



# 2017 Toxics Use Reduction eDEP 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](mailto: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](mailto:tridpc@epacdx.net)
- Questions [reporting questions, thresholds, chemicals, etc]  
[https://ofmpub.epa.gov/apex/guideme\\_ext/f?p=104:1](https://ofmpub.epa.gov/apex/guideme_ext/f?p=104:1)



# Basic Orientation

- What information to have available
- Overview of the Form Structure
- Overview of the System Navigation

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

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

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

Warning: JavaScript Window -



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

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

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

Do you want to validate this form?

Yes

No

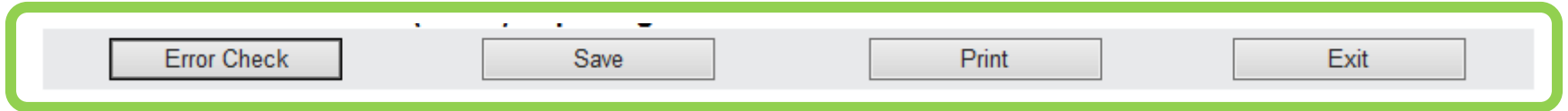
# Navigating the TURA/eDEP

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

# Screens and Blocks

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

# Navigation Buttons Used in eDEP



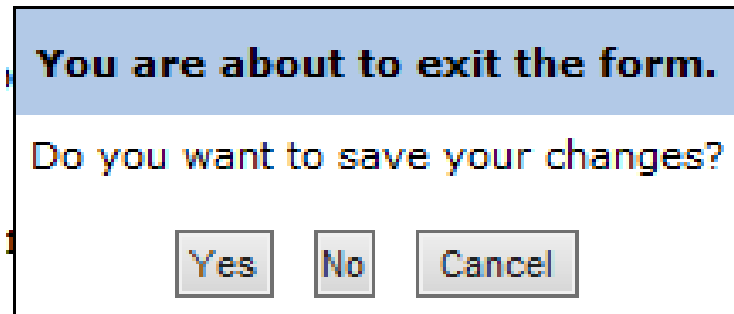
**Error Check:** Checks for missing data entry for the entire screen / family of forms

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

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

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

# Navigation Buttons Used in eDEP

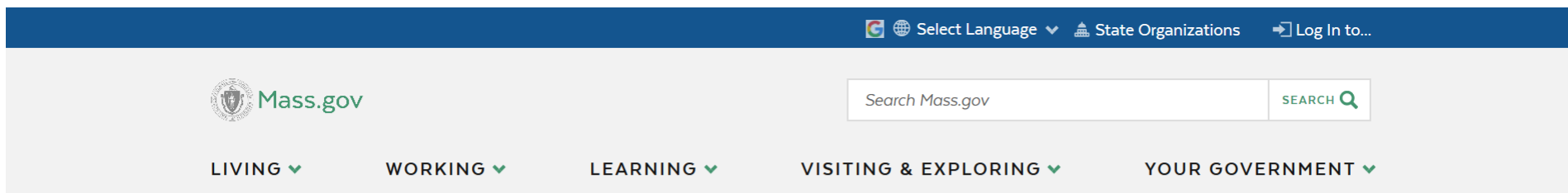


**Yes** will save changes and will affect the relationships to all other screens that follow

**No** will NOT save any changes

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

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



## Toxics Use Reduction (TUR) Online Reporting

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



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

[eDEP Online Filing →](#)

[TELL US WHAT YOU THINK](#)



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



Search Mass.gov

SEARCH

LIVING

WORKING

LEARNING

VISITING & EXPLORING

YOUR GOVERNMENT

## eDEP Online Filing

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

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

OFFERED BY

Massachusetts Department of  
Environmental Protection

### What would you like to do?

Top tasks

Login or Create Account

eDEP Contacts and Feedback

TELL US WHAT YOU THINK

# Log in screen



MassDEP's Online Filing System

## Login or Get Username & Password

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

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

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

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

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

### Log into eDEP

Username:

Password:

Login

[Reset Password](#)

[Get Login Help](#)

New User

Register and get Username  
and Password

### Read the eDEP Requirement

For PC's:

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

For Mac:

# Log in screen – New user



[MassDEP Home](#) | [Contact](#) | [Feedback](#) | [Tour](#) | [Privacy Policy](#)

## Login or Get Username & Password

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

New eDEP Features: [Preview](#)

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

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

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

### Log into eDEP

Username:

Password:

-----

[Forgot your Password?](#)

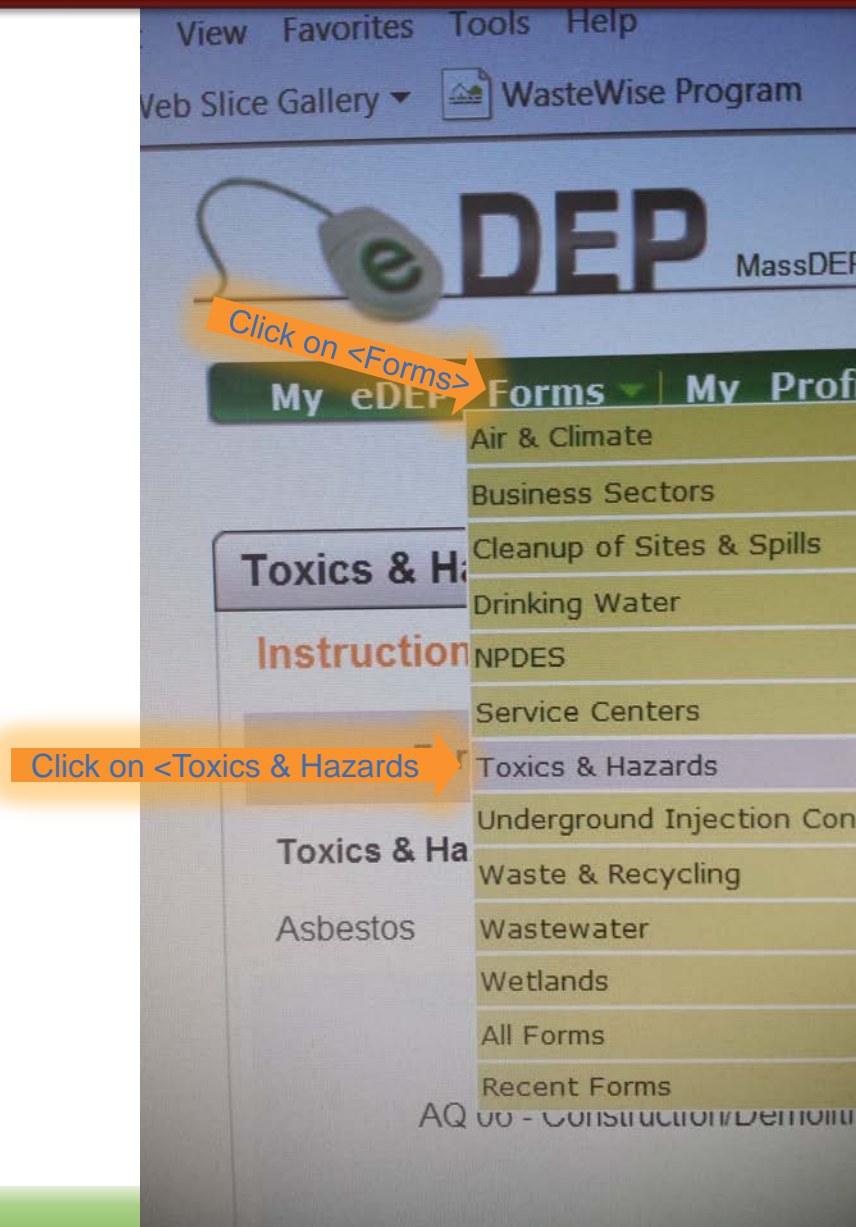
-----

Register and get Username  
and Password

-----

**Read the eDEP Requirement**  
For PC's:

# Pick the form to work on: ...



# After picking the forms link...



MassDEP's Online Filing System

[MassDEP Home](#) | [Contact](#) | [Feedback](#) | [Tour](#) | [Privacy Policy](#)

Username: ARAZZAK  
Nickname: AMIR

LOG OUT

My eDEP | Forms ▼ | My Profile ▼ | Help

## Toxics & Hazards

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

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

## At the bottom of the list ...

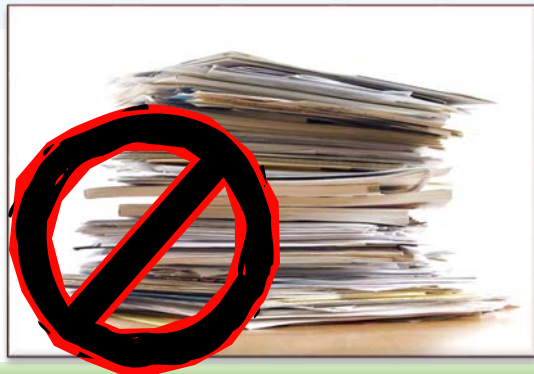
Toxics



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)



[MassDEP Home](#) | [Contact](#) | [Feedback](#) | [Tour](#) | [Privacy Policy](#)

Username: ARAZZAK  
Nickname: AMIR

LOG OFF

[My eDEP](#) | [Forms](#) ▼ | [My Profile](#) ▼ | [Help](#)

## 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#



My eDEP | Forms ▼ | My Profile ▼ | Help | Notification

## 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.



## 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

-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*

 **MassDEP's Online Filing System**

[MassDEP Home](#) | [Contact](#) | [Feedback](#) | [Tour](#) | [Privacy Policy](#)

Username: ARAZZAK  
Nickname: AMIR [LOG OFF](#)

[My eDEP](#) | [Forms](#) | [My Profile](#) | [Help](#)

---

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

Forms → Signature → Submit

**Forms**

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

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

[Next](#)

# Form S Cover Sheet



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

## Form S Cover Sheet

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.

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

c. City

MA

d. State

021084747

e. ZIP Code

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

☐ Yes

☒ No

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

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

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

380799799

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

02125BNKRCK1WIN

j. Toxics Release Inventory (TRI) Identification Number

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

USE EPA’s Q&A Document as a guide

FTE questions & answers # 21-48

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

### Section 2: FTE Information

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

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

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

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

Each screen must be Error Checked

Error Check & Next

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

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

Forms

Signature

Submit

**Forms**

Print Transaction

Delete Transaction

Share Transaction

Exit

Errors Checked/  
Validated

Fill out the following forms for this transaction:



Toxics Use Reduction Act (TURA) Reporting



TURA - Cover Sheet Page 2 New1 (309)



TURA - Cover Sheet Page 3 & 4 (310)

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

**Next**





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

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

Section  
3  
(blank  
for most)

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

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

Click **Edit** to enter info.

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

a.1

CAS # of chemical not reportable (if applicable)

a.2

Chemical Name

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

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

a.4

CAS # of chemical substituted for TURA chemical

a.5

Chemical Name

Each screen must be Error Checked

## 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"**

a.1	<input type="text" value="50000"/>	<input type="text"/>
	CAS # of chemical not reportable (if applicable)	Chemical Name
a.3	Explanation of why the chemical is not reportable (check codes):	
	<input checked="" type="checkbox"/> Chemical Below Threshold But > 0	
	<input type="checkbox"/> No Chemical Use in Reporting Year	
	<input type="checkbox"/> Chemical Substitution	
	<input checked="" type="checkbox"/> Chemical Eliminated (No Substitution)	
	<input type="checkbox"/> Decline in Business	
	<input checked="" type="checkbox"/> Other (Explain below in the additional comments section)	
	<input type="checkbox"/> Chemical no longer reportable under TURA	
a.4	<input type="text"/>	a.5 <input type="text"/>
	CAS # of chemical substituted for TURA chemical	Chemical Name
<input type="button" value="Add Chemicals"/>		

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

**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

50000

CAS # of chemical not reportable (if applicable)

a.2

FORMALDEHYDE

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

a.1

1020

CAS # of chemical not reportable (if applicable)

a.2

ENDOSULFAN AND METABOLITES

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

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

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

Add Chemicals

Unique Block 1

Screen


Unique Block 2

Click to Delete a unique block

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** [Edit](#)

a. Production Unit #

Is this production unit IN USE for the reporting year of this submittal?  
☒ Yes ☐ No

b. Describe the Process:

c. Describe the Product:

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

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

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

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

TURA Chemical:

[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

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

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

Unique Block 1

Section 4: Facility-Wide Description of Production Units

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

PRODUCTION UNIT DETAILS

a. Production Unit # Edit

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

b. Describe the Process:

c. Describe the Product:

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

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

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

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

TURA Chemical: Edit Delete

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

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

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

Unique Block 1

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



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

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

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

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

#### PRODUCTION UNIT DETAILS

a. Production Unit #

1

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

☒ Yes ☐ No

b. Describe the Process:

SOLDERING OF PRINTED CUSTOM CIRCUIT BOARDS

c. Describe the Product:

COMPLETED PRINTED CIRCUIT BOARDS

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

334418

d. NAICS Code

e. NAICS Code

f. NAICS Code

g. NAICS Code

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

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

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

[Edit](#)

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

Unique  
Block 1

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

### PRODUCTION UNIT DETAILS

[Edit](#)

a. Production Unit #

1

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

☒ Yes ☐ No

b. Describe the Process:

SOLDERING OF PRINTED CUSTOM CIRCUIT BOARDS

c. Describe the Product:

COMPLETED PRINTED CIRCUIT BOARDS

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

334418

d. NAICS Code

e. NAICS Code

f. NAICS Code

g. NAICS Code

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

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

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

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

ALL codes  
can be  
picked by  
clicking on  
"Select"



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

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

TURA Chemical:

CAS #

Chemical Name

Edit

Delete

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

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

Add Process Codes

Add Chemicals

Unique  
Block 2

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

TURA Chemical:

7439921

CAS #

LEAD

Chemical Name

[Edit](#)

[Delete](#)

**Process Codes:**

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

Add Process Codes

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

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

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

Unique  
Block 2

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

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

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

TURA Chemical:

7439921

CAS #

LEAD

Chemical Name

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

### Process Codes:

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

Add Process Codes

ALL codes  
can be  
picked by  
clicking on  
"Select"

Add Process Codes

1

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

2

Select

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

Please select Process Code

Process Code

Process Code Description

Add Process Codes

Add Chemicals

Unique  
Block 3

3

Click on the code & it will fill the box

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

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

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

TURA Chemical:

CAS #

Chemical Name

Edit

Delete

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

Click to add another chemical for this production Unit

Unique Block 2

Add Production Unit

**1 Adding a Production Unit - CLICK.**

## PRODUCTION UNIT DETAILS

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

a. Production Unit #

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

☐ Yes ☐ No

b. Describe the Process:

c. Describe the Product:

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

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

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

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

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

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

TURA Chemical:

CAS #

Chemical Name

### Process Codes:

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

**4 When all complete, CLICK.**

Add Production Unit

Error Check & Next

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

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

**4 Error Check & Next**

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

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

TURA Chemical:

1000  
CAS #

ANTIMONY COMPOUNDS  
Chemical Name

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

Process Codes:

<input type="checkbox"/>	GG-01 Process Code	BLENDING, MIXING, COMPOUNDING Process Code Description
<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-16 Process Code	MECHANICAL PLATING Process Code Description

Add Process Codes

Add Chemicals

Add Production Unit

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

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

5 When all complete, CLICK

Error Check & Next

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

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

Section Name	Description
	PROCESS CODE



Error Check

Save

Print

Exit



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

## Form S

Chemical Use Facility-Wide

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

[Edit](#)

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

7439921  
a. MA DEP CAS #  
LEAD  
b. Chemical Name (Dioxin should be in grams, decimal points may be used)  
Facility-wide use of chemical identified in a. Enter the total amount (Report amounts in pounds for all chemicals except Dioxin. Report Dioxin in grams) for each applicable category. **NOTE:** 'Generated as byproduct' (item f.) means all waste containing the listed chemical before the waste is handled, transferred, treated, recycled or released. Please refer to the reporting instructions before completing this section.

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

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

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

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

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

☐ Yes\* ☐ No \* If your answer is Yes, you may explain in Section 5.

Unique  
Block 1

Screen –  
can  
include  
more  
than 1  
Chemical  
– Scroll  
DOWN to  
access  
other  
chemicals

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




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

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

-this is a common validation problem...

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



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

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

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

7439921  
a. MA DEP CAS #

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

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

c. Amount Manufactured ?	d. Amount Processed ?
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



-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.

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 ?



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

**Section 1:**

7439921

a. MA DEP

Facility-wide  
Dioxin. Rep  
containing the  
reporting ins

c. Amount M

51760

e. Amount Otherwise Used

49172

g. Amount Shipped In Or As Product

f. Amount Generated as byproduct

.05

h. Production or Activity Ratio



When you don't have a Mass Balance

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

**Are NOT valid.**

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

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

## Section 2: Materials Balance and Other Reporting Anomalies

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

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

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

☐ Yes\* ☒ No

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

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

-this is a common validation problem...

Often mass balance occurs input = outputs but...

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

## Section 2: Materials Balance and Other Reporting Anomalies

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

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

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





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

Warning: JavaScript Window -



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



OK

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

## Was any of the chemical used 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

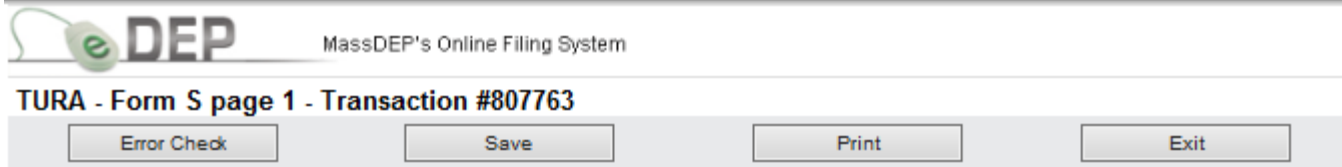
\* If your answer is Yes, you may explain in Section 5.

\* 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)*



eDEP MassDEP's Online Filing System

TURA - Form S page 1 - Transaction #807763

Error Check Save Print Exit

Click on **Error Check** when completed

Click on **Error Check** when completed

**Error Check & Next**

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

Wide use of Listed Chemical

☐ LEAD

b. Chemical Name (Do not include chemical formula, trade name, or chemical name)

chemical identified in a EPCRA Section 606 report amounts in pounds (or in grams) for each chemical.

NOTE: Generated as byproduct, transferred, treated, recycled or released.

Click on Update to SAVE this Unique Block

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.

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

a. Is this chemical used to treat waste or control pollution?  
☐ Yes ☒ No\* \* If your answer is No, skip ahead to Section 4 Toxics Use By Production Unit.

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

c. Did the use of this chemical for waste treatment or pollution control increase or decrease by 10 percent or more compared with the previous reporting year?  
☐ Yes\* ☒ No\* \* If your answer is Yes, you may explain in Section 5.

Error Check &amp; Next

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

# Unique Block 1



# Toxics Use Report - Form S

Chemical Use By Production Units

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

## Section 4: Toxics Use by Production Unit

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

1

LEAD

a. Production Unit #b. Chemical Name

c. Quantity of Chemical Use Code:  
☐ 1. <= 5,000 lbs.  
☐ 2. > 5,000 <= 10,000 lbs.  
☐ 3. <= 10,000 <= 100,000 lbs.  
☐ 4. > 100,000 <= 500,000 lbs.  
☐ 5. >500,000 lbs.

d. Did the use of this chemical in this production unit increase or decrease by 10 percent or more compared with the previous reporting year and/or did you implement toxics use reduction?  
☐ Yes ☐ No\* \* If your answer is No, skip ahead to h. below.

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

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

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

Select

e.1.

Select

Select

f.1.

Select

Select

g.1.

Select

2.

2.

2.

Select

3a.

Select

Select

3b.

Select

Select

3c.

Select

h. Was byproduct generated for this chemical less than 1 percent of use in this production unit?  
☐ Yes\* ☐ No \* If your answer is Yes, skip ahead to Section 5.

i. Did the byproduct generated for this chemical in this production unit increase or decrease by 10 percent or more compared with the previous reporting year and/or did you implement toxics use reduction?  
☐ Yes ☐ No\* \* If your answer is No, skip ahead to Section 5.

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

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

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

Select

j.1.

Select

Select

k.1.

Select

Select

l.1.

Select

2.

2.

2.

Select

3a.

Select

Select

3b.

Select

Select

3c.

Select

Click on Update to SAVE this Unique Block

SECTION 4  
FORM S

Unique  
Block 1

## 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: Toxics Use by Production Unit

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

1

LEAD

a. Production Unit #

b. Chemical Name

c. Quantity of Chemical Use Code:

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

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

☐ Yes ☒ No\*

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

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

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

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

AA-12 [Select](#)

D [Select](#)

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

e.1. [Select](#)

2. [Select](#)

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

f.1. [Select](#)

2. [Select](#)

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

g.1. [Select](#)

2. [Select](#)

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

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

Scroll down  
to find all  
related  
Production  
Units



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

☒ Yes\* ☐ No

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

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

☐ Yes ☒ No\*

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

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

[Select](#)

j.1.

[Select](#)

k.1.

[Select](#)

l.1.

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

2.

2.

2.

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

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

3a.

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

3a.

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

3a.

3b.

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

3b.

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

3b.

3c.

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

3c.

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

3c.

## Section 5: Description

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

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

see TUR Plan for progress

## SECTION 4 FORM S 2nd part – Byproduct

Scroll down  
to find all  
related  
Production  
Units



Document your  
calculations &  
source material

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

#### Forms

<div>Print Transaction</div> <div>Delete Tr</div>	
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.

Are you filing a Form R?

☒ Yes ☐ No

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

#### Section 4

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

02

[Select](#)

4.1 Two-Digit Code From TRI Instruction Package

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

## Section 5

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

5.1-2 Air Emissions ☐ check if not applicable

1	2
---	---

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

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

4
---

Total Discharges (pounds/year)

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

5	6
---	---

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

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

7	8
---	---

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

9	10
---	----

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

11
----

5.5.4 Other disposal (pounds/year)

## Section 6

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

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

12
----

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

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

13
----

6.2.A Total Transfers (pounds/year)

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

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

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

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

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

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

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

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

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

**Add WTM BLOCKS before entering info.**

Unique Block 1

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

## Section 7A

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

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

1. General Waste Stream Code:

7A.1a

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

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

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

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

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

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

1. General Waste Stream Code:

7A.1a

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

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

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

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

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

Add Waste Treatment Method

Unique  
Block 1

Unique  
Block 2

2 Double Click to pick code

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

1 Click to select, then code list appears

Waste Treatment Method

Select

7A.1b.1 7A.1b.2 7A.1b.3

Waste Treatment Efficiency Factor

Section 7B

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

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

Section 7C

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

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

Section 8

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

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

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

Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)
8.10.1 <input type="text" value="W31"/> <a href="#">Select</a>	<input type="text" value="09"/> <a href="#">Select</a> <input type="text"/> <a href="#">Select</a> <input type="text"/> <a href="#">Select</a>
	a b c
8.10.2 <input type="text"/> <a href="#">Select</a>	<input type="text"/> <a href="#">Select</a> <input type="text"/> <a href="#">Select</a> <input type="text"/> <a href="#">Select</a>
	a b

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

Error Check & Next

Document your  
calculations &  
source material



# 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



Massachusetts Department of Environmental Protection  
Bureau of Air & Waste - Toxics Use Reduction 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
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> E <input type="checkbox"/> R	<input type="text"/> <a href="#">Edit</a> <a href="#">Delete</a>
3b.a.1	3b.a.2		3b.a.4
<input type="button" value="Add Chemical"/>			

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

Date (mm/dd/yyyy)

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

t\_3015.aspx

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

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



## 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

# EMS

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

A large, empty rectangular text box with a vertical scrollbar on the right side, intended for the user to provide an explanation for question 8.

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

A large, empty rectangular text box with a vertical scrollbar on the right side, intended for the user to provide additional information about EMS activities for question 9.

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

## 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

5. TUR Planner ID Number (if applicable)

(Check applicable) ☐ EMS Professional

☐ Toxics Use Reduction Planner

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

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

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

1. Operation Code

2. Operation Code

3. Operation Code

4. Operation Code

Other (describe):

### C. Baseline Amount of Asset Used

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

Year (e.g., 2007)

2014

120000

POUNDS

Year

Total Amount of Asset Used

Total Use - Unit of Measure

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

Per Unit of Product Use (Optional)

Unit of Product

Amount of Product



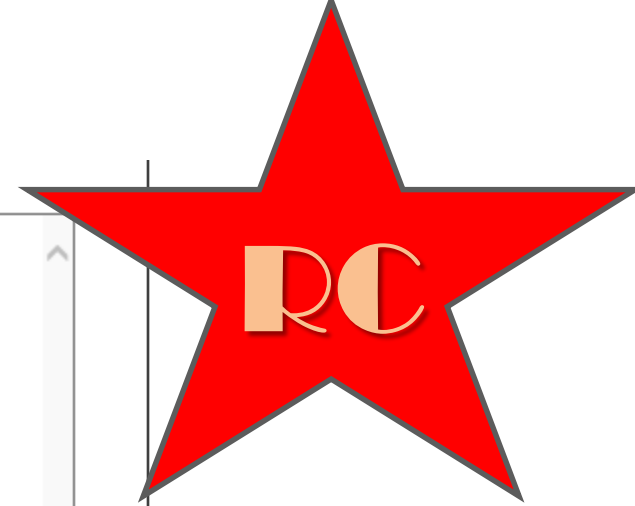
#### D. Options Selected to Implement

RE CYCLING CARDBOARD AND SHIPPING OLD COMPUTERS FOR RECYCLING

#### E. Other Options Considered

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

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



F. Goals for Reducing the Asset

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

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

G. Expected Change in the Amount of Asset Used

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

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

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

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

H. Prior Efforts (Optional)

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

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

I. Additional Information

You may provide additional information about your resource conservation plan.



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

Error Check & Next



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

**Resource Conservation Plan Summary**

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

Planning Year

Facility Name

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

RC  
Certification by  
a DEP  
**Approved**  
TUR Planner

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.

Two Year Projected Change in Byproduct.

87

A.3 Use

3

A.4 Byproduct

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

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

## B. Options Considered & Selected for Implementation

### B.1 Options Considered

1. SUBSTITUTE A NON-TUR CHEMICAL

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

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

# TUR

## TUR Plan Summary

Scroll down to  
find all  
Chemicals

Unique  
Block 1



TUR

TUR Plan  
Summary

Scroll down  
to find all  
Chemicals

Unique  
Block 1  
continuation

### 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.



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

6/27/2016

2. Date (mm/dd/yyyy)

Joe Smith

3. Print Name of Toxics Use Reduction Planner

Joe Smith@smith.com

4. Email Address

x222222

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

6/27/2016

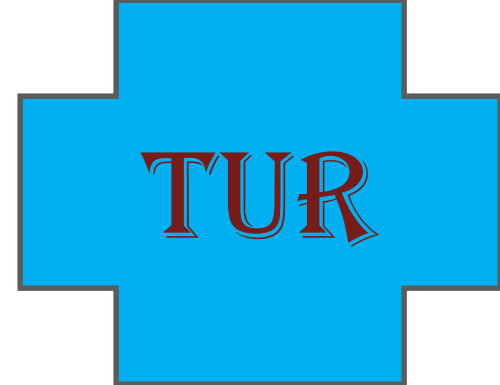
2. Date (mm/dd/yyyy)

Joe Smith

3. Print Name of Senior Management Official

Joe Smith@smith.com

4. Email Address




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



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

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

**A. Targeted Asset**

**B. Identification Information**  
 1. Year Resource Conservation Plan was completed:   
 2. Progress Report Date:

**C. Resource Conservation Progress**  

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

**BASELINE INFORMATION**  
 (from Section C. RC Plan Summary)  
 a. Year: 
 b. Amount used per year: 
 c. Unit of Measure: 

MMBTU - Energy

Gallons - Water

Pounds - Solid waste or Toxics

**REDUCTION GOAL**  
 (from Sections F AND G. RC Plan Summary)  
 d. Year to be Achieved: 
 e. Expected Annual Reduction: 
 f. Actual Annual Reduction: 
 g. Description:

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		
		<a href="#">Edit</a>	<a href="#">Delete</a>
Add Option			

Add Asset

Error Check & Next



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

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

### A. Targeted Asset

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

### B. Identification Information

1. Year Resource Conservation Plan was completed:

2. Progress Report Date:

### C. Resource Conservation Progress

#### BASELINE INFORMATION

(from Section C. RC Plan Summary)

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

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

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

#### REDUCTION GOAL

(from Sections F AND G. RC Plan Summary)

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

g. Description:

Add Resource Conservation Progress



#### D. Options Implementation Status

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

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

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



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

11

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

# Fee Worksheet

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 (Maximum Fee) WHICHEVER IS LESS 5725

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

## Certification Statement

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

a. Authorized Signature

b. Date (MM/DD/YYYY)

c. First Name (Print)

d. Last Name (Print)

e. Position/Title

f. Email Address

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

c. City

MA

d. State

021084747

e. ZIP Code

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

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

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

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

4625

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

1

Not high/not low Haz

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

0

High Hazard

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

0

Low Hazard

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

1100

k. Add LINE f and LINE j.

5725

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

5725

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

**NEW for 2017**

Part 1 of  
the Fee  
Worksheet

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

Document your  
calculations &  
source material

**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.

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

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

Error Check & Next

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

Signature

Exit

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

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

☐ PLANNER CERTIFICATION

check

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  2016

sign

☐ MANAGEMENT CERTIFICATION

check

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  2016

sign

☐ SIGNATURE

check

I hereby certify that I have examined the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and the data 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  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  
▲

[Signature](#)

[Payment](#)

[Submit](#)

Forms

Print Transaction

Delete Transaction

Share Transaction

Exit

Errors Checked/  
Validated

Fill out the following forms for this transaction:



Toxics Use Reduction Act (TURA) Reporting ( )



TURA - Cover Sheet Page 2 New1 ( 3 )



TURA - Cover Sheet Page 3 & 4 ( 1 )



TURA - Cover Sheet Page 3 & 4 ( 8 )



TURA - Form S Page 1 ( 107153 )



TURA - Form S Page 2 ( 107153 )



TURA - Form S Page 3 ( 107153 )



TURA - FORMR/FORMA Page 1 & 2 ( 107153 )



TURA - FormR/Form A Page 3 ( Section 7A )



TURA - FormR/Form A Page 4 ( Section 7B-8 )



TURA - Form S Page 1 ( 1310732 )



TURA - Form S Page 2 ( 1310732 )



TURA - Form S Page 3 ( 1310732 )



TURA - FORMR/FORMA Page 1 & 2 ( 1310732 )



TURA - Form S Fee Worksheet ( 2008 )

Next

Electronically  
Submit your report



Submit

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

Review and Submit your Transaction

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

saamir.razzak@state.ma.us

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

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

Form Name: Toxics Use Reduction Act (TURA) Reporting

Facility Information  
Reporting Year: 2008

021084747

TURA



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

# SUBMIT

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

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

### Review and Submit your Transaction

[Exit](#)

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

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

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

[Submit](#)

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

DEP Transaction ID: 637404

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

Other Email :

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

Facility Information

Reporting Year: 2013

AGGREGATE INDUSTRIES STONE CRUSHING PLT

042079391

149 AYER RD, LITTLETON, MA, 014600000



Form Name

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

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

[Submit](#)



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

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



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

**Submit**



# 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