐ CO<sub>2</sub>☐ H<sub>2</sub>S☐ HCL☐ Opacity☐ Other

Describe

☐ PM 10☐ PM 2.5☐ SO<sub>2</sub>☐ CO☐ VOC☐ NO<sub>2</sub>☐ NH<sub>3</sub>☐ Mercury☐ Oxygen☐ CO<sub>2</sub>☐ H<sub>2</sub>S☐ HCL☐ Opacity☐ Other

Describe

☐ PM 10☐ PM 2.5☐ SO<sub>2</sub>☐ CO☐ VOC☐ NO<sub>2</sub>☐ NH<sub>3</sub>☐ Mercury☐ Oxygen☐ CO<sub>2</sub>☐ H<sub>2</sub>S☐ HCL☐ Opacity☐ Other

Describe



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**B.Emissions for Raw Materials/Finished Products**

- ☐ Add a NEW material/product: Check the box if you need to add a material or product that you did not report on previously (eDEP will add a blank Sect. B form to your package)
- ☐ Delete this material/product: check box if you stopped using this material or product in this unit permanently. You must still report for this year of record even if amount is "0" – the material/product will be removed from the unit in the next report cycle.

Number of Additional Fuels :

**1. Operation Description:**

a. Raw material or finished product name or Fuel Type:

MATERIAL

Number of segments for this unit (previous records):

b. Is material/product an input or output ?

☐ input ☐ output ☒ fuel

1  
DEP #

c. Process Description

2 DRUM CRUSHING LINES DRUMS

d. Source Classification code (SCC)

39999999

SCC( call DEP if SCC will not validate)

INDUSTRIAL PROCESSES - MISCELLANEOUS  
MANUFACTURING INDUSTRIES -  
MISCELLANEOUS INDUSTRIAL PROCESSES -  
OTHER NOT CLASSIFIED

SCC Description - filled by eDEP upon validation

e. Maximum process rate for material/product

120

TONS

Amount

Units per hour

f. If organic material, give percent by weight %, and if fuel, give percent by weight of Sulfur content (0-2.2 percent)

VOC

HOC

HYC

g. Total actual raw material used /finished product or fuel for year of record:

0

TONS

Amount

Units

Caution: check your amounts vs. units ( Enter "0" if not used in the year of record)

0

Total annual usage for  
prior year

h. Do you have raw material or finished product restrictions? ☐ yes ☒ no - skip to question 1.i



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i. DEP approval number for restrictions:

Most recent approval number for this material or product

j. Short term raw material/finished product or fuel restriction (if none leave blank):

Quantity(Amount or hours) Units

☐ ☐ ☐ ☐

month week day hour

k. Annual material/finished product restriction (if none leave blank):

Quantity(Amount or hours) Units

l. Indicate which air pollution control devices from Section A, Question 14 control this material/product by listing the facility- designated control device ID # for each unit that applies:

Device ID #

Device ID #

Device ID #

Device ID #

Device ID #

Device ID #

2. Total emissions for this material/product - tons per year:

Pollutant:	PM 10-FIL	PM 2.5-FIL	PM-CON	SO2
Actual for previous year:	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons
Actual for year of record:	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons
Potential emissions	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons
Emission Factor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
in pounds per unit	TONS <input type="text"/>	TONS <input type="text"/>	TONS <input type="text"/>	TONS <input type="text"/>
Calculation Method	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Max allowed emissions-annual:	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons
Max allowed emissions-short term:	<input type="text"/> Pounds	<input type="text"/> Pounds	<input type="text"/> Pounds	<input type="text"/> Pounds
Short term Period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Basis DEP Approval number or regulation:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Massachusetts Department of Environmental Protection***Bureau of Air and Waste***Process**

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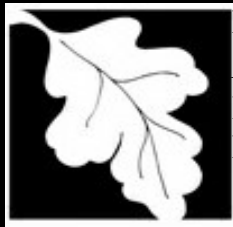
5

DEPEU#

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Pollutant:	PB	VOC	NH3	CO
Actual for previous year:	<input type="text"/> Tons	<input type="text" value="0"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons
Actual for year of record:	<input type="text"/> Tons	<input type="text" value="0"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons
Potential emissions	<input type="text"/> Tons	<input type="text" value="12"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons
Emission Factor	<input type="text"/>	<input type="text" value="0.11"/>	<input type="text"/>	<input type="text"/>
in pounds per unit	TONS <input type="button" value="v"/>	TONS <input type="button" value="v"/>	TONS <input type="button" value="v"/>	TONS <input type="button" value="v"/>
Calculation Method	<input type="button" value="v"/>	Continuous Emission <input type="button" value="v"/>	<input type="button" value="v"/>	<input type="button" value="v"/>
Max allowed emissions-annual:	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons
Max allowed emissions-short term:	<input type="text"/> Pounds	<input type="text"/> Pounds	<input type="text"/> Pounds	<input type="text"/> Pounds
Short term Period	<input type="button" value="v"/>	<input type="button" value="v"/>	<input type="button" value="v"/>	<input type="button" value="v"/>
Basis DEP Approval number or regulation:	<input type="text"/>	MBR-87-IND-191	<input type="text"/>	<input type="text"/>



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Pollutant:	NO2	HOC	specify other pollutant
Actual for previous year:	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons
Actual for year of record:	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons
Potential emissions	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons
Emission Factor	<input type="text"/>	<input type="text"/>	<input type="text"/>
in pounds per unit	TONS	TONS	TONS
Calculation Method			
Max allowed emissions-annual:	<input type="text"/> Tons	<input type="text"/> Tons	<input type="text"/> Tons
Max allowed emissions-short term:	<input type="text"/> Pounds	<input type="text"/> Pounds	<input type="text"/> Pounds
Short term Period			
Basis DEP Approval number or regulation:	<input type="text"/>	<input type="text"/>	<input type="text"/>





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3. Ozone season emissions - May 1 through September 30

0 0

a. Typical ozone day VOC emissions - pounds per day

☐ Check to enter your own values

b. Typical ozone day NOx emissions - pounds per day

☐ Check to enter your own values

**NOTE:** The form has estimated the emissions for you. However, you may enter your own values by checking the boxes above for VOC and NOx.

## 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.

**Massachusetts Department of Environmental Protection****Bureau of Air and Waste - Air Quality**

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

8

DEP EU# (old Point#)

1190564

Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank.

**A. Equipment Description**

## 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 A3-9,800 GAL

## a. Facility's choice of emission unit name - edit as needed

8

## b. Facility's emission unit number / code - edit as needed

8

## c. DEP emissions unit # - SSEIS point #

## d. Combined units - enter number of individual units

## 3. Emission unit installation and decommission dates :

1/1/1986

## a. Installation Date - estimate if unknown (mm/dd/yyyy)

## b. Decommission Date - estimate if unknown (mm/dd/yyyy)

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

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

## 5. Unit Descriptions :

## a. Description

b. Roof  
Type☐ Floating  
Roof☐ Internal  
Roof☒ Fixed  
☐ Other

Specify other

14.66

## c. Height / Length - Feet

11.5

## d. Diameter- feet

9800

## e. Capacity - gallons

## 6. Construction :

☒ Steel Weld ☐ Other weld ☐ Rivet ☐ FiberGlass ☐ Gunite

**Massachusetts Department of Environmental Protection*****Bureau of Air and Waste - Air Quality***

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

8

DEP EU# (old Point#)

1190564

Facility AQ identifier

## 7. Material Stored (at start of year) :

CARBON BLACK

a.Name of material

b.CAS number if single chemical

10100300

c.SC Code for standing / breathing loss

EXTERNAL COMBUSTION BOILERS - ELECTRIC GENERATION - PULVERIZED LIGNITE -  
BOILER, WET BOTTOM

d.SCC Code Description - filled by DEP upon validation

e.Vapor Pressure in PSI at 25 ° C

52

f.Temperature - typical storage temp. in Farenheit

0

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.SCC Code for standing / breathing loss

d.SCC Code Description - filled by DEP upon validation

e.Vapor Pressure in PSI at 25° C

f.Temperature - typical storage temp. in Farenheit

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



Massachusetts Department of Environmental Protection

*Bureau of Air and Waste - Air Quality*

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

8

DEP EU# (old Point#)

1190564

Facility AQ identifier

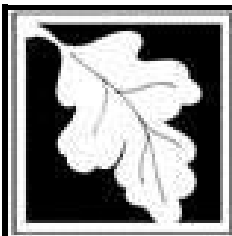
## B. Notes and attachment

1. Notes : please include in the space below any additional information that will help DEP understand your submission (5000 character max).

DID NOT USE IN 2020.

## 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.

**Massachusetts Department of Environmental Protection****Bureau of Air and Waste - Air Quality**

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

68

DEP EU# (old Point#)

1190564

Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank.

**A. Equipment Description**

## 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 A7 - 9,500 GAL.

## a. Facility's choice of emission unit name - edit as needed

12

## b. Facility's emission unit number / code - edit as needed

68

## c. DEP emissions unit # - SSEIS point #

## d. Combined units - enter number of individual units

## 3. Emission unit installation and decommission dates :

1/1/1986

## a. Installation Date - estimate if unknown (mm/dd/yyyy)

## b. Decommission Date - estimate if unknown (mm/dd/yyyy)

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

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

## 5. Unit Descriptions :

## a. Description

b. Roof  
Type☐ Floating  
Roof☐ Internal  
Roof☒ Fixed  
☐ Other

Specify other

17.25

## c. Height / Length - Feet

12

## d. Diameter- feet

9500

## e. Capacity - gallons

## 6. Construction :

☒ Steel Weld ☐ Other weld ☐ Rivet ☐ FiberGlass ☐ Gunite



Massachusetts Department of Environmental Protection  
Bureau of Air and Waste - Air Quality  
BWP AQ AP-4  
Emission Unit - Organic Material Storage

2020  
Year of Record

68  
DEP EU# (old Point#)

1190564  
Facility AQ identifier

7. Material Stored (at start of year) :

PROCESS UNIT

a.Name of material

872504

b.CAS number if single chemical

50300899

c.SC Code for standing / breathing loss

WASTE DISPOSAL - SOLID WASTE DISPOSAL - INDUSTRIAL - TREATMENT, STORAGE,  
DISPOSAL/TSDF - GENERAL: FUGITIVE EMISSIONS

d.SCC Code Description - filled by DEP upon validation

0.342

e.Vapor Pressure in PSI at 25 ° C

52

f.Temperature - typical storage temp. in Farenheit

52042

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):

PROCESS UNIT

a.Name of material

50300899

b.CAS number if single chemical

c.SCC Code for standing / breathing loss

WASTE DISPOSAL - SOLID WASTE DISPOSAL - INDUSTRIAL - TREATMENT,  
STORAGE, DISPOSAL/TSDF - GENERAL: FUGITIVE EMISSIONS

d.SCC Code Description - filled by DEP upon validation

1.04

e.Vapor Pressure in PSI at 25° C

52

f.Temperature - typical storage temp. in Farenheit

184183

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



Massachusetts Department of Environmental Protection

*Bureau of Air and Waste - Air Quality*

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

68

DEP EU# (old Point#)

1190564

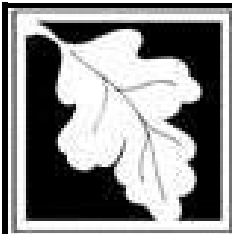
Facility AQ identifier

## B. Notes and attachment

1. Notes : please include in the space below any additional information that will help DEP understand your submission (5000 character max).

## 2. Attachments:

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**Massachusetts Department of Environmental Protection****Bureau of Air and Waste - Air Quality**

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

60

DEP EU# (old Point#)

1190564

Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank.

**A. Equipment Description**

## 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 B7- POLYOLEFIN TANKS WASTEWATER NO VOCS

## a. Facility's choice of emission unit name - edit as needed

60

## b. Facility's emission unit number / code - edit as needed

60

## 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 - estimate if unknown (mm/dd/yyyy)

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

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

## 5. Unit Descriptions :

## a. Description

b. Roof  
Type☐ Floating  
Roof☐ Internal  
Roof☒ Fixed  
☐ Other

Specify other

19.13

## c. Height / Length - Feet

9.25

## d. Diameter- feet

6506

## e. Capacity - gallons

## 6. Construction :

☐ Steel Weld ☒ Other weld ☐ Rivet ☐ FiberGlass ☐ Gunite





**Massachusetts Department of Environmental Protection**

*Bureau of Air and Waste - Air Quality*

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

60

DEP EU# (old Point#)

1190564

Facility AQ identifier

7. Material Stored (at start of year) :

LIQUID WASTE

a. Name of material

10100300

b. CAS number if single chemical

c. SCC Code for standing / breathing loss

EXTERNAL COMBUSTION BOILERS - ELECTRIC GENERATION - PULVERIZED LIGNITE -  
BOILER, WET BOTTOM

d. SCC Code Description - filled by DEP upon validation

52

e. Vapor Pressure in PSI at 25 ° C

f. Temperature - typical storage temp. in Farenheit

0

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. SCC Code for standing / breathing loss

d. SCC Code Description - filled by DEP upon validation

e. Vapor Pressure in PSI at 25° C

f. Temperature - typical storage temp. in Farenheit

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



Massachusetts Department of Environmental Protection

*Bureau of Air and Waste - Air Quality*

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

60

DEP EU# (old Point#)

1190564

Facility AQ identifier

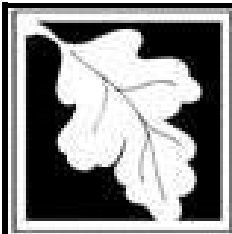
## B. Notes and attachment

1. Notes : please include in the space below any additional information that will help DEP understand your submission (5000 character max).

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

## 2. Attachments:

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**Massachusetts Department of Environmental Protection****Bureau of Air and Waste - Air Quality**

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

57

DEP EU# (old Point#)

1190564

Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank.

**A. Equipment Description**

## 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 NO VOCS

## a. Facility's choice of emission unit name - edit as needed

57

## b. Facility's emission unit number / code - edit as needed

57

## 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 - estimate if unknown (mm/dd/yyyy)

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

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

## 5. Unit Descriptions :

## a. Description

b. Roof  
Type☐ Floating  
Roof☐ Internal  
Roof☒ Fixed  
☐ Other

Specify other

19.25

## c. Height / Length - Feet

9.25

## d. Diameter- feet

6506

## e. Capacity - gallons

## 6. Construction :

☐ Steel Weld ☒ Other weld ☐ Rivet ☐ FiberGlass ☐ Gunite



**Massachusetts Department of Environmental Protection**

*Bureau of Air and Waste - Air Quality*

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

57

DEP EU# (old Point#)

1190564

Facility AQ identifier

7. Material Stored (at start of year) :

LIQUID WASTE

a. Name of material

10100300

b. CAS number if single chemical

c. SCC Code for standing / breathing loss

EXTERNAL COMBUSTION BOILERS - ELECTRIC GENERATION - PULVERIZED LIGNITE -  
BOILER, WET BOTTOM

d. SCC Code Description - filled by DEP upon validation

52

e. Vapor Pressure in PSI at 25 ° C

f. Temperature - typical storage temp. in Farenheit

0

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. SCC Code for standing / breathing loss

d. SCC Code Description - filled by DEP upon validation

e. Vapor Pressure in PSI at 25° C

f. Temperature - typical storage temp. in Farenheit

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



Massachusetts Department of Environmental Protection

*Bureau of Air and Waste - Air Quality*

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

57

DEP EU# (old Point#)

1190564

Facility AQ identifier

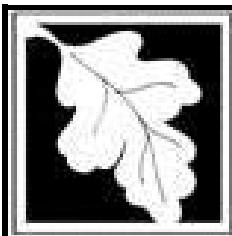
## B. Notes and attachment

1. Notes : please include in the space below any additional information that will help DEP understand your submission (5000 character max).

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

## 2. Attachments:

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**Massachusetts Department of Environmental Protection****Bureau of Air and Waste - Air Quality**

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

54

DEP EU# (old Point#)

1190564

Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank.

**A. Equipment Description**

## 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 B2- POLYOLEFIN TANK WASTEWATER NO VOCS

## a. Facility's choice of emission unit name - edit as needed

54

## b. Facility's emission unit number / code - edit as needed

54

## 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 - estimate if unknown (mm/dd/yyyy)

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

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

## 5. Unit Descriptions :

## a. Description

b. Roof  
Type☐ Floating  
Roof☐ Internal  
Roof☒ Fixed  
☐ Other

Specify other

19.13

## c. Height / Length - Feet

9.25

## d. Diameter- feet

6506

## e. Capacity - gallons

## 6. Construction :

☐ Steel Weld ☒ Other weld ☐ Rivet ☐ FiberGlass ☐ Gunite



**Massachusetts Department of Environmental Protection**

*Bureau of Air and Waste - Air Quality*

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

54

DEP EU# (old Point#)

1190564

Facility AQ identifier

7. Material Stored (at start of year) :

LIQUID WASTE

a. Name of material

10100300

b. CAS number if single chemical

c. SCC Code for standing / breathing loss

EXTERNAL COMBUSTION BOILERS - ELECTRIC GENERATION - PULVERIZED LIGNITE -  
BOILER, WET BOTTOM

d. SCC Code Description - filled by DEP upon validation

52

e. Vapor Pressure in PSI at 25 ° C

f. Temperature - typical storage temp. in Farenheit

0

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. SCC Code for standing / breathing loss

d. SCC Code Description - filled by DEP upon validation

e. Vapor Pressure in PSI at 25° C

f. Temperature - typical storage temp. in Farenheit

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



Massachusetts Department of Environmental Protection

*Bureau of Air and Waste - Air Quality*

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

54

DEP EU# (old Point#)

1190564

Facility AQ identifier

## B. Notes and attachment

1. Notes : please include in the space below any additional information that will help DEP understand your submission (5000 character max).

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

## 2. Attachments:

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**Massachusetts Department of Environmental Protection****Bureau of Air and Waste - Air Quality**

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

53

DEP EU# (old Point#)

1190564

Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank.

**A.Equipment Description**

## 1. Facility identifiers :

CLEAN HARBORS OF BRAINTREE INC

## a.Facility Name

34839

## b.DEF Account Number

1190564

## c.Facility AQ identifier - SSEIS ID number

## 2.Emission unit identifiers :

AG TANK B1- POLYOLEFIN WASTEWATER NO VOCS

## a.Facility's choice of emission unit name - edit as needed

53

## b.Facility's emission unit number / code - edit as needed

53

## c.DEF 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 - estimate if unknown (mm/dd/yyyy)

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

## b.DEF's Emission Unit Number and facility unit name

## 5.Unit Descriptions :

## a.Description

b.Roof  
Type☐ Floating  
Roof☐ Internal  
Roof☒ Fixed  
☐ Other

Specify other

19.13

## c.Height / Length - Feet

9.25

## d. Diameter- feet

6506

## e.Capacity - gallons

## 6.Construction :

☐ Steel Weld ☒ Other weld ☐ Rivet ☐ FiberGlass ☐ Gunite

**Massachusetts Department of Environmental Protection***Bureau of Air and Waste - Air Quality*

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

53

DEP EU# (old Point#)

1190564

Facility AQ identifier

## 7. Material Stored (at start of year) :

LIQUID WASTE

a. Name of material

10100300

b. CAS number if single chemical

c. SCC Code for standing / breathing loss

EXTERNAL COMBUSTION BOILERS - ELECTRIC GENERATION - PULVERIZED LIGNITE -  
BOILER, WET BOTTOM

d. SCC Code Description - filled by DEP upon validation

52

e. Vapor Pressure in PSI at 25 ° C

f. Temperature - typical storage temp. in Farenheit

0

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. SCC Code for standing / breathing loss

d. SCC Code Description - filled by DEP upon validation

e. Vapor Pressure in PSI at 25° C

f. Temperature - typical storage temp. in Farenheit

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



Massachusetts Department of Environmental Protection

*Bureau of Air and Waste - Air Quality*

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

53

DEP EU# (old Point#)

1190564

Facility AQ identifier

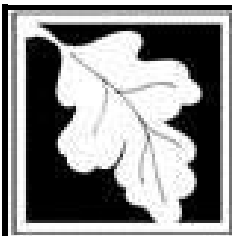
## B. Notes and attachment

1. Notes : please include in the space below any additional information that will help DEP understand your submission (5000 character max).

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

## 2. Attachments:

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**Massachusetts Department of Environmental Protection****Bureau of Air and Waste - Air Quality**

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

52

DEP EU# (old Point#)

1190564

Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank.

**A. Equipment Description**

## 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 A12 (6,300 GAL), NO. 2 FUEL OIL

## a. Facility's choice of emission unit name - edit as needed

52

## b. Facility's emission unit number / code - edit as needed

52

## c. DEP emissions unit # - SSEIS point #

## d. Combined units - enter number of individual units

## 3. Emission unit installation and decommission dates :

1/1/1985

## a. Installation Date - estimate if unknown (mm/dd/yyyy)

## b. Decommission Date - estimate if unknown (mm/dd/yyyy)

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

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

## 5. Unit Descriptions :

## a. Description

b. Roof  
Type☐ Floating  
Roof☐ Internal  
Roof☒ Fixed  
☐ Other

Specify other

20

## c. Height / Length - Feet

6

## d. Diameter- feet

6300

## e. Capacity - gallons

## 6. Construction :

☒ Steel Weld ☐ Other weld ☐ Rivet ☐ FiberGlass ☐ Gunite

**Massachusetts Department of Environmental Protection*****Bureau of Air and Waste - Air Quality***

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

52

DEP EU# (old Point#)

1190564

Facility AQ identifier

## 7. Material Stored (at start of year) :

NO.2

a.Name of material

68476302

b.CAS number if single chemical

40301021

c.SC Code for standing / breathing loss

CHEMICAL EVAPORATION - PETROLEUM PRODUCT STORAGE AT REFINERIES - FIXED  
ROOF TANKS (VARYING SIZES) - DISTILLATE FUEL #2: WORKING LOSS (TANK DIAMETER

d.SCC Code Description - filled by DEP upon validation

0.09

e.Vapor Pressure in PSI at 25 ° C

52

f.Temperature - typical storage temp. in Farenheit

12762

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.SCC Code for standing / breathing loss

d.SCC Code Description - filled by DEP upon validation

e.Vapor Pressure in PSI at 25° C

f.Temperature - typical storage temp. in Farenheit

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



Massachusetts Department of Environmental Protection

*Bureau of Air and Waste - Air Quality*

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

52

DEP EU# (old Point#)

1190564

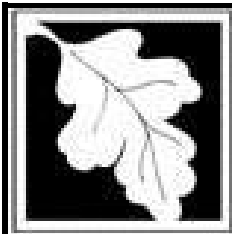
Facility AQ identifier

## B. Notes and attachment

1. Notes : please include in the space below any additional information that will help DEP understand your submission (5000 character max).

## 2. Attachments:

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**Massachusetts Department of Environmental Protection*****Bureau of Air and Waste - Air Quality***

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

51

DEP EU# (old Point#)

1190564

Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank.

**A. Equipment Description**

## 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 A13 (4,000 GAL), DIESEL LOW SULF

## a. Facility's choice of emission unit name - edit as needed

51

## b. Facility's emission unit number / code - edit as needed

51

## c. DEP emissions unit # - SSEIS point #

## d. Combined units - enter number of individual units

## 3. Emission unit installation and decommission dates :

1/1/1985

## a. Installation Date - estimate if unknown (mm/dd/yyyy)

## b. Decommission Date - estimate if unknown (mm/dd/yyyy)

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

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

## 5. Unit Descriptions :

## a. Description

b. Roof  
Type☐ Floating  
Roof☐ Internal  
Roof☒ Fixed  
☐ Other

Specify other

25

## c. Height / Length - Feet

7

## d. Diameter- feet

4000

## e. Capacity - gallons

## 6. Construction :

☒ Steel Weld ☐ Other weld ☐ Rivet ☐ FiberGlass ☐ Gunite

**Massachusetts Department of Environmental Protection***Bureau of Air and Waste - Air Quality*

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

51

DEP EU# (old Point#)

1190564

Facility AQ identifier

## 7. Material Stored (at start of year) :

NO.2

a.Name of material

68334305

b.CAS number if single chemical

10100300

c.SC Code for standing / breathing loss

EXTERNAL COMBUSTION BOILERS - ELECTRIC GENERATION - PULVERIZED LIGNITE -  
BOILER, WET BOTTOM

d.SCC Code Description - filled by DEP upon validation

0.135

e.Vapor Pressure in PSI at 25 ° C

52

f.Temperature - typical storage temp. in Farenheit

121252

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.SCC Code for standing / breathing loss

d.SCC Code Description - filled by DEP upon validation

e.Vapor Pressure in PSI at 25° C

f.Temperature - typical storage temp. in Farenheit

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





Massachusetts Department of Environmental Protection

*Bureau of Air and Waste - Air Quality*

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

51

DEP EU# (old Point#)

1190564

Facility AQ identifier

## B. Notes and attachment

1. Notes : please include in the space below any additional information that will help DEP understand your submission (5000 character max).

## 2. Attachments:

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**Massachusetts Department of Environmental Protection****Bureau of Air and Waste - Air Quality**

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

26

DEP EU# (old Point#)

1190564

Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank.

**A. Equipment Description**

## 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 A25 (1,000 GAL)

## a. Facility's choice of emission unit name - edit as needed

26

## b. Facility's emission unit number / code - edit as needed

26

## c. DEP emissions unit # - SSEIS point #

## d. Combined units - enter number of individual units

## 3. Emission unit installation and decommission dates :

1/1/1987

## a. Installation Date - estimate if unknown (mm/dd/yyyy)

## b. Decommission Date - estimate if unknown (mm/dd/yyyy)

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

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

## 5. Unit Descriptions :

## a. Description

b. Roof  
Type☐ Floating  
Roof☐ Internal  
Roof☒ Fixed  
☐ Other

Specify other

10.5

## c. Height / Length - Feet

4

## d. Diameter- feet

1000

## e. Capacity - gallons

## 6. Construction :

☒ Steel Weld ☐ Other weld ☐ Rivet ☐ FiberGlass ☐ Gunite

**Massachusetts Department of Environmental Protection*****Bureau of Air and Waste - Air Quality***

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

26

DEP EU# (old Point#)

1190564

Facility AQ identifier

## 7. Material Stored (at start of year) :

PROCESS UNIT

a. Name of material

50300899

b. CAS number if single chemical

c. SC Code for standing / breathing loss

WASTE DISPOSAL - SOLID WASTE DISPOSAL - INDUSTRIAL - TREATMENT, STORAGE,  
DISPOSAL/TSDF - GENERAL: FUGITIVE EMISSIONS

d. SCC Code Description - filled by DEP upon validation

52

e. Vapor Pressure in PSI at 25 ° C

f. Temperature - typical storage temp. in Farenheit

0

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. SCC Code for standing / breathing loss

d. SCC Code Description - filled by DEP upon validation

e. Vapor Pressure in PSI at 25° C

f. Temperature - typical storage temp. in Farenheit

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



Massachusetts Department of Environmental Protection

*Bureau of Air and Waste - Air Quality*

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

26

DEP EU# (old Point#)

1190564

Facility AQ identifier

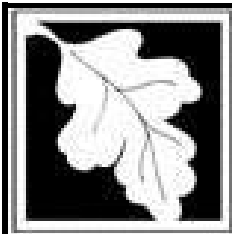
## B. Notes and attachment

1. Notes : please include in the space below any additional information that will help DEP understand your submission (5000 character max).

THIS TANK WAS NOT USED IN CALENDAR YEAR 2020

## 2. Attachments:

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**Massachusetts Department of Environmental Protection****Bureau of Air and Waste - Air Quality**

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

25

DEP EU# (old Point#)

1190564

Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank.

**A. Equipment Description**

## 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 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

25

## c. DEP emissions unit # - SSEIS point #

## 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 - estimate if unknown (mm/dd/yyyy)

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

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

## 5. Unit Descriptions :

## a. Description

b. Roof  
Type☐ Floating  
Roof☐ Internal  
Roof☒ Fixed  
☐ Other

Specify other

10.5

## c. Height / Length - Feet

7

## d. Diameter- feet

2400

## e. Capacity - gallons

## 6. Construction :

☒ Steel Weld ☐ Other weld ☐ Rivet ☐ FiberGlass ☐ Gunite

**Massachusetts Department of Environmental Protection*****Bureau of Air and Waste - Air Quality***

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

25

DEP EU# (old Point#)

1190564

Facility AQ identifier

## 7. Material Stored (at start of year) :

PROCESS UNIT

a. Name of material

50300899

b. CAS number if single chemical

c. SC Code for standing / breathing loss

WASTE DISPOSAL - SOLID WASTE DISPOSAL - INDUSTRIAL - TREATMENT, STORAGE,  
DISPOSAL/TSDF - GENERAL: FUGITIVE EMISSIONS

d. SCC Code Description - filled by DEP upon validation

52

e. Vapor Pressure in PSI at 25 ° C

f. Temperature - typical storage temp. in Farenheit

0

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. SCC Code for standing / breathing loss

d. SCC Code Description - filled by DEP upon validation

e. Vapor Pressure in PSI at 25° C

f. Temperature - typical storage temp. in Farenheit

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



Massachusetts Department of Environmental Protection

*Bureau of Air and Waste - Air Quality*

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

25

DEP EU# (old Point#)

1190564

Facility AQ identifier

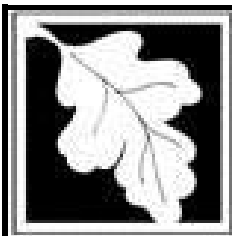
## B. Notes and attachment

1. Notes : please include in the space below any additional information that will help DEP understand your submission (5000 character max).

TANK NOT USED IN YEAR 2020

## 2. Attachments:

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BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

24

DEP EU# (old Point#)

1190564

Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank.

**A. Equipment Description**

## 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 A23 (2,400 GAL)

## a. Facility's choice of emission unit name - edit as needed

24

## b. Facility's emission unit number / code - edit as needed

24

## c. DEP emissions unit # - SSEIS point #

## 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 - estimate if unknown (mm/dd/yyyy)

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

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

## 5. Unit Descriptions :

## a. Description

b. Roof  
Type☐ Floating  
Roof☐ Internal  
Roof☒ Fixed  
☐ Other

Specify other

10.5

## c. Height / Length - Feet

7

## d. Diameter- feet

2400

## e. Capacity - gallons

## 6. Construction :

☒ Steel Weld ☐ Other weld ☐ Rivet ☐ FiberGlass ☐ Gunite





**Massachusetts Department of Environmental Protection**  
*Bureau of Air and Waste - Air Quality*  
BWP AQ AP-4  
Emission Unit - Organic Material Storage

2020  
Year of Record

24  
DEP EU# (old Point#)

1190564  
Facility AQ identifier

7. Material Stored (at start of year) :

PROCESS UNIT

a. Name of material

50300899

b. CAS number if single chemical

c. SCC Code for standing / breathing loss

WASTE DISPOSAL - SOLID WASTE DISPOSAL - INDUSTRIAL - TREATMENT, STORAGE,  
DISPOSAL/TSDF - GENERAL: FUGITIVE EMISSIONS

d. SCC Code Description - filled by DEP upon validation

0.03

e. Vapor Pressure in PSI at 25 ° C

52

f. Temperature - typical storage temp. in Farenheit

0

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. SCC Code for standing / breathing loss

d. SCC Code Description - filled by DEP upon validation

e. Vapor Pressure in PSI at 25° C

f. Temperature - typical storage temp. in Farenheit

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



Massachusetts Department of Environmental Protection

*Bureau of Air and Waste - Air Quality*

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

24

DEP EU# (old Point#)

1190564

Facility AQ identifier

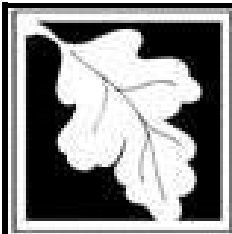
## B. Notes and attachment

1. Notes : please include in the space below any additional information that will help DEP understand your submission (5000 character max).

TANK NOT USED IN 2020

## 2. Attachments:

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BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

23

DEP EU# (old Point#)

1190564

Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank.

**A.Equipment Description**

## 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 A22 (2,400 GAL)

## a.Facility's choice of emission unit name - edit as needed

23

## b.Facility's emission unit number / code - edit as needed

23

## c.DEP emissions unit # - SSEIS point #

## 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 - estimate if unknown (mm/dd/yyyy)

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

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

## 5.Unit Descriptions :

## a.Description

b.Roof  
Type☐ Floating  
Roof☐ Internal  
Roof☒ Fixed  
☐ Other

Specify other

10.5

## c.Height / Length - Feet

7

## d. Diameter- feet

2400

## e.Capacity - gallons

## 6.Construction :

☒ Steel Weld ☐ Other weld ☐ Rivet ☐ FiberGlass ☐ Gunite

**Massachusetts Department of Environmental Protection*****Bureau of Air and Waste - Air Quality***

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

23

DEP EU# (old Point#)

1190564

Facility AQ identifier

## 7. Material Stored (at start of year) :

PROCESS UNIT

a. Name of material

50300899

b. CAS number if single chemical

c. SC Code for standing / breathing loss

WASTE DISPOSAL - SOLID WASTE DISPOSAL - INDUSTRIAL - TREATMENT, STORAGE,  
DISPOSAL/TSDF - GENERAL: FUGITIVE EMISSIONS

d. SCC Code Description - filled by DEP upon validation

52

e. Vapor Pressure in PSI at 25 ° C

f. Temperature - typical storage temp. in Farenheit

0

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. SCC Code for standing / breathing loss

d. SCC Code Description - filled by DEP upon validation

e. Vapor Pressure in PSI at 25° C

f. Temperature - typical storage temp. in Farenheit

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



Massachusetts Department of Environmental Protection

*Bureau of Air and Waste - Air Quality*

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

23

DEP EU# (old Point#)

1190564

Facility AQ identifier

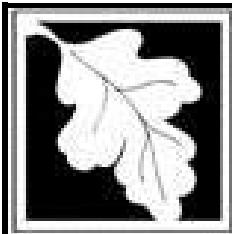
## B. Notes and attachment

1. Notes : please include in the space below any additional information that will help DEP understand your submission (5000 character max).

TANK WAS NOT USED IN YEAR 2020.

## 2. Attachments:

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**Massachusetts Department of Environmental Protection*****Bureau of Air and Waste - Air Quality***

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

18

DEP EU# (old Point#)

1190564

Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank.

**A. Equipment Description**

## 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 A17B - 750 GAL

## a. Facility's choice of emission unit name - edit as needed

18

## b. Facility's emission unit number / code - edit as needed

18

## c. DEP emissions unit # - SSEIS point #

## 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 - estimate if unknown (mm/dd/yyyy)

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

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

## 5. Unit Descriptions :

## a. Description

b. Roof  
Type☐ Floating  
Roof☐ Internal  
Roof☒ Fixed  
☐ Other

Specify other

6.5

## c. Height / Length - Feet

4.83

## d. Diameter- feet

700

## e. Capacity - gallons

## 6. Construction :

☒ Steel Weld ☐ Other weld ☐ Rivet ☐ FiberGlass ☐ Gunite

**Massachusetts Department of Environmental Protection***Bureau of Air and Waste - Air Quality*

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

18

DEP EU# (old Point#)

1190564

Facility AQ identifier

## 7. Material Stored (at start of year) :

CARBON BLACK

a. Name of material

b. CAS number if single chemical

10100300

c. SC Code for standing / breathing loss

EXTERNAL COMBUSTION BOILERS - ELECTRIC GENERATION - PULVERIZED LIGNITE -  
BOILER, WET BOTTOM

d. SCC Code Description - filled by DEP upon validation

e. Vapor Pressure in PSI at 25 ° C

52

f. Temperature - typical storage temp. in Farenheit

0

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. SCC Code for standing / breathing loss

d. SCC Code Description - filled by DEP upon validation

e. Vapor Pressure in PSI at 25° C

f. Temperature - typical storage temp. in Farenheit

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



Massachusetts Department of Environmental Protection

*Bureau of Air and Waste - Air Quality*

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

18

DEP EU# (old Point#)

1190564

Facility AQ identifier

## B. Notes and attachment

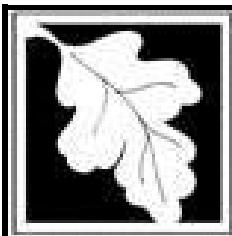
1. Notes : please include in the space below any additional information that will help DEP understand your submission (5000 character max).

THIS TANK WAS NOT USED IN CALENDAR YEAR 2020

## 2. Attachments:

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BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

14

DEP EU# (old Point#)

1190564

Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank.

**A.Equipment Description**

## 1. Facility identifiers :

CLEAN HARBORS OF BRAINTREE INC

## a.Facility Name

34839

## b.DEF Account Number

1190564

## 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

## b.Facility's emission unit number / code - edit as needed

14

## c.DEF 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 - estimate if unknown (mm/dd/yyyy)

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

## b.DEF's Emission Unit Number and facility unit name

## 5.Unit Descriptions :

## a.Description

b.Roof  
Type☐ Floating  
Roof☐ Internal  
Roof☒ Fixed  
☐ Other

Specify other

11.5

## c.Height / Length - Feet

11.2

## d. Diameter- feet

10000

## e.Capacity - gallons

## 6.Construction :

☒ Steel Weld ☐ Other weld ☐ Rivet ☐ FiberGlass ☐ Gunite

**Massachusetts Department of Environmental Protection***Bureau of Air and Waste - Air Quality*

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

14

DEP EU# (old Point#)

1190564

Facility AQ identifier

## 7. Material Stored (at start of year) :

PROCESS UNIT

a. Name of material

50300899

b. CAS number if single chemical

c. SC Code for standing / breathing loss

WASTE DISPOSAL - SOLID WASTE DISPOSAL - INDUSTRIAL - TREATMENT, STORAGE,  
DISPOSAL/TSDF - GENERAL: FUGITIVE EMISSIONS

d. SCC Code Description - filled by DEP upon validation

1.04

e. Vapor Pressure in PSI at 25 ° C

52

f. Temperature - typical storage temp. in Farenheit

516563

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):

CARBON BLACK

a. Name of material

b. CAS number if single chemical

10100300

c. SCC Code for standing / breathing loss

EXTERNAL COMBUSTION BOILERS - ELECTRIC GENERATION - PULVERIZED  
LIGNITE - BOILER, WET BOTTOM

d. SCC Code Description - filled by DEP upon validation

1.04

e. Vapor Pressure in PSI at 25° C

f. Temperature - typical storage temp. in Farenheit

448196

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



Massachusetts Department of Environmental Protection

*Bureau of Air and Waste - Air Quality*

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

14

DEP EU# (old Point#)

1190564

Facility AQ identifier

## B. Notes and attachment

1. Notes : please include in the space below any additional information that will help DEP understand your submission (5000 character max).

## 2. Attachments:

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**Massachusetts Department of Environmental Protection****Bureau of Air and Waste - Air Quality**

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

13

DEP EU# (old Point#)

1190564

Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank.

**A. Equipment Description**

## 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 A8 - 10,000 GAL TANK

## a. Facility's choice of emission unit name - edit as needed

13

## b. Facility's emission unit number / code - edit as needed

13

## 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 - estimate if unknown (mm/dd/yyyy)

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

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

## 5. Unit Descriptions :

## a. Description

b. Roof  
Type☐ Floating  
Roof☐ Internal  
Roof☒ Fixed  
☐ Other

Specify other

18.5

## c. Height / Length - Feet

11.2

## d. Diameter- feet

10000

## e. Capacity - gallons

## 6. Construction :

☒ Steel Weld ☐ Other weld ☐ Rivet ☐ FiberGlass ☐ Gunite



**Massachusetts Department of Environmental Protection**  
*Bureau of Air and Waste - Air Quality*  
BWP AQ AP-4  
Emission Unit - Organic Material Storage

2020  
Year of Record

13  
DEP EU# (old Point#)

1190564  
Facility AQ identifier

7. Material Stored (at start of year) :

PROCESS UNIT

a. Name of material

50300899

b. CAS number if single chemical

c. SCC Code for standing / breathing loss

WASTE DISPOSAL - SOLID WASTE DISPOSAL - INDUSTRIAL - TREATMENT, STORAGE,  
DISPOSAL/TSDF - GENERAL: FUGITIVE EMISSIONS

d. SCC Code Description - filled by DEP upon validation

0.39

e. Vapor Pressure in PSI at 25 ° C

52

f. Temperature - typical storage temp. in Farenheit

313303

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. SCC Code for standing / breathing loss

d. SCC Code Description - filled by DEP upon validation

e. Vapor Pressure in PSI at 25° C

f. Temperature - typical storage temp. in Farenheit

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



Massachusetts Department of Environmental Protection

*Bureau of Air and Waste - Air Quality*

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

13

DEP EU# (old Point#)

1190564

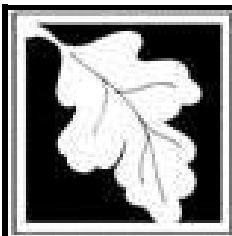
Facility AQ identifier

## B. Notes and attachment

1. Notes : please include in the space below any additional information that will help DEP understand your submission (5000 character max).

## 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.

**Massachusetts Department of Environmental Protection****Bureau of Air and Waste - Air Quality**

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

11

DEP EU# (old Point#)

1190564

Facility AQ identifier

Complete one AP-4 for EACH organic material storage tank.

**A.Equipment Description**

## 1. Facility identifiers :

CLEAN HARBORS OF BRAINTREE INC

## a.Facility Name

34839

## b.DEF Account Number

1190564

## c.Facility AQ identifier - SSEIS ID number

## 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

11

## c.DEF 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 - estimate if unknown (mm/dd/yyyy)

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

## b.DEF's Emission Unit Number and facility unit name

## 5.Unit Descriptions :

## a.Description

b.Roof  
Type☐ Floating  
Roof☐ Internal  
Roof☒ Fixed  
☐ Other

Specify other

17.25

## c.Height / Length - Feet

12

## d. Diameter- feet

9500

## e.Capacity - gallons

## 6.Construction :

☒ Steel Weld ☐ Other weld ☐ Rivet ☐ FiberGlass ☐ Gunite

**Massachusetts Department of Environmental Protection*****Bureau of Air and Waste - Air Quality***

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

11

DEP EU# (old Point#)

1190564

Facility AQ identifier

## 7. Material Stored (at start of year) :

PROCESS UNIT

a. Name of material

50300899

b. CAS number if single chemical

c. SC Code for standing / breathing loss

WASTE DISPOSAL - SOLID WASTE DISPOSAL - INDUSTRIAL - TREATMENT, STORAGE,  
DISPOSAL/TSDF - GENERAL: FUGITIVE EMISSIONS

d. SCC Code Description - filled by DEP upon validation

0.03

e. Vapor Pressure in PSI at 25 ° C

52

f. Temperature - typical storage temp. in Farenheit

285711

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):

PROCESS UNIT

a. Name of material

50300899

b. CAS number if single chemical

c. SCC Code for standing / breathing loss

WASTE DISPOSAL - SOLID WASTE DISPOSAL - INDUSTRIAL - TREATMENT,  
STORAGE, DISPOSAL/TSDF - GENERAL: FUGITIVE EMISSIONS

d. SCC Code Description - filled by DEP upon validation

0.03

e. Vapor Pressure in PSI at 25° C

52

f. Temperature - typical storage temp. in Farenheit

0

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





Massachusetts Department of Environmental Protection

*Bureau of Air and Waste - Air Quality*

BWP AQ AP-4

Emission Unit - Organic Material Storage

2020

Year of Record

11

DEP EU# (old Point#)

1190564

Facility AQ identifier

## B. Notes and attachment

1. Notes : please include in the space below any additional information that will help DEP understand your submission (5000 character max).

## 2. Attachments:

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Massachusetts Department of Environmental Protection  
*Bureau of Air and Waste - Air Quality*  
**BWP AQ AP-STACK**  
Physical Vertical Stacks

2020  
Year of Record  
1  
DEP Stack #  
1190564  
Facility AQ identifier

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

## A. Stack Description:

1. Facility identifiers:

CLEAN HARBORS OF BRAINTREE INC

a. Facility Name

34839

b. DEP Account number

1190564

c. AQ identifier

2. Stack identifiers:

STACK #1- INCINERATOR #1-VENT-O-MATIC

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

1

b. Facility's stack number - edit as needed

1

c. DEP stack #

3. Type: a. ☒ vertical ☐ vertical with rain cap/sleeve b. Combined stacks-enter number of individual stacks:

4. Dimensions:

185

Height in feet above the ground (1 - 1300)

1.2

Internal Diameter in feet (0.01 - 300)

5. Gas Exit Velocity:

21

Low end - feet per second (0.06 - 1000)

21

High end - feet per second (0.06 - 1000)

6. Exit Temperature:

240

Low end - Fahrenheit (50 - 4000)

240

High end - Fahrenheit (50 - 4000)

7. Stack Liner

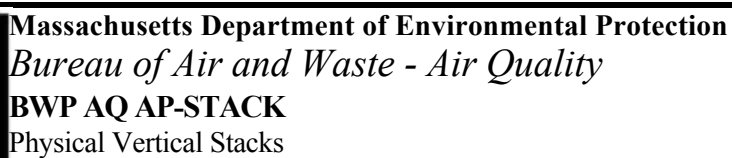
☒ Metal ☐ Brick Refractory ☐ OTHER

Material:

Describe Other

8. Decommission Date - if applicable:

(mm/dd/yyyy) Complete only if the stack was permanently removed



2020
Year of Record
1
DEP Stack #
1190564
Facility AQ identifier

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.**

[illegible]



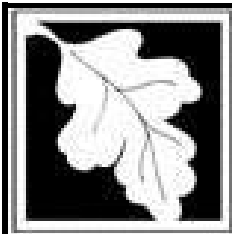
## C. Notes and Attachments

1. **Notes:** please include any additional information that will help DEP understand your submission(5000 character max).

INCINERATOR #1-VENT-O-MATIC WAS NOT OPERATED IN 2020.  
ON APRIL 3,1998 CHBI DISCONNECTED THE FUEL SUPPLY AND ELECTRICITY LINES THAT  
SUPPLIED THE INCINERATOR, AND WELDED THE INCINERATOR CHARGIND DOOR SHUT.

### 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.



Massachusetts Department of Environmental Protection  
*Bureau of Air and Waste - Air Quality*  
**BWP AQ AP-STACK**  
Physical Vertical Stacks

2020  
Year of Record  
10  
DEP Stack #  
1190564  
Facility AQ identifier

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

## A. Stack Description:

1. Facility identifiers:

CLEAN HARBORS OF BRAINTREE INC

a. Facility Name

34839

b. DEP Account number

1190564

c. AQ identifier

2. Stack identifiers:

CUT OFF ROOM

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

10

b. Facility's stack number - edit as needed

10

c. DEP stack #

3. Type: a. ☒ vertical ☐ vertical with rain cap/sleeve b. Combined stacks-enter number of individual stacks:

4. Dimensions:

18

Height in feet above the ground (1 - 1300)

1

Internal Diameter in feet (0.01 - 300)

5. Gas Exit Velocity:

15

Low end - feet per second (0.06 - 1000)

15

High end - feet per second (0.06 - 1000)

6. Exit Temperature:

70

Low end - Fahrenheit (50 - 4000)

70

High end - Fahrenheit (50 - 4000)

7. Stack Liner

☒ Metal ☐ Brick Refractory ☐ OTHER

Material:

Describe Other

8. Decommission Date - if applicable:

(mm/dd/yyyy) Complete only if the stack was permanently removed



2020	Year of Record
10	DEP Stack #
1190564	Facility AQ identifier

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.**

[illegible]



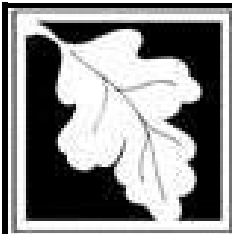
## C. Notes and Attachments

1. **Notes:** please include any additional information that will help DEP understand your submission(5000 character max).

THIS ROOM IS USED TO PUMP WASTE FLAMMABLE LIQUIDS AND OTHER HAZARDOUS WASTE LIQUID DRUMS.

### 2. **Attachments:**

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Massachusetts Department of Environmental Protection  
*Bureau of Air and Waste - Air Quality*  
**BWP AQ AP-STACK**  
Physical Vertical Stacks

2020  
Year of Record  
2  
DEP Stack #  
1190564  
Facility AQ identifier

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

## A. Stack Description:

1. Facility identifiers:

CLEAN HARBORS OF BRAINTREE INC

a. Facility Name

34839

b. DEP Account number

1190564

c. AQ identifier

2. Stack identifiers:

STACK #2- COLUMBIA BOILER, NO. 2 FUEL OIL

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

2

b. Facility's stack number - edit as needed

2

c. DEP stack #

3. Type: a. ☒ vertical ☐ vertical with rain cap/sleeve b. Combined stacks-enter number of individual stacks:

4. Dimensions:

35

Height in feet above the ground (1 - 1300)

1

Internal Diameter in feet (0.01 - 300)

5. Gas Exit Velocity:

50

Low end - feet per second (0.06 - 1000)

50

High end - feet per second (0.06 - 1000)

6. Exit Temperature:

212

Low end - Fahrenheit (50 - 4000)

212

High end - Fahrenheit (50 - 4000)

7. Stack Liner

☒ Metal ☐ Brick Refractory ☐ OTHER

Material:

Describe Other

8. Decommission Date - if applicable:

(mm/dd/yyyy) Complete only if the stack was permanently removed





2020	Year of Record
2	DEP Stack #
1190564	Facility AQ identifier

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.**

[illegible]



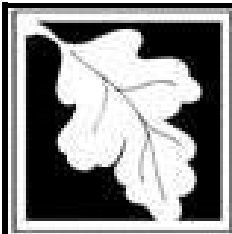
## C. Notes and Attachments

1. **Notes:** please include any additional information that will help DEP understand your submission(5000 character max).

THE HURST BOILER WAS REPLACED BY THE COLUMBIA BOILER IN 2018.

### 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.



Massachusetts Department of Environmental Protection  
*Bureau of Air and Waste - Air Quality*  
**BWP AQ AP-STACK**  
Physical Vertical Stacks

2020  
Year of Record  
3  
DEP Stack #  
1190564  
Facility AQ identifier

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

## A. Stack Description:

1. Facility identifiers:

CLEAN HARBORS OF BRAINTREE INC

a. Facility Name

34839

b. DEP Account number

1190564

c. AQ identifier

2. Stack identifiers:

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

3

c. DEP stack #

3. Type: a. ☒ vertical ☐ vertical with rain cap/sleeve b. Combined stacks-enter number of individual stacks:

4. Dimensions:

35

Height in feet above the ground (1 - 1300)

1

Internal Diameter in feet (0.01 - 300)

5. Gas Exit Velocity:

47

Low end - feet per second (0.06 - 1000)

47

High end - feet per second (0.06 - 1000)

6. Exit Temperature:

450

Low end - Fahrenheit (50 - 4000)

450

High end - Fahrenheit (50 - 4000)

7. Stack Liner

☒ Metal ☐ Brick Refractory ☐ OTHER

Material:

Describe Other

8. Decommission Date - if applicable:

(mm/dd/yyyy) Complete only if the stack was permanently removed



2020	Year of Record
3	DEP Stack #
1190564	Facility AQ identifier

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.**

[illegible]



Massachusetts Department of Environmental Protection

*Bureau of Air and Waste - Air Quality*

**BWP AQ AP-STACK**

Physical Vertical Stacks

2020

Year of Record

3

DEP Stack #

1190564

Facility AQ identifier

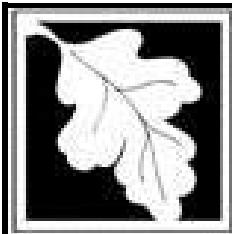
## C. Notes and Attachments

1. **Notes:** please include any additional information that will help DEP understand your submission(5000 character max).

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:**

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Massachusetts Department of Environmental Protection  
*Bureau of Air and Waste - Air Quality*  
**BWP AQ AP-STACK**  
Physical Vertical Stacks

2020  
Year of Record  
5  
DEP Stack #  
1190564  
Facility AQ identifier

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

## A. Stack Description:

1. Facility identifiers:

CLEAN HARBORS OF BRAINTREE INC

a. Facility Name

34839

b. DEP Account number

1190564

c. AQ identifier

2. Stack identifiers:

2 DRUM CRUSHING LINES

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

5

b. Facility's stack number - edit as needed

5

c. DEP stack #

3. Type: a. ☒ vertical ☐ vertical with rain cap/sleeve b. Combined stacks-enter number of individual stacks:

4. Dimensions:

54

Height in feet above the ground (1 - 1300)

1.3

Internal Diameter in feet (0.01 - 300)

5. Gas Exit Velocity:

54

Low end - feet per second (0.06 - 1000)

54

High end - feet per second (0.06 - 1000)

6. Exit Temperature:

60

Low end - Fahrenheit (50 - 4000)

60

High end - Fahrenheit (50 - 4000)

7. Stack Liner

☒ Metal ☐ Brick Refractory ☐ OTHER

Material:

Describe Other

8. Decommission Date - if applicable:

(mm/dd/yyyy) Complete only if the stack was permanently removed



2020	Year of Record
5	DEP Stack #
1190564	Facility AQ identifier

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.**

[illegible]



Massachusetts Department of Environmental Protection

*Bureau of Air and Waste - Air Quality*

**BWP AQ AP-STACK**

Physical Vertical Stacks

2020

Year of Record

5

DEP Stack #

1190564

Facility AQ identifier

## C. Notes and Attachments

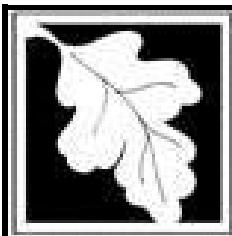
1. **Notes:** please include any additional information that will help DEP understand your submission(5000 character max).

NO DRUMS CRUSHED IN 2019

### 2. **Attachments:**

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Massachusetts Department of Environmental Protection  
*Bureau of Air and Waste - Air Quality*  
**BWP AQ AP-STACK**  
Physical Vertical Stacks

2020  
Year of Record  
7  
DEP Stack #  
1190564  
Facility AQ identifier

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

## A. Stack Description:

1. Facility identifiers:

CLEAN HARBORS OF BRAINTREE INC

a. Facility Name

34839

b. DEP Account number

1190564

c. AQ identifier

2. Stack identifiers:

1 STACK GENERATOR (2)- CUMMINS AND CATERPILLAR

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

7

b. Facility's stack number - edit as needed

7

c. DEP stack #

3. Type: a. ☒ vertical ☐ vertical with rain cap/sleeve b. Combined stacks-enter number of individual stacks:

4. Dimensions:

12

Height in feet above the ground (1 - 1300)

0.8

Internal Diameter in feet (0.01 - 300)

5. Gas Exit Velocity:

32

Low end - feet per second (0.06 - 1000)

32

High end - feet per second (0.06 - 1000)

6. Exit Temperature:

1150

Low end - Fahrenheit (50 - 4000)

1150

High end - Fahrenheit (50 - 4000)

7. Stack Liner

☒ Metal ☐ Brick Refractory ☐ OTHER

Material:

Describe Other

8. Decommission Date - if applicable:

(mm/dd/yyyy) Complete only if the stack was permanently removed



2020	Year of Record
7	DEP Stack #
1190564	Facility AQ identifier

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.**

[illegible]



Massachusetts Department of Environmental Protection  
*Bureau of Air and Waste - Air Quality*  
**BWP AQ AP-STACK**  
Physical Vertical Stacks

2020  
Year of Record  
7  
DEP Stack #  
1190564  
Facility AQ identifier

## C. Notes and Attachments

1. **Notes:** please include any additional information that will help DEP understand your submission(5000 character max).

2. **Attachments:**

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