

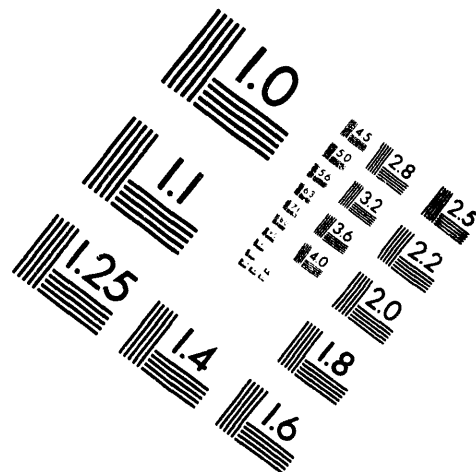
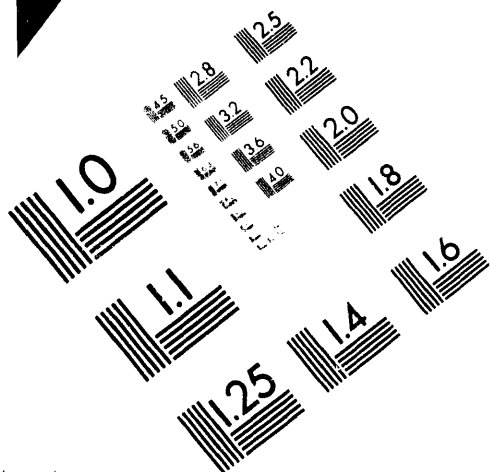


**AIM**

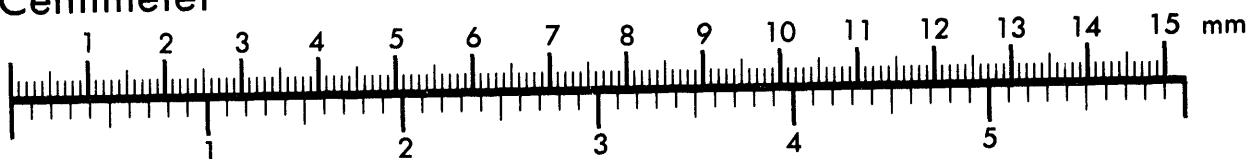
**Association for Information and Image Management**

1100 Wayne Avenue, Suite 1100  
Silver Spring, Maryland 20910

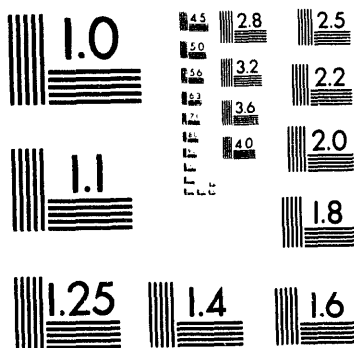
301/587-8202



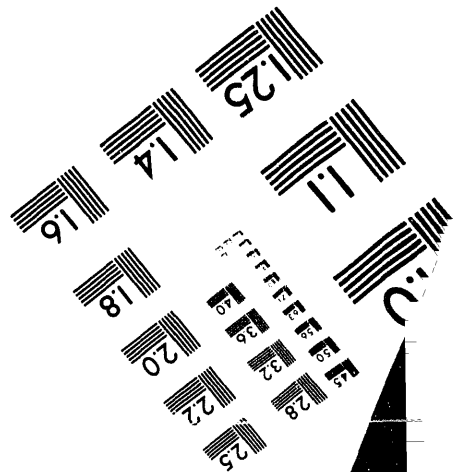
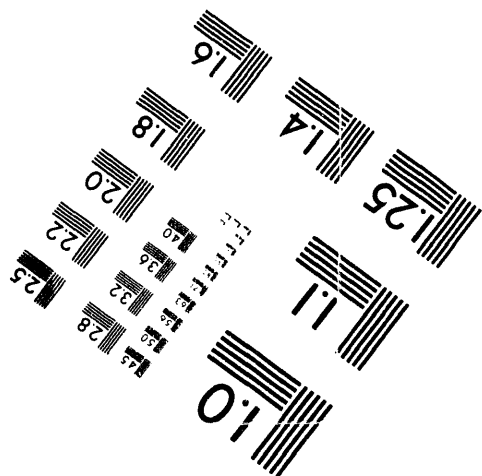
Centimeter



Inches



MANUFACTURED TO AIM STANDARDS  
BY APPLIED IMAGE, INC.



**1 of 1**

# 1992 Toxic Chemical Release Inventory

Emergency Planning and Community  
Right-To-Know-Act of 1986 Section 313

Date Published  
July 1993



United States  
Department of Energy

P.O. Box 550  
Richland, Washington 99352

**MASTER**

*ch2*  
**DISTRIBUTION OF THIS DOCUMENT IS UNLIMITED**

Approved for Public Release

## INTRODUCTION

Section 313 of the Emergency Planning and Community Right-To-Know Act of 1986 (EPCRA) requires the annual submittal of toxic chemical release information to the U. S. Environmental Protection Agency (EPA). The following document is the July 1993 submittal of the EPCRA Toxic Chemical Release Inventory Report (Form R). Included is a Form R for chlorine and for lead, the two chemicals used in excess of the established regulatory thresholds at the Hanford Site by the U. S. Department of Energy, Richland Operations Office and its contractors during calendar year 1992.

Only those facilities that fall within the Standard Industrial Classification (SIC) code range of 20 through 39 are subject to mandatory reporting under EPCRA Section 313. However, application of definitions and requirements provided in Title 40, Code of Federal Regulations (40 CFR) Part 372.22 has led to the adoption of SIC Code 9999, Nonclassifiable Establishments, as the primary Hanford Site SIC Code for EPCRA regulatory assessments. The SIC Code 9999 determination is based on a broad analysis of the current mission of the Hanford Site which includes environmental management, demonstration and application of advanced remediation technologies, and environmental restoration. Although this primary SIC Code falls outside the manufacturing group range (SIC Codes 20 through 39) for mandatory reporting under EPCRA Section 313, the U. S. Department of Energy has elected to submit this document to EPA "for information only" as a demonstration of continuing environmental stewardship and to support the Department-wide participation in the EPA 33/50 Program.

**EPA**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

TRI FACILITY ID NUMBER

99352SDPRTPOBOX

Toxic Chemical, Category, or Generic Name

CHLORINE

**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**

1992

**SECTION 2. TRADE SECRET INFORMATION****2.1**

Are you claiming the toxic chemical identified on page 3 trade secret?

☐Yes (Answer question 2.2;  
Attach substantiation forms)☒No (Do not answer 2.2;  
Go to Section 3)**2.2**

If yes in 2.1, is this copy:

☐

Sanitized

☐

Unsanitized

**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

JAMES E. RASMUSSEN, ACTING EAP PROGRAM MANAGER

Signature

Date Signed

06/25/93

**SECTION 4. FACILITY IDENTIFICATION****4.1**

Facility or Establishment Name

USDOE HANFORD SITE

Street Address

825 JADWIN AVENUE

City

RICHLAND

State

WA

Mailing Address (if different from street address)

P. O. BOX 550

City

RICHLAND

State

WA

Zip Code

993520550

TRI Facility ID Number

99352SDPRTPOBOX

County

BENTON

Zip Code

993523562

PUT LABEL HERE



# EPA FORM R

## PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
99352SDPRTPOBOX
Toxic Chemical, Category, or Generic Name
CHLORINE

### SECTION 4. FACILITY IDENTIFICATION (Continued)

<b>4.2</b>	<b>This report contains information for:</b> (Important: check only one)	a. <input checked="" type="checkbox"/> An entire facility    b. <input type="checkbox"/> Part of a facility					
<b>4.3</b>	<b>Technical Contact</b>	Name	E. B. DAGAN				Telephone Number (include area code)
							(509) 376-3811
<b>4.4</b>	<b>Public Contact</b>	Name	T. A. BAUMAN				Telephone Number (include area code)
							(509) 376-7501
<b>4.5</b>	<b>SIC Code (4-digit)</b>	a. 9999	b. NA	c.	d.	e.	f.
<b>4.6</b>	<b>Latitude and Longitude</b>	Latitude			Longitude		
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
		046	30	00	119	30	00
<b>4.7</b>	<b>Dun &amp; Bradstreet Number(s) (9 digits)</b>					a. 034456186	
						b. NA	
<b>4.8</b>	<b>EPA Identification Number(s) (RCRA I.D.No.) (12 characters)</b>					a. WA7890008967	
						b. NA	
<b>4.9</b>	<b>Facility NPDES Permit Number(s) (9 characters)</b>					a. WA0003743	
						b. NA	
<b>4.10</b>	<b>Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)</b>					a. NA	
						b.	

### SECTION 5. PARENT COMPANY INFORMATION

<b>5.1</b>	Name of Parent Company	<input type="checkbox"/> NA    U. S. DEPARTMENT OF ENERGY	
<b>5.2</b>	Parent Company's Dun & Bradstreet Number	<input type="checkbox"/> NA    (9 digits)    034456186	



# EPA FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER
99352SDPRTPOBOX
Toxic Chemical, Category, or Generic Name
CHLORINE

### SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)

<b>1.1</b>	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) <b>007782-50-5</b>
<b>1.2</b>	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) <b>CHLORINE</b>
<b>1.3</b>	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.) <b>NA</b>

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

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

### SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY (Important: Check all that apply.)

<b>3.1</b>	<b>Manufacture the toxic chemical:</b>	<div style="display: flex; justify-content: space-between;"> <div> a. <input checked="" type="checkbox"/> Produce  b. <input type="checkbox"/> Import </div> <div> <p style="margin: 0;"><u>If produce or import:</u></p> c. <input type="checkbox"/> For on-site use/processing  d. <input type="checkbox"/> For sale/distribution  e. <input checked="" type="checkbox"/> As a byproduct  f. <input type="checkbox"/> As an impurity </div> </div>
<b>3.2</b>	<b>Process the toxic chemical:</b>	<div style="display: flex; justify-content: space-between;"> <div> a. <input type="checkbox"/> As a reactant  b. <input checked="" type="checkbox"/> As a formulation component </div> <div> c. <input type="checkbox"/> As an article component  d. <input type="checkbox"/> Repackaging </div> </div>
<b>3.3</b>	<b>Otherwise use the toxic chemical:</b>	<div style="display: flex; justify-content: space-between;"> <div> a. <input type="checkbox"/> As a chemical processing aid  b. <input type="checkbox"/> As a manufacturing aid </div> <div> c. <input type="checkbox"/> Ancillary or other use </div> </div>

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

<b>4.1</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">04</div>	(Enter two-digit code from instruction package.)
------------	---	--



United States  
Environmental Protection  
Agency

# EPA FORM R

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

16. FACILITY ID NUMBER

99352SDPRTPOBOX

17. Chemical Category or Generic Name

CHLORINE

### SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

			A Total Release (lbs./year) (enter range code from instructions or estimate)	B Basis of Estimate (enter code)	C % From Stormwater
5.1	Fugitive or non-point air emissions	<input type="checkbox"/> NA	10	0	
5.2	Stack or point air emissions	<input type="checkbox"/> NA	0	0	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
5.3.1	Stream or Water Body Name				
	NA		NA		%
5.3.2	Stream or Water Body Name				%
					%
5.3.3	Stream or Water Body Name				%
					%
5.4	Underground injections on-site	<input checked="" type="checkbox"/> NA			
5.5	Releases to land on-site				
5.5.1	Landfill	<input checked="" type="checkbox"/> NA			
5.5.2	Land treatment/ application farming	<input checked="" type="checkbox"/> NA			
5.5.3	Surface impoundment	<input checked="" type="checkbox"/> NA			
5.5.4	Other disposal	<input checked="" type="checkbox"/> NA			

☐ Check here only if additional Section 5.3 information is provided on page 5 of this form.





United States  
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# EPA FORM R

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

TRI FACILITY ID NUMBER

99352SDPRTPOBOX

Toxic Chemical, Category, or Generic Name

CHLORINE

### SECTION 5.3 ADDITIONAL INFORMATION ON RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

5.3	Discharges to receiving streams or water bodies (enter one name per box)	A. Total Release (pounds/year)(enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.3.4	Stream or Water Body Name	NA		. %
	NA			
5.3.5	Stream or Water Body Name			. %
5.3.6	Stream or Water Body Name			. %

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

#### 6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)

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

<b>6.1.A.1</b> Total Transfers (pounds/year) (enter range code or estimate)	<b>6.1.A.2</b> Basis of Estimate (enter code)
NA	
<b>6.1.B POTW Name and Location Information</b>	
<b>6.1.B.01</b> POTW Name  <div style="text-align: center; height: 40px;">NA</div>	<b>6.1.B.02</b> POTW Name  
Street Address  	Street Address  
City  	City  
County  	County  
State  	State  
Zip Code  	Zip Code  

If additional pages of Part II, Sections 5.3 and/or 6.1 are attached, indicate the total number of pages in this box  and indicate which Part II, Sections 5.3/6.1 page this is, here.   
(example: 1, 2, 3, etc.)



United States  
Environmental Protection  
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# EPA FORM R

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

TRI FACILITY ID NUMBER

99352SDPRTPOBOX

Toxic Chemical, Category, or Generic Name

CHLORINE

### SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.01

Off-site EPA Identification Number (RCRA ID No.)

Off-Site Location Name

NA

Street Address

City

County

State

Zip Code

Is location under control of reporting  
facility or parent company?☐ Yes☐ NoA. 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. NA

1.

1.

2.

2.

2.

3.

3.

3.

4.

4.

4.

### SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.02

Off-site EPA Identification Number (RCRA ID No.)

Off-Site Location Name

Street Address

City

County

State

Zip Code

Is location under control of reporting  
facility or parent company?☐ Yes☐ NoA. 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.

2.

2.

2.

3.

3.

3.

4.

4.

4.

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box ☐ and indicate which Part II, Section 6.2 page this is, 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
CHLORINE

### 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. Treatment Method(s) Sequence (enter 3-character code(s))	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
<b>7A.01a</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> <b>7A.01b</b>  <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div style="width: 30%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> </div> <div style="width: 45%;"> 2 <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 3 <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> </div> <div style="width: 45%;"> 4 <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 6 <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> </div> <div style="width: 45%;"> 7 <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> </div> </div> </div> </div>			

7A.01c  

7A.01d  

7A.01e  

Yes  
☐

No  
☐

If additional copies of page 7 are attached, indicate the total number of pages in this box  and indicate which page 7 this is, 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
CHLORINE

### 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

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

2

3

4

5

6

7

8

9

10



United States  
Environmental Protection  
Agency

# EPA FORM R

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

TRI FACILITY ID NUMBER

99352SDPRTPOBOX

Toxic Chemical, Category, or Generic Name

CHLORINE

### SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

<i>All quantity estimates can be reported using up to two significant figures.</i>		Column A 1991 (pounds/year)	Column B 1992 (pounds/year)	Column C 1993 (pounds/year)	Column D 1994 (pounds/year)
8.1	Quantity released *	140	10	9	9
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	0	0	0
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	0	0	0	0
8.6	Quantity treated on-site	0	0	0	0
8.7	Quantity treated off-site	0	0	0	0
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				0.40
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	W52	T05	NA		
8.10.2	W52	T04	NA		
8.10.3	NA				
8.10.4					
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

\* Report releases pursuant to EPCRA Section 329(8) 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.

EPA  
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

TRI FACILITY ID NUMBER

99352SDPRTPOBOX

Toxic Chemical, Category, or Generic Name

LEAD

**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**

1992

**SECTION 2. TRADE SECRET INFORMATION****2.1**

Are you claiming the toxic chemical identified on page 3 trade secret?

☐ Yes (Answer question 2.2;  
Attach substantiation forms) ☒ No (Do not answer 2.2;  
Go to Section 3)**2.2**If yes in 2.1, is this copy: ☐ Sanitized ☐ Unsanitized**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

JAMES E. RASMUSSEN, ACTING EAP PROGRAM MANAGER

Signature

Date Signed

06/25/93

**SECTION 4. FACILITY IDENTIFICATION****4.1**

Facility or Establishment Name

USDOE HANFORD SITE

Street Address

825 JADWIN AVENUE

City

RICHLAND

State

WA

Mailing Address (if different from street address)

P. O. BOX 550

City

RICHLAND

State

WA

Zip Code

993520550

TRI Facility ID Number

99352SDPRTPOBOX

County

BENTON

Zip Code

993523562

PUT LABEL HERE



# EPA FORM R

## PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

99352SDPRTPOBOX

Toxic Chemical, Category, or Generic Name

LEAD

### SECTION 4. FACILITY IDENTIFICATION (Continued)

<b>4.2</b>	<b>This report contains information for:</b> (Important: check only one)	a. <input checked="" type="checkbox"/> An entire facility    b. <input type="checkbox"/> Part of a facility					
<b>4.3</b>	<b>Technical Contact</b>	<div style="border: 1px solid black; padding: 2px;">Name</div> <div style="border: 1px solid black; padding: 2px;">E. B. DAGAN</div>				<div style="border: 1px solid black; padding: 2px;">Telephone Number (include area code)</div> <div style="border: 1px solid black; padding: 2px;">(509) 376-3811</div>	
<b>4.4</b>	<b>Public Contact</b>	<div style="border: 1px solid black; padding: 2px;">Name</div> <div style="border: 1px solid black; padding: 2px;">T. A. BAUMAN</div>				<div style="border: 1px solid black; padding: 2px;">Telephone Number (include area code)</div> <div style="border: 1px solid black; padding: 2px;">(509) 376-7501</div>	
<b>4.5</b>	<b>SIC Code (4-digit)</b>	a. 9999	b. NA	c.	d.	e.	f.
<b>4.6</b>	<b>Latitude and Longitude</b>	<b>Latitude</b> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Degrees</span> <span>Minutes</span> <span>Seconds</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>046</span> <span>30</span> <span>00</span> </div>			<b>Longitude</b> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Degrees</span> <span>Minutes</span> <span>Seconds</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>119</span> <span>30</span> <span>00</span> </div>		
<b>4.7</b>	<b>Dun &amp; Bradstreet Number(s) (9 digits)</b>	a. 034456186 b. NA					
<b>4.8</b>	<b>EPA Identification Number(s) (RCRA I.D.No.) (12 characters)</b>	a. WA7890008967 b. NA					
<b>4.9</b>	<b>Facility NPDES Permit Number(s) (9 characters)</b>	a. WA0003743 b. NA					
<b>4.10</b>	<b>Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)</b>	a. NA b.					

### SECTION 5. PARENT COMPANY INFORMATION

<b>5.1</b>	<div style="border: 1px solid black; padding: 2px;">Name of Parent Company</div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> NA <div style="margin-left: 20px; border: 1px solid black; padding: 2px;">U. S. DEPARTMENT OF ENERGY</div> </div>	
<b>5.2</b>	<div style="border: 1px solid black; padding: 2px;">Parent Company's Dun &amp; Bradstreet Number</div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> NA <div style="margin-left: 20px; border: 1px solid black; padding: 2px;">(9 digits)</div> <div style="margin-left: 20px;">034456186</div> </div>	



# EPA FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER

99352SDPRTPOBOX

Toxic Chemical, Category, or Generic Name

LEAD

### SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)

<b>1.1</b>	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) <b>007439-92-1</b>
<b>1.2</b>	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) <b>LEAD</b>
<b>1.3</b>	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.) <b>NA</b>

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

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

### SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY (Important: Check all that apply.)

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

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

<b>4.1</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">02</div>	(Enter two-digit code from instruction package.)
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# EPA FORM R

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

1. FACILITY ID NUMBER

99352SDPRTPOBOX

Toxic Chemical Category or Generic Name

LEAD

### SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

			A Total Release (lbs/year) (enter range code from instructions or estimate)	B Basis of Estimate (enter code)	C % From Stormwater
5.1	Fugitive or non-point air emissions	<input type="checkbox"/> NA	8	0	
5.2	Stack or point air emissions	<input type="checkbox"/> NA	8	C	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
5.3.1	Stream or Water Body Name				
	NA	NA			%
5.3.2	Stream or Water Body Name				
					%
5.3.3	Stream or Water Body Name				
					%
5.4	Underground injections on-site	<input checked="" type="checkbox"/> NA			
5.5	Releases to land on-site				
5.5.1	Landfill	<input type="checkbox"/> NA	0	0	
5.5.2	Land treatment/ application farming	<input checked="" type="checkbox"/> NA			
5.5.3	Surface impoundment	<input type="checkbox"/> NA	0	0	
5.5.4	Other disposal	<input type="checkbox"/> NA	10000	0	



Check here only if additional Section 5.3 information is provided on page 5 of this form.



# EPA FORM R

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

TRI FACILITY ID NUMBER

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Toxic Chemical, Category, or Generic Name

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### SECTION 5.3 ADDITIONAL INFORMATION ON RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

5.3	Discharges to receiving streams or water bodies (enter one name per box)	A. Total Release (pounds/year)(enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.3.4	Stream or Water Body Name	NA		. %
	NA			
5.3.5	Stream or Water Body Name			. %
5.3.6	Stream or Water Body Name			. %

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

#### 6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)

##### 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)

NA

6.1.A.2 Basis of Estimate  
(enter code)

##### 6.1.B POTW Name and Location Information

6.1.B.01 POTW Name

NA

6.1.B.02 POTW Name

Street Address

Street Address

City

County

City

County

State

Zip Code

State

Zip Code

If additional pages of Part II, Sections 5.3 and/or 6.1 are attached, indicate the total number of pages in this box  and indicate which Part II, Sections 5.3/6.1 page this is, here.   
(example: 1, 2, 3, etc.)



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# EPA FORM R

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

TRI FACILITY ID NUMBER

99352SDPRTPOBOX

Toxic Chemical, Category, or Generic Name

LEAD

### SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

<b>6.2.01</b>	Off-site EPA Identification Number (RCRA ID No.)		WAD092300250
Off-Site Location Name			
BURLINGTON ENVIRONMENTAL			
Street Address			
625 SOUTH 32ND STREET			
City		County	
WASHOUGAL		CLARK	
State	Zip Code	Is location under control of reporting facility or parent company?	
WA	98671	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>A.</b> Total Transfers (pounds/year) (enter range code or estimate)	<b>B.</b> Basis of Estimate (enter code)	<b>C.</b> Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)	
1. 400	1. 0	1. M40	
2. NA	2.	2.	
3.	3.	3.	
4.	4.	4.	

### SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

<b>6.2.02</b>	Off-site EPA Identification Number (RCRA ID No.)		UTD991301748
Off-Site Location Name			
USPCI			
Street Address			
KNOLLS EXIT			
City		County	
GRASSY MOUNTAIN		TOOELE	
State	Zip Code	Is location under control of reporting facility or parent company?	
UT	77373	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>A.</b> Total Transfers (pounds/year) (enter range code or estimate)	<b>B.</b> Basis of Estimate (enter code)	<b>C.</b> Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)	
1. 59	1. 0	1. M40	
2. NA	2.	2.	
3.	3.	3.	
4.	4.	4.	

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box **02** and indicate which Part II, Section 6.2 page this is, here. **1** (example: 1, 2, 3, etc.)



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# EPA FORM R

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

TRI FACILITY ID NUMBER

99352SDPRTPOBOX

Toxic Chemical, Category, or Generic Name

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### SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

<b>6.2.03</b>	Off-site EPA Identification Number (RCRA ID No.)		NA
Off-Site Location Name			
QUEMETCO			
Street Address			
720 SOUTH 70TH AVENUE			
City		County	
CITY OF INDUSTRY		LOS ANGELES	
State	Zip Code	Is location under control of reporting facility or parent company?	
CA	91749	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>A.</b> Total Transfers (pounds/year) (enter range code or estimate)	<b>B.</b> Basis of Estimate (enter code)	<b>C.</b> Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)	
1. 97000	1. 0	1. M93	
2. NA	2.	2.	
3.	3.	3.	
4.	4.	4.	

### SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

<b>6.2.04</b>	Off-site EPA Identification Number (RCRA ID No.)		NA
Off-Site Location Name			
UNIVERSITY OF MISSOURI			
Street Address			
RESEARCH PARK			
City		County	
COLUMBUS		PHELPS	
State	Zip Code	Is location under control of reporting facility or parent company?	
MO	65211	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>A.</b> Total Transfers (pounds/year) (enter range code or estimate)	<b>B.</b> Basis of Estimate (enter code)	<b>C.</b> Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)	
1. 120000	1. M	1. M24	
2. NA	2.	2.	
3.	3.	3.	
4.	4.	4.	

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

TRI FACILITY ID NUMBER
99352SDPRTPOBOX
Toxic Chemical, Category, or Generic Name
LEAD

### 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. Treatment Method(s) Sequence (enter 3-character code(s))	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
<b>7A.01a</b>	<b>7A.01b</b> 1 <input style="width: 40px;" type="text"/> 2 <input style="width: 40px;" type="text"/> 3 <input style="width: 40px;" type="text"/> 4 <input style="width: 40px;" type="text"/> 5 <input style="width: 40px;" type="text"/> 6 <input style="width: 40px;" type="text"/> 7 <input style="width: 40px;" type="text"/> 8 <input style="width: 40px;" type="text"/>	<b>7A.01c</b>	<b>7A.01d</b>	<b>7A.01e</b>
			. %	<b>Yes</b> <b>No</b> <input type="checkbox"/> <input type="checkbox"/>
<b>7A.02a</b>	<b>7A.02b</b> 1 <input style="width: 40px;" type="text"/> 2 <input style="width: 40px;" type="text"/> 3 <input style="width: 40px;" type="text"/> 4 <input style="width: 40px;" type="text"/> 5 <input style="width: 40px;" type="text"/> 6 <input style="width: 40px;" type="text"/> 7 <input style="width: 40px;" type="text"/> 8 <input style="width: 40px;" type="text"/>	<b>7A.02c</b>	<b>7A.02d</b>	<b>7A.02e</b>
			. %	<b>Yes</b> <b>No</b> <input type="checkbox"/> <input type="checkbox"/>
<b>7A.03a</b>	<b>7A.03b</b> 1 <input style="width: 40px;" type="text"/> 2 <input style="width: 40px;" type="text"/> 3 <input style="width: 40px;" type="text"/> 4 <input style="width: 40px;" type="text"/> 5 <input style="width: 40px;" type="text"/> 6 <input style="width: 40px;" type="text"/> 7 <input style="width: 40px;" type="text"/> 8 <input style="width: 40px;" type="text"/>	<b>7A.03c</b>	<b>7A.03d</b>	<b>7A.03e</b>
			. %	<b>Yes</b> <b>No</b> <input type="checkbox"/> <input type="checkbox"/>
<b>7A.04a</b>	<b>7A.04b</b> 1 <input style="width: 40px;" type="text"/> 2 <input style="width: 40px;" type="text"/> 3 <input style="width: 40px;" type="text"/> 4 <input style="width: 40px;" type="text"/> 5 <input style="width: 40px;" type="text"/> 6 <input style="width: 40px;" type="text"/> 7 <input style="width: 40px;" type="text"/> 8 <input style="width: 40px;" type="text"/>	<b>7A.04c</b>	<b>7A.04d</b>	<b>7A.04e</b>
			. %	<b>Yes</b> <b>No</b> <input type="checkbox"/> <input type="checkbox"/>
<b>7A.05a</b>	<b>7A.05b</b> 1 <input style="width: 40px;" type="text"/> 2 <input style="width: 40px;" type="text"/> 3 <input style="width: 40px;" type="text"/> 4 <input style="width: 40px;" type="text"/> 5 <input style="width: 40px;" type="text"/> 6 <input style="width: 40px;" type="text"/> 7 <input style="width: 40px;" type="text"/> 8 <input style="width: 40px;" type="text"/>	<b>7A.05c</b>	<b>7A.05d</b>	<b>7A.05e</b>
			. %	<b>Yes</b> <b>No</b> <input type="checkbox"/> <input type="checkbox"/>

If additional copies of page 7 are attached, indicate the total number of pages in this box  and indicate which page 7 this is, here.  (example: 1, 2, 3, etc.)



# EPA FORM R

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

TRI FACILITY ID NUMBER

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Toxic Chemical, Category, or Generic Name

LEAD

### 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

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

2

3

4

5

6

7

8

9

10



# EPA FORM R

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

TRI FACILITY ID NUMBER

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Toxic Chemical, Category, or Generic Name

LEAD

### SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

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

		Column A 1991 (pounds/year)	Column B 1992 (pounds/year)	Column C 1993 (pounds/year)	Column D 1994 (pounds/year)
8.1	Quantity released *	9100	10000	9000	7000
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	0	0	0
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	190000	220000	100000	50000
8.6	Quantity treated on-site	0	0	0	0
8.7	Quantity treated off-site	0	460	400	400
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				1.38
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				
8.10.2					
8.10.3					
8.10.4					
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

\* Report releases pursuant to EPCRA Section 329(8) 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.

**DATE  
FILMED**

9 / 23 / 93

**END**



