

# Toxics Use Reduction Act / TURA Online Filing Reports due on or before July 1



Making Massachusetts a Safer Place to Live and Work



# MassDEP Contacts

- Email questions to [Walter.Hope@mass.gov](mailto:Walter.Hope@mass.gov)
- **eDEP System Help (& username)**
  - Help Desk 617-626-1111
  - Passwords & Usernames?
    - **ONLY YOU** have access to Passwords
- **TURA Online Filing:**
  - Walter Hope 857-972-5623
  - **TURA policy related questions**
  - Lynn Cain

# Contacts

## ◉ Office of Technical Assistance and Technology (OTA)

- Confidential On-Site Technical Assistance
- 617-626-1080 or <http://www.mass.gov/envir/ota/>



## ◉ Toxics Use Reduction Institute (TURI)

- Research and Training
- 978-934-3275 or <http://www.turi.org/>



## ◉ U.S. Environmental Protection Agency (EPA)

- <http://www.epa.gov/tri/>
- **EPA Hotline has been discontinued, email queries only**
- CDX Helpdesk 888-890-1995 [mechanics, authorizations]
- TRI Data Processing Center 703-227-4199 [tridpc@epacdx.net](mailto:tridpc@epacdx.net)
- Questions [reporting questions, thresholds, chemicals, etc]  
[https://ofmpub.epa.gov/apex/guideme\\_ext/f?p=104:1](https://ofmpub.epa.gov/apex/guideme_ext/f?p=104:1)



## Basic Orientation

- What information to have available
- Overview of the Form Structure
- Overview of the System Navigation
- ❖ Forms for TUR Planning Years (even # years only)
- TUR/EMS/RC Planner Certification



## Have the following materials on hand before you begin your online filing:

- Online Filing Tips
- Previous year's filing with changes noted
- Form S Instructions and Appendices
- Form R instructions
- Payment Info


# *The process is linear*

**Steps in  
the Online  
TURA  
Reporting  
Process  
Each step  
is a  
separate  
screen**

- 1) Log In and Access TURA Reporting Forms
  - a) Access DEP web page click on eDEP Online Filing
  - b) Login Get User Name & Password
  - c) Click on <Forms> then <Toxics and Hazards> then Toxics Use Reduction Act (TURA) **Reporting**
- 2) Pre-form START
- 3) Form S Cover Sheet (Sections 1-2: General Information and FTEs)
- 4) Form S Cover Sheet (Section 3: Chemicals no longer reported)
- 5) Form S Cover Sheet (Section 4/Production Unit Information)

# *The process is linear*

**Steps in  
the Online  
TURA  
Reporting  
Process  
Each step  
is a  
separate  
screen**

- 
- 6) Form S (Facility-wide use of chemicals, Sections 1-3: chemical use amounts, materials accounting and waste treatment chemicals)**
  - 7) Form S (Production Unit Use of Chemicals, Section 4 :production unit chemical use**
  - 8) Form S Section 4:(notes)**
  - 9) State ONLY Form R/A (Sections 1,4,5,6,7,8)**
  - 10)Plan Summary Submittal Selection**
  - 11)EMS/RC/TUR, TUR/RC Update**

# *The process is linear*

**Steps in  
the Online  
TURA  
Reporting  
Process  
Each step  
is a  
separate  
screen**



**12) TUR/RC/EMS Plan Certification by  
Facility Manager**

**13) Fee Worksheet**

**14) Screen – Signatures by Facility  
Manager**

**15) Payment Screens**

**1) DEP will mail an Invoice, payment  
is due in 30 days.**

**16) Receipt**

**17) Submittal**

**18) Printing**



**19) Certification by DEP Certified  
Planner**

# *The process is linear*

**Steps in  
the Online  
TURA  
Reporting  
Process  
Each step  
is a  
separate  
screen**



**19) Certification by DEP Certified Planner**



**20) Toxics Use Reduction Act (TURA) Planner Certification**



**21) For DEP Certified Planners ONLY – enter in appropriate facility identifiers**



**22) Select Plan (TURA, EMS, or RC) that you are certifying & enter name, email, TUR Planner ID#**



**23) Sign, email notification to the facility manager for verification. Plan is NOT certified until this step is completed.**



**24) SUBMIT the certification**

Document your  
calculations &  
source material

The system is  
**FORWARD** Built,  
or **NOT** built for  
going  
'backwards'



If a you input information that was not required (enters in 4 chemicals, but only intended to enter 3, deleting chemicals will create "orphans" in the coding behind the scenes.) This will cause issues and ***may corrupt*** the file/submission. There is no easy way to correct this on the database 'end'.

**Solution:** be sure to enter in **ONLY** chemicals that **MUST** be entered.

... Deleting, or changing a form that is connected to another can affect the entire submittal.

Warning: JavaScript Window -



You have asked to validate data that was validated previously. If this form contains any related forms (i.e., any child forms), those forms will be invalidated or marked for deletion.

- \* If a form is invalidated, you must go back and re-validate it, making any necessary changes to the data.
- \* If a form is marked for deletion, you no longer need the form to complete your submittal. eDEP retains it, however, until such time as you do complete the submittal. If you later change your data in such a way that you again need a form that has been marked for deletion, the form will be re-activated with your previous data.

This process ensures the integrity of the data that you are submitting to DEP.

Do you want to validate this form?

Yes

No



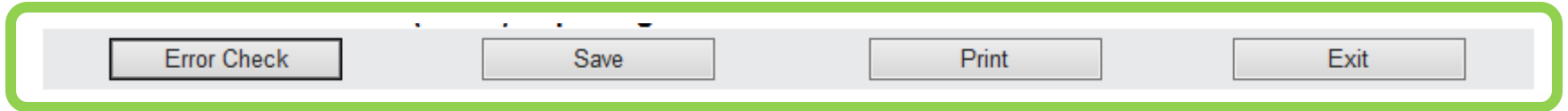
# Navigating the TURA/eDEP

1. The eDEP/TURA system works on any browser
2. The eDEP/TURA system uses a Combination of screens and “blocks” to build your submittal

# Screens and Blocks

- The TURA report is divided into **screens**: each of the steps listed previously is its own screen
- **Screens** have required data elements. Some data elements will be arranged in **blocks**. This is to accommodate companies that need to provide the data on more than one chemical, production unit, treatment process, etc.
  - The first block is always provided. Select “edit” to enter the information, and “update” to save it
  - To add an additional block click the <add> button
  - Blocks may have sub blocks
- When all of the required data for the screen (and all blocks) has been entered, click on “error check and next” to save the data and move to the next screen.
- The next form/screen will be offered once you have corrected all errors

# Navigation Buttons Used in eDEP



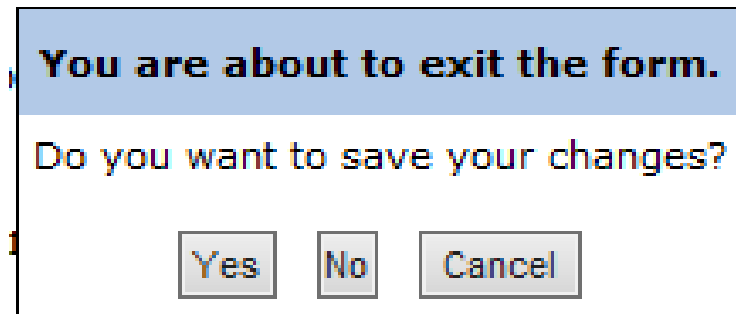
**Error Check:** Checks for missing data entry for the entire screen / family of forms

**Save:** Saves entries to the page you are viewing.

**Print:** Prints only the page that you are viewing.

**Exit:** Exits the screen you are on without affecting any prior input – does NOT save any data that has been added/changed.

# Navigation Buttons Used in eDEP

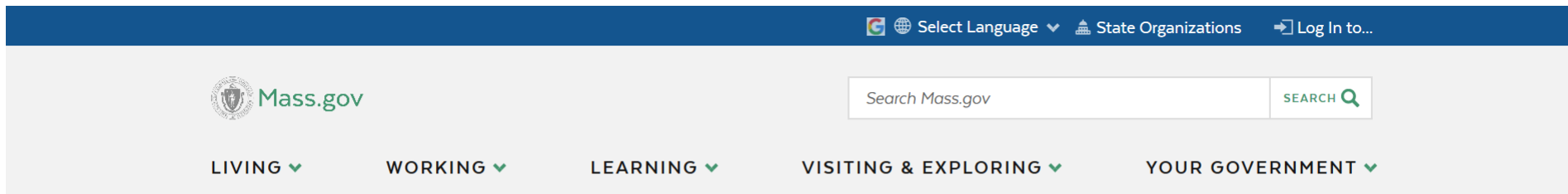


**Yes** will save changes and will affect the relationships to all other screens that follow

**No** will NOT save any changes

**Cancel** will Exit the form and NOT save any changes

<https://www.mass.gov/edep-online-filing>



## Toxics Use Reduction (TUR) Online Reporting

Any company that exceeds specific listed chemical thresholds, has at least ten full-time employees, and has a specific industrial code needs to file a TUR Report annually.

 Must be submitted by the July 1 following the calendar year covered by the report.

[eDEP Online Filing →](#)

[TELL US WHAT YOU THINK](#)

# <https://www.mass.gov/edep-online-filing>



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## eDEP Online Filing

MassDEP's secure site for submitting environmental permits, transmittals, certifications, and reports.

From eDEP you can fill out forms online, save your work and return to it later. You can submit your forms and payments to MassDEP electronically, then "sign" your submittals and print out receipts of your transactions. eDEP helps make filing with MassDEP easier.

OFFERED BY

Massachusetts Department of  
Environmental Protection →

### What would you like to do?

Top tasks

Login or Create Account →

eDEP Contacts and Feedback →

TELL US WHAT YOU THINK

# Log in screen



MassDEP's Online Filing System

## Login or Get Username & Password

**Note: eDEP payment feature is unavailable on Internet Explorer browser until further notice. If filing an eDEP Form that requires payment of a fee, please enter the notification using the Google Chrome or Firefox browser. We apologize for the inconvenience and appreciate your patience.**

**Note: eDEP AQ Source Registration Package is unavailable while we convert to webforms. Facilities that are required to submit a 2016 SR package (due in 2017) will be mailed a SR Reminder Letter when the forms are available for use.**

**Note: eDEP is unavailable from 8:55 PM Friday through 5:00 AM Saturday for backup purposes and from 8:00 PM Sunday to 8:00 AM Monday for server maintenance.**

Welcome to eDEP, a secure site for submitting environmental permits, transmittals, certifications, and reports electronically to the Massachusetts Department of Environmental Protection (DEP). With eDEP, you can fill out your forms online; save your work and return to it later; submit your forms and payments to DEP electronically; "sign" your submittals; and print out receipts of your transactions.

- [eDEP Help & Instructions](#)
- [What forms can I file in eDEP?](#)
- [eDEP Contacts & Feedback](#)

### Log into eDEP

Username:

Password:

Login

[Reset Password](#)

[Get Login Help](#)

New User

Register and get Username  
and Password

### Read the eDEP Requirement

For PC's:

- Microsoft Windows XP, Vista, Windows 7
- Browsers: IE 8.0, 9.0, 10.0, 11.0; Firefox 20 and up; Google Chrome 30 and up
- Adobe Reader 11.0.0

For Mac:

# Log in screen – New user



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## Login or Get Username & Password

**Note: eDEP is unavailable from 9:00PM Friday through 3:00AM Saturday for backup purposes.**

New eDEP Features: [Preview](#)

Welcome to eDEP, a secure site for submitting environmental permits, transmittals, certifications, and reports electronically to the Massachusetts Department of Environmental Protection (DEP). With eDEP, you can fill out your forms online; save your work and return to it later; submit your forms and payments to DEP electronically; "sign" your submittals; and print out receipts of your transactions.

- [What is eDEP & other FAQ's?](#)
- [What forms can I file in eDEP?](#)
- [Instructions for eDEP Forms](#)
- [eDEP Contacts & Feedback](#)

**New  
Facility/User  
(never filed  
with eDEP  
before?)**

### Log into eDEP

Username:

Password:

-----

[Forgot your Password?](#)

-----

-----

Register and get Username and Password

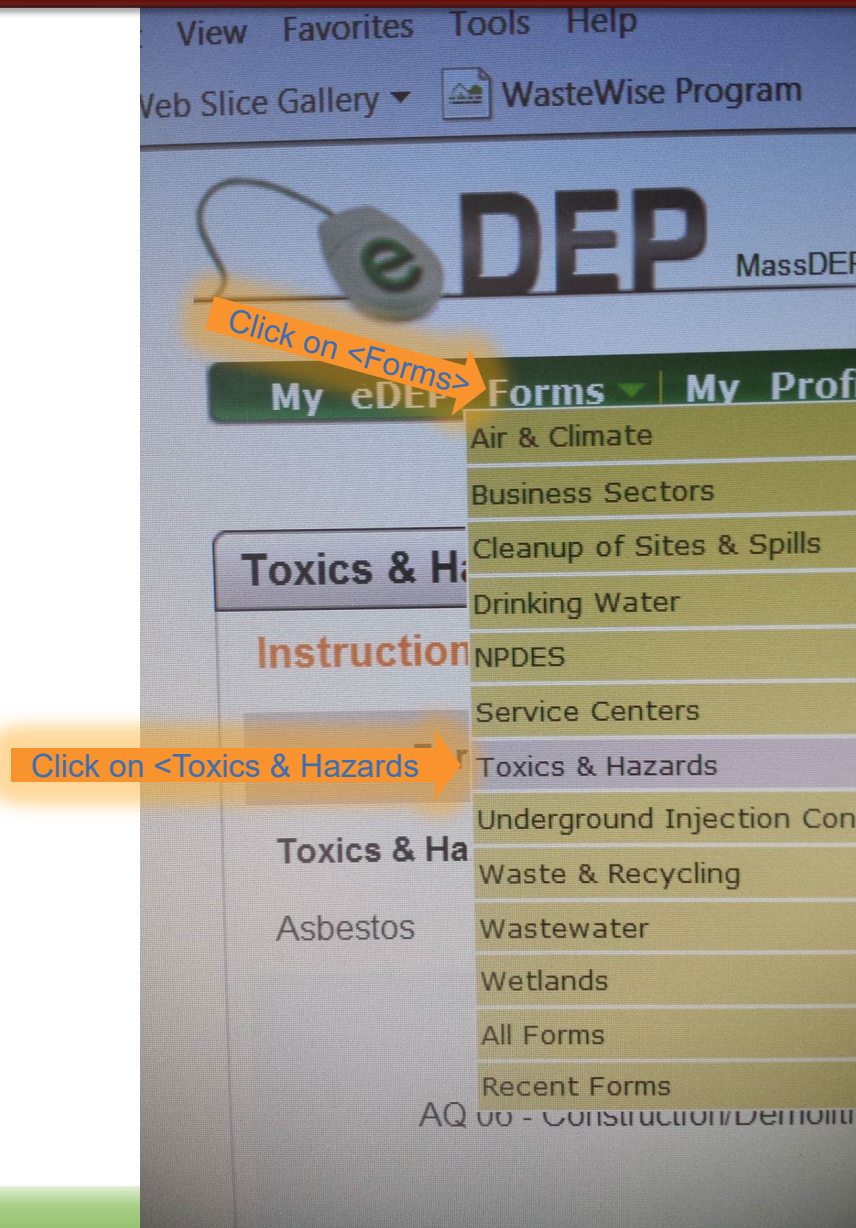
-----

**Read the eDEP Requirement**

For PC's:



# Pick the form to work on: ...



# After picking the forms link...



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Nickname: AMIR

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## Toxics & Hazards

**Instructions:** Find the form you want to complete below. Then click the button to the far right of the form name in the same row.

Form Name	Description	Instructions
<b>Toxics &amp; Hazards</b>		
Asbestos		
AQ 04 - Asbestos Removal Notification Form ANF-001	This form is for providing notification 10 working days prior to the removal of any amount of asbestos.	<a href="#">Start Transaction</a>

At the bottom of the list  
pick the **Reporting form**

Toxics

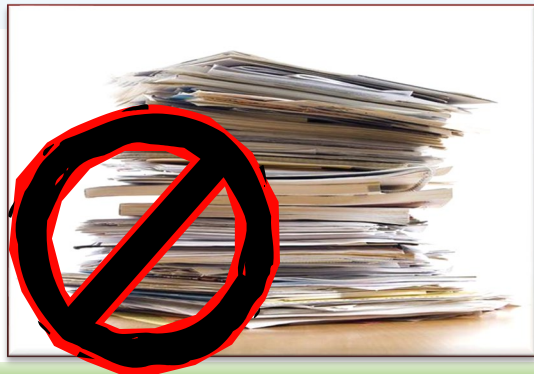


Toxics Use Reduction Act (TURA)  
Reporting

This form is for facilities that  
must file a Toxics Use Report.



Start Transaction



filers are often looking for **FORMS**,  
there is not a list of 'forms', but the  
Start transaction button begins the  
process of creating what must be  
completed.

# Do you represent a business? ...(no)



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## Represent Business

Do you want to represent a Business for this transaction?

☐ Yes ☒ No

If yes, select the Business you want to represent:

Select Business ▼

Continue

### Instruction:

You have come to this page either because you are an administrator or you are "affiliated" with business(es) which allow you to file in eDEP on their behalf.

### Instructions:

- Indicate if you are representing a business in this transaction.
- If yes, select the business you are representing and then click continue.
- If no, select no and then click continue.

# The PRE FORM Begins:

Enter your facilities TIN (tax ID#) and  
DEP Facility ID#



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## Preform

### Preform: Toxics Use Reduction Act (TURA) Reporting

TIN (Federal Taxpayer Identification  
Number -- NO dashes):

DEP Facility ID (Digits-- NO dashes or  
spaces):

Reporting/Calendar Year:

Report year

Trade Secret:

☐ Yes

☒ No

Next

-If the **TIN (or FIEN, same #)** # is entered incorrectly, OR in DEP's database incorrectly, you will get a error code.

The user needs to contact DEP and have the TIN# corrected

-If you enter in the wrong **DEP Facility ID**, you will get an error message as well. **The DEP Facility ID# is your**

**DEPF#**, a unique number that has been assigned to your facility. It is NOT your phone, manifest, TRI (form R id), or transporter ID#).

-If you enter in the # in reverse order, you will get an error message.

## Preform

### Preform: Toxics Use Reduction Act (TURA) Reporting

TIN (Federal Taxpayer Identification  
Number -- NO dashes):

DEP Facility ID (Digits-- NO dashes or  
spaces):

Reporting/Calendar Year:

Report year

Trade Secret:

☐ Yes


☒ No

Next

-The TIN# is entered  
**without any 'dashes'**

**Trade Secret Filers**  
(very few) will still  
check off the NO box,  
as you will submit  
**ONLY Sanitized**  
information.

*The process is linear...*  
*...the process begins*

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**Transaction Overview** **Trans# 210259 ID# 380799 Toxics Use Reduction Act (TURA) Reporting**

Forms      Signature      Submit

**Forms**

[Print Transaction](#) [Delete Transaction](#) [Share Transaction](#) [Exit](#)

Errors Checked/ Validated	Fill out the following forms for this transaction:
—	Toxics Use Reduction Act (TURA) Reporting ()

[Next](#)



# Form S Cover Sheet



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

## Form S Cover Sheet

Report year

Reporting Year

ABNAKI ROCK

Facility Name

380799

DEP Facility ID Number

### Section 1: General Information

Facility Name and Address:

ABNAKI ROCK

a. Name

1 WINTER ST

b. Street Address

BOSTON

c. City

MA

d. State

021084747

e. ZIP Code

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

☐ Yes

☒ No

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

h. Are all chemicals included in this Annual Toxics Use report used only to treat waste or control pollution? ☐ Yes ☐ No

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

380799799

i. Taxpayer Identification Number

(Federal Employer Identification Number or FEIN)

02125BNKRCK1WIN

j. Toxics Release Inventory (TRI) Identification Number

### Section 2: FTE Information

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

☐ 10-49

☐ 50-99

☐ 100-499

☐ Greater than 500

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

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

Error Check & Next



Document your  
calculations &  
source material

If the name/address are not correct...

**Solution:** contact DEP

(The Facility name is the name that the facility had during the prior calendar year.)



### Section 1: General Information

Facility Name and Address:

ABNAKI ROCK

a. Name

1 WINTER ST

b. Street Address

BOSTON

c. City

MA

d. State

021084747

e. ZIP Code

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

☐ Yes

☒ No

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

Are ALL of your reportable chemicals used ONLY to treat waste or control pollution?

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

380799799

i. Taxpayer Identification Number  
(Federal Employer Identification Number or FEIN)

02125BNKRCK1WIN

j. Toxics Release Inventory (TRI) Identification Number

How do we determine what an “FTE” is? -

USE EPA’s Q&A Document as a guide

FTE questions & answers # 21-48

[https://ofmpub.epa.gov/apex/guideme\\_ext/f?p=guideme:qa-search](https://ofmpub.epa.gov/apex/guideme_ext/f?p=guideme:qa-search)

### Section 2: FTE Information

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

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

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

☐ 10-49

☐ 50-99

☐ 100-499

☐ Greater than 500

Each screen must be Error Checked

Error Check & Next

You *CAN* correct the FTE number if needed (but ALL screens will need to be re-Error Checked that follow).



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## Transaction Overview Trans# 807763 ID# 380799 Toxics Use Reduction Act (TURA) Reporting

Forms

Signature

Submit

### Forms

Print Transaction

Delete Transaction

Share Transaction

Exit

Errors Checked/  
Validated

Fill out the following forms for this transaction:



Toxics Use Reduction Act (TURA) Reporting

—

TURA - Cover Sheet Page 2 New1 (309)

—

TURA - Cover Sheet Page 3 & 4 (310)

After the 1<sup>st</sup> form,  
other forms begin  
to 'appear'

Next



**Massachusetts Department of Environmental Protection**  
*Bureau of Air & Waste - Toxics Use Reduction Report*  
**Form S Cover Sheet**

Report year

Reporting Year

ABNAKI ROCK

Facility Name

380799

DEP Facility ID Number

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

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

Click **Edit** to enter info.

[Edit](#) [Delete](#)

a.1 

CAS # of chemical not reportable (if applicable)

a.2 

Chemical Name

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

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

a.4 

CAS # of chemical substituted for TURA chemical

a.5 

Chemical Name

Add Chemicals

Each screen must be Error Checked

Error Check & Next

Section  
3  
(blank  
for most)

## Section 3 (blank for most)

- please ONLY enter in chemicals that HAD TO BE REPORTED the prior year, that do NOT have to be reported for this reporting year).
- The chemical name will fill in after Update.

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

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

Check all the codes up to four that apply

**AFTER entry, Click Update to save info.**  
**For a particular "block"**

a.1

CAS # of chemical not reportable (if applicable) Chemical Name

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

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

a.4  a.5

CAS # of chemical substituted for TURA chemical Chemical Name

**Click to Add Chemicals and another unique block**

Unique  
Block

**Each screen must be Error Checked**

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

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

a.1  a.2  [Edit](#) [Delete](#)  
CAS # of chemical not reportable (if applicable) Chemical Name

a.3 Explanation of why the chemical is not reportable (check codes):  
☒ Chemical Below Threshold But > 0  
☐ No Chemical Use in Reporting Year  
☐ Chemical Substitution  
☒ Chemical Eliminated (No Substitution)  
☐ Decline in Business  
☒ Other (Explain below in the additional comments section)  
☐ Chemical no longer reportable under TURA

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

a.1  a.2  [Edit](#) [Delete](#)  
CAS # of chemical not reportable (if applicable) Chemical Name

a.3 Explanation of why the chemical is not reportable (check codes):  
☐ Chemical Below Threshold But > 0  
☒ No Chemical Use in Reporting Year  
☐ Chemical Substitution  
☐ Chemical Eliminated (No Substitution)  
☐ Decline in Business  
☐ Other (Explain below in the additional comments section)  
☐ Chemical no longer reportable under TURA

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

[Add Chemicals](#)

Unique Block 1

Screen

Click to Delete a unique block

Unique Block 2

Each screen must be Error Checked

[Error Check & Next](#)



Document your  
calculations &  
source material



Massachusetts Department of Environmental Protection  
Bureau of Air & Waste - Toxics Use Reduction Report  
**Form S Cover Sheet**

Report year

Reporting Year  
ABNAKI ROCK

Facility Name

380799

DEP Facility ID Number

#### Section 4: Facility-Wide Description of Production Units

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

#### PRODUCTION UNIT DETAILS

[Edit](#)

a. Production Unit #

Is this production unit IN USE for the reporting year of this submittal?

☒ Yes ☐ No

b. Describe the Process:

SPRAYING ADHESIVE ON CLOTH

c. Describe the Product:

CLOTH PREPARED FOR BACKER APPLICATION

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

213113

221330

221121

d. NAICS Code

e. NAICS Code

f. NAICS Code

g. NAICS Code

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

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

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

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

TURA Chemical:

CAS #

Chemical Name

[Edit](#) [Delete](#)

#### Process Codes:

<input type="checkbox"/> CC-04	HEAT TREATING NOS
Process Code	Process Code Description
<input type="checkbox"/> BB-02	AQUEOUS
Process Code	Process Code Description
<input type="checkbox"/> CC-01	CASTING/MOLDING
Process Code	Process Code Description
<input type="checkbox"/> AA-01	DIP, FLOW & CURTAIN COATING
Process Code	Process Code Description

Add Process Codes

Add Chemicals

IF the descriptions are **incorrect**, OR if you have a **NEW** production unit, you will need to create a new production unit.

Screen – can include more than 1 Production Unit – **Scroll DOWN** to access other already created PU's.

Unique Block 1

Section 4: Facility-Wide Description of Production Units

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

PRODUCTION UNIT DETAILS

a. Production Unit # Edit

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

b. Describe the Process:

c. Describe the Product:

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

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

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

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

TURA Chemical: Edit Delete

<input type="text" value="7439921"/>	<input type="text" value="LEAD"/>
CAS #	Chemical Name

Process Codes:	
<input type="checkbox"/> CC-04	<input type="text" value="HEAT TREATING NOS"/>
Process Code	Process Code Description
<input type="checkbox"/> BB-02	<input type="text" value="AQUEOUS"/>
Process Code	Process Code Description
<input type="checkbox"/> CC-01	<input type="text" value="CASTING/MOLDING"/>
Process Code	Process Code Description
<input type="checkbox"/> AA-01	<input type="text" value="DIP, FLOW &amp; CURTAIN COATING"/>
Process Code	Process Code Description
<input checked="" type="checkbox"/> CC-08	<input type="text" value="SOLDERING/BRAZING"/>
Process Code	Process Code Description

Add Process Codes

Click on **Edit** to enter data in this unique block

Unique Block 1

All Production Units will appear on this Screen, each in an individual & separately edited & saved unique block.

## Form S – Section 4 (ALL PU's listed on this SCREEN)

Production Unit in use THIS reporting year with reportable chemical(s) over threshold

### Section 4: Facility-Wide Description of Production Units

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

#### PRODUCTION UNIT DETAILS

a. Production Unit #

1

Is this production unit IN USE with chemical(s) over the reporting threshold?

☒ Yes ☐ No

b. Describe the Process:

SOLDERING OF PRINTED CUSTOM CIRCUIT BOARDS

c. Describe the Product:

COMPLETED PRINTED CIRCUIT BOARDS

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

334418

d. NAICS Code

e. NAICS Code

f. NAICS Code

g. NAICS Code

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

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

1 EDIT to change or add NAICS Codes,  
Update when complete with this UNIQUE BLOCK

[Edit](#)

3 IF the descriptions are incorrect, OR if you have a NEW production unit, you will need to create a new production unit. If you want to permanently eliminate a Production Unit contact Walter Hope (617 292 5982)

Unique  
Block 1

## Section 4: Toxics Use by Production Unit – ALL Production Units will be listed on this SCREEN (scroll down) Each is a separate BLOCK.

### PRODUCTION UNIT DETAILS

[Edit](#)

a. Production Unit #

1

Is this production unit IN USE with chemical(s) over the reporting threshold(s) for the reporting year of this submittal?

☒ Yes ☐ No

b. Describe the Process:

SOLDERING OF PRINTED CUSTOM CIRCUIT BOARDS

c. Describe the Product:

COMPLETED PRINTED CIRCUIT BOARDS

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

334418

d. NAICS Code

e. NAICS Code

f. NAICS Code

g. NAICS Code

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

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

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

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

ALL codes  
can be  
picked by  
clicking on  
"Select"

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

TURA Chemical:

CAS #

Chemical Name

Edit

Delete

EDIT to change or add CAS# & Process Codes  
Update when complete with this UNIQUE BLOCK

Process Codes:	
<input type="checkbox"/> CC-04	HEAT TREATING NOS
Process Code	Process Code Description
<input type="checkbox"/> BB-02	AQUEOUS
Process Code	Process Code Description
<input type="checkbox"/> CC-01	CASTING/MOLDING
Process Code	Process Code Description
<input type="checkbox"/> AA-01	DIP, FLOW & CURTAIN COATING
Process Code	Process Code Description
<div>Add Process Codes</div>	
<div>Add Chemicals</div>	

Unique  
Block 2



**EDIT** to change or add CAS# & **Select** Process Codes  
**Update** when complete with this UNIQUE BLOCK

TURA Chemical:

7439921

CAS #

LEAD

Chemical Name

[Edit](#)

[Delete](#)

**Process Codes:**

<input type="checkbox"/>	CC-04	HEAT TREATING NOS
	Process Code	Process Code Description
<input type="checkbox"/>	AB-02	AQUEOUS
	Process Code	Process Code Description
<input type="checkbox"/>	CC-01	CASTING/MOLDING
	Process Code	Process Code Description
<input type="checkbox"/>	AA-01	DIP, FLOW & CURTAIN COATING
	Process Code	Process Code Description

Add Process Codes

**Select** (check) Process Codes that apply to the listed chemical. If the chemical is not used in the named process, do not check the corresponding box. You can add process codes

The TURA  
process codes  
will show up on a  
pick list Caution:

Do not use EPA  
Category Codes  
(i.e.: n230)!

Unique  
Block 2

## Section 4: Toxics Use by Production Unit – ALL Production Units will be listed on this SCREEN (scroll down) Each is a separate BLOCK.

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

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

TURA Chemical:

7439921

CAS #

LEAD

Chemical Name

[Edit](#) [Delete](#)

### Process Codes:

<input type="checkbox"/>	CC-04	HEAT TREATING NOS
	Process Code	Process Code Description
<input type="checkbox"/>	BB-02	AQUEOUS
	Process Code	Process Code Description
<input type="checkbox"/>	CC-01	CASTING/MOLDING
	Process Code	Process Code Description
<input type="checkbox"/>	AA-01	DIP, FLOW & CURTAIN COATING
	Process Code	Process Code Description
<input checked="" type="checkbox"/>	CC-08	SOLDERING/BRAZING
	Process Code	Process Code Description

Add Process Codes

ALL codes  
can be  
picked by  
clicking on  
"Select"



Add Process Codes

1

you can **ADD** additional Process codes if needed.

2

Select

[Update](#) [Cancel](#)

Please select Process Code

Process Code

Process Code Description

Add Process Codes

Add Chemicals

Unique  
Block 3

3

Click on the code & it will fill the box

AA-05	Screen Printing
AA-09	Pad Printing
AA-10	Printing Using Carrier Films or Foils
AA-11	Jet Printing
AA-12	Electroplating (Barrel)
AA-13	Electroplating (Rack)
AA-14	Electroless (Barrel)
AA-15	Electroless (Rack)
AA-16	Mechanical Plating
AA-17	Hot Dip Coating (of metal)
	Coating & Case Hardening (thru diffusion)

After adding a **NEW** Process Code, **4** click EDIT, **5** then check off ✓ the NEW Process Code. **6** Then Select UPDATE

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

TURA Chemical:

CAS #

Chemical Name

Edit

Delete

Process Codes:	
<input type="checkbox"/> CC-04	HEAT TREATING NOS
Process Code	Process Code Description
<input type="checkbox"/> BB-02	AQUEOUS
Process Code	Process Code Description
<input type="checkbox"/> CC-01	CASTING/MOLDING
Process Code	Process Code Description
<input type="checkbox"/> AA-01	DIP, FLOW & CURTAIN COATING
Process Code	Process Code Description
<div>Add Process Codes</div>	
<div>Add Chemicals</div>	

Unique  
Block 2

Click to add another chemical for this production Unit

Add Production Unit

1 Adding a Production Unit - CLICK.

## PRODUCTION UNIT DETAILS

[Update](#) [Cancel](#)

a. Production Unit #

Is this production unit IN USE for the reporting year of this submittal?

☐ Yes ☐ No

b. Describe the Process:

c. Describe the Product:

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

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

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

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

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

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

TURA Chemical:

CAS #

Chemical Name

### Process Codes:

<input type="checkbox"/> CC-04	HEAT TREATING NOS
Process Code	Process Code Description
<input type="checkbox"/> BB-02	AQUEOUS
Process Code	Process Code Description
<input type="checkbox"/> CC-01	CASTING/MOLDING
Process Code	Process Code Description
<input type="checkbox"/> AA-01	DIP, FLOW & CURTAIN COATING
Process Code	Process Code Description
<input type="checkbox"/>	
Process Code	Process Code Description
<input type="checkbox"/> AA-16	MECHANICAL PLATING
Process Code	Process Code Description

4 When all complete, CLICK.

Add Production Unit

Error Check & Next

2 Complete ALL fields in the BLOCK, when complete click on 3 UPDATE.

When ALL blocks are completed (all Production Units are entered, all Process Codes checked, all CAS#'s entered for EACH Production Unit, then click on top LEFT or bottom RIGHT :

4 Error Check & Next

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

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

TURA Chemical:

1000  
CAS #

ANTIMONY COMPOUNDS  
Chemical Name

[Edit](#) [Delete](#)

Process Codes:

<input type="checkbox"/>	GG-01	BLENDING, MIXING, COMPOUNDING
	Process Code	Process Code Description
<input type="checkbox"/>	CC-04	HEAT TREATING NOS
	Process Code	Process Code Description
<input type="checkbox"/>	BB-02	AQUEOUS
	Process Code	Process Code Description
<input type="checkbox"/>	CC-01	CASTING/MOLDING
	Process Code	Process Code Description
<input type="checkbox"/>	AA-16	MECHANICAL PLATING
	Process Code	Process Code Description

Add Process Codes

Add Chemicals

Add Production Unit

1 If there are any fields that are missing information or un-✓, an **error message** will show in **RED**. 2 Edit, 3 correct & 4 Update. Then click

5 Error Check & Next again until the page is error free.

5 When all complete, CLICK

Error Check & Next

Error Message [Below are links where error(s) occurred]

At least one process code must be selected in this section before you can continue.

Section Name	Description
	PROCESS CODE

Error Check

Save

Print

Exit



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

## Form S

Chemical Use Facility-Wide

Report year

Reporting year

ABNAKI ROCK

Facility Name

380799

DEP Facility ID Number

[Edit](#)

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

7439921

a. MA DEP CAS #

LEAD

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

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

c. Amount Manufactured ?

d. Amount Processed ?

e. Amount Otherwise Used ?

f. Amount Generated as byproduct ?

g. Amount Shipped In Or As Product ?

h. Production or Activity Ratio ?

### Section 2: Materials Balance and Other Reporting Anomalies

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

a. Amount of Chemical Recycled OnSite

b. Amount of Chemical Consumed Or Transformed

c. Amount of Chemical(Product) Held In Inventory

d. Amount of Chemical Compound

e. Other Amount

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

☐ Yes\* ☐ No

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


# Form S

Screen – can include more than 1 Chemical – **Scroll DOWN** to access other chemical s.

Unique Block 1

All CAS#'s/ Chemicals will appear on this Screen, **each** in an individual & separately edited & saved unique block.

Enter the pounds of chemicals, enter zero / 0 if applicable. Less than a pound may be reported if PBTs or Dioxin (grams).



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

**Form S**  
Chemical Use Facility-Wide

Report year

Reporting Year

Facility Name

DEP Facility ID Number

[Update](#) [Cancel](#)

**Section 1: Facility-Wide use of Listed Chemical**

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

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

<input type="text"/>	<input type="text"/>
c. Amount Manufactured ?	d. Amount Processed ?
<input type="text" value="51760"/>	<input type="text" value="2588"/>
e. Amount Otherwise Used ?	f. Amount Generated as byproduct ?
<input type="text" value="49172"/>	<input type="text" value=".05"/>
g. Amount Shipped In Or As Product ?	h. Production or Activity Ratio ?

Hover over the ? to see the definition

-all entry fields **MUST** have a number entered – at least a **zero**.

-this is a common validation problem...

-we do **NOT** expect you to report to the 4<sup>th</sup> decimal point, **UNLESS** the chemical is Dioxin &/or Dioxin Compounds





-if you see a Form S for a chemical that you did NOT have to report on, it is because you entered the information into the Form S Cover Sheet Section 3.

-you 'may' be able to exit this form (Form S), and delete the CAS# from the Form S Cover Sheet Section 3, BUT this may corrupt the submittal and you will have to start over

**Solution:** enter in ONLY the chemicals that MUST be reported and **DOUBLE CHECK** this information before validating the Form S Cover Sheet, Section 4.

Section 1: Facility-Wide use of Listed Chemical [Update](#) [Cancel](#)

1000

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

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

0	125220
c. Amount Manufactured ?	d. Amount Processed ?
0	220
e. Amount Otherwise Used ?	f. Amount Generated as byproduct ?
125000	1.2
g. Amount Shipped In Or As Product ?	h. Production or Activity Ratio ?



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

**Form S**

Chemical Use Facility-Wide

Report year

Reporting year

ABNAKI ROCK

Facility Name

380799



When you don't have a Mass Balance

Section 1:

7439921

a. MA DEP

Facility-wide  
Dioxin. Rep  
containing the  
reporting ins

c. Amount M

51760

e. Amount Otherwise Used

49172

g. Amount Shipped In Or As Product

f. Amount Generated as byproduct

.05

h. Production or Activity Ratio

-values such as the word “all”,  $\pm$ ,  $\infty$ ,  $\sqrt$  and others...

**Are NOT valid.**

**Solution:** use whole numbers, unless the chemical is a PBT (then you may use .5 of a pound, or if dioxin, you may use grams (system now allows 999.9999 grams to be entered)).



Complete additional materials balance information as needed. Enter at least a zero / 0 in each box.

## Section 2: Materials Balance and Other Reporting Anomalies

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

<input type="text" value="0"/>	<input type="text" value="0"/>
a. Amount of Chemical Recycled OnSite	b. Amount of Chemical Consumed Or Transformed
<input type="text" value="0"/>	<input type="text" value="0"/>
c. Amount of Chemical Held In Inventory	d. Amount of Chemical Compound
<input type="text" value="0"/>	
e. Other Amount	

f. Check yes if anything non-routine occurred at your facility during the reporting year that affected the data reported, if there is not a materials balance, and/or if the Prod. Ratio is  $<0.5$  or  $>2$ .  
☐ Yes\* ☒ No \* If your answer is Yes, you may explain in Section 5.

-all entry fields **MUST** have a number entered – at least a **zero**.

-this is a common validation problem...

Often mass balance occurs input = outputs but...

If  $\neq$  then  
please  
explain  
by  
checking  
box 'f'  
and  
noting in  
box 'm'.

## Section 2: Materials Balance and Other Reporting Anomalies

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

<input type="text"/> a. Amount of Chemical Recycled OnSite	<input type="text"/> b. Amount of Chemical Consumed Or Transformed
<input type="text"/> c. Amount of Chemical Held In Inventory	<input type="text"/> d. Amount of Chemical Compound
<input type="text"/> e. Other Amount	
f. Check yes if anything non-routine occurred at your facility during the reporting year that affected the data reported, if there is not a materials balance, and/or if the Prod. Ratio is $<0.5$ or $>2$ . <input type="radio"/> Yes* <input checked="" type="radio"/> No	

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



If you don't have a mass balance and/or if you have not explained why this message 'may' be presented...

Warning: JavaScript Window -



Please note that TOTAL USE does not equal BYPRODUCT + SHIPPED + Section 2 + Section 3. Please double check your values. If TOTAL USE does not equal BYPRODUCT + SHIPPED then you can record pounds in an appropriate category in Section 2 or in Section 3. You may also provide a written explanation in Section 4.m'.



OK

Please check "ok" and explain the lack of a mass balance in box 'm' (separate page).

Was any of the chemical used to treat waste or control pollution?\*

**Section 3: Chemicals Used in Waste Treatment Units**

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

☒ Yes ☐ No\*

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

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

5000

Pounds

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

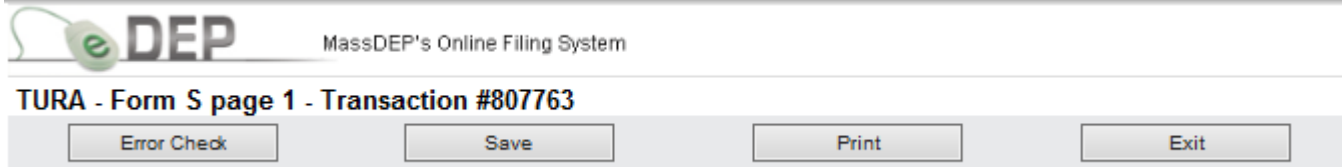
☐ Yes\* ☒ No

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

\* If you indicated (on the first screen) that **ALL** of the chemicals are used **ONLY** to treat waste, then Section 3.a is fixed at "Yes". In addition, there will be no production units to report.

Document your  
calculations &  
source material

When ALL Unique Blocks are input and updated, then click on **Error Check** to check the Screen/Page & Save all data on the page. *(located at the top left or bottom right of the screen)*



eDEP MassDEP's Online Filing System

TURA - Form S page 1 - Transaction #807763

Error Check Save Print Exit

Click on **Error Check** when completed

Click on **Error Check** when completed

**Error Check & Next**







# Toxics Use Report - Form S

Chemical Use By Production Units

Report year

ABNAKI ROCK

Facility Name

380799

DEP Facility ID Number

## Section 4: Toxics Use by Production Unit

[Update](#) [Cancel](#)

1.  LEAD

a. Production Unit #  b. Chemical Name

c. Quantity of Chemical Use Code:

☐ 1. <= 5,000 lbs.

☐ 2. > 5,000 <= 10,000 lbs.

☐ 3. <= 10,000 <= 100,000 lbs.

☐ 4. > 100,000 lbs.

☐ 5. >500,000 lbs.

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

☐ Yes ☐ No\* \* If your answer is No, skip ahead to h. below.

Process code(s) where most significant changes occurred (up to three in descending order)  [Select](#)

Type of Change (Enter "I" for Increase, "D" for Decrease)

Technique Code(s) (up to 3 pre process code, enter in order of importance)

[Select](#)  [Select](#)  [Select](#)

e. 1.  [Select](#) 2.  3a.  [Select](#) 3b.  [Select](#) 3c.  [Select](#)

f. 1.  [Select](#) 2.  3a.  [Select](#) 3b.  [Select](#) 3c.  [Select](#)

g. 1.  [Select](#) 2.  3a.  [Select](#) 3b.  [Select](#) 3c.  [Select](#)

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

☐ Yes\* ☐ No \* If your answer is Yes, skip ahead to Section 5.

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

☐ Yes ☐ No\* \* If your answer is No, skip ahead to Section 5.

Process code(s) where most significant changes occurred (up to three in descending order)  [Select](#)

Type of Change (Enter "I" for Increase, "D" for Decrease)

Technique Code(s) (up to 3 pre process code, enter in order of importance)

[Select](#)  [Select](#)  [Select](#)

j. 1.  [Select](#) 2.  3a.  [Select](#) 3b.  [Select](#) 3c.  [Select](#)

k. 1.  [Select](#) 2.  3a.  [Select](#) 3b.  [Select](#) 3c.  [Select](#)

l. 1.  [Select](#) 2.  3a.  [Select](#) 3b.  [Select](#) 3c.  [Select](#)

## Section 5: Description

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

Maximum 250 characters allowed. Please do not copy and paste.

SECTION 4  
FORM S

Unique  
Block 1



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

[Update](#) [Cancel](#)

1

LEAD

a. Production Unit #

b. Chemical Name

c. Quantity of Chemical Use Code:

- ☐ 1.  $\leq 5,000$  lbs.  
☐ 2.  $> 5,000 \leq 10,000$  lbs.  
☒ 3.  $\leq 10,000 \leq 100,000$  lbs.  
☐ 4.  $> 100,000 \leq 500,000$  lbs.  
☐ 5.  $> 500,000$  lbs.

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

☐ Yes ☒ No\*

\* If your answer is No, skip ahead to h. below.

Process code(s) where most significant changes occurred (up to three in descending order)

Type of Change (Enter "I" for Increase, "D" for Decrease)

Technique Code(s) (up to 3 pre process code, enter in order of importance)

AA-12 [Select](#)

D [Select](#)

11 [Select](#) [Select](#) [Select](#)

e.1. [Select](#)

2. [Select](#)

3a. [Select](#) 3b. [Select](#) 3c. [Select](#)

f.1. [Select](#)

2. [Select](#)

3a. [Select](#) 3b. [Select](#) 3c. [Select](#)

g.1. [Select](#)

2. [Select](#)

3a. [Select](#) 3b. [Select](#) 3c. [Select](#)

## SECTION 4 FORM S 1<sup>st</sup> part – Chemical Use

Scroll down  
to find all  
related  
Production  
Units



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

☒ Yes\* ☐ No

\* If your answer is Yes, skip ahead to Section 5.

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

☐ Yes ☒ No\*

\* If your answer is No, skip ahead to Section 5.

Process code(s) where most significant changes occurred (up to three in descending order)

[Select](#)

j.1.

[Select](#)

k.1.

[Select](#)

l.1.

Type of Change (Enter "I" for Increase, "D" for Decrease)

2.

2.

2.

Technique Code(s) (up to 3 pre process code, enter in order of importance)

[Select](#)  [Select](#)  [Select](#)

3a.

[Select](#)  [Select](#)  [Select](#)

3a.

[Select](#)  [Select](#)  [Select](#)

3a.

3b.

[Select](#)  [Select](#)  [Select](#)

3b.

[Select](#)  [Select](#)  [Select](#)

3b.

3c.

[Select](#)  [Select](#)  [Select](#)

3c.

[Select](#)  [Select](#)  [Select](#)

3c.

### Section 5: Description

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

Maximum 250 characters allowed. Please do not copy and paste.

see TUR Plan for progress

## SECTION 4 FORM S 2nd part – Byproduct

Scroll down  
to find all  
related  
Production  
Units



Document your  
calculations &  
source material

A State R/A form will appear only if the chemical is “state only” (or unique to the state), and/or if the NAICS code is “state only” code.

#### Forms

Forms		Print Transaction	Delete Tr
Errors Checked/ Validated	Fill out the following forms for this transaction:		
✓	Toxics Use Reduction Act (TURA) Reporting ( )		
✓	TURA - Cover Sheet Page 2 New1 ( 3 )		
✓	TURA - Cover Sheet Page 3 & 4 ( 1 )		
✓	TURA - Cover Sheet Page 3 & 4 ( 8 )		
✓	TURA - Form S Page 1 ( 107153 )		
—	TURA - Form S Page 2 ( 107153 )		
—	TURA - FORMR/FORMA Page 1 & 2 ( 107153 )		
—	TURA - Form S Page 1 ( 1310732 )		
—	TURA - Form S Fee Worksheet ( 2008 )		

State only chem/naics

## When eDEP provides a State Only Form R/A, complete the data entry.

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

There are two filing forms: Form R and an abbreviated Form A. Companies must use the Form R if

1. Their Total chemical use is greater than 1 million pounds. OR
  2. They generate more than 500 pounds of TURA Byproduct: (Sum of the amount released on site, treated on-site, recycled on-site, used for energy recovery on-site, or transferred offsite for treatment, recycling, recovery, disposal or release.) OR
  3. The chemical is a PBT.
- The Form A may ONLY be used if the company uses less than a million pounds of the chemical AND generates less than 500 pounds of TURA byproduct, and the chemical is not a PBT.



## State Only Form R/Form A

Report year

Reporting Year  
ABNAKI ROCK  
Facility Name  
380799  
DEP Facility ID Number

# State Form R/A

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

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

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

### Chemical-Specific Information

#### Section 1 Toxic Chemical Identity

1310732

1.1 CAS Number

SODIUM HYDROXIDE

1.2 Toxic Chemical or Chemical Category Name

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

There are two filing forms: Form R and an abbreviated Form A. Companies must use the Form R if

1. Their Total chemical use is greater than 1 million pounds. OR
2. They generate more than 500 pounds of TURA Byproduct: (Sum of the amount released on site, treated on-site, recycled on-site, used for energy recovery on-site, or transferred offsite for treatment, recycling, recovery, disposal or release.) OR
3. The chemical is a PBT.

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

Are you filing a Form R?

☒ Yes ☐ No

(if yes, continue to Section 4 (note: Section 2 and 3 are not required for State Only reporting)  
if no, fill out only the State Only Form A).

#### Section 4

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

02

Select

4.1 Two-Digit Code From TRI Instruction Package

A State Form R/A will appear automatically IF your facility is a State ONLY filer (per NAICS code, or if you are reporting State ONLY chemicals (or State ONLY variants of Federal Chemicals). The NAICS Codes have been updated.

## Section 5

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

5.1-2 Air Emissions ☐ check if not applicable

1	2
---	---

5.1 Fugitive or non-point air emissions (pounds/year) 5.2 Stack or point air emissions (pounds/year)

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

4
---

Total Discharges (pounds/year)

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

5	6
---	---

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

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

7	8
---	---

5.5.1A RCRA Subtitle C landfills (pounds/year) 5.5.1B Other landfills (pounds/year)

9	10
---	----

5.5.2 Land treatment/application farming (pounds/year) 5.5.3 Surface Impoundment (pounds/year)

11
----

5.5.4 Other disposal (pounds/year)

## Section 6

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

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

12
----

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

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

13
----

6.2.A Total Transfers (pounds/year)

Complete  
Sections 5 & 6  
as you have  
before, using  
the EPA TRI  
instructions for  
guidance.



**BEFORE** you start entering information in Section 7A, add additional Unique Blocks if needed. THEN enter the information for each block & Update one at a time.

**Section 7A** [Edit](#) [Delete](#)

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

1. General Waste Stream Code:  7A.1a

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

H073	H121						
7A.1b.1	7A.1b.2	7A.1b.3	7A.1b.4	7A.1b.5	7A.1b.6	7A.1b.7	7A.1b.8

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

<input type="radio"/> greater than 99.9999%	<input type="radio"/> greater than 99.99% to 99.9999%	<input checked="" type="radio"/> greater than 99% to 99.99%	<input type="radio"/> greater than 95% to 99%	<input type="radio"/> greater than 50% to 95%	<input type="radio"/> greater than 0% to 50%
---	---	---	---	---	--

**Add WTM BLOCKS before entering info.**

Unique Block 1



**BEFORE** you start entering information in Section 7A, add additional **Unique Blocks** if needed. THEN enter the information for each block & Update one at a time.

## Section 7A

[Edit](#) [Delete](#)

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

1. General Waste Stream Code:

7A.1a

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

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

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

☐ greater than 99.9999% ☐ greater than 99.99% to 99.9999% ☒ greater than 99% to 99.99% ☐ greater than 95% to 99% ☐ greater than 50% to 95% ☐ greater than 0% to 50%

[Update](#) [Cancel](#)

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

1. General Waste Stream Code:

7A.1a

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

[Select](#) [Select](#) [Select](#) [Select](#) [Select](#) [Select](#) [Select](#) [Select](#)  
7A.1b.1 7A.1b.2 7A.1b.3 7A.1b.4 7A.1b.5 7A.1b.6 7A.1b.7 7A.1b.8

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

☐ greater than 99.9999% ☐ greater than 99.99% to 99.9999% ☐ greater than 99% to 99.99% ☐ greater than 95% to 99% ☐ greater than 50% to 95% ☐ greater than 0% to 50%

Add Waste Treatment Method

Unique  
Block 1

Unique  
Block 2

2 Double Click to pick code

1 Click to select, then code list appears

Waste Treatment Efficiency Factor

[Select](#)
[Select](#)
[Select](#)

7A.1b.1      7A.1b.2      7A.1b.3

WMETHOD	
Code	Description
A01	FLARE
A02	CONDENSER
A03	SCRUBBER
A04	ABSORBER
A05	ELECTROSTATIC PRECIPITATOR
A06	MECHANICAL SEPARATION
A07	OTHER AIR EMISSION TREATMENT
H040	INCINERATION - THERMAL DESTRUCTION OTHER THAN USE AS A FUEL
H071	CHEMICAL REDUCTION WITH OR WITHOUT PRECIPITATION
H073	CYANIDE DESTRUCTION WITH OR WITHOUT PRECIPITATION
H075	CHEMICAL OXIDATION
H076	WET AIR OXIDATION
H077	OTHER CHEMICAL PRECIPITATION WITH OR WITHOUT PRE-TREATMENT
H081	BIOLOGICAL TREATMENT WITH OR WITHOUT PRECIPITATION

Waste Treatment Efficiency Factor

Section 7B

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

Energy Recovery Methods 3-character code(s):  [Select](#)  [Select](#)  [Select](#)

Section 7C

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

[Select](#)  [Select](#)  [Select](#)

Section 8

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

Source Reduction and Recycling Activities. Note: Do not double count. (Enter data as pounds per year)	Column A Prior Year	Column B Current Rpt. Year	Column C Following Rpt. Year	Column D 2nd Following Rpt. Year
8.1a Total on-site disposal underground injection & landfills	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
8.1b Total on-site disposal or other releases	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>
8.1c Total off-site disposal underground injection & landfills	<input type="text" value="9"/>	<input type="text" value="10"/>	<input type="text" value="11"/>	<input type="text" value="12"/>
8.1d Total off-site disposal or other releases	<input type="text" value="13"/>	<input type="text" value="14"/>	<input type="text" value="15"/>	<input type="text" value="16"/>
8.2 Quantity used for energy recovery on-site	<input type="text" value="17"/>	<input type="text" value="18"/>	<input type="text" value="19"/>	<input type="text" value="20"/>
8.3 Quantity used for energy recovery off-site	<input type="text" value="21"/>	<input type="text" value="22"/>	<input type="text" value="23"/>	<input type="text" value="24"/>
8.4 Quantity recycled on-site	<input type="text" value="25"/>	<input type="text" value="26"/>	<input type="text" value="27"/>	<input type="text" value="28"/>
8.5 Quantity recycled off-site	<input type="text" value="29"/>	<input type="text" value="30"/>	<input type="text" value="31"/>	<input type="text" value="32"/>
8.6 Quantity treated on-site	<input type="text" value="33"/>	<input type="text" value="34"/>	<input type="text" value="35"/>	<input type="text" value="36"/>
8.7 Quantity treated off-site	<input type="text" value="37"/>	<input type="text" value="38"/>	<input type="text" value="39"/>	<input type="text" value="40"/>
8.8 Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes:	<input type="text" value="41"/> pounds/year			

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

Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)
8.10.1 <input type="text" value="W31"/> <a href="#">Select</a> <input type="text" value="H39"/> <a href="#">Select</a> <input type="text"/> <a href="#">Select</a> <input type="text"/> <a href="#">Select</a>	a b c
8.10.2 <input type="text"/> <a href="#">Select</a> <input type="text"/> <a href="#">Select</a> <input type="text"/> <a href="#">Select</a> <input type="text"/> <a href="#">Select</a>	a b

Click on **Error Check** when the Form R is completed

Error Check & Next

Document your  
calculations &  
source material

# ❖ During Planning Years (Even # years) ❖

## TURA Reports ALSO INCLUDE:

A TUR Plan Summary Submittal Selection Form  
and as applicable a:

- TUR Plan Summary

OR

- Resource Conservation Plan Summary

OR

- Environmental Management System Progress Report

and

- If a firm did an RC Plan in the last planning cycle a Resource Conservation Plan Progress Report



Massachusetts Department of Environmental Protection  
Bureau of Air & Waste - Toxics Use Reduction Report  
**Plan Summary Submittal Selection Form**

Report year

Reporting Year  
ABNAKI ROCK  
Facility Name  
380799  
DEP Facility ID Number

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

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

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

**Assets (check all that apply)**

2a ☐ Energy

2b ☐ Water

2c ☐ Materials that contribute to solid waste

2d ☐ Chemicals on the TURA Toxics or Hazardous Substance List used below reporting thresholds

2e ☐ Chemical substances that are not on TURA Toxics or Hazardous Substance List

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

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

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

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

CAS #	Chemical Name	Method*	By taking the following steps
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> E <input type="checkbox"/> R	<input type="text"/>
3b.a.1	3b.a.2		3b.a.4
<a href="#">Edit</a> <a href="#">Delete</a>			
<input type="button" value="Add Chemical"/>			

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

Date (mm/dd/yyyy)

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

t\_3015.aspx

Click on **Error Check** when the Form is completed

Error Check & Next



Only during  
even # years  
Select the  
correct Planning  
Form:  
-EMS  
-RC  
-TUR





## Environmental Management System Progress Report

Report year

Planning year

ABNAKI ROCK

Facility Name

380799

DEP Facility ID Number

EMS

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

### A. Significant Aspects - Covered Topics

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

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

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





## B. Integrating TUR Planning

1. We have checked if alternatives to our current toxics use have become available and are technically and economically feasible to implement.  
☐ Yes    ☐ No
2. We have solicited our employees for ideas about reducing toxics use, the generation of byproduct from toxics use, or releases.  
☐ Yes    ☐ No
3. We have continued to promote a policy of toxics use reduction in our activities and are incorporating it into planning and design as well as day-to-day management.  
☐ Yes    ☐ No
4. We have continued to monitor our toxics use in order to ensure that all leaks, spills, releases and byproduct generation are minimized to the extent practicable.  
☐ Yes    ☐ No
5. We have identified all regulatory requirements triggered by use of toxics chemicals.  
☐ Yes    ☐ No
6. Our EMS has been audited by a qualified independent auditor at least once during the past two year TURA planning cycle.  
☐ Yes    ☐ No
7. We have solicited information from vendors, consultants, government agencies, academic experts, or other resources to better understand our options for implementing TUR activities.  
☐ Yes    ☐ No




# EMS



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



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




Click on **Error Check** when the Form is completed

Error Check & Next

EMS



EMS  
Certification by  
Senior  
Management  
Official

	<b>Massachusetts Department of Environmental Protection</b> <i>Bureau of Air &amp; Waste - Toxics Use Reduction Report</i> <b>Environmental Management System</b> <b>Progress Report</b>	<b>Report year</b> <input type="text"/>
		<b>Planning Year</b> <input type="text"/>
		<b>Facility Name</b> <input type="text"/>
		<b>DEP Facility ID Number</b> <input type="text"/>

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

- (a) I have examined and am familiar with this EMS;
- (b) The EMS meets the requirements of 310 CMR 50.82 and the elements specified therein are being implemented;
- (c) The EMS is actively addressing environmental compliance issues;
- (d) The individual who has certified the EMS pursuant to 310 CMR 50.84(3) has provided me with documentation that he or she meets the requirements of 310 CMR 50.84(2).
- (e) These statements are based upon answers to queries made by me to individuals who have been designated to implement the EMS, and I have made my best effort to ensure that they are being held accountable for implementing the system in good faith. I understand that by choosing to implement an EMS in lieu of a toxics use reduction plan, I am responsible for maintaining documentation to evidence a good faith effort to implement all elements of the EMS.
- (f) I am aware that there are penalties for submitting false information, including possible fines and imprisonment.

<input type="text"/>	<input type="text"/>
1. Signature of Senior Management Official	2. Date (mm/dd/yyyy)
<input type="text"/>	
3. Print Name of Senior Management Official	
<input type="text"/>	
4. Email Address	

Error Check

Save

Print

Exit



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

## Resource Conservation Plan Summary

Please refer to the Resource Conservation Guidance when filling out this form.

Report year

Planning Year

ABNAKI ROCK

Facility Name

380799

DEP Facility ID Number

RC

### A. Targeted Asset

MATERIALS THAT CONTRIBUTE TO SOLID WASTE

### B. Selected Operations

List the operations the resource conservation plan covers. If operation is not listed, choose "other"

Shipping/receiving are

Dock

1. Operation Code

2. Operation Code

3. Operation Code

4. Operation Code

1. Operation Code

2. Operation Code

3. Operation Code

4. Operation Code

Other (describe):

### C. Baseline Amount of Asset Used

This includes the total amount of the asset used during the baseline calendar year, reported as a total amount. In addition, you also may report amount per unit of product.

Year (e.g., 2007)

2014

120000

POUNDS

Year

Total Amount of Asset Used

Total Use - Unit of Measure

If unit of measure is different than listed above, please describe:

Per Unit of Product Use (Optional)

Unit of Product

Amount of Product

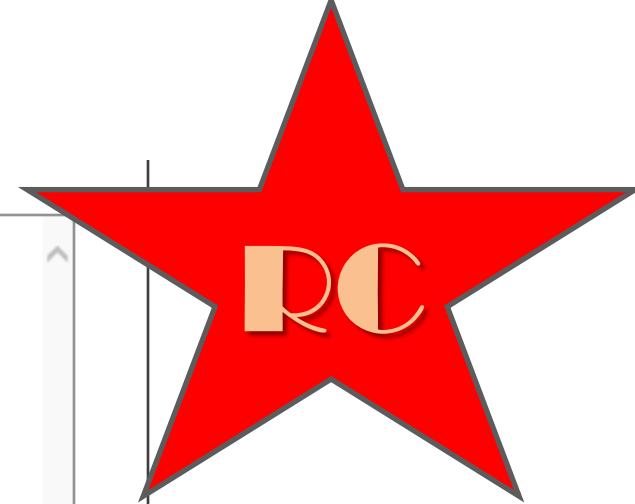
#### D. Options Selected to Implement

RE CYCLING CARDBOARD AND SHIPPING OLD COMPUTERS FOR RECYCLING

#### E. Other Options Considered

List the resource conservation options you considered but decided not to implement. You also may provide an explanation why you chose not to implement a particular option.

USING REUSABLE TOTES FOR SHIPPING CIRCUIT BOARDS AND COMPUTERS TO END CUSTOMERS.



F. Goals for Reducing the Asset

List the resource conservation goal(s) as a percentage reduction or a specific amount reduction (e.g., number of kWh or Tons) over a certain time period. The first line is an example.

Amount of Reduction	Unit of Measure	Goal by Date (Year)	Description of Goal
15%	Gallons	2008	Reduction of potable water use and sewer discharge
<input type="text" value="25"/>	<input type="text" value="POUNDS"/>	<input type="text" value="2022"/>	<input type="text" value="REDUCTION IN CARDBOARD AND SHIPPING MATE"/>
F.1.a	F.1.b	F.1.c	F.1.d
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.2.a	F.2.b	F.2.c	F.2.d
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.3.a	F.3.b	F.3.c	F.3.d
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.4.a	F.4.b	F.4.c	F.4.d

G. Expected Change in the Amount of Asset Used

Indicate the expected change in the amount of the asset(s) to be used (due to the options implemented) between the year on which the plan is based and two years after the plan is due.

The unit of measure in this section  (as listed previously in Section C).

**Note:** You will report actual changes in the amount of the asset used on a resource conservation progress report that you must submit with the next toxics use reduction plan summary. However, if there are actual changes to report due to an option already implemented, you may include them below.

Expected Annual change in the amount of asset used by July 1st of the next even-numbered calendar year on an annual basis:

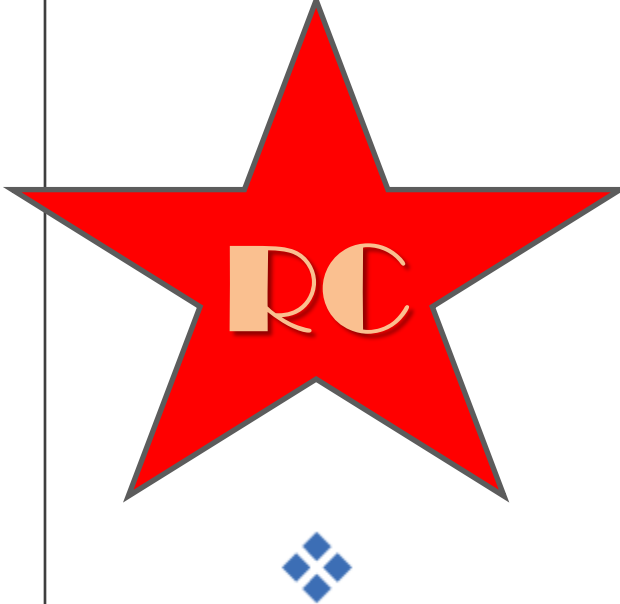
H. Prior Efforts (Optional)

Results of Prior efforts *may have* resulted in reductions of the asset used. Please indicate the reductions accomplished as a result of projects implemented since July 1st of the previous even-numbered calendar year.

The unit of measure in this section  (as listed previously in Section C).

I. Additional Information

You may provide additional information about your resource conservation plan.



Click on **Error Check** when the Form is completed

Error Check & Next



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

## Resource Conservation Plan Summary

Please refer to the Resource Conservation Guidance when filling out this form.

Report year

Planning Year

ABNAKI ROCK

Facility Name

380799

DEP Facility ID Number

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

- (a) I have personally examined and am familiar with this Resource Conservation Plan;
- (b) I am satisfied that any supporting documentation used in the development of the Plan exists and is consistent with the Plan;
- (c) based on my inquiry of those individuals immediately responsible for the development of this Plan, I believe that the information in the Plan and any supporting documentation used in the development of the Plan is true, accurate, and complete;
- (d) the Plan, to the best of my knowledge and belief, meets the requirements of 310 CMR 50.90; and
- (e) I am aware that there are penalties for submitting false information, including possible fines and imprisonment.

1. Signature of Senior Management Official

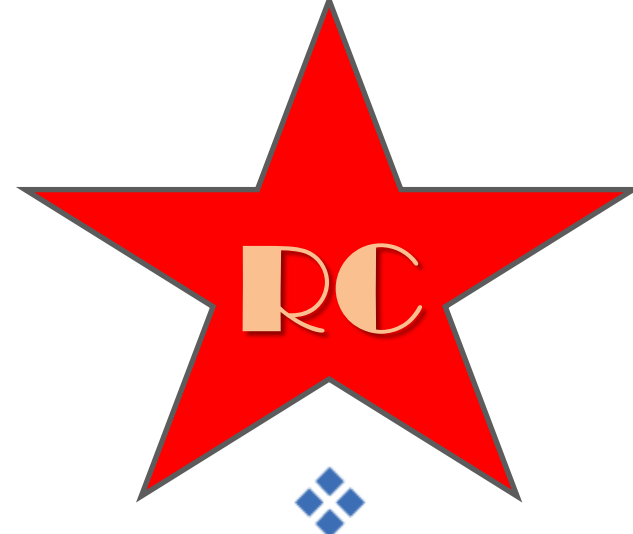
2. Date (mm/dd/yyyy)

3. Print Name of Senior Management Official

4. Print Title of Senior Management Official

5. Email Address

Error Check & Next



RC  
Certification by  
Senior  
Management  
Official

Click on **Error Check** when the Form is completed

Making Massachusetts a Safer Place to Live and Work

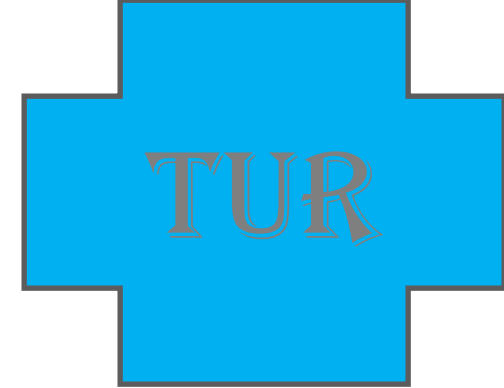






# TOXICS USE REDUCTION PLAN SUMMARY FORM

ABNAKI ROCK  
Facility Name  
380799  
DEP Facility ID Number



Edit

## A. Chemical Data

AMMONIA

A.1 Chemical Name

7664417

A.2 CAS #

Calculated as follows:

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

Two Year Projected Change in Byproduct.

87

A.3 Use

3

A.4 Byproduct

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

- ☐ Yes - skip to Section C.  
☒ No - go to Section B.

## B. Options Considered & Selected for Implementation

### B.1 Options Considered

1. SUBSTITUTE A NON-TUR CHEMICAL

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

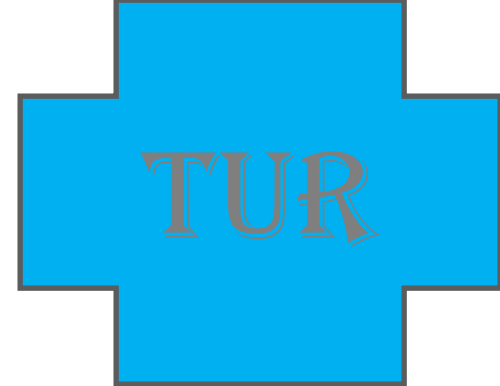
NONE - TUR CHANGE TO NON-TUR CHEMICAL IS NOT ECONOMICALLY FEASIBLE DUE TO COSTS ASSOCIATED WITH FDA REVALIDATION/APPROVAL PROCESS FOR PU#001, AND TECHNICALLY AND ECONOMICALLY INFEASIBLE FOR PU#003.

NOTE: If this page is blank, please contact the program, you may be asked to start a new transaction.

Unique  
Block 1

TUR Plan  
Summary

Scroll down to  
find all  
Chemicals



### C. Prior Options Implementation

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

Optional: List TUR Options implemented in prior years.

1. IMPLEMENTED THE TIGHTNESS TEST OF CATALYTIC SEAL FINDING AND REPAIRING LEAKS.

Unique  
Block 1  
continuation

TUR Plan  
Summary

Scroll down  
to find all  
Chemicals



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

## TURA Plan Summary

Report year

Planning Year

ABNAKI ROCK

Facility Name

380799

DEP Facility ID Number

### Management Certification

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

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

1. Signature of Senior Management Official

2. Date (mm/dd/yyyy)

ASFSAF

3. Print Name of Senior Management Official

WALTER.HOPE@MASS.GOV

4. Email Address


Error Check & Next

TUR Plan  
Certification by  
Senior  
Management  
Official



# RC+ (Resource Conservation) Plan Update (+ TUR Plan Summary)





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

## Resource Conservation Progress Report

Report year

Planning Year

PRINTERS OIL SUPPLY

Facility Name

131260

DEP Facility ID Number

[Edit](#) [Delete](#)

### A. Targeted Asset

### B. Identification Information

- Year Resource Conservation Plan was completed:
- Progress Report Date:

### C. Resource Conservation Progress

[Edit](#) [Delete](#)

#### BASELINE INFORMATION (from Section C. RC Plan Summary)

a. Year:  b. Amount used per year:  c. Unit of Measure:

MMBTU - Energy  
Gallons - Water  
Pounds - Solid waste or  
Toxics

---

#### REDUCTION GOAL (from Sections F AND G. RC Plan Summary)

d. Year to be Achieved:  e. Expected Annual Reduction:  f. Actual Annual Reduction:

g. Description:

### D. Options Implementation Status

Provide implementation status for each selected option listed in Section D of the RC Plan Summary. If any option was not implemented, state why.

Option	Implementation Status

[Edit](#) [Delete](#)



RC (Resource  
Conservation)  
Progress  
Report  
(must also  
complete TUR  
Plan  
Summary)



RC (Resource  
Conservation)  
Progress Report  
(must also  
complete TUR Plan  
Summary)

ADD Baseline  
information for  
EACH "Targeted  
Asset" as needed  
as a separate  
Unique BLOCK,  
UPDATE when  
complete.

### A. Targeted Asset

[Edit](#) [Delete](#)

### B. Identification Information

1. Year Resource Conservation Plan was completed:

2. Progress Report Date:

### C. Resource Conservation Progress

#### BASELINE INFORMATION

(from Section C. RC Plan Summary)

a. Year:  b. Amount used per year:  c. Unit of Measure:

MMBTU - Energy  
Gallons - Water  
Pounds - Solid waste or  
Toxics

[Edit](#) [Delete](#)

#### REDUCTION GOAL

(from Sections F AND G. RC Plan Summary)

d. Year to be Achieved:  e. Expected Annual Reduction:  f. Actual Annual Reduction:

g. Description:

Add Resource Conservation Progress



IF you have more than 1 (one) option, click on ADD OPTION before you enter your information, edit & when information is added, then UPDATE.


ADD Asset as needed, and ERROR CHECK & NEXT when complete

#### D. Options Implementation Status

Provide implementation status for each selected option listed in Section D of the RC Plan Summary. If any option was not implemented, state why.

Option	Implementation Status		
		<a href="#">Edit</a>	<a href="#">Delete</a>
<input type="button" value="Add Option"/>			





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

## Toxics Use Fee Worksheet

Report year

Reporting Year  
**ABNAKI ROCK**

Facility Name  
**ABNAKI ROCK**

DEP Facility ID Number  
**380799**

---

**11** **ABNAKI ROCK**

a. Facility Name

**1 WINTER ST**

b. Facility Site Address

**BOSTON**

c. City

**MA**

d. State

**021084747**

e. ZIP Code

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

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

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

f. Determine your base fee by referring to the 2nd column above. **4625**

g. Enter # of Form Ss you are filing that are not high hazard or low hazard chemicals: **1**

h. Enter # of Form Ss you are filing for high hazard chemicals: **0**

i. Enter # of Form Ss you are filing for low hazard chemicals: **0**

j. ADD LINES g and h and multiply the result by \$1,100. **1100**

k. Add LINE f and LINE j. **5725**

l. Enter the amount from LINE K or from the 3rd column of the schedule (Maximum Fee) WHICHEVER IS LESS **5725**

Your fee is the amount entered in LINE L. **MASSDEP WILL MAIL AN INVOICE FOR PAYMENT.** Payment due 30 days after invoice notice date - Late payment will result in a \$1000 late fee as mandated by MGL 211.

---

### Certification Statement

☐ I hereby certify that I have reviewed this and all attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and information in these documents are accurate based on measurements and/or reasonable estimates using data available to the preparers of these documents.

☐ I am aware that there are significant penalties for willful or intentional submission of false or incomplete information.

☐ I agree on behalf of the filing facility to remit the required Toxics Use Fee (as determined on the Fee Worksheet) to the Commonwealth of Massachusetts, as required by 301 CMR 40.03.

**[Signature]**

a. Authorized Signature

**[First Name]**

c. First Name (Print)

**[Position]**

e. Position/Title

**[Date]**

b. Date (MM/DD/YYYY)

**[Last Name]**

d. Last Name (Print)

**[Email]**

f. Email Address

# Fee Worksheet

The Fee Worksheet  
is Created by  
**YOU/your facility.**

MassDEP will send  
an invoice based  
on this information

ABNAKI ROCK

a. Facility Name

1 WINTER ST

b. Facility Site Address

BOSTON

c. City

MA

d. State

021084747

e. ZIP Code

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

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

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

f. Determine your base fee by referring to the 2nd column above.

4625

g. Enter # of Form Ss you are filing that are not high hazard or low hazard chemicals:

1

Not high/not low Haz

h. Enter # of Form Ss you are filing for high hazard chemicals:

0

High Hazard

i. Enter # of Form Ss you are filing for low hazard chemicals:

0

Low Hazard

j. ADD LINES g and h and multiply the result by \$1,100.

1100

k. Add LINE f and LINE j.

5725

l. Enter the amount from LINE K or from the 3rd column of the schedule (Maximum Fee) **WHICHEVER IS LESS**

5725

Your fee is the amount entered in LINE L. **MASSDEP WILL MAIL AN INVOICE FOR PAYMENT.** Payment due 30 days after invoice notice date - Late payment will result in a \$1000 late fee as mandated by MGL 211.

## Part 1 of the Fee Worksheet

IF the fee is incorrect because you indicated an incorrect FTE # on the first screen, you can correct it – **BUT all screens that follow page 1 will need to be revalidated one-at-a-time**

Document your  
calculations &  
source material

**The late fee is NOT a penalty. The late fee is set by the Legislature (M.G.L. 21I § 19 (f)).** The Department shall add an additional administrative fee of \$1000 for failure to file a complete and accurate report by July 1<sup>st</sup> of the year following the use of the chemical. (i.e.: chemicals used in 2023 must be reported by July 1, 2024).

A late fee may also be added for failure to pay any fee pursuant to this section in a timely manner. \* late fee applied if the fee is not paid by the due date on the invoice.

## Part 2 of the Fee Worksheet



When a transaction is *signed* the information entered in the submittal is “locked” and **cannot be changed.** *Solution:* double check all information before signing.

### Certification Statement

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

<input type="text"/>	<input type="text"/>
a. Authorized Signature	b. Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>
c. First Name (Print)	d. Last Name (Print)
<input type="text"/>	<input type="text"/>
e. Position/Title	f. Email Address
<input type="text"/>	<input type="text"/>

Click on **Error Check** when the Invoice is completed

Error Check & Next

## Signature screen for **Senior Management Official**

Please select the box below and then indicate your acceptance.

TURA - Form S Fee Worksheet - 1 Form(s)

☐ SIGNATURE

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

By entering my name I acknowledge that I have read and agree with the certification statement.

NAME

TURA - Plan Certification Statement - 1 Form(s)

☐ MANAGEMENT CERTIFICATION

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

By entering my name I acknowledge that I have read and agree with the certification statement.

NAME  Date

I accept

I do not accept

Several certification / signature lines appear. Please **PRINT** this screen & certification screens and the paper forms, keep for your facility records.

The signatures on this screen will fill-in at the appropriate places on earlier screens/forms

❖

# TUR/EMS/RC Planner Certification

Will be completed  
after the submit step

❖



Only during even # years





# For Reporting, The **SUBMIT** Step is next

## Transaction Overview Trans# 210259 ID# 380799 Toxics Use Reduction Act (TURA) Reporting

Forms Signature Payment Submit

Forms

Print Transaction Delete Transaction Share Transaction Exit

Errors Checked/ Validated	Fill out the following forms for this transaction:
✓	Toxics Use Reduction Act (TURA) Reporting ( )
✓	TURA - Cover Sheet Page 2 New1 ( 3 )
✓	TURA - Cover Sheet Page 3 & 4 ( 1 )
✓	TURA - Cover Sheet Page 3 & 4 ( 8 )
✓	TURA - Form S Page 1 ( 107153 )
✓	TURA - Form S Page 2 ( 107153 )
✓	TURA - Form S Page 3 ( 107153 )
✓	TURA - FORMR/FORMA Page 1 & 2 ( 107153 )
✓	TURA - FormR/Form A Page 3 ( Section 7A )
✓	TURA - FormR/Form A Page 4 ( Section 7B-8 )
✓	TURA - Form S Page 1 ( 1310732 )
✓	TURA - Form S Page 2 ( 1310732 )
✓	TURA - Form S Page 3 ( 1310732 )
✓	TURA - FORMR/FORMA Page 1 & 2 ( 1310732 )
✓	TURA - Form S Fee Worksheet ( 2008 )

Next

Electronically  
Submit your  
report

Submit



Report is **NOT** sent to  
MassDEP until **SUBMIT**  
is clicked

Transaction Overview Trans# 210259 ID# 380799 Toxics Use Reduction Act (TURA) Reporting

Form Signature Payment Submit

Review and Submit your Transaction

Exit

Please review your transaction. If you are satisfied, scroll down and click submit.

An email confirmation will be automatically sent to the owner of this account at  
aamir.razzak@state.ma.us

If you would like to send this confirmation to others please enter their address below  
separated by a semicolon;

DEP Transaction ID: 210259  
Date and Time Submitted: 04/14/2009 04:28:15  
Other Email :

Form Name: Toxics Use Reduction Act (TURA) Reporting

Facility Information  
Reporting Year: 2008

021084747

Submit

**SUBMIT**  
the Report & "Plans"

## Transaction Overview Trans# 637404 ID# 377537 Toxics Use Reduction Act (TURA) Reporting

[Forms](#)[Signature](#)[Payment](#)[Submit](#)

### Review and Submit your Transaction

[Exit](#)

Please review your transaction. If you are satisfied, scroll down and click submit.

An email confirmation will be automatically sent to the owner of this account at

aamir.razzak@state.ma.us

If you would like to send this confirmation to others please enter their address below separated by a semicolon;

[Submit](#)

Report is **NOT** sent to MassDEP until SUBMIT is clicked

DEP Transaction ID: 637404

Date and Time Submitted: 04/14/2014 04:22:15

Other Email :

**Form Name:** Toxics Use Reduction Act (TURA) Reporting

Facility Information

Reporting Year: 2013

AGGREGATE INDUSTRIES STONE CRUSHING PLT

042079391

149 AYER RD, LITTLETON, MA, 014600000

Form Name

- ✓ TURA - Cover Sheet Page 2 New1(3)
- ✓ TURA - Form S Page 1(1027)
- ✓ TURA - Form S Fee Worksheet(2013)
- ✓ TURA - Exceptions to Plan Requirements(2013)
- ✓ TURA - Plan Summary(1027)
- ✓ TURA - Plan Certification Statement(2013)



Report is **NOT** sent to MassDEP until SUBMIT is clicked

[Submit](#)

If you do NOT click on the **Submit** button, MassDEP will NOT receive the information.

If MassDEP does not receive the information by the deadline, there is a \$1000 late fee. Additional FINES may apply as well.



Report is **NOT** sent to MassDEP until SUBMIT is clicked

**Submit**



❖ TUR/EMS/RC Planner  
Certification  
is a  
separate form & step ❖





# TUR/EMS/RC Planner Certification is now a separate form & step



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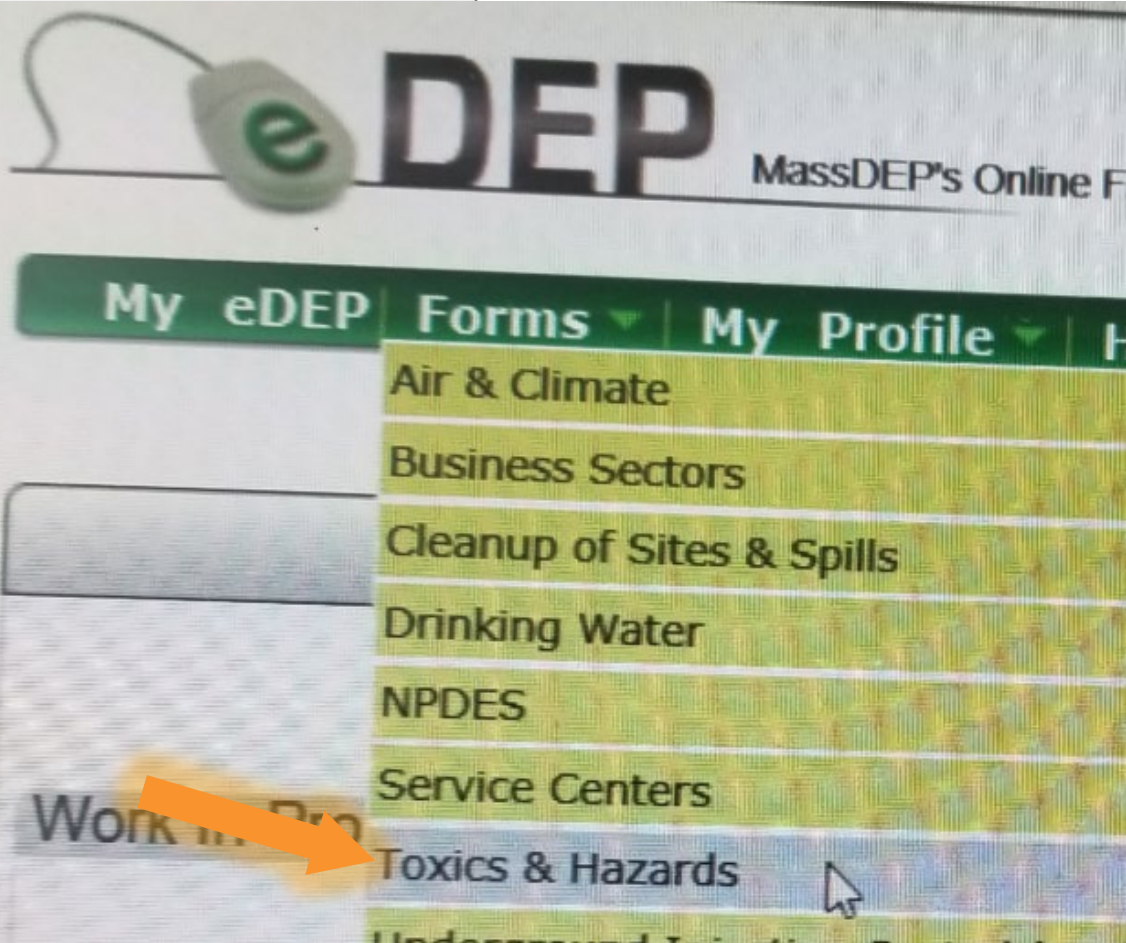
Username: ARAZZAK  
Nickname: AMIR

[LOG OFF](#)

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[Work In Progress](#) | [Recent Submitted](#) | [Archived Submitted](#) | [Bulk](#)

<a href="#">Trans#</a>	<a href="#">ID</a>	<a href="#">Transaction</a>	<a href="#">Private Note</a>
<input type="checkbox"/> 1152350	380799	<a href="#">Toxics Use Reduction Act (TURA) Planner Certification</a>	<a href="#">Add Note</a>





## TUR/EMS/RC Planner Certification is now a separate form & step



### Toxics

Toxics Use Reduction Act (TURA)  
Planner Certification

This form is for MassDEP  
Certified Toxics Use Reduction  
Planners use, to Certify TUR,  
RC or EMS Plans.



**Start Transaction**



# TUR/EMS/RC Planner Certification is now a separate form & step



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Username: ARAZZAK  
Nickname: AMIR

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## Represent Business

Do you want to represent a Business for this transaction?

☐ Yes ☒ No

Select the Business you want to represent:

Select Business ▼

Continue

### Instruction:

You have come to this page either because you are an administrator or you are "affiliated" with business(es) which allow you to file in eDEP on their behalf.

### Instructions:

- Indicate if you are representing a business in this transaction.
- If yes, select the business you are representing and then click continue.
- If no, select no and then click continue.

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complete the information for the facility that you are certifying as a MassDEP  
Certified TUR/RC/EMS Planner



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## Preform

### Preform: Toxics Use Reduction Act (TURA) Planner Certification

**TIN** (Federal Taxpayer Identification Number  
-- NO dashes):

**DEP Facility ID** (Digits-- NO dashes or  
spaces) :

Planning/Calendar Year:

Report year

Next



complete the information for the facility that you are certifying as a MassDEP  
Certified TUR/RC/EMS Planner



**DEP**

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Username: ARAZZAK  
Nickname: AMIR

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## Transaction Overview **Trans# 1152351 ID# 380799 Toxics Use Reduction Act (TURA) Planner Certification**

Forms

Signature

Submit

### Forms

Print Transaction

Delete Transaction

Share Transaction

Exit

Errors Checked/  
Validated

—

Fill out the following forms for this transaction:

[Toxics Use Reduction Act \(TURA\) Planner Certification](#)

Next

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complete the  
information for  
the facility that  
you are certifying  
as a MassDEP  
Certified  
TUR/RC/EMS  
Planner

Check 1 or more  
statements, as  
appropriate  
& then Sign &  
indicate email &  
ID#

MassDEP's Online Filing System  
Toxics Use Reduction Act (TURA) Planner Certification - Transaction #1152351

Error Check Save Print Exit

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

**Toxics Use Reduction Act (TURA)  
Planner Certification**

Report year

Facility Name

DEP Facility ID Number

☐ **TURA Plan Certification Statement**

Based on my independent professional judgment, as a MassDEP Certified TUR Planner, I certify under penalty of law that the following is true:

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

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

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

☐ **EMS Plan Certification Statement**

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

(a) I have examined and am familiar with this Toxics Use Reduction Plan;

(b) the Plan satisfies the requirements of 310 CMR 50.40; and

(c) The Plan demonstrates a good faith and reasonable effort to identify and evaluate toxics use reduction options.

☐ **RC Plan Certification Statement**

Based on my independent professional judgment as a MassDEP Certified TUR Planner and MassDEP Certified Resource Conservation Planner, I Certify under penalty of law that the following is true:

(a) I have examined and am familiar with this Resource Conservation Plan; and

(b) the Plan satisfies the requirements of 310 CMR 50.90; and

(c) the Plan demonstrates a good faith and reasonable effort to identify and evaluate resource conservation options planning into the EMS.

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

2. Date (mm/dd/yyyy)

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

4. Email Address

5. TUR Planner ID Number (if applicable)

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

Error Check & Next



# complete the information for the facility that you are certifying as a MassDEP Certified TUR/RC/EMS Planner



**eDEP** MassDEP's Online Filing System

Username: ARAZZAK  
Nickname: AMIR **LOG OFF**

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**Transaction Overview** Trans# 1152351 ID# 380799 Toxics Use Reduction Act (TURA) Planner Certification

Forms Signature Submit

Forms

Print Transaction Delete Transaction Share Transaction Exit

Errors Checked/Validated  
✓

Fill out the following forms for this transaction:  
Toxics Use Reduction Act (TURA) Planner Certification

**Next**

Sign & Accept

**Transaction Overview** Trans# 1152351 ID# 380799 Toxics Use Reduction Act (TURA) Planner Certification

Forms Signature Submit

Signature

Exit

**Please select the box below and then indicate your acceptance.**

Toxics Use Reduction Act (TURA) Planner Certification - 1 Form(s)

☐ TURA PLANNER CERTIFICATION

Based on my independent professional judgment as a Toxics Use Reduction Planner, I certify under penalty of law that the following is true: (a) I have examined and am familiar with this Toxics Use Reduction Plan; (b) the Plan satisfies the requirements of 310 CMR 50.40; and (c) the Plan demonstrates a good faith and reasonable effort to identify and evaluate toxics use reduction options.

By entering my name I acknowledge that I have read and agree with the certification statement.

NAME  Date

**I accept** **I do not accept**



# complete the information for the facility that you are certifying as a MassDEP Certified TUR/RC/EMS Planner



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**eDEP** MassDEP's Online Filing System

Username: ARAZZAK  
Nickname: AMIR LOG OFF

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---

**Transaction Overview** Trans# 1152351 ID# 380799 Toxics Use Reduction Act (TURA) Planner Certification

Forms Signature Submit

Print Transaction Delete Transaction Share Transaction Exit

Errors Checked/Validated  
✓ Fill out the following forms for this transaction:  
Toxics Use Reduction Act (TURA) Planner Certification

**Next**

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**eDEP** MassDEP's Online Filing System

Username: ARAZZAK  
Nickname: AMIR LOG OFF

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---

**Transaction Overview** Trans# 1152351 ID# 380799 Toxics Use Reduction Act (TURA) Planner Certification

Forms Signature Submit

**Review and Submit your Transaction** Exit

Please review your transaction. If you are satisfied, scroll down and click submit.

An email confirmation will be automatically sent to the owner of this account at

If you would like to send this confirmation to others please enter their address below separated by a semicolon:

DEP Transaction ID: 1152351  
Date and Time Submitted: 02/25/2020 02:28:43  
Other Email :

**Form Name:** Toxics Use Reduction Act (TURA) Planner Certification

**Facility Information**  
Reporting Year: 2019  
ABNAKI ROCK  
380799799  
1 WINTER ST, BOSTON, MA, 021084747

**Form Name**

**Submit**

The system will email you  
(the Planner) a receipt, and  
you can send a copy  
indicating you completed the  
CERTIFICATION to your boss  
or client.

The TUR/EMS/RC Plan is NOT  
CERTIFIED UNTIL YOU have  
clicked on the SUBMIT  
BUTTON

# REMEMBER!



- ✓ DOCUMENT
  - With changes in staffing, know where your records are
- ❖ TUR Plan &/or RC/EMS Plans MUST be at the facility
- ✓ REPORT ONLY WHAT YOU NEED TO REPORT
- ✓ BE AWARE OF CONTAMINANTS IN YOUR RAW MATERIAL
- ✓ LEAD CAN BE IN “NON-LEAD EU CERTIFIED MATERIALS”
- ✓ KEEP ABREAST OF CHANGES IN THE PROGRAM
  - New/Added chemicals (and/or “improved SDS’s)
  - Lower reporting thresholds
  - Frequent additions of additional PFAS/PFOA
- ❖ SUBMIT the TUR Report, TUR/EMS/RC Plan
- ❖ TUR PLANNERS (TUR/EMS/RC) SUBMIT the CERTIFICATION
- ✓ PAY ON TIME