

 <p>EPA United States Environmental Protection Agency</p>	<h2 style="margin:0;">FORM R</h2> <p>Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also Known as Title III of the Superfund Amendments and Reauthorization Act</p>	TRI Facility ID Number Toxic Chemical, Category or Generic Name

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center P. O. Box 1513 Lanham, MD 20703-1513 ATTN: TOXIC CHEMICAL RELEASE INVENTORY	2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	Enter "X" here if this is a revision	For EPA use only
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IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART 1. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR _____

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms)	<input type="checkbox"/> No (Do not answer 2.2; Go to Section 3)	2.2	Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "YES" in 2.1)
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SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

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

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:

SECTION 4. FACILITY IDENTIFICATION

4.1	TRI Facility ID Number	
Facility or Establishment Name	Facility or Establishment Name or Mailing Address (If different from street address)	
Street	Mailing Address	
City/County/State/Zip Code	City/State/Zip Code	Country (Non-US)

4.2	This report contains information for: (Important: Check a or b; check c or d if applicable) a. <input type="checkbox"/> An entire facility	b. <input type="checkbox"/> Part of a facility	c. <input type="checkbox"/> A Federal facility	d. <input type="checkbox"/> GOCO
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4.3	Technical Contact Name Email Address	Telephone Number (include area code)
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4.4	Public Contact Name	Telephone Number (include area code)
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4.5	NAICS Code (s) (6 digits)	Primary a.	b.	c.	d.	e.	f.
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4.7	Dun & Bradstreet Number (s) (9 digits)	a.	b.
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SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA <input type="checkbox"/>
5.2	Parent Company's Dun & Bradstreet Number	NA <input type="checkbox"/>

(IMPORTANT: Type or print; read instructions before completing form)

<h1 style="margin: 0;">FORM R</h1> <h2 style="margin: 0;">PART II. TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM</h2>	TRI Facility ID Number Toxic Chemical, Category or Generic Name
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SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.
 (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces and punctuation.)
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SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
 (Important: Check all that apply.)

3.1 Manufacture the toxic chemical: a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity	3.2 Process the toxic chemical: a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity	3.3 Otherwise use the toxic chemical: a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use
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SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	<input style="width: 100px;" type="text"/> (Enter two digit code from instruction package.)
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SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

				A. Total Release (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA	<input type="checkbox"/>			
5.2	Stack or point air emissions	NA	<input type="checkbox"/>			
5.3	Discharges to receiving streams or water bodies (enter one name per box)					
Stream or Water Body Name						
5.3.1						
5.3.2						
5.3.3						

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

Toxic Chemical, Category or Generic Name

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (continued)

	NA	A. Total Release (pounds/year*) (enter range code ** or estimate)	B. Basis of Estimate (enter code)
5.4.1 Underground Injection onsite to Class I Wells	<input type="checkbox"/>		
5.4.2 Underground Injection onsite to Class II-V Wells	<input type="checkbox"/>		
5.5 Disposal to land onsite			
5.5.1A RCRA Subtitle C landfills	<input type="checkbox"/>		
5.5.1B Other landfills	<input type="checkbox"/>		
5.5.2 Land treatment/application farming	<input type="checkbox"/>		
5.5.3A RCRA Subtitle C surface impoundments	<input type="checkbox"/>		
5.5.3B Other surface impoundments	<input type="checkbox"/>		
5.5.4 Other disposal	<input type="checkbox"/>		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year*) (enter range code ** or estimate)	6.1.A.2 Basis of Estimate (enter code)
<input type="text"/>	<input type="text"/>

6.1.B POTW Name

POTW Address

City State County Zip

6.1.B POTW Name

POTW Address

City State County Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. Off-Site EPA Identification Number (RCRA ID No.)

Off-Site Location Name

Off-Site Address

City State County Zip Country (Non-US)

Is location under control of reporting facility or parent company? Yes No

FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
Toxic Chemical, Category or Generic Name

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (CONTINUED)

A. Total Transfers (pounds/year*) (enter range code**or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2 _____ Off-Site EPA Identification Number (RCRA ID No.)

Off-Site Location Name

Off-Site Address

City	State	County	Zip	Country (Non-US)
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Is location under control of reporting facility or parent company? Yes No

A. Total Transfers (pounds/year*) (enter range code**or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream [enter code]	b. Waste Treatment Method(s) Sequence [enter 3- or 4- character code(s)]				d. Waste Treatment Efficiency [enter 2 character code]
7A.1a	7A.1b	1	2		7A.1d
	3	4	5		
	6	7	8		
7A.2a	7A.2b	1	2		7A.2d
	3	4	5		
	6	7	8		
7A.3a	7A.3b	1	2		7A.3d
	3	4	5		
	6	7	8		
7A.4a	7A.4b	1	2		7A.4d
	3	4	5		
	6	7	8		
7A.5a	7A.5b	1	2		7A.5d
	3	4	5		
	6	7	8		

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7 page number in this box: (example: 1,2,3,etc.)

FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
Toxic Chemical, Category or Generic Name

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>
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SECTION 7C. ON-SITE RECYCLING PROCESSES

Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>
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SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills				
8.1b	Total other on-site disposal or other releases				
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills				
8.1d	Total other off-site disposal or other releases				
8.2	Quantity used for energy recovery onsite				
8.3	Quantity used for energy recovery offsite				
8.4	Quantity recycled onsite				
8.5	Quantity recycled offsite				
8.6	Quantity treated onsite				
8.7	Quantity treated offsite				
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)*				
8.9	Production ratio or activity index				
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1		a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, check "Yes."				Yes <input type="checkbox"/>