

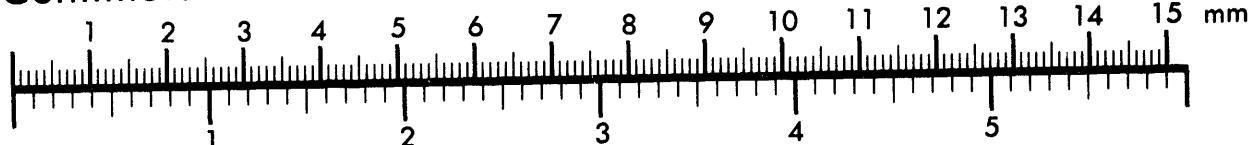


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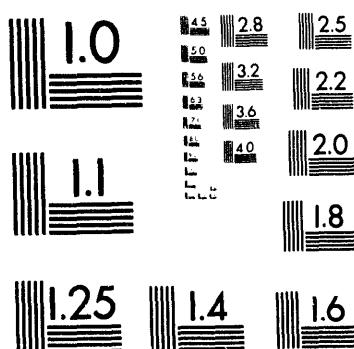
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1 of 1

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
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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.



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)

2.2If 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

Facility or Establishment Name	TRI Facility ID Number
USDOE HANFORD SITE	99352SDPRTPOBOX
Street Address	
825 JADWIN AVENUE	
City	County
RICHLAND	BENTON
State	Zip Code
WA	993523562
Mailing Address (if different from street address)	
P. O. BOX 550	
City	PUT LABEL HERE
RICHLAND	
State	
WA	
Zip Code	
993520550	



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)

4.2	This report contains information for: (Important: check only one)		a. <input checked="" type="checkbox"/> An entire facility		b. <input type="checkbox"/> Part of a facility	
4.3	Technical Contact		Name E. B. DAGAN		Telephone Number (include area code) (509) 376-3811	
4.4	Public Contact		Name T. A. BAUMAN		Telephone Number (include area code) (509) 376-7501	
4.5	SIC Code (4-digit)	a. 9999	b. NA	c.	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 & 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. WA0003743	
					b. NA	
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 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.)

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.) 007782-50-5
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.) NA
-----	--

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 checked="" type="checkbox"/> Produce b. <input type="checkbox"/> Import	<u>If produce or import:</u> 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
3.2	Process the toxic chemical:	a. <input type="checkbox"/> As a reactant b. <input checked="" type="checkbox"/> As a formulation component	c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging
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

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.)



EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

Facility ID Number
99352SDPRTPOBOX
Toxic Technical 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	NA 10	0	
5.2	Stack or point air emissions	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	x NA		
5.5	Releases to land on-site			
5.5.1	Landfill	x NA		
5.5.2	Land treatment/ application farming	x NA		
5.5.3	Surface impoundment	x NA		
5.5.4	Other disposal	x NA		

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
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 NA				. %
5.3.6 Stream or Water Body Name NA				. %

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



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? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)
1. NA		1.
2.		2.
3.		3.
4.		4.
C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)		

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)
1.		1.
2.		2.
3.		3.
4.		4.
C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)		

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?
7A.01a	7A.01b	1	2	7A.01c	7A.01d	7A.01e
	3	4	5			
	6	7	8			
7A.02a	7A.02b	1	2	7A.02c	7A.02d	7A.02e
	3	4	5			
	6	7	8			
7A.03a	7A.03b	1	2	7A.03c	7A.03d	7A.03e
	3	4	5			
	6	7	8			
7A.04a	7A.04b	1	2	7A.04c	7A.04d	7A.04e
	3	4	5			
	6	7	8			
7A.05a	7A.05b	1	2	7A.05c	7A.05d	7A.05e
	3	4	5			
	6	7	8			

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



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.



FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

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

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)

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

TRI FACILITY ID NUMBER

99352SDPRTPOBOX

Toxic Chemical, Category, or Generic Name

LEAD

Enter "X" here if
this is a revision

For EPA use only

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	TRI Facility ID Number	
	USDOE HANFORD SITE		
	Street Address	99352SDPRTPOBOX	
	825 JADWIN AVENUE		
	City	County	
	RICHLAND		
	State	Zip Code	
	WA		
	Mailing Address (if different from street address)		
	P. O. BOX 550		
City	PUT LABEL HERE		
RICHLAND			
State	Zip Code		
WA		993520550	



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)

4.2	This report contains information for: (Important: check only one)		a. <input checked="" type="checkbox"/> An entire facility		b. <input type="checkbox"/> Part of a facility	
4.3	Technical Contact		Name E. B. DAGAN		Telephone Number (include area code) (509) 376-3811	
4.4	Public Contact		Name T. A. BAUMAN		Telephone Number (include area code) (509) 376-7501	
4.5	SIC Code (4-digit)	a. 9999	b. NA	c.	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 & 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. WA0003743
						b. NA
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 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
LEAD

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.)
	007439-92-1
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	LEAD
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.)
	NA

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	<u>If produce or import:</u>
			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 checked="" type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging
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 checked="" type="checkbox"/> Ancillary or other use

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

4.1	02	(Enter two-digit code from instruction package.)
-----	----	--



EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TR 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	NA 8	0	
5.2	Stack or point air emissions	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		%
5.3.2	Stream or Water Body Name			%
5.3.3	Stream or Water Body Name			%
5.4	Underground injections on-site	x NA		
5.5	Releases to land on-site			
5.5.1	Landfill	NA 0	0	
5.5.2	Land treatment/ application farming	x NA		
5.5.3	Surface impoundment	NA 0	0	
5.5.4	Other disposal	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
99352SDPRTPOBOX
Toxic Chemical, Category, or Generic Name
LEAD

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 NA	NA		. %
5.3.6	Stream or Water Body Name NA	NA		. %

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

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.)



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

6.2.01	Off-site EPA Identification Number (RCRA ID No.)	
	WAD092300250	
Off-Site Location Name		
BURLINGTON ENVIRONMENTAL		
Street Address	625 SOUTH 32ND STREET	
City	County	
WA	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
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)
1. 400		1. 0
2. NA		2.
3.		3.
4.		4.
C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)		
1. M40		
2.		
3.		
4.		

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.02	Off-site EPA Identification Number (RCRA ID No.)	
	UTD991301748	
Off-Site Location Name		
USPCI		
Street Address	KNOLLS EXIT	
City	County	
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
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)
1. 59		1. 0
2. NA		2.
3.		3.
4.		4.
C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)		
1. M40		
2.		
3.		
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.)



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

6.2.03	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		
State	Zip Code	Is location under control of reporting facility or parent company?
CA	91749	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)
1. 97000		1. 0
2. NA		2.
3.		3.
4.		4.
C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)		
1. M93		
2.		
3.		
4.		

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.04	Off-site EPA Identification Number (RCRA ID No.)	
	NA	
Off-Site Location Name		
UNIVERSITY OF MISSOURI		
Street Address RESEARCH PARK		
City	County	
COLUMBUS		
State	Zip Code	Is location under control of reporting facility or parent company?
MO	65211	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)
1. 120000		1. M
2. NA		2.
3.		3.
4.		4.
C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)		
1. M24		
2.		
3.		
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. **2** (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
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?
7A.01a	7A.01b	1	2	7A.01c	7A.01d	7A.01e
	3	4	5			
	6	7	8			
7A.02a	7A.02b	1	2	7A.02c	7A.02d	7A.02e
	3	4	5			
	6	7	8			
7A.03a	7A.03b	1	2	7A.03c	7A.03d	7A.03e
	3	4	5			
	6	7	8			
7A.04a	7A.04b	1	2	7A.04c	7A.04d	7A.04e
	3	4	5			
	6	7	8			
7A.05a	7A.05b	1	2	7A.05c	7A.05d	7A.05e
	3	4	5			
	6	7	8			

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
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
99352SDPRTPOBOX
Toxic Chemical, Category, or Generic Name
LEAD

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 *	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.			
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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	NO
			<input type="checkbox"/>	<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

