

# **1997 Toxic Chemical Release Inventory**

## **Emergency Planning and Community Right-to-Know Act, Section 313**



**United States  
Department of Energy**  
Richland, Washington

Approved for Public Release

**TRADEMARK DISCLAIMER**

---

Reference herein to any specific commercial product, process, or service by trade name, trademark, manufacturer, or otherwise, does not necessarily constitute or imply its endorsement, recommendation, or favoring by the United States Government or any agency thereof or its contractors or subcontractors.

---

This report has been reproduced from the best available copy.  
Available in paper copy and microfiche.

Available to the U.S. Department of Energy  
and its contractors from  
Office of Scientific and Technical Information  
P.O. Box 62  
Oak Ridge, TN 37831  
(615) 576-8401

Available to the public from the U.S. Department of Commerce  
National Technical Information Service  
5285 Port Royal Road  
Springfield, VA 22161  
(703) 487-4650

Printed in the United States of America

DISCLM-5.CHP (8-91)

# **1997 Toxic Chemical Release Inventory**

**Emergency Planning and Community  
Right-to-Know Act, Section 313**

Date Published  
June 1998



**United States  
Department of Energy**  
P.O. Box 550  
Richland, Washington 99352

Approved for Public Release

# INFORMATION CLEARANCE FORM

<b>A. Information Category</b> <p> <input type="checkbox"/> Abstract      <input type="checkbox"/> Journal Article  <input type="checkbox"/> Summary      <input type="checkbox"/> Internet  <input type="checkbox"/> Visual Aid      <input type="checkbox"/> Software  <input type="checkbox"/> Full Paper      <input checked="" type="checkbox"/> Report  <input type="checkbox"/> Other _____         </p>	<b>B. Document Number</b> <b>DOE/RL-98-39</b> <b>C. Title</b> <b>1997 TOXIC CHEMICAL RELEASE INVENTORY.</b>
<b>D. Internet Address</b>	
<b>E. Required Information</b>	
1. Is document potentially Classified? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (MANDATORY) <i>see Manager's Signature below</i> Manager's Signature Required      in Block H. <i>V.B.</i>	
If Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Yes Classified ADC Signature Required	
2. Internal Review Required? If Yes, Document Signatures Below Counsel <i>NA per Tom Pusk telecon V.B.</i> Program <i>Ronald A. Kabel</i>	
3. References in the Information are Applied Technology Export Controlled Information <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes	
4. Does Information Contain the Following: (MANDATORY)	
a. New or Novel (Patentable) Subject Matter? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", Disclosure No.: _____	
b. Information Received in Confidence, Such as Proprietary and/or Inventions? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes      If "Yes", Affix Appropriate Legends/Notices.	
c. Copyrights? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes      If "Yes", Attach Permission.	
d. Trademarks? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes      If "Yes", Identify in Document.	
5. Is Information requiring submission to OSTI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes UC- <u>630</u> and B&R- <u>EW3110010</u>	
6. Release Level? <input checked="" type="checkbox"/> Public <input type="checkbox"/> Limited	
7. Charge Code <u>R1A15 HAN 72300</u>	
<b>F. Complete for a Journal Article</b>	
1. Title of Journal <u>NA</u>	
<b>G. Complete for a Presentation</b>	
1. Title for Conference or Meeting <u>NA</u>	
2. Group Sponsoring _____	
3. Date of Conference _____	
5. Will Information be Published in Proceedings? <input type="checkbox"/> No <input type="checkbox"/> Yes	
H. Author/Requestor <b>D. F. ZALOUEK</b> <i>Diane Zaloudek</i> (Print and Sign)	
4. City/State _____	
6. Will Material be Handed Out? <input type="checkbox"/> No <input type="checkbox"/> Yes Responsible Manager <b>A. G. WEINER</b> <i>keyNur</i> (Print and Sign)	
<b>I. Reviewers</b> Yes      Print      Signature      Public Y/N (If N, complete J)	
General Counsel <input type="checkbox"/> _____ <i>Y / N</i>	
Office of External Affairs <input type="checkbox"/> _____ <i>Y / N</i>	
DOE-RL <input checked="" type="checkbox"/> <u>R. N. Krekel</u> <i>Ronald A. Kabel 6/30/98</i> <i>Y / N</i>	
Other <input type="checkbox"/> _____ <i>Y / N</i>	
Other <input type="checkbox"/> _____ <i>Y / N</i>	
<b>J. If Information Includes Sensitive Information and is not to be released to the Public indicate category below.</b>	
<input type="checkbox"/> Applied Technology <input type="checkbox"/> Protected CRADA <input type="checkbox"/> Personal/Private <input type="checkbox"/> Export Controlled <input type="checkbox"/> Proprietary <input type="checkbox"/> Procurement-Sensitive <input type="checkbox"/> Business-Sensitive <input type="checkbox"/> Patentable <input type="checkbox"/> Predecisional <input type="checkbox"/> Other (Specify) _____	
<b>K. If Additional Comments, Please Attach Separate Sheet</b>	
APPROVED FOR RELEASE OFFICIAL USE ONLY <b>JB</b> 6/30/98	
Information Clearance Approval A-6001-401 (10/97)	

## RELEASE AUTHORIZATION

**Document Number:** DOE/RL-98-39

**Document Title:** 1997 Toxic Chemical Release Inventory  
Emergency Planning and Community Right-To-Know Act,  
Section 313

**This document, reviewed in accordance with DOE Order 1430.1D, "Scientific and Technical Information Management," and DOE G 1430.1D-1, "Guide to the Management of Scientific and Technical Information," does not contain classified or sensitive unclassified information and is:**

**APPROVED FOR PUBLIC RELEASE**

*V.L. Birkland*

V. L. Birkland

*6/30/98*

Lockheed Martin Services, Inc.  
Document Control/Information Clearance

Reviewed for Applied Technology, Business Sensitive, Classified, Copyrighted, Export Controlled, Patent, Personal/Private, Proprietary, Protected CRADA, Trademark, Unclassified Controlled Nuclear Information.

Trademark Disclaimer. Reference herein to any specific commercial product, process, or service by trade name, trademark, manufacturer, or otherwise, does not necessarily constitute or imply its endorsement, recommendation, or favoring by the United States Government or any agency thereof or its contractors or subcontractors. The views and opinions of authors expressed herein do not necessarily state or reflect those of the United States Government or any agency thereof. This report has been reproduced from the best available copy.

Printed in the United States of America.

Available to the U.S. Department of Energy and its contractors from the U.S. Department of Energy Office of Scientific and Technical Information, P.O. Box 62, Oak Ridge, TN 37831; Telephone: 423/576-8401.

Available to the public from the U.S. Department of Commerce National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161; Telephone: 703/487-4650.

**1997 HANFORD SITE TOXIC CHEMICAL RELEASE INVENTORY**  
**DOE/RL-98-39**

---

**CONTENTS**

**Preface**

*(consisting of 1 page)*

**Memorandum: Delegation of Signature Authority  
for the Toxic Chemical Release Inventory**

*(consisting of 1 page)*

**Reporting Form A for Chlorine**

*(consisting of 2 pages)*

**Reporting Form R for Phosphoric Acid**

*(consisting of 5 pages)*

**1997 HANFORD SITE TOXIC CHEMICAL RELEASE INVENTORY**  
**DOE/RL-98-39**

---

**PREFACE**

The Hanford Site covers approximately 1,450 square kilometers (560 square miles) of land that is owned by the U.S. Government and managed by the U.S. Department of Energy, Richland Operations Office (DOE-RL). The Hanford Site is located northwest of the city of Richland, Washington. The city of Richland adjoins the southeastern portion of the Hanford Site boundary and is the nearest population center.

The primary mission of the Hanford Site includes waste management, environmental restoration, and research and technology development. Toxic chemical activities managed by DOE-RL and its contractors in support of this mission were considered during preparation of the Toxic Chemical Release Inventory. This report does not include activities conducted by others on lands covered by leases, use permits, easements, and other agreements whereby land is used by parties other than DOE-RL. For example, this report does not include activities conducted by US Ecology, the Bonneville Power Administration, the National Science Foundation (the Laser Interferometer Gravitational-Wave Observatory), the Washington Public Power Supply System, Johnson Controls, Inc. (boilers operated for steam production), R. H. Smith Company (gas stations), or similar activities conducted on leased properties not under the management of DOE-RL.

Two listed toxic chemicals were used at the Hanford Site above established activity thresholds: phosphoric acid and chlorine. Because total combined quantities of chlorine released, disposed, treated, recovered through recycle operations, combusted for energy recovery, and transferred to off-site locations for the purpose of recycle, energy recovery, treatment, and/or disposal, amounted to less than 500 pounds, the Hanford Site qualified for the alternate one million pound threshold for chlorine. Accordingly, this Toxic Chemical Release Inventory includes a Form A for chlorine, and a Form R for phosphoric acid.

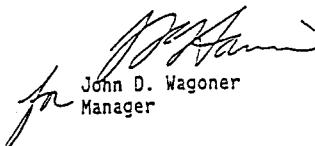
# memorandum

DATE: DEC 17 1992  
REPLY TO:  
ATTN OF: EAP:EBD 93-RPA-072  
SUBJECT: DELEGATION OF SIGNATURE AUTHORITY FOR THE TOXIC CHEMICAL RELEASE INVENTORY  
(SARA 313 TRI REPORT)

TO: James D. Bauer, Acting Program Manager  
Office of Environmental Assurance,  
Permits, and Policy

I hereby delegate signature authority for the Toxic Chemical Release Inventory (SARA 313 TRI Report) to the Program Manager, Office of Environmental Assurance, Permits, and Policy.

Pursuant to 40 CFR Section 372.85, Toxic Chemical Reporting Form and Instructions, part (b)(2), signature authority may be delegated by the manager to a senior management official. This memorandum constitutes formal delegation of such authority to the Program Manager, Office of Environmental Assurance, Permits, and Policy.

  
John D. Wagoner  
Manager

United States  
Environmental Protection  
Agency

## FORM R

TOXIC CHEMICAL RELEASE  
INVENTORY REPORTING FORMSection 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

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center  
P.O. Box 3348  
Merrifield, VA 22116-3348  
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

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

## PART I. FACILITY IDENTIFICATION INFORMATION

## SECTION 1. REPORTING YEAR 1997

## SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 3 trade secret? <input type="checkbox"/> Yes. (Answer question 2.2; Attach substantiation forms) <input checked="" 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)
-----	--	-----	--

## 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: GEORGE H. SANDERS ACTING FOR DIRECTOR OF ENVIRONMENTAL ASSURANCE, PERMITS AND POLICY		Signature:	Date Signed: 06/30/98
--	---	------------	--------------------------

## SECTION 4. FACILITY IDENTIFICATION

4.1 Facility or Establishment Name U.S. DOE HANFORD SITE	Facility or Establishment Name or Mailing Address(if different from street address)
---	---

Street 825 JADWIN AVENUE	Mailing Address POST OFFICE BOX 550
-----------------------------	--

City/County/State/Zip Code RICHLAND BENTON WA 99352-3562	City/County/State/Zip Code RICHLAND WA 99352-0550
---	--

4.2 This report contains information for: (Important check a or b; check c if applicable)	a. <input checked="" type="checkbox"/> An entire facility	b. <input type="checkbox"/> Part of a facility	c. <input checked="" type="checkbox"/> A Federal facility
--	---	--	---

4.3 Technical Contact Name RANDALL N. KREKEL	Telephone Number(include area code) (509) 376 - 4264
---	---

4.4 Public Contact Name KAREN K. RANDOLPH	Telephone Number (include area code) (509) 376 - 8230
--	--

4.5 SIC Code (s) (4 digits)	a. 9999	b. 9511	c. NA	d.	e.	f.
-----------------------------	---------	---------	-------	----	----	----

4.6 Latitude 046	Degrees 30	Minutes 00	Seconds 00	Longitude 119	Degrees 30	Minutes 00	Seconds 00
---------------------	---------------	---------------	---------------	------------------	---------------	---------------	---------------

4.7 Dun & Bradstreet Number(s) (9 digits) a. 034456186	4.8 EPA identification Number (RCRA I.D. No.) (12 characters) a. WA7890008967	4.9 Facility NPDES Permit Number(s) (9 characters) a. WA0025917	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits) a. NA
b. NA	b. NA	b. WAR00000F	b.

## SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA	U.S. DEPARTMENT OF ENERGY
----------------------------------	---------------------------

5.2 Parent Company's Dun & Bradstreet Number X NA	
--	--

**EPA**United States  
Environmental Protection Agency**TOXIC CHEMICAL RELEASE INVENTORY  
FORM A****SECTION 4. FACILITY IDENTIFICATION (CONTINUED)**

4.4	Intentionally left blank						
4.5	SIC Code (4-digit)	a. 9999	b. 9511	c. NA	d.	e.	f.
4.6	Latitude and Longitude	Latitude			Longitude		
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
	046	30	00	119	30	00	
4.7	Dun and Bradstreet Number(s) (9 digits)			a. 034456186			
				b. NA			
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)			a. WA7890008967			
				b. NA			
4.9	Facility NPDES Permit Number(s) (9 characters)			a. WA0025917			
				b. WAR0000F			
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)			a. NA			
				b.			

**SECTION 5. PARENT COMPANY INFORMATION**

5.1	Name of Parent Company		
	<input type="checkbox"/>	NA	U.S DEPARTMENT OF ENERGY
5.2	Parent Company's Dun & Bradstreet Number		
	<input checked="" type="checkbox"/>	NA	

**PART II. CHEMICAL IDENTIFICATION****SECTION 1. TOXIC CHEMICAL IDENTITY**

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.) 007782505		
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) CHLORINE		
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive). NA		

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

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)		
-----	--	--	--

**EPA**United States  
Environmental Protection  
Agency**TOXIC CHEMICAL RELEASE INVENTORY  
FORM A****WHERE TO SEND  
THIS STATEMENT:**

1. EPCRA Reporting Center  
P.O. Box 3348  
Merrifield, VA 22116-3348  
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE  
(See instructions in Appendix F)

Enter "X" here if  
this is a revision**PART I. 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?  
 Yes. (Answer question 2.2;  
 Attach substantiation forms)  No: Do not answer 2.2; continue  
with Section 3.

2.2 If yes in 2.1, is this copy:  Sanitized  Unsanitized

**SECTION 3. CERTIFICATION (Important: Please read and sign after completing the statement.)**

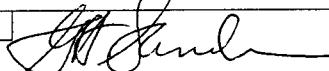
I hereby certify that to the best of my knowledge and belief, for the toxic chemical listed in this statement, the annual reportable amount, as defined in 40 CFR 372.27(a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year.

Name and official title of owner/operator or senior management official

GEORGE H. SANDERS, ACTING FOR DIRECTOR OF

ENVIRONMENTAL ASSURANCE, PERMITS, AND POLICY

Signature



Date Signed

06/30/98

**SECTION 4. FACILITY IDENTIFICATION**

4.1	Facility or Establishment Name		TRI Facility ID Number				
	U.S. DOE HANFORD SITE		99352SDPRTPOBOX				
	Mailing Address (if different from street address)						
	City	RICHLAND	State	WA	Zip Code		
POST OFFICE BOX 550							
Street Address	99352-0550						
825 JADWIN AVENUE							
City	RICHLAND	County	BENTON	State	WA	Zip Code	
99352-3562							
4.2	This report contains information for: (Important: check c if applicable; a and b have been intentionally left blank)						<input type="checkbox"/> A Federal facility
4.3	Technical Contact	Name			Telephone Number (include area code)		
	RANDALL N. KREKEL			(509)376-4264			

## EPA FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER

99352SDPRTPOBOX

Toxic Chemical, Category or Generic Name

PHOSPHORIC ACID

## SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you complete 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.)  
0076643821.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)  
PHOSPHORIC ACID1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive)  
NA

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

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)  
NA

## SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use 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	a. <input type="checkbox"/>	As a reactant	a. <input type="checkbox"/>	As a chemical processing aid
d. <input type="checkbox"/>	For sale/distribution	b. <input type="checkbox"/>	As a formulation component	b. <input type="checkbox"/>	As a manufacturing aid
e. <input type="checkbox"/>	As a byproduct	c. <input type="checkbox"/>	As an article component	c. <input checked="" type="checkbox"/>	Ancillary or other use
f. <input type="checkbox"/>	As an impurity	d. <input type="checkbox"/>	Repackaging		

## SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 04 (Enter two-digit code from instruction package.)

## SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM

		A. Total Release (pounds/year)(enter range from instructions or estimate.)	B. Basis of estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	0	0
5.2	Stack or point air emissions	NA <input type="checkbox"/>	0	0
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name				
5.3.1	COLUMBIA RIVER	0	0	NA
5.3.2	NA			
5.3.3				
5.4.1	Underground Injection on-site to Class I Wells	NA <input checked="" type="checkbox"/>	NA	
5.4.2	Underground injection on-site to Class II-V Wells	NA <input type="checkbox"/>	0	0

## EPA FORM R

## PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

99352SDPRTP0BOX

Toxic Chemical, Category, or Generic Name

PHOSPHORIC ACID

## SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM

		NA	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)
5.5	Disposal to land on-site			
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B	Other landfills	<input type="checkbox"/>	0	<input type="checkbox"/>
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3	Surface Impoundment	<input type="checkbox"/>	0	<input type="checkbox"/>
5.5.4	Other disposal	<input type="checkbox"/>	0	<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)

NA			
6.1.B.1	POTW Name	NA	
POTW Address			
City	State	County	Zip
6.1.B.2	POTW Name		
POTW Address			
City	State	County	Zip

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

## SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1	OFF-SITE EPA IDENTIFICATION NUMBER (RCRA ID NO.)	WAD020257945						
Off-Site Location Name	BURLINGTON ENVIRONMENTAL INC							
Off-Site Address	1701 ALEXANDER AVENUE							
City	TACOMA	State	WA	County	PIERCE	Zip	98421	
Is location under control of reporting facility or parent company?					<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

## EPA FORM R

## PART II CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

99352SDPRTPOBOX

Toxic Chemical, Category or Generic Name

PHOSPHORIC ACID

## SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (continued)

A. Total Transfers (pound/year) (enter range code or estimate)		B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	47	1. O	1. M69
2.	NA	2.	2.
3.		3.	3.
4.		4.	4.

6.2.2 OFF-SITE EPA IDENTIFICATION NUMBER (RCRA ID NO.) ORD089452353

Off-Site location Name CHEMICAL WASTE MANAGEMENT OF THE NORTHWEST INC

Off-Site Address 17629 CEDAR SPRINGS LANE

City ARLINGTON State OR County GILLIAM Zip 97812

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

A. Total Transfers (pound/year) (enter range code or estimate)		B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	7	1. O	1. M40
2.	NA	2.	2.
3.		3.	3.
4.		4.	4.

## 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.

Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))				c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data	
7A.1a	7A.1b	1	P09	2	C11	7A.1c	7A.1d	7A.1e
W	3	NA	4	5		1	100 %	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	6		7	8				<input checked="" type="checkbox"/> X <input type="checkbox"/>
7A.2a	7A.2b	1	C01	2	C11	7A.2c	7A.2d	7A.2e
W	3	NA	4	5		1	100 %	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	6		7	8				<input checked="" type="checkbox"/> X <input type="checkbox"/>
7A.3a	7A.3b	1		2		7A.3c	7A.3d	7A.3e
	3		4	5				<input type="checkbox"/> Yes <input type="checkbox"/> No
	6		7	8			%	<input type="checkbox"/> X <input type="checkbox"/>
7A.4a	7A.4b	1		2		7A.4c	7A.4d	7A.4e
	3		4	5				<input type="checkbox"/> Yes <input type="checkbox"/> No
	6		7	8			%	<input type="checkbox"/> X <input type="checkbox"/>
7A.5a	7A.5b	1		2		7A.5c	7A.5d	7A.5e
	3		4	5				<input type="checkbox"/> Yes <input type="checkbox"/> No
	6		7	8			%	<input type="checkbox"/> X <input type="checkbox"/>

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this

box  and indicate which page(s) of Part II, Section 6.2/7A is provided here: (example: 1,2,3, etc)

## EPA FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

99352SDPRTPOBOX

Toxic Chemical, Category or Generic Name

PHOSPHORIC ACID

## 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. NA

2. [ ]

3. [ ]

4. [ ]

## 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. NA

2. [ ]

3. [ ]

4. [ ]

5. [ ]

6. [ ]

7. [ ]

8. [ ]

9. [ ]

10. [ ]

All quantity estimates can be reported using up to two significant figures.

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	Quantity released*	0	0	0	0
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	0	0	0	0
8.6	Quantity treated on-site	600	15000	2000	5000
8.7	Quantity treated off-site	5700	54	50	50
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)			0	
8.9	Production ratio or activity index			2 .0	
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	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

\* Report releases pursuant to EPCRA Section 329(B) including, any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated on-site or off-site.

1997 HANFORD SITE TOXIC CHEMICAL RELEASE INVENTORY  
DOE-RL-98-39

DISTRIBUTION

<u>Number of Copies</u>	<u>OFF-SITE RECIPIENTS</u>
3	<p><u>U.S. Environmental Protection Agency</u></p> <p>EPCRA Reporting Center Toxic Chemical Release Inventory Post Office Box 3348 Merrifield, Virginia 22116-3348</p> <p>Pesticides and Toxic Substances Branch USEPA Region 10 (WCM-128) 1200 Sixth Avenue Seattle, Washington 98101</p> <p>Mr. Douglas R. Sherwood, Hanford Project Manager 712 Swift Boulevard, Suite 5 MS B5-01 Richland, Washington 99352</p>
2	<p><u>State of Washington Department of Ecology</u></p> <p>Ms. Idell Hanson Community Right-To-Know Unit Post Office Box 47659 Olympia, Washington 98504-7585</p> <p>Mr. Steven V. Moore Hanford Project Office 1315 West Fourth Avenue Kennewick, Washington 99336-6018</p>
1	<p><u>Confederated Tribes of the Umatilla Indian Reservation</u></p> <p>Mr. Jim R. Wilkinson Board of Trustees Post Office Box 638 Pendleton, Oregon 97801</p>

**DISTRIBUTION**, continued

Number  
of Copies            OFF-SITE RECIPIENTS (continued)

1            Nez Perce Tribe

Ms. Donna Powaukee, Manager  
Environmental Restoration and Waste Management Program  
Post Office Box 365  
Lapwai, Idaho 83540

1            Wanapum Indian Band

Ms. Leanora Seetalsee  
Post Office Box 878  
Ephrata, Washington 98823

1            Yakama Indian Nation

Mr. Russell Jim, Manager  
Environmental Restoration and Waste Management Program  
2802 Main Street  
Union Gap, Washington 98903

## ON-SITE RECIPIENTS

11            U.S. Department of Energy, Richland Operations Office

H. E. Bilson	S7-41
R. F. Christensen	K8-50
O. A. Farabee	R3-79
R. A. Holten	HO-12
R. N. Krekel	A5-15
J. E. Ollero	A5-18
J. C. Peschong	S7-51
J. E. Rasmussen	A5-15
L. D. Romine	R3-79
W. A. Rutherford	A2-45
E. D. Sellers	S7-41

## DISTRIBUTION, continued

<u>Number of Copies</u>	<u>ON-SITE RECIPIENTS (continued)</u>
-------------------------	---------------------------------------

4 Fluor Daniel Hanford, Inc.

W. D. Adair	H6-21
C. G. Mattsson	N1-26
W. E. Toebe	H6-23
B. D. Williamson	B3-15

3 Bechtel Hanford, Inc.

M. C. Hughes	H0-09
S. J. Ingle	H9-01
R. J. Landon	H0-02

3 Hanford Environmental Health Foundation

J. A. Calcagni, Medical Director	H1-02
S. M. McInturff	H1-77
HEHF Resource Center	H1-79

4 Pacific Northwest National Laboratory

G. W. McNair	P7-79
E. A. Raney	P7-79
DOE Public Reading Room	H2-53
Hanford Technical Library	P8-55

6 Waste Management Federal Services of Hanford, Inc.

T. A. Burdin	H6-20
J. O. Skolrud	H6-20
A. G. Weiner	H6-21
J. A. Winterhalder	H6-21
M. T. Yasdick	H6-40
D. E. Zaloudek	H6-20

3 Central Files Document Processing Center EDMC B1-07 A3-94 H6-08