

2017 Toxics Use Reduction eDTP Training

Reports due July 2, 2018
(due to the weekend)
Fee due 30 days after
billing receipt

MassDEP Contacts

- Email questions to Walter.Hope@state.ma.us
- **eDEP System Help (& username)**
 - Help Desk 617-626-1111
 - Passwords & Usernames?
 - ONLY YOU have access to Passwords
- **TURA Online Filing:**
 - Walter Hope 617-292-5982
- **TURA policy related questions**
 - Lynn Cain 617-292-5711

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
- Questions [reporting questions, thresholds, chemicals, etc]
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

**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 – NEW PROCESS

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) Fee Worksheet
 - 13) Screen – Signatures
 - 14) Payment Screens – NEW PROCESS
 - 1) DEP will mail an Invoice, payment is due in 30 days.
 - 15) Receipt
 - 16) Submittal
 - 17) Printing - **END**

Document your
calculations &
source material

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



If 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

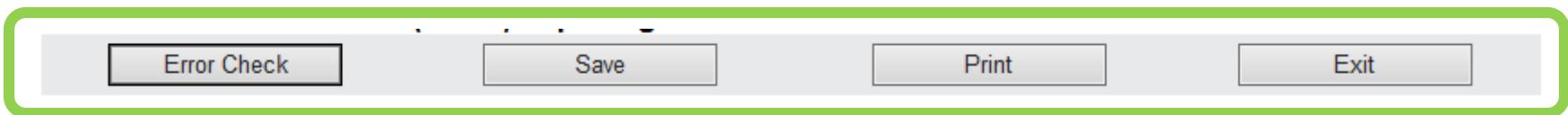
Navigating the TURA/eDEP

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



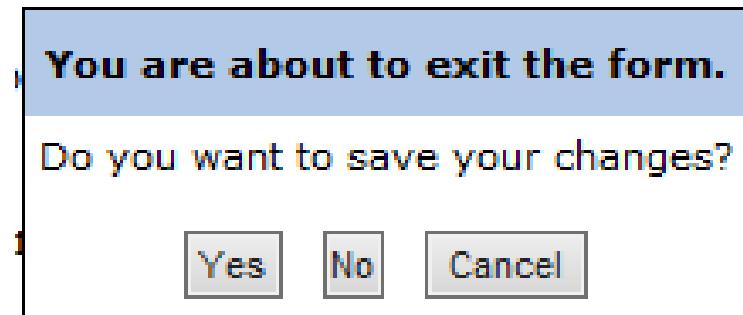
Error Check: Checks for missing data entry for the entire screen / family of forms

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

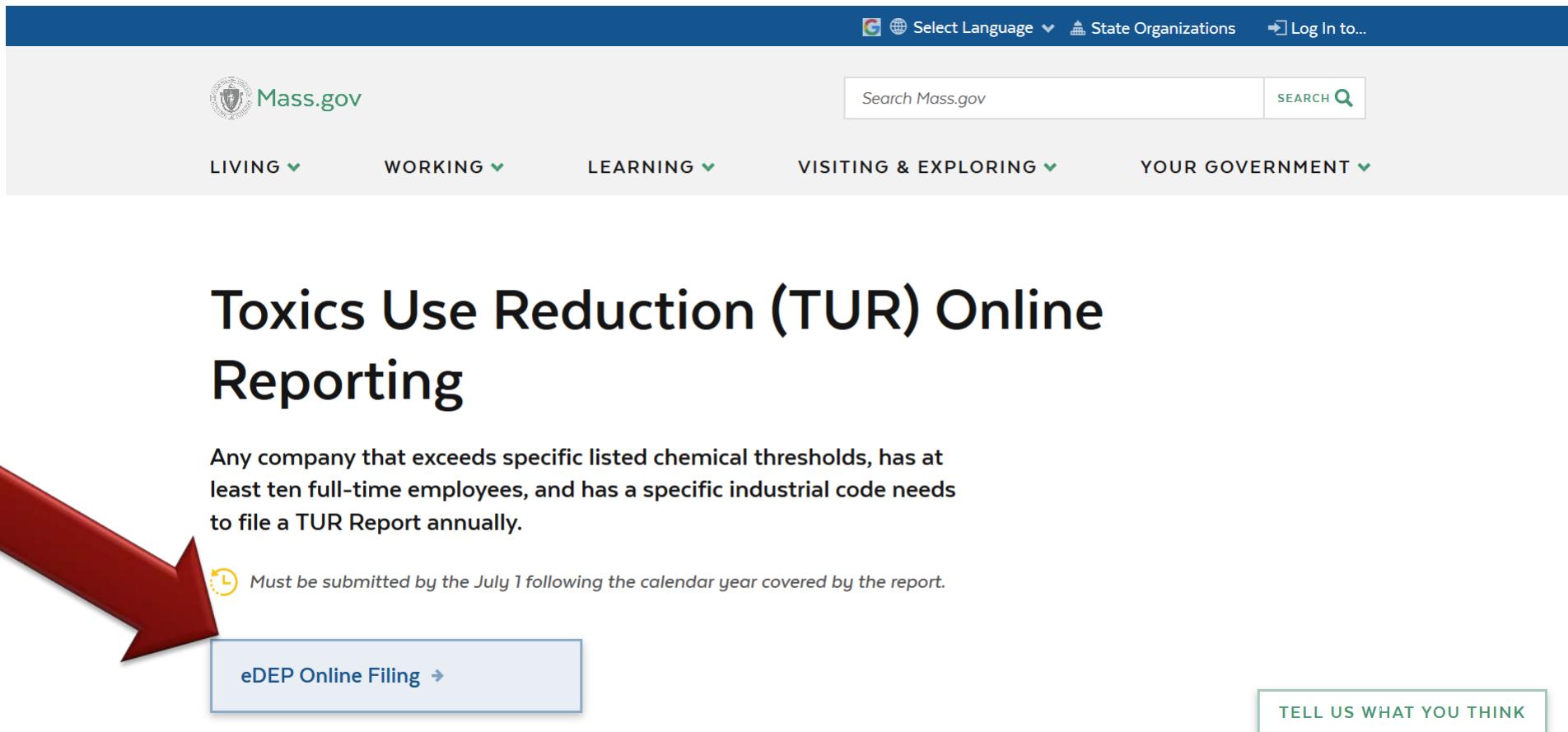


Yes will save changes and will affect the relationships to all other screens that follow

No will NOT save any changes

Cancel will Exit the form and NOT save any changes

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



Mass.gov

Select Language  State Organizations  Log In to...

LIVING  WORKING  LEARNING  VISITING & EXPLORING  YOUR GOVERNMENT 

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 !\[\]\(326cb31ea19824ad03d7e847c31b07d4_img.jpg\)](#)

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

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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:

[Reset Password](#)

[Get Login Help](#)

Register and get Username
and Password

Read the eDEP Requirement

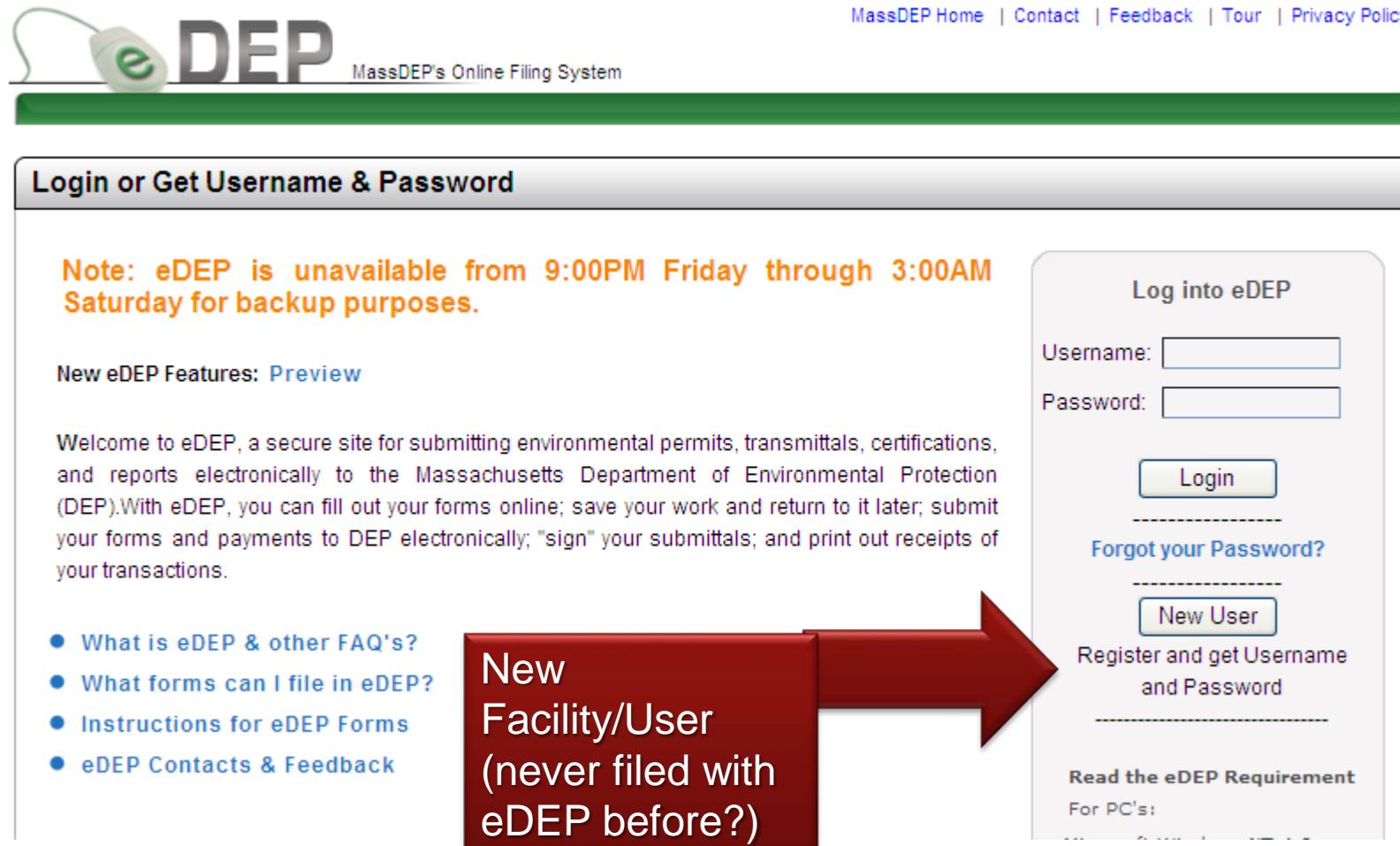
For PC's:

- 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



eDEP MassDEP's Online Filing System

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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:

Login

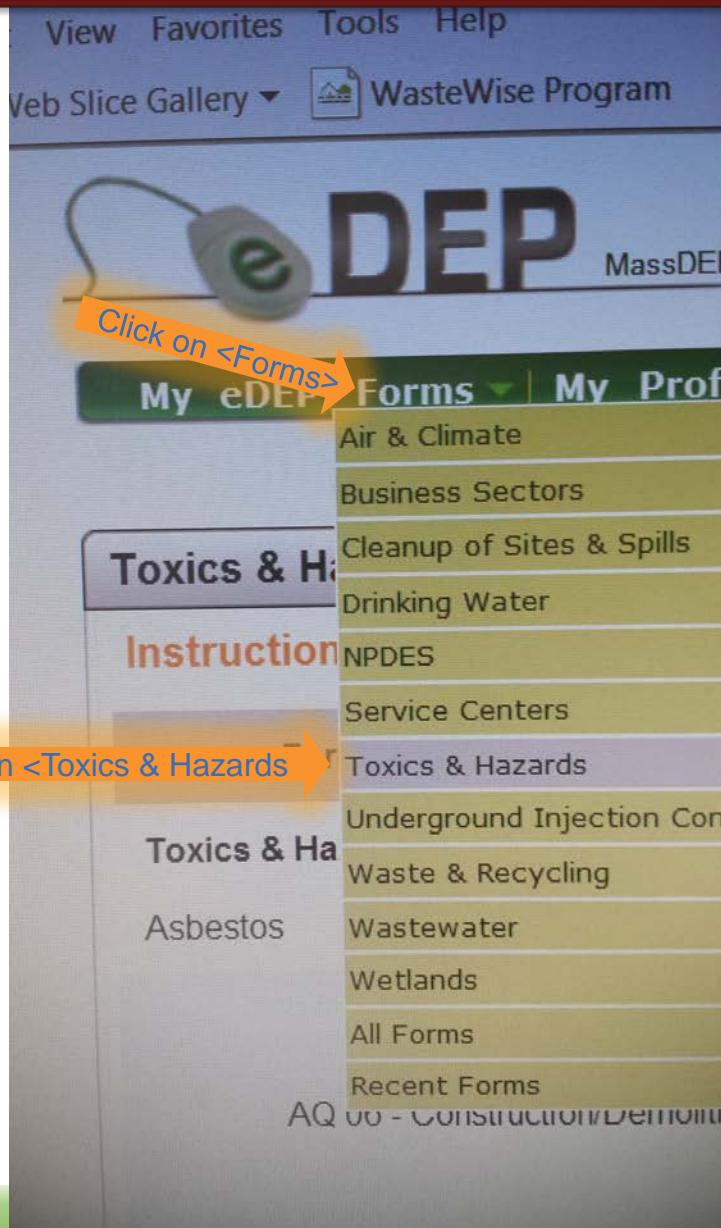
[Forgot your Password?](#)

New User

[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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Username:ARAZZAK
Nickname: AMIR

[LOG OUT](#)

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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
Toxics & Hazards		
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.	Start Transaction

At the bottom of the list ...

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:

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.



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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:

Yes
 No

Trade Secret:

[Next](#)

-The TIN# is entered
without any 'dashes'
-ONLY 2017 data can
be input (prior year's
data must be provided
by paper (forms from
DEP)).

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](#)



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

Form S Cover Sheet

2017
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

MA

021084747

c. City

d. State

e. ZIP Code

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

Yes No

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

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

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

380799799

02125BNKRCK1WIN

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

j. Toxics Release Inventory (TRI) Identification Number

Section 2: FTE Information

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

- 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.

Form S Cover Sheet

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 calendar year **2017**.)

Section 1: General Information

Facility Name and Address:

ABNAKI ROCK

a. Name

1 WINTER ST

b. Street Address

BOSTON

MA

021084747

c. City

d. State

e. ZIP Code

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

Yes No

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

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

02125BNKRCK1WIN

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

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

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.

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 1st form,
other forms begin
to 'appear'

[Next](#)

Section 3 (blank for most)



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

2017
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

[Add Chemicals](#)

a.5

Chemical Name

Each screen must be Error Checked

[Error Check & Next](#)

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 2017 (this 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”**

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

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

CAS # of chemical substituted for TURA chemical

a.5

Chemical Name

[Add Chemicals](#)

Click to Add Chemicals and another unique block

[Error Check & Next](#)

Each screen must be Error Checked

Unique Block

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 CAS # of chemical not reportable (if applicable)

a.2 Chemical Name [Edit](#) [Delete](#)

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

a.1 CAS # of chemical not reportable (if applicable)

a.2 Chemical Name [Edit](#) [Delete](#)

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](#)

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

2017
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

a. Production Unit #

[Edit](#)

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 g. NAICS Code

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:		
CC-04 Process Code	HEAT TREATING NOS Process Code Description	
BB-02 Process Code	AQUEOUS Process Code Description	
CC-01 Process Code	CASTING/MOLDING Process Code Description	
AA-01 Process Code	DIP, FLOW & CURTAIN COATING 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.

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

PRODUCTION UNIT DETAILS

[Edit](#)

a. Production Unit #

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:

<input type="text" value="334418"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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](#)

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

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 **EDIT** to change or add NAICS Codes,
Update when complete with this UNIQUE BLOCK [Edit](#)

Is this production unit **IN USE** with chemical(s) over the reporting thresh

Yes No

2 PU in Use?

b. Describe the Process:

SOLDERING OF PRINTED CUSTOM CIRCUIT BOARDS

c. Describe the Product:

COMPLETED PRINTED CIRCUIT BOARDS

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

Enter up to 4 six-digit NAICs code that best describe the Product from the Production Unit. List 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

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



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

h. Check the appropriate ~~area~~ unit 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.

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

TURA Chemical:

CAS #

Chemical Name

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

Process Codes:

CC-04

Process Code

HEAT TREATING NOS

Process Code Description

BB-02

Process Code

AQUEOUS

Process Code Description

CC-01

Process Code

CASTING/MOLDING

Process Code Description

AA-01

Process Code

DIP, FLOW & CURTAIN COATING

Process Code Description

[Add Process Codes](#)

[Add Chemicals](#)



**Unique
Block 2**

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

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

TURA Chemical:

7439921
CAS #

LEAD
Chemical Name

Process Codes:

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

[Add Process Codes](#)

ALL codes can be picked by clicking on “Select”

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

2

Select

Please select Process Code

Process Code

Add Process Codes

Add Chemicals

Update Cancel

Process Code Description

Unique Block 3

3 Click on the code & it will fill the box

Process Code	Description
AA-08	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)

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

Making Massachusetts a Safer Place to Live and Work

TURI
MASS LOWELL
Office of Technical Assistance and Research

OTA
Office of Technical Assistance and Research

MassDEP
Massachusetts Department of Environmental Protection

44

- 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:

<input type="text"/>	<input type="text"/>	Edit Delete
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	
Add Process Codes		
Add Chemicals		

Click to add another chemical for this production Unit

Unique
Block 2

1 Adding a Production Unit - CLICK.

PRODUCTION UNIT DETAILS

a. Production Unit

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

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	<input type="text"/> HEAT TREATING NOS
Process Code	Process Code Description
<input type="checkbox"/> BB-02	<input type="text"/> AQUEOUS
Process Code	Process Code Description
<input type="checkbox"/> CC-01	<input type="text"/> CASTING/MOLDING
Process Code	Process Code Description
<input type="checkbox"/> AA-01	<input type="text"/> DIP, FLOW & CURTAIN COATING
Process Code	Process Code Description
<input type="checkbox"/>	<input type="text"/>
Process Code	Process Code Description
<input type="checkbox"/> AA-16	<input type="text"/> 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	ANTIMONY COMPOUNDS	Edit Delete
CAS #	Chemical Name	
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 Message [Below are links where error(s) occurred]

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

[Error Check & Next](#)

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

2017
Reporting Year
ABNAKI ROCK
Facility Name
380799
DEP Facility ID Number

Section 1: Facility-Wide use of Listed Chemical

[Edit](#)

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

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

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

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

Unique
Block 1

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

2017
Reporting Year
ABNAKI ROCK
Facility Name
380799
DEP Facility ID Number

Section 1: Facility-Wide use of Listed Chemical

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

a. MA DEP CAS #	7439921	b. Chemical Name (Dioxin should be in grams, decimal points may be used)	LEAD
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	
51760		2588	
e. Amount Otherwise Used		f. Amount Generated as byproduct	
49172		.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
4th decimal point,
UNLESS the
chemical is Dioxin
&/or Dioxin
Compounds



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

1000	ANTIMONY COMPOUNDS
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 ?

-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 4.

-you 'may' be able to exit this form (Form S), and delete the CAS# from the Form S Cover Sheet Section 4, 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.

-values such as the word “all”, \pm , ∞ , \checkmark and others...

Are NOT valid.

Solution: use whole numbers, unless the chemical is a PBT (then you may use 0.5 of a pound, or if dioxin, you may use grams (system now allows 999.9999 grams to be entered).

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

Form S
Chemical Use Facility-Wide

Reporting Year:

Facility Name:

Facility ID:

Section 1:

7439921

a. MA DEP ID:

Facility-wide Dioxin, Report containing the reporting inst

c. Amount M:

e. Amount Otherwise Used:

g. Amount Shipped In Or As Product:

f. Amount Generated as byproduct:

h. Production or Activity Ratio:

When you don't have a Mass Balance

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.

a. Amount of Chemical Recycled OnSite

b. Amount of Chemical Consumed Or Transformed

c. Amount of Chemical 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.

-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.

a. Amount of Chemical Recycled OnSite

b. Amount of Chemical Consumed Or Transformed

c. Amount of Chemical Held In Inventory

d. Amount of Chemical Compound

e. Other Amount

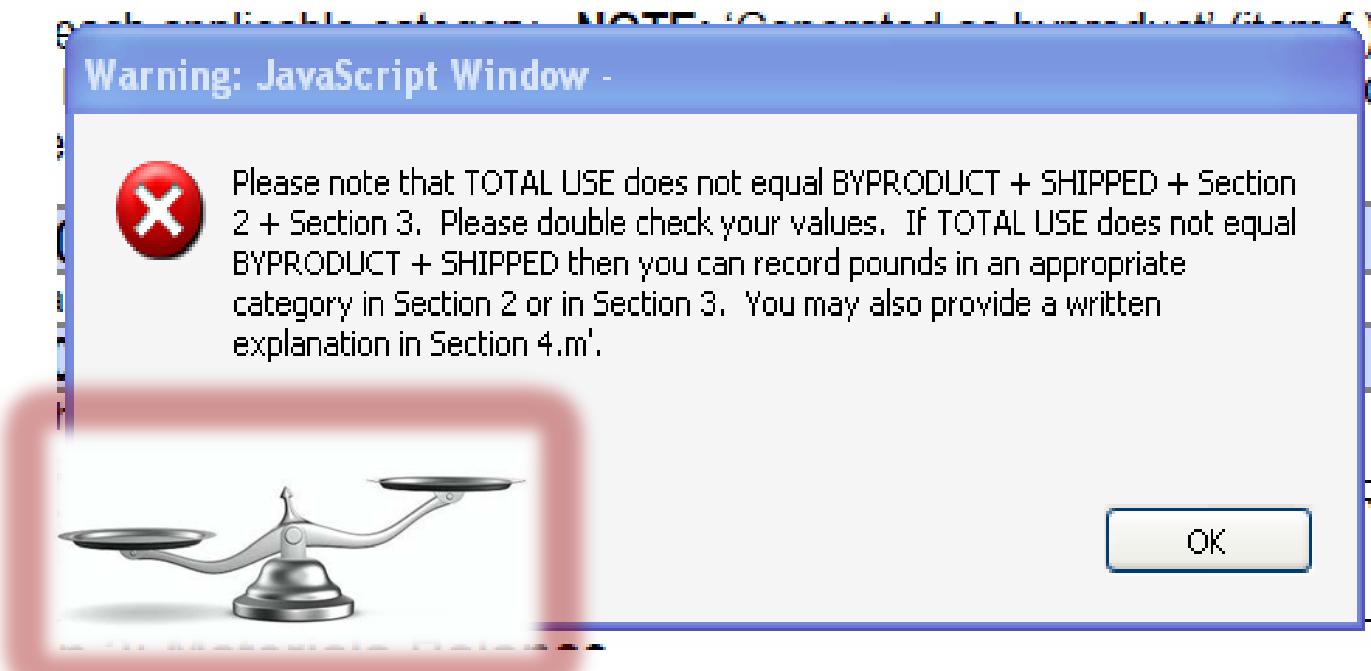
f. Check yes if anything non-routine occurred at your facility during the reporting year that affected the data reported, if there is not a materials balance, and/or if the Prod. Ratio is <0.5 or >2 .

Yes* No

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



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



Please check “ok” and explain the lack of a mass balance in box ‘m’ (separate page).

Was any of the chemical used in waste water treatment?*

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?

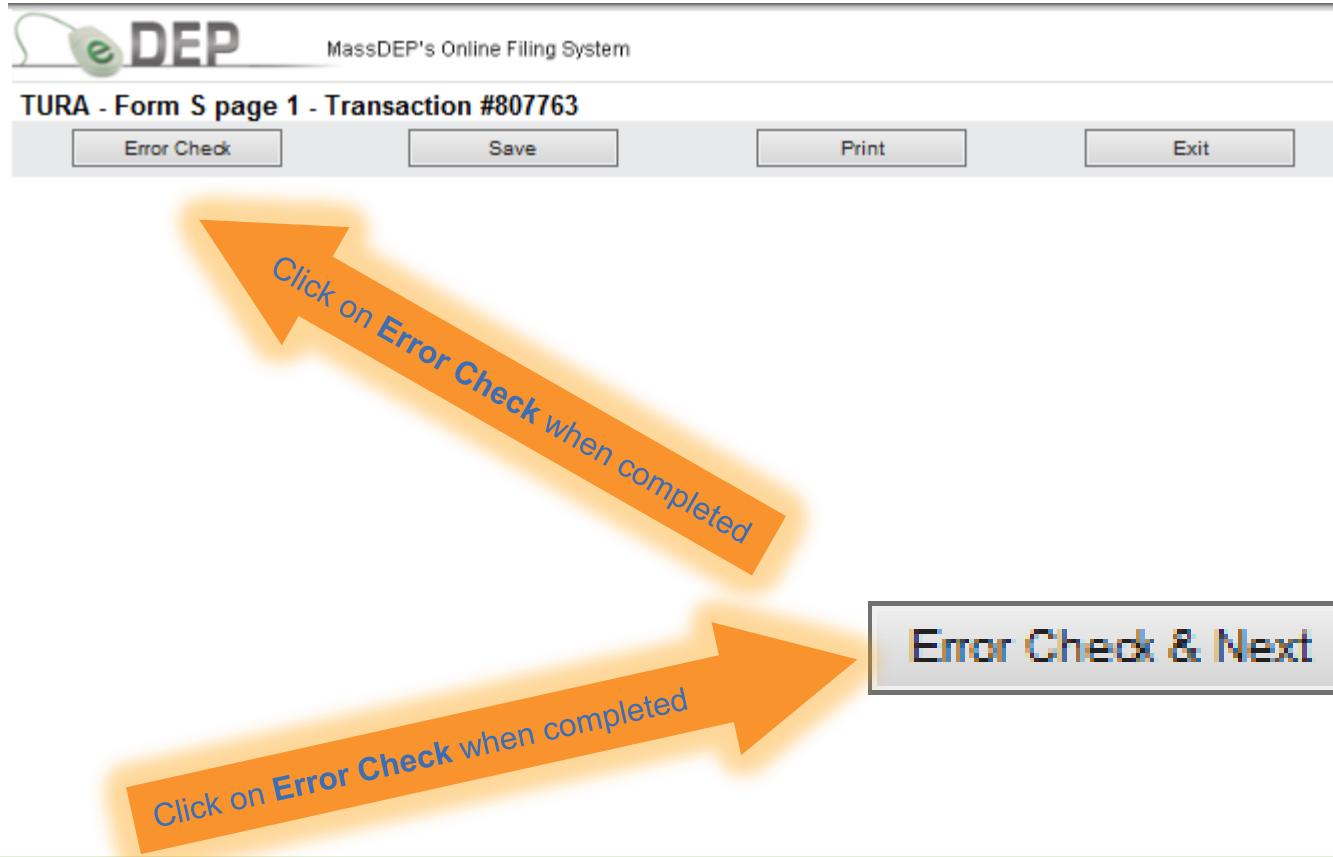
Yes* No

* 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)



When this
unique Block
(CAS#) is
complete, click
on Update.

Unique Block 1



Section 4: Toxics Use by Production Unit

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

a. Production Unit #	LEAD	b. Chemical Name		
c. Quantity of Chemical Use Code:				
<input type="radio"/> 1. <= 5,000 lbs. <input type="radio"/> 2. > 5,000 <= 10,000 lbs. <input type="radio"/> 3. <= 10,000 <= 100,000 lbs. <input type="radio"/> 4. > 100,000 <= 500,000 lbs. <input type="radio"/> 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?				
<input type="radio"/> Yes <input type="radio"/> 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)				
e.1.	2.	3a.	3b.	3c.
<input type="text"/> Select	<input type="text"/> Select	<input type="text"/> Select	<input type="text"/> Select	<input type="text"/> Select
f.1.	2.	3a.	3b.	3c.
<input type="text"/> Select	<input type="text"/> Select	<input type="text"/> Select	<input type="text"/> Select	<input type="text"/> Select
g.1.	2.	3a.	3b.	3c.
<input type="text"/> Select	<input type="text"/> Select	<input type="text"/> Select	<input type="text"/> Select	<input type="text"/> Select
h. Was byproduct generated for this chemical less than 1 percent of use in this production unit?				
<input type="radio"/> Yes* <input type="radio"/> 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?				
<input type="radio"/> Yes <input type="radio"/> No* * If your answer is No, skip ahead to Section 5.				
Process code(s) where most significant changes occurred (up to three in descending order) Type of Change (Enter "I" for Increase, "D" for Decrease) Technique Code(s) (up to 3 pre process code, enter in order of importance)				
j.1.	2.	3a.	3b.	3c.
<input type="text"/> Select	<input type="text"/> Select	<input type="text"/> Select	<input type="text"/> Select	<input type="text"/> Select
k.1.	2.	3a.	3b.	3c.
<input type="text"/> Select	<input type="text"/> Select	<input type="text"/> Select	<input type="text"/> Select	<input type="text"/> Select
l.1.	2.	3a.	3b.	3c.
<input type="text"/> Select	<input type="text"/> Select	<input type="text"/> Select	<input type="text"/> Select	<input type="text"/> 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 FORMS

Unique Block 1

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

Section 4: Toxics Use by Production Unit

a. Production Unit #	LEAD	
c. Quantity of Chemical Use Code:	<input type="radio"/> 1. <= 5,000 lbs. <input type="radio"/> 2. > 5,000 <= 10,000 lbs. <input checked="" type="radio"/> 3. <= 10,000 <= 100,000 lbs. <input type="radio"/> 4. > 100,000 <= 500,000 lbs. <input type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> 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	11 Select Select Select
e.1.	2.	3a. Select 3b. Select 3c. Select
f.1.	2.	3a. Select 3b. Select 3c. Select
g.1.	2.	3a. Select 3b. Select 3c. Select

SECTION 4 FORM S 1st part – Chemical Use

Scroll down
to find all
related
Production
Units



SECTION 4 FORM S 2nd part – Byproduct

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)	Type of Change (Enter "I" for Increase, "D" for Decrease)	Technique Code(s) (up to 3 pre process code, enter in order of importance)
<input type="text"/> j.1.	<input type="text"/> 2.	<input type="text"/> Select <input type="text"/> 3a. <input type="text"/> Select <input type="text"/> 3b. <input type="text"/> Select <input type="text"/> 3c. <input type="text"/> Select
<input type="text"/> k.1.	<input type="text"/> 2.	<input type="text"/> Select <input type="text"/> 3a. <input type="text"/> Select <input type="text"/> 3b. <input type="text"/> Select <input type="text"/> 3c. <input type="text"/> Select
<input type="text"/> l.1.	<input type="text"/> 2.	<input type="text"/> Select <input type="text"/> 3a. <input type="text"/> Select <input type="text"/> 3b. <input type="text"/> Select <input type="text"/> 3c. <input type="text"/> 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.

see TUR Plan for progress

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

[Print Transaction](#)

[Delete Transaction](#)

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)

 **State only chem/naics** TURA - FORMR/FORMA Page 1 & 2 (107153)

 TURA - Form S Page 1 (1310732)

 TURA - Form S Fee Worksheet (2008)

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

2017
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.

Yes No

Are you filing a Form R?
(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

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	<input type="text"/> 7A.1b.1	<input type="text"/> 7A.1b.2	<input type="text"/> 7A.1b.3	<input type="text"/> 7A.1b.4	<input type="text"/> 7A.1b.5	<input type="text"/> 7A.1b.6	<input type="text"/> 7A.1b.7	<input type="text"/> 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 WTM BLOCKS before entering info.

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

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

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)

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:
 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

Waste Treatment

Select

7A.1b.1

Select

7A.1b.2

Select

7A.

Waste Treatment Efficiency Factor

① Click to select, then
code list appears

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 DESTRCUTION 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

Section 7B

On-Site Energy Recovery Processes: check if not applicable

Energy Recovery Methods 3-character code(s): U03



Section 7C

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

H39



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.	Column A Prior Year	Column B Current Rpt. Year	Column C Following Rpt. Year	Column D 2nd Following Rpt. Year
Note: Do not double count. (Enter data as pounds per year)				
8.1a Total on-site disposal underground injection & landfills	1	2	3	4
8.1b Total on-site disposal or other releases	5	6	7	8
8.1c Total off-site disposal underground injection & landfills	9	10	11	12
8.1d Total off-site disposal or other releases	13	14	15	16
8.2 Quantity used for energy recovery on-site	17	18	19	20
8.3 Quantity used for energy recovery off-site	21	22	23	24
8.4 Quantity recycled on-site	25	26	27	28
8.5 Quantity recycled off-site	29	30	31	32
8.6 Quantity treated on-site	33	34	35	36
8.7 Quantity treated off-site	37	38	39	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:				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)]

8.10.1 W31

Methods to T4

Activity (enter codes)

Click on Error Check when the Form R is completed

Error Check & Next

Document your
calculations &
source material

2017 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



Plan Summary Submittal Selection Form

2017
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	Edit Delete
3b.a.1	3b.a.2	<input type="checkbox"/> E <input type="checkbox"/> R	3b.a.4	
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.

Select the correct Planning Form:
-EMS
-RC
-TUR

t_3015.aspx

Click on Error Check when the Form is completed

Error Check & Next



Environmental Management System Progress Report

2017
Planning Year
ABNAKI ROCK
Facility Name
380799
DEP Facility ID Number

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:

EMS

EMS

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

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



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

2017
Planning Year
ABNAKI ROCK
Facility Name
380799
DEP Facility ID Number

C. Certification Statements

1. Based on my independent professional judgment, as a MassDEP Certified TUR Planner approved for EMS Plans or as a Certified EMS Professional, I certify under penalty of law that the following is true:
- (a) I have examined and am familiar with this EMS;
 - (b) The EMS satisfies the requirements of 310 CMR 50.80; and
 - (c) The EMS demonstrates a good faith and reasonable effort to integrate toxics use reduction planning into the EMS.

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

(Check applicable) EMS Professional

5. TUR Planner ID Number (if applicable)

Toxics Use Reduction Planner

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

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

1. Signature of Senior Management Official

2. Date (mm/dd/yyyy)

3. Print Name of Senior Management Official

4. Email Address

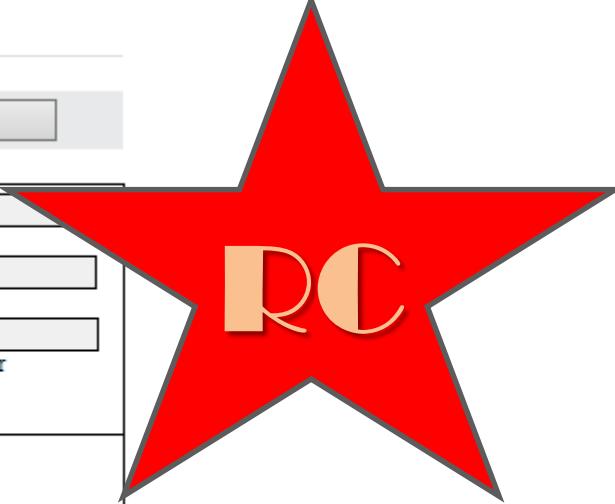
EMS

**EMS
Certification by
a DEP
Approved
EMS Planner
or TUR
Planner**

[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.

2017
 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
<input type="button" value="▼"/>	<input type="button" value="▼"/>	<input type="button" value="▼"/>	<input type="button" value="▼"/>
1. Operation Code	2. Operation Code	3. Operation Code	4. Operation Code
Other (describe): <input type="text"/>			

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)	<input type="text" value="2014"/>	<input type="text" value="120000"/>	<input type="text" value="POUNDS"/>
Year	Total Amount of Asset Used	Total Use - Unit of Measure	

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

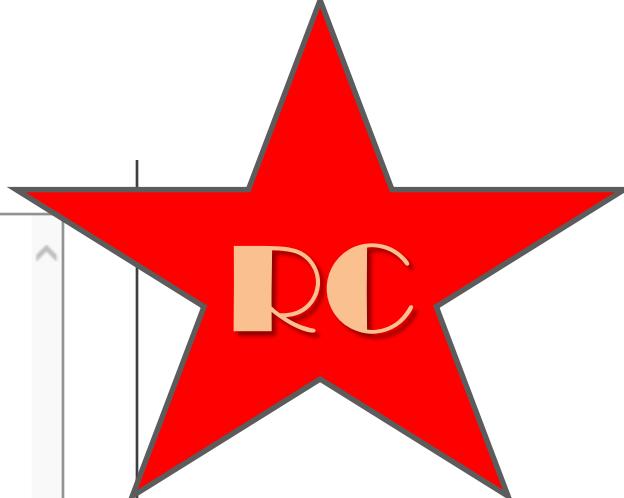
Per Unit of Product Use (Optional)

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
25	POUNDS	2022	REDUCTION IN CARDBOARD AND SHIPPING MATE
F.1.a	F.1.b	F.1.c	F.1.d
F.2.a	F.2.b	F.2.c	F.2.d
F.3.a	F.3.b	F.3.c	F.3.d
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 **POUNDS** (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:

30000

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.

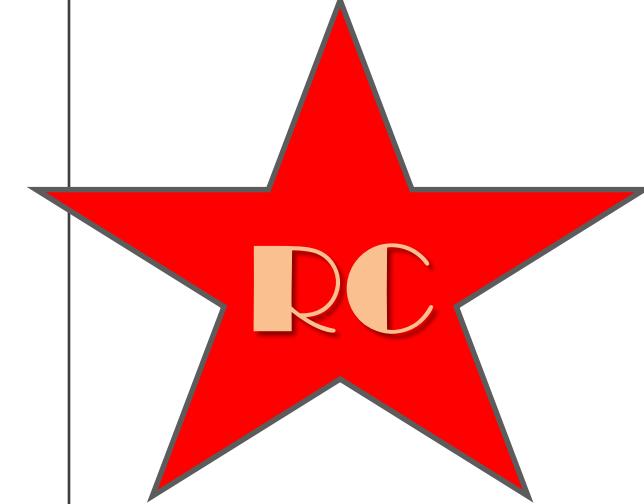
The unit of measure in this section **POUNDS** (as listed previously in Section C).

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.

2017
Planning Year
ABNAKI ROCK
Facility Name
380799
DEP Facility ID Number

Certification Statements

A. 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 Resource Conservation Plans

2. Date (mm/dd/yyyy)

3. Print Name of TUR Planner approved to certify Resource Conservation Plans

4. Print Title of Toxics Use Reduction Planner

5. Email Address

5. TUR Planner ID Number

B. 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

Click on Error Check when the Form is completed





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.

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

Two Year Projected Change in Byproduct.

87

A.3 Use

3

A.4 Byproduct

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

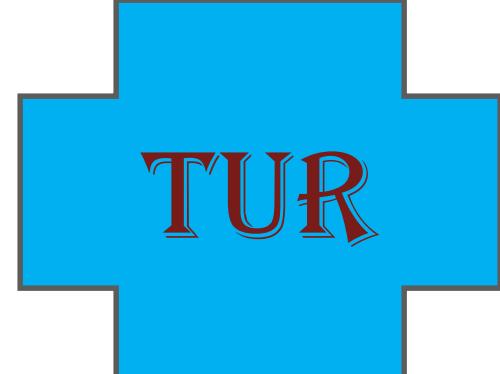
NONE - TUR CHANGE TO NON-TUR CHEMICAL IS NOT ECONOMICALLY FEASIBLE DUE TO COSTS ASSOCIATED WITH FDA REVALIDATION/APPROVAL PROCESS FOR PU#001, AND TECHNICALLY AND ECONOMICALLY INFEASIBLE FOR PU#003.

TUR

TUR Plan
Summary

Scroll down to
find all
Chemicals

Unique
Block 1



TUR

TUR Plan Summary

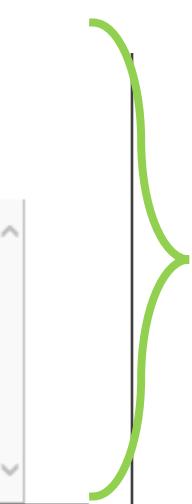
Scroll down
to find all
Chemicals

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



TURA Plan Summary

2017
Planning Year
ABNAKI ROCK
Facility Name
380799
DEP Facility ID Number

A. Planner Certification

Based on my independent professional judgment as a MassDEP Certified 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.

Joe Smith

1. Signature of Toxics Use Reduction Planner

Joe Smith

3. Print Name of Toxics Use Reduction Planner

Joe Smith@smith.com

x222222

4. Email Address

5. TUR Planner ID Number

B. 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.

Joe Smith

1. Signature of Senior Management Official

Joe Smith

3. Print Name of Senior Management Official

Joe Smith@smith.com

4. Email Address

TUR

TUR Plan
Certification by
a DEP
Approved
TUR Planner

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

2015
Planning Year
PRINTERS OIL SUPPLY
Facility Name
131260
DEP Facility ID Number

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)

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

- 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:

[Add Resource Conservation Progress](#)

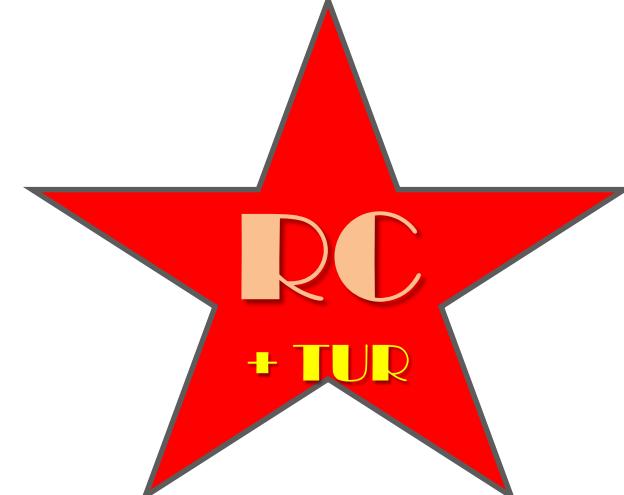
D. Options Implementation Status

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

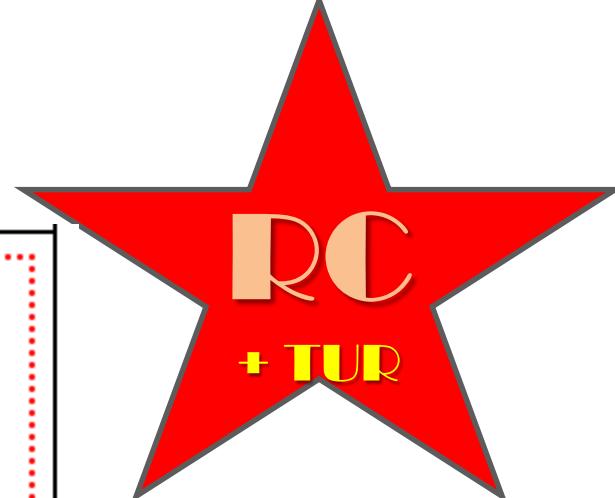
Option	Implementation Status	Edit	Delete
Add Option			

[Add Asset](#)

[Error Check & Next](#)



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



RC
+ TUR

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)

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

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:

[Add Resource Conservation Progress](#)



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
Add Option			

Add Asset

Error Check & Next

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



Toxics Use Fee Worksheet

2017
Reporting Year
ABNAKI ROCK
Facility Name
11
380799
DEP Facility ID Number

ABNAKI ROCK

a. Facility Name

1 WINTER ST

b. Facility Site Address

BOSTON

MA

021084747

c. City

d. State

e. ZIP Code

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

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

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

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

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

5725

(Maximum Fee) WHICHEVER IS LESS

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.

a. Authorized Signature

b. Date (MM/DD/YYYY)

c. First Name (Print)

d. Last Name (Print)

e. Position/Title

f. Email Address

Fee Worksheet

The Fee Worksheet
is Created by
YOU/your facility.

NEW for 2017

MassDEP will send
an invoice based
on this information

ABNAKI ROCK

a. Facility Name

1 WINTER ST

b. Facility Site Address

BOSTON

MA

021084747

c. City

d. State

e. ZIP Code

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

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>= 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.

4825

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.

6725

l. Enter the amount from LINE K or from the 3rd column of the schedule

(Maximum Fee) WHICHEVER IS LESS

6725

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

NEW for 2017

Document your
calculations &
source material

NEW for 2017

**Please note: Fee Worksheet –
MassDEP will send an invoice to
your company.**

**The late fee is NOT a penalty. The late fee is set by the Legislature (M.G.L. 21I § 19 (f)). The Department shall an additional administrative fee of \$1000 for failure to file a complete and accurate report by July 2, 2018 Or 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.

a. Authorized Signature

BARRY

c. First Name (Print)

CHIEF OPERATING OFFICER

e. Position/Title

b. Date (MM/DD/YYYY)

BOSS

d. Last Name (Print)

BarryBoss@Berry.Com

f. Email Address

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

Error Check & Next

Signature

Exit

Please select the box below and then indicate your acceptance.

TURA - EMS Plan Certification Statement - 1 Form(s)

PLANNER CERTIFICATION

Based on my independent professional judgment, 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.

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

NAME 03/23/2016

MANAGEMENT CERTIFICATION

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.

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

NAME 03/23/2016

TURA - Form S Fee Invoice

SIGNATURE

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the facts 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 03/23/2016

"sign"

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

The **SUBMIT** Step is next

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



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



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

Review and Submit your Transaction

[Submit](#)

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;

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.



Submit

Report is NOT sent to
MassDEP until SUBMIT
is clicked



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
- ✓ PAY ON TIME
- ✓ SUBMIT
- ✓ PAY ON TIME