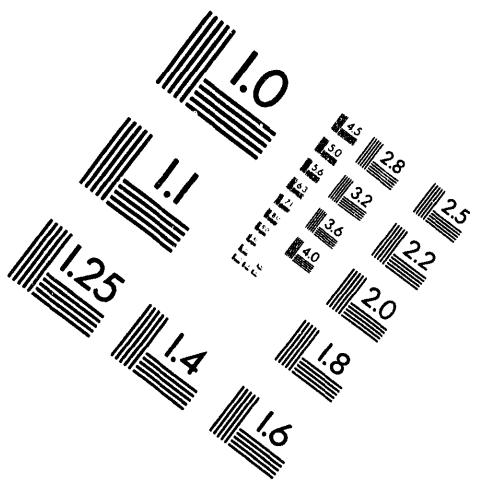
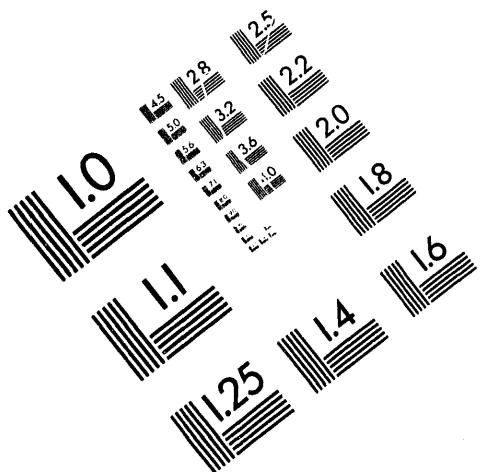




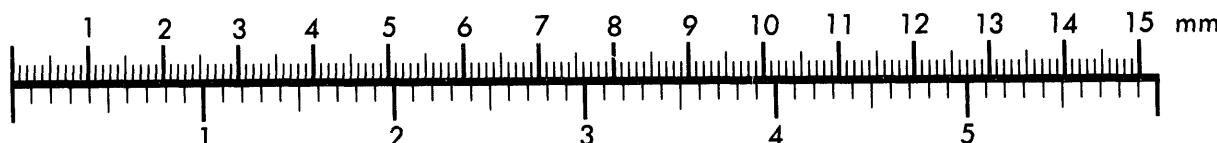
**AIIM**

**Association for Information and Image Management**

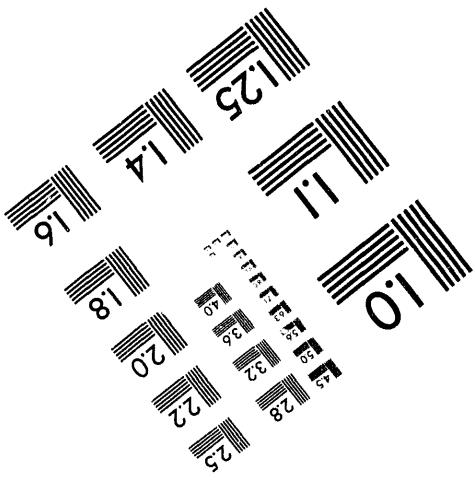
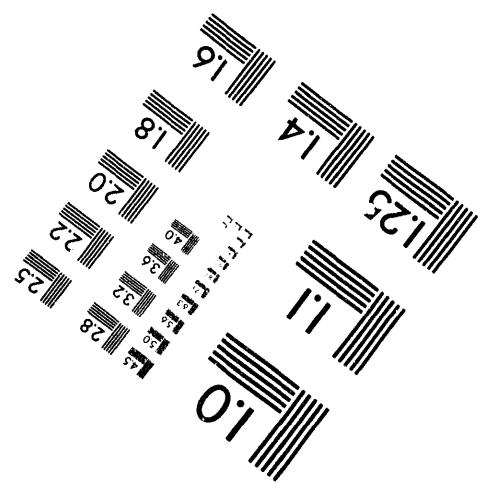
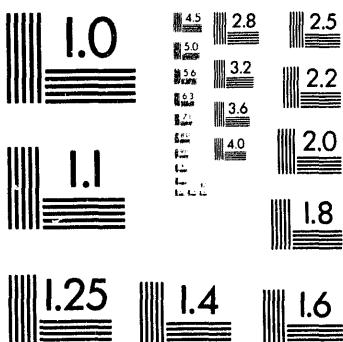
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Silver Spring, Maryland 20910  
301/587-8202



**Centimeter**



**Inches**



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BY APPLIED IMAGE, INC.

1 of 1

# 1993 Toxic Chemical Release Inventory

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

Date Published  
July 1994



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

Approved for Public Release

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gfb

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## 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. The following document is the July 1994 submittal of the Hanford Site EPCRA Toxic Chemical Release Inventory (TRI) Report. Included is a Form R for chlorine, the sole chemical 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 1993.

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, on August 3, 1993, Executive Order 12856 was signed, requiring all federal agencies and facilities to comply with pollution prevention and emergency planning and community right-to-know provisions established by Section 313 of EPCRA and Section 6607 of the Pollution Prevention Act of 1990, without restriction to the specified SIC Codes.

The report format requires identification of the facility SIC Code in the TRI Report. Application of definitions and requirements provided in Title 40, Code of Federal Regulations 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 and waste management, demonstration and application of advanced remediation technologies, and environmental restoration.

United States Government  
**memorandum**

**Department of Energy**  
**Richland Field Office**

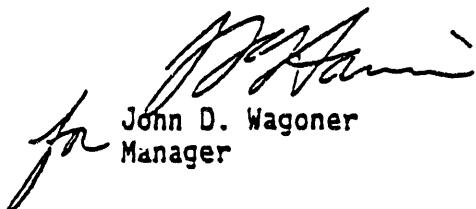
DATE: DEC 17 1992  
REPLY TO  
ATTN OF: EAP:EBD 93-RPA-072

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



# 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

TRI FACILITY ID NUMBER
NEW FACILITY
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**

**1993**

## 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

**STEVEN H. WISNESS, ACTING EAP PROGRAM MANAGER**

Signature

Date Signed

**06/23/94**

## SECTION 4. FACILITY IDENTIFICATION

Facility or Establishment Name	4.1	TRI Facility ID Number	
<b>USDOE HANFORD SITE</b>		NEW FACILITY	
Street Address			
<b>825 JADWIN AVENUE</b>			
City	County		
<b>RICHLAND</b>		<b>BENTON</b>	
State	Zip Code		
<b>WA</b>		<b>99352-3562</b>	
Mailing Address (if different from street address)		PUT LABEL HERE	
<b>POST OFFICE BOX 550</b>			
City			
<b>RICHLAND</b>			
State	Zip Code		
<b>WA</b>		<b>99352-0550</b>	



**EPA FORM R**  
**PART I. FACILITY IDENTIFICATION  
INFORMATION (CONTINUED)**

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

**SECTION 4. FACILITY IDENTIFICATION (Continued)**

4.2	<b>This report contains information for: (Important: check only one)</b>		a. <input checked="" type="checkbox"/> An entire facility		b. <input type="checkbox"/> Part of a facility	
4.3	<b>Technical Contact</b>		Name: E. B. DAGAN		Telephone Number (include area code) (509) 376-3811	
4.4	<b>Public Contact</b>		Name: T. A. BAUMAN		Telephone Number (include area code) (509) 376-7501	
4.5	<b>SIC Code (4-digit)</b>	a. 9999	b. NA	c.	d.	e. f.
4.6	<b>Latitude and Longitude</b>	Latitude			Longitude	
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
	046	30	00	119	30	00
4.7	<b>Dun &amp; Bradstreet Number(s) (9 digits)</b>			a. 034456186		
				b. NA		
4.8	<b>EPA Identification Number(s) (RCRA I.D.No.) (12 characters)</b>			a. WA7890008967		
				b. NA		
4.9	<b>Facility NPDES Permit Number(s) (9 characters)</b>			a. WA0003743		
				b. NA		
4.10	<b>Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)</b>			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
NEW FACILITY
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:	<p>a. <input checked="" type="checkbox"/> Produce</p> <p>b. <input type="checkbox"/> Import</p> <p>If produce or import:</p> <p>c. <input type="checkbox"/> For on-site use/processing</p> <p>d. <input type="checkbox"/> For sale/distribution</p> <p>e. <input checked="" type="checkbox"/> As a byproduct</p> <p>f. <input type="checkbox"/> As an impurity</p>
3.2	Process the toxic chemical:	<p>a. <input type="checkbox"/> As a reactant</p> <p>b. <input checked="" type="checkbox"/> As a formulation component</p> <p>c. <input type="checkbox"/> As an article component</p> <p>d. <input type="checkbox"/> Repackaging</p>
3.3	Otherwise use the toxic chemical:	<p>a. <input type="checkbox"/> As a chemical processing aid</p> <p>b. <input type="checkbox"/> As a manufacturing aid</p> <p>c. <input type="checkbox"/> Ancillary or other use</p>

### 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)**

TRI FACILITY ID NUMBER
NEW FACILITY
Toxic 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	<b>Fugitive or non-point air emissions</b>	<input type="checkbox"/> NA	14	0
5.2	<b>Stack or point air emissions</b>	<input type="checkbox"/> NA	0	0
5.3	<b>Discharges to receiving streams or water bodies (enter one name per box)</b>			
5.3.1	<b>Stream or Water Body Name</b>		NA	. %
	NA			
5.3.2	<b>Stream or Water Body Name</b>			. %
5.3.3	<b>Stream or Water Body Name</b>			. %
5.4	<b>Underground injections on-site</b>	<input checked="" type="checkbox"/> NA	NA	
5.5	<b>Releases to land on-site</b>			
5.5.1	<b>Landfill</b>	<input checked="" type="checkbox"/> NA	NA	
5.5.2	<b>Land treatment/ application farming</b>	<input checked="" type="checkbox"/> NA	NA	
5.5.3	<b>Surface impoundment</b>	<input checked="" type="checkbox"/> NA	NA	
5.5.4	<b>Other disposal</b>	<input checked="" type="checkbox"/> NA	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
NEW FACILITY
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			.
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)	6.1.A.2	Basis of Estimate (enter code)
	NA		
6.1.B POTW Name and Location Information			
6.1.B.01	POTW Name	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.  1  
(example: 1, 2, 3, etc.)



# EPA FORM R

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

TRI FACILITY ID NUMBER
NEW FACILITY
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 <b>NA</b>		
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. <b>NA</b>		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
NEW FACILITY
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?
NA	7A.01b	1	2	7A.01c	7A.01d	7A.01e
	3	4	5		0.00 %	<input type="checkbox"/> Yes <input type="checkbox"/> No
	6	7	8		0.00 %	<input type="checkbox"/> Yes <input type="checkbox"/> No
7A.02a	7A.02b	1	2	7A.02c	7A.02d	7A.02e
	3	4	5		0.00 %	<input type="checkbox"/> Yes <input type="checkbox"/> No
	6	7	8		0.00 %	<input type="checkbox"/> Yes <input type="checkbox"/> No
7A.03a	7A.03b	1	2	7A.03c	7A.03d	7A.03e
	3	4	5		0.00 %	<input type="checkbox"/> Yes <input type="checkbox"/> No
	6	7	8		0.00 %	<input type="checkbox"/> Yes <input type="checkbox"/> No
7A.04a	7A.04b	1	2	7A.04c	7A.04d	7A.04e
	3	4	5		0.00 %	<input type="checkbox"/> Yes <input type="checkbox"/> No
	6	7	8		0.00 %	<input type="checkbox"/> Yes <input type="checkbox"/> No
7A.05a	7A.05b	1	2	7A.05c	7A.05d	7A.05e
	3	4	5		0.00 %	<input type="checkbox"/> Yes <input type="checkbox"/> No
	6	7	8		0.00 %	<input type="checkbox"/> Yes <input type="checkbox"/> 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
NEW FACILITY
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
NEW FACILITY
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 1992 (pounds/year)	Column B 1993 (pounds/year)	Column C 1994 (pounds/year)	Column D 1995 (pounds/year)	
8.1	<b>Quantity released *</b>	10	14	12	12	
8.2	<b>Quantity used for energy recovery on-site</b>	0	0	0	0	
8.3	<b>Quantity used for energy recovery off-site</b>	0	0	0	0	
8.4	<b>Quantity recycled on-site</b>	0	0	0	0	
8.5	<b>Quantity recycled off-site</b>	0	0	0	0	
8.6	<b>Quantity treated on-site</b>	0	0	0	0	
8.7	<b>Quantity treated off-site</b>	0	0	0	0	
8.8	<b>Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)</b>				0	
8.9	<b>Production ratio or activity index</b>				0.77	
8.10	<b>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.</b>					
	<b>Source Reduction Activities [enter code(s)]</b>	<b>Methods to Identify Activity (enter codes)</b>				
8.10.1	NA					
8.10.2						
8.10.3						
8.10.4						
8.11	<b>Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)</b>				<b>YES</b> <input type="checkbox"/>	<b>NO</b> <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**

**10/3/94**

**END**

