

Y-12

**OAK RIDGE
Y-12
PLANT**

LOCKHEED MARTIN

REC'D
AUG 21 1997
OSTI

Y/TS-1667

**EMERGENCY PLANNING AND COMMUNITY
RIGHT-TO-KNOW ACT, SECTION 313
TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORMS
FOR CALENDAR YEAR 1996**

June 1997

R. A. Evans
Environmental Compliance Organization

MASTER

Prepared by the
Oak Ridge Y-12 Plant
Oak Ridge, Tennessee 37831
managed by
LOCKHEED MARTIN ENERGY SYSTEMS, INC.
for the

U.S. DEPARTMENT OF ENERGY
Under Contract DE-AC05-84OR21400

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LOCKHEED MARTIN ENERGY SYSTEMS, INC.
FOR THE UNITED STATES
DEPARTMENT OF ENERGY

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EMERGENCY PLANNING AND COMMUNITY
RIGHT-TO-KNOW ACT, SECTION 313
TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORMS
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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
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
HYDROCHLORIC ACID (1995) AFTER "ACID AEROSOLS" ON

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	1996
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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

P. J. GROSS

DIRECTOR, TECHNICAL SUPPORT DIVISION

Signature

Date Signed

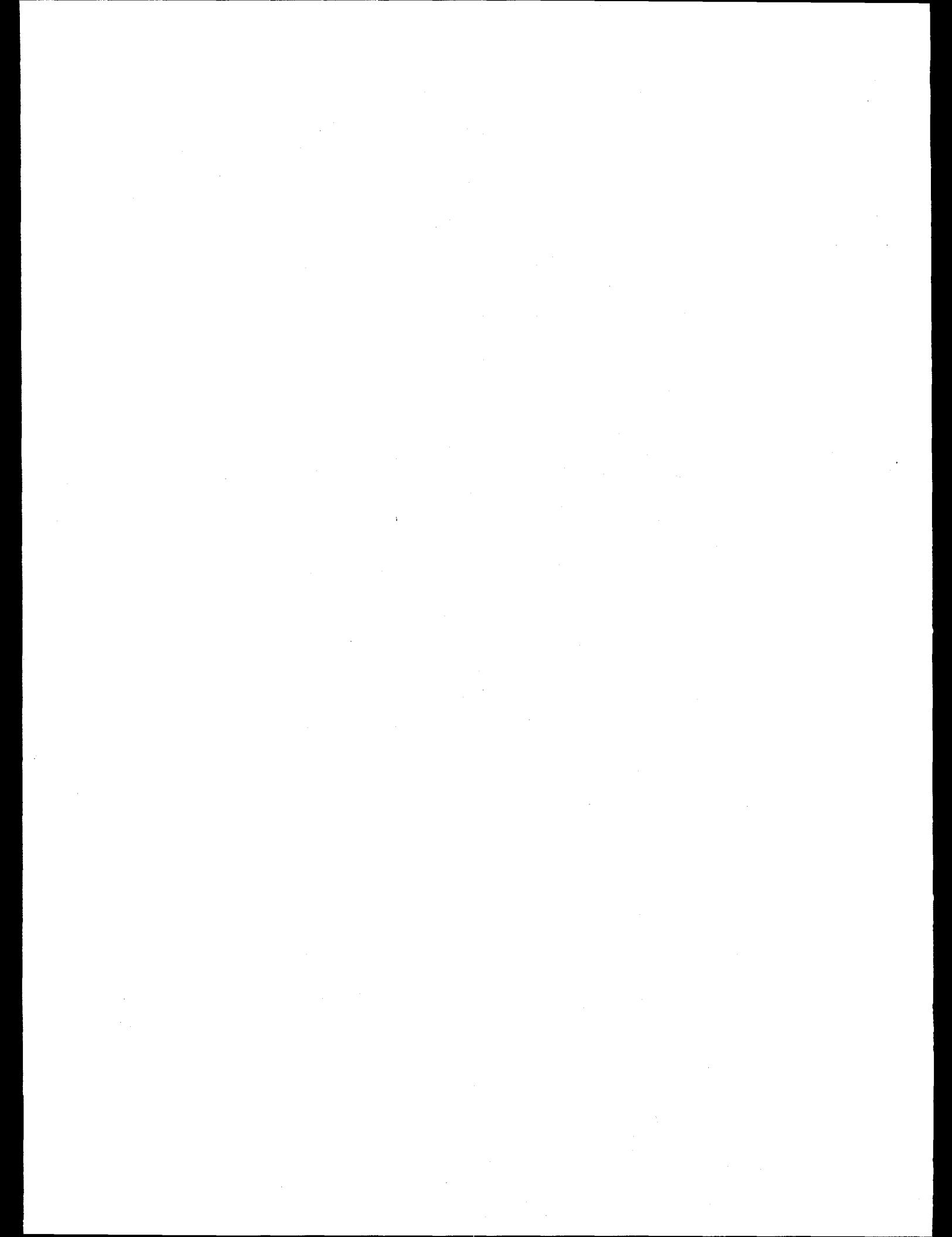
07-30-97

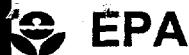
SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name	TRI Facility ID Number
	U.S. DOE Y-12 PLANT	37831SDKRDBEARC
	Street Address	
	BEAR CREEK ROAD	
	City	County
	OAK RIDGE	ANDERSON
	State	Zip Code
	TN	37831-2001
	Mailing Address (if different from street address)	
	POST OFFICE BOX 2001	
City		
OAK RIDGE		
State	Zip Code	
TN	37831-2001	
PUT LABEL HERE		

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

TRI FACILITY ID NUMBER
37831SDKRD BEARC
Toxic Chemical, Category or Generic Name
HYDROCHLORIC ACID (1995 AND AFTER "ACID AEROSOLS" ONLY)

SECTION 4. FACILITY IDENTIFICATION (continued)

4.2	This report contains information for: (Important check a or b; check c if applicable)		a. <input type="checkbox"/>	An entire facility	b. <input checked="" type="checkbox"/>	Part of a facility	c. <input type="checkbox"/>	A Federal facility
4.3	Technical Contact		Name LARRY SPARKS				Telephone number (include area code) (423) 576-2659	
4.4	Public Contact		Name WALTER PERRY				Telephone number (include area code) (423) 576-0885	
4.5	SIC Code (4-digit)	3499	2819	3356	3369	3483	9511	
4.6	Latitude and Longitude	Latitude			Longitude			
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
		035	59	09	084	15	20	
4.7	Dun & Bradstreet Number(s) (9 digits)					a. NA		
						b.		
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)					a. TN3890090001		
						b. NA		
4.9	Facility NPDES Permit Number(s) (9 characters)					a. TN0002968		
						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 checked="" type="checkbox"/>	NA							



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION

TRI FACILITY ID NUMBER

37831SDKRDBEARC

Toxic Chemical, Category or Generic Name

HYDROCHLORIC ACID (1995 AND AF

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.) 007647010
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) HYDROCHLORIC ACID (1995 AND AFTER "ACID AEROSOLS" ONLY)
1.3	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:	a. <input checked="" type="checkbox"/> Produce	If produce or import:	c. <input type="checkbox"/> For on-site use/processing
		b. <input type="checkbox"/> Import	d. <input type="checkbox"/> For sale/distribution	
3.2	Process the toxic chemical:	a. <input type="checkbox"/> As a reactant	e. <input checked="" type="checkbox"/> As a byproduct	
		b. <input type="checkbox"/> As a formulation component	f. <input type="checkbox"/> As an impurity	
3.3	Otherwise use the toxic chemical:	a. <input type="checkbox"/> As a chemical processing aid	c. <input type="checkbox"/> As an article component	
		b. <input type="checkbox"/> As a manufacturing aid	d. <input type="checkbox"/> Repackaging	
			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

02

(Enter two-digit code from instruction package.)



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
HYDROCHLORIC ACID (1995 AND AFT)

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

		A. Total Release (pounds/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	A	O
5.2	Stack or point air emissions	<input type="checkbox"/> NA	C	O
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			
5.4.1	Underground injections on-site to Class I Wells	<input checked="" type="checkbox"/> NA		
5.4.2	Underground injections on-site to Class II-V Wells	<input checked="" type="checkbox"/> NA		
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 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 type="checkbox"/> NA	0	O

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



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

37831SDKRD BEARC

Toxic Chemical, Category or Generic Name

HYDROCHLORIC ACID (1995 A)

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

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) Basis of Estimate
(enter code)

NA

6.1.B POTW Name and Location Information

6.1.B.1	POTW Name	6.1.B.2	POTW Name
---------	-----------	---------	-----------

NA

Street Address

Street Address

City

County

City

County

State

Zip Code

State

Zip Code

If additional pages of Part II, Section 5.3 and/or 6.1 are attached, indicate the total number of pages in this box and indicate which Part II, Section 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
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
HYDROCHLORIC ACID (1995 AND AFTER "ACID AEROSOLS" ONLY)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

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

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.2	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 **1** and indicate which Part II, Section 6.2 page this is, here. **1** (example: 1, 2, 3, etc.)



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PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

37831SDKRD BEARC

Toxic Chemical, Category or Generic Name

HYDROCHLORIC ACID (1995 AND
AFTER "ACID AEROSOLS" ONLY)

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

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

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



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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
HYDROCHLORIC ACID (1995)

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.



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EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER	37831SDKRDBEARC
Toxic Chemical, Category or Generic Name	HYDROCHLORIC ACID (1995 AN)

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

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*	1170	870	800	800
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	700	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			NA	

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 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.



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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

37831SDKRDBEARC

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

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	If yes in 2.1, is this copy: <input type="checkbox"/> Sanitized <input type="checkbox"/> 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

P. J. GROSS

DIRECTOR, TECHNICAL SUPPORT DIVISION

Signature

Date Signed

07-30-97

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name		TRI Facility ID Number
	U.S. DOE Y-12 PLANT		37831SDKRDBEARC
	Street Address		
	BEAR CREEK ROAD		
	City		County
	OAK RIDGE		ANDERSON
	State		Zip Code
	TN		37831-2001
	Mailing Address (if different from street address)		PUT LABEL HERE
	POST OFFICE BOX 2001		
City			
OAK RIDGE			
State	Zip Code		
TN		37831-2001	



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PART I. FACILITY IDENTIFICATION
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
LEAD

SECTION 4. FACILITY IDENTIFICATION (continued)

4.2	This report contains information for: (Important check a <u>or</u> b; check c if applicable)		a. <input type="checkbox"/>	An entire facility	b. <input checked="" type="checkbox"/>	Part of a facility	c. <input type="checkbox"/>	A Federal facility
4.3	Technical Contact		Name LARRY SPARKS				Telephone number (include area code) (423) 576-2659	
4.4	Public Contact		Name WALTER PERRY				Telephone number (include area code) (423) 576-0885	
4.5	SIC Code (4-digit)	a. 3499	b. 2819	c. 3356	d. 3369	e. 3483	f. 9511	
4.6	Latitude and Longitude	Latitude			Longitude			
		Degrees 035	Minutes 59	Seconds 09	Degrees 084	Minutes 15	Seconds 20	
4.7	Dun & Bradstreet Number(s) (9 digits)					a. NA		
						b.		
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)					a. TN3890090001		
						b. NA		
4.9	Facility NPDES Permit Number(s) (9 characters)					a. TN0002968		
						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 checked="" type="checkbox"/>	NA				



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION

TRI FACILITY ID NUMBER

37831SDKRD BEARC

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.)

007439921

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 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:	If produce or import:					
		a. <input type="checkbox"/> Produce	b. <input type="checkbox"/> Import	c. <input type="checkbox"/> For on-site use/processing	d. <input type="checkbox"/> For sale/distribution	e. <input type="checkbox"/> As a byproduct	f. <input type="checkbox"/> As an impurity
3.2	Process the toxic chemical:	a. <input type="checkbox"/> As a reactant	b. <input type="checkbox"/> As a formulation component	c. <input type="checkbox"/> As an article component	d. <input type="checkbox"/> Repackaging		
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.)



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

37831SDKRDBEARC

Toxic Chemical, Category or Generic Name

LEAD

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

		A. Total Release (pounds/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 checked="" type="checkbox"/> NA		
5.2	Stack or point air emissions	<input type="checkbox"/> NA	A	O
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
5.3.1 Stream or Water Body Name		0	M	000.00
EAST FORK POPLAR CREEK				
5.3.2 Stream or Water Body Name				
5.3.3 Stream or Water Body Name				
5.4.1	Underground injections on-site to Class I Wells	<input checked="" type="checkbox"/> NA		
5.4.2	Underground injections on-site to Class II-V Wells	<input checked="" type="checkbox"/> NA		
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"/> NA	A	O
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 type="checkbox"/> NA	0	O



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



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
LEAD

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

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)	Basis of Estimate (enter code)
NA	

6.1.B POTW Name and Location Information

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

If additional pages of Part II, Section 5.3 and/or 6.1 are attached, indicate the total number of pages in this box and indicate which Part II, Section 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
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
LEAD

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1	Off-site EPA Identification Number (RCRA ID No.)		NA
Off-Site Location Name			
Street Address			
City			County
State	Zip Code	Is location under control of reporting facility or parent company?	
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)		<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.2	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?	
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)		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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



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PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
37831SDKRDBEARC
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. 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 A07 2 NA 3 4 5 6 7 8	7A.1c	7A.1d	7A.1e
A			3	99 %	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7A.2a	7A.2b	1 2 3 4 5 6 7 8	7A.2c	7A.2d	7A.2e
NA				%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.3a	7A.3b	1 2 3 4 5 6 7 8	7A.3c	7A.3d	7A.3e
				%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.4a	7A.4b	1 2 3 4 5 6 7 8	7A.4c	7A.4d	7A.4e
				%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.5a	7A.5b	1 2 3 4 5 6 7 8	7A.5c	7A.5d	7A.5e
				%	Yes <input type="checkbox"/> No <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.)



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER	37831SDKRDBEARC
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.



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
37831SDKRD BEARC
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 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*	14	1	1	1	
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)			8		
8.9	Production ratio or activity index			NA		
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 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.



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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

37831SDKRDBEARC

Toxic Chemical, Category or Generic Name

METHANOL

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	2.1
1996	2.2

SECTION 2. TRADE SECRET INFORMATION

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

2.1 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

P. J. GROSS

DIRECTOR, TECHNICAL SUPPORT DIVISION

Signature

Date Signed

07-30-97

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name	TRI Facility ID Number
	U.S. DOE Y-12 PLANT	37831SDKRDBEARC
	Street Address	
	BEAR CREEK ROAD	
	City	County
	OAK RIDGE	ANDERSON
	State	Zip Code
	TN	37831-2001
	Mailing Address (if different from street address)	
	POST OFFICE BOX 2001	
City		
OAK RIDGE		
State	Zip Code	
TN	37831-2001	
PUT LABEL HERE		



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EPA FORM R

PART I. FACILITY IDENTIFICATION
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
METHANOL

SECTION 4. FACILITY IDENTIFICATION (continued)

4.2	This report contains information for: <u>(Important check a or b; check c if applicable</u>		a. <input type="checkbox"/>	An entire facility	b. <input checked="" type="checkbox"/>	Part of a facility	c. <input checked="" type="checkbox"/>	A Federal facility
4.3	Technical Contact		Name	Telephone number (include area code)				
LARRY SPARKS			(423) 576-2659					
4.4	Public Contact		Name	Telephone number (include area code)				
WALTER PERRY			(423) 576-0885					
4.5	SIC Code (4-digit)	3499	2819	3356	3369	3483	9511	
a.	b.	c.	d.	e.	f.			
4.6	Latitude and Longitude	Latitude			Longitude			
Degrees		Minutes	Seconds	Degrees	Minutes	Seconds		
035	59	09	084	15	20			
4.7	Dun & Bradstreet Number(s) (9 digits)					a. NA		
b.								
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)					a. TN3890090001		
b. NA								
4.9	Facility NPDES Permit Number(s) (9 characters)					a. TN0002968		
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 checked="" type="checkbox"/>	NA					



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION

TRI FACILITY ID NUMBER

37831SDKRDBEARC

Toxic Chemical, Category or Generic Name

METHANOL

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.) 000067561
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) METHANOL
1.3	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:	a. <input type="checkbox"/> Produce	c. <input type="checkbox"/> For on-site use/processing
		b. <input type="checkbox"/> Import	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	c. <input type="checkbox"/> As an article component
		b. <input type="checkbox"/> As a formulation component	d. <input type="checkbox"/> Repackaging
3.3	Otherwise use the toxic chemical:	a. <input type="checkbox"/> As a chemical processing aid	c. <input checked="" type="checkbox"/> Ancillary or other use
		b. <input checked="" type="checkbox"/> As a manufacturing aid	

**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.)	
-----	----	--	--



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
METHANOL

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

		A. Total Release (pounds/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	27630	O
5.2	Stack or point air emissions	<input checked="" type="checkbox"/> NA		
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
5.3.1 Stream or Water Body Name				
EAST FORK POPLAR CREEK		0	O	000.00
5.3.2 Stream or Water Body Name				
5.3.3 Stream or Water Body Name				
5.4.1	Underground injections on-site to Class I Wells	<input checked="" type="checkbox"/> NA		
5.4.2	Underground injections on-site to Class II-V Wells	<input checked="" type="checkbox"/> NA		
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 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 type="checkbox"/> NA	0	O

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



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EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

37831SDKRD BEARC

Toxic Chemical, Category or Generic Name

METHANOL

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

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) Basis of Estimate
(enter code)

NA

6.1.B POTW Name and Location Information

6.1.B.1 POTW Name

6.1.B.2

POTW Name

NA

Street Address

Street Address

City

County

City

County

State

Zip Code

State

Zip Code

If additional pages of Part II, Section 5.3 and/or 6.1 are attached, indicate the total number of pages in this box and indicate which Part II, Section 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
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
METHANOL

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

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

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.2	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 **1** and indicate which Part II, Section 6.2 page this is, here. **1** (example: 1, 2, 3, etc.)



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PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
METHANOL

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

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

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



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EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
METHANOL

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)]



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EPA FORM R

PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
METHANOL

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

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*	35000	27300	27000	27000
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)				330
8.9	Production ratio or activity index				0000.50
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 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"/>
<p>* 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.</p>					



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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
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
NITRIC ACID

WHERE TO SEND COMPLETED FORMS:

1. EPCRA Reporting Center
P.O Box 3348
Merrifield, VA 22116-3348
2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

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

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)

1996

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

P. J. GROSS

DIRECTOR, TECHNICAL SUPPORT DIVISION

Signature

Date Signed

07-30-97

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name		TRI Facility ID Number
	U.S. DOE Y-12 PLANT		37831SDKRDBEARC
	Street Address		
	BEAR CREEK ROAD		
	City		County
	OAK RIDGE		ANDERSON
	State		Zip Code
	TN		37831-2001
	Mailing Address (if different from street address)		
	POST OFFICE BOX 2001		
City			
OAK RIDGE			
State		Zip Code	
TN		37831-2001	
PUT LABEL HERE			



United States
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EPA FORM R

PART I. FACILITY IDENTIFICATION
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
37831SDKRD BEARC
Toxic Chemical, Category or Generic Name
NITRIC ACID

SECTION 4. FACILITY IDENTIFICATION (continued)

4.2	This report contains information for: (Important check a or b; check c if applicable)			a. <input type="checkbox"/>	An entire facility	b. <input checked="" type="checkbox"/>	Part of a facility	c. <input type="checkbox"/>	A Federal facility				
4.3	Technical Contact		Name LARRY SPARKS			Telephone number (include area code) (423) 576-2659							
4.4	Public Contact		Name WALTER PERRY			Telephone number (include area code) (423) 576-0885							
4.5	SIC Code (4-digit)	3499	2819	3356	3369	3483	9511	a.	b.	c.	d.	e.	f.
4.6	Latitude and Longitude	Latitude			Longitude								
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds						
		035	59	09	084	15	20						
4.7	Dun & Bradstreet Number(s) (9 digits)							a. NA					
								b.					
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)							a. TN3890090001					
								b. NA					
4.9	Facility NPDES Permit Number(s) (9 characters)							a. TN0002968					
								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 checked="" type="checkbox"/>	NA									



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION

TRI FACILITY ID NUMBER
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
NITRIC 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.) 007697372
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) NITRIC ACID
1.3	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:	a. <input type="checkbox"/> Produce	c. <input type="checkbox"/> If produce or import: For on-site use/processing
		b. <input type="checkbox"/> Import	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	c. <input type="checkbox"/> As an article component
		b. <input type="checkbox"/> As a formulation component	d. <input type="checkbox"/> Repackaging
3.3	Otherwise use the toxic chemical:	a. <input checked="" type="checkbox"/> As a chemical processing aid	c. <input checked="" type="checkbox"/> Ancillary or other use
		b. <input type="checkbox"/> As a manufacturing aid	

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

4.1	05	(Enter two-digit code from instruction package.)	
-----	----	--	--



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
37831SDKRD BEARC
Toxic Chemical, Category or Generic Name
NITRIC ACID

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

		A. Total Release (pounds/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	B	O
5.2	Stack or point air emissions	<input type="checkbox"/> NA	B	O
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
5.3.1 Stream or Water Body Name		0		O
EAST FORK POPLAR CREEK				
5.3.2 Stream or Water Body Name				
5.3.3 Stream or Water Body Name				
5.4.1	Underground injections on-site to Class I Wells	<input checked="" type="checkbox"/> NA		
5.4.2	Underground injections on-site to Class II-V Wells	<input checked="" type="checkbox"/> NA		
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 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 type="checkbox"/> NA	0	O



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



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
NITRIC ACID

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

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)	Basis of Estimate (enter code)		
NA			
6.1.B POTW Name and Location Information			
6.1.B.1 POTW Name NA	6.1.B.2 POTW Name		
Street Address	Street Address		
City	County	City	County
State	Zip Code	State	Zip Code

If additional pages of Part II, Section 5.3 and/or 6.1 are attached, indicate the total number of pages in this box and indicate which Part II, Section 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
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
NITRIC ACID

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

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

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.2	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 **1** and indicate which Part II, Section 6.2 page this is, here. **1** (example: 1, 2, 3, etc.)



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PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
NITRIC ACID

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

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

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]		c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b	1 A03 2 NA 3 4 5 6 7 8	7A.1c	7A.1d	7A.1e
A			3	95 %	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7A.2a	7A.2b	1 C11 2 C01 3 B21 4 B11 5 P13 6 C99 7 P41 8 C09	7A.2c	7A.2d	7A.2e
W			NA	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.3a	7A.3b	1 P11 2 P12 3 P21 4 P12 5 NA 6 7 8	7A.3c	7A.3d	7A.3e
			1	100 %	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7A.4a	7A.4b	1 C11 2 P01 3 C21 4 P11 5 P12 6 C11 7 P21 8 P12	7A.4c	7A.4d	7A.4e
W			2	100 %	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7A.5a	7A.5b	1 P15 2 C11 3 C01 4 C21 5 P11 6 P12 7 P21 8 C11	7A.5c	7A.5d	7A.5e
W			NA	%	Yes <input type="checkbox"/> No <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.)



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PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
NITRIC ACID

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

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

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b 1 P12 2 NA 3 4 5 6 7 8	7A.1c 1	7A.1d 100 %	7A.1e Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7A.2a	7A.2b 1 2 3 4 5 6 7 8	7A.2c	7A.2d	7A.2e
NA	7A.3b 1 2 3 4 5 6 7 8	7A.3c	7A.3d	7A.3e Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.4a	7A.4b 1 2 3 4 5 6 7 8	7A.4c	7A.4d	7A.4e Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.5a	7A.5b 1 2 3 4 5 6 7 8	7A.5c	7A.5d	7A.5e Yes <input type="checkbox"/> No <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.)



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TRI FACILITY ID NUMBER
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
NITRIC 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.



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INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
NITRIC ACID

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

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*	200	145	145	145	
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	7400	965	965	965	
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)				16	
8.9	Production ratio or activity index				0000.13	
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 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"/>
<small>* 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.</small>						



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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
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
TETRACHLOROETHYLENE

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

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	If yes in 2.1, is this copy: <input type="checkbox"/> Sanitized <input type="checkbox"/> 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

P. J. GROSS

DIRECTOR, TECHNICAL SUPPORT DIVISION

Signature

Date Signed

07-30-97

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name		TRI Facility ID Number
	U.S. DOE Y-12 PLANT		37831SDKRDBEARC
	Street Address		
	BEAR CREEK ROAD		
	City		County
	OAK RIDGE		ANDERSON
	State		Zip Code
	TN		37831-2001
	Mailing Address (if different from street address)		
	POST OFFICE BOX 2001		
City		PUT LABEL HERE	
OAK RIDGE			
State	Zip Code		
TN		37831-2001	



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EPA FORM R

PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
37831SDKRD BEARC
Toxic Chemical, Category or Generic Name
TETRACHLOROETHYLENE

SECTION 4. FACILITY IDENTIFICATION (continued)

4.2	This report contains information for: (Important check a or b; check c if applicable)		a. <input type="checkbox"/>	An entire facility	b. <input checked="" type="checkbox"/>	Part of a facility	c. <input checked="" type="checkbox"/>	A Feder facility
4.3	Technical Contact		Name LARRY SPARKS					Telephone number (include area code) (423) 576-2659
4.4	Public Contact		Name WALTER PERRY					Telephone number (include area code) (423) 576-0885
4.5	SIC Code (4-digit)	3499	2819	3356	3369	3483	9511	
a.	b.	c.	d.	e.	f.			
4.6	Latitude and Longitude	Latitude			Longitude			
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
		035	59	09	084	15	20	
4.7	Dun & Bradstreet Number(s) (9 digits)					a. NA		
						b.		
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)					a. TN3890090001		
						b. NA		
4.9	Facility NPDES Permit Number(s) (9 characters)					a. TN0002968		
						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 checked="" type="checkbox"/>	NA					



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION

TRI FACILITY ID NUMBER
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
TETRACHLOROETHYLENE

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.) 000127184
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) TETRACHLOROETHYLENE
1.3	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:	a. <input type="checkbox"/> Produce	c. <input type="checkbox"/> For on-site use/processing
		b. <input type="checkbox"/> Import	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	c. <input type="checkbox"/> As an article component
		b. <input type="checkbox"/> As a formulation component	d. <input type="checkbox"/> Repackaging
3.3	Otherwise use the toxic chemical:	a. <input type="checkbox"/> As a chemical processing aid	c. <input checked="" type="checkbox"/> Ancillary or other use
		b. <input type="checkbox"/> As a manufacturing aid	

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

4.1	01 (Enter two-digit code from instruction package.)	
-----	--	--



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
37831SDKRDBEARC
Toxic Chemical, Category or Generic Name
TETRACHLOROETHYLENE

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

		A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwat
5.1	Fugitive or non-point air emissions	<input type="checkbox"/> NA	A	O
5.2	Stack or point air emissions	<input checked="" type="checkbox"/> NA		
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
5.3.1 Stream or Water Body Name		0	M	000.00
EAST FORK POPLAR CREEK				
5.3.2 Stream or Water Body Name				
5.3.3 Stream or Water Body Name				
5.4.1	Underground injections on-site to Class I Wells	<input checked="" type="checkbox"/> NA		
5.4.2	Underground injections on-site to Class II-V Wells	<input checked="" type="checkbox"/> NA		
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 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 type="checkbox"/> NA	0	O



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



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

37831SDKRDBEARC

Toxic Chemical, Category or Generic Name

TETRACHLOROETHYLENE

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

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)	Basis of Estimate (enter code)
--	-----------------------------------

NA

6.1.B POTW Name and Location Information

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

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



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TRI FACILITY ID NUMBER
37831SDKRD BEARC
Toxic Chemical, Category or Generic Name
TETRACHLOROETHYLENE

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

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

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.2	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.)



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

TRI FACILITY ID NUMBER
37831SDKRD BEARC
Toxic Chemical, Category or Generic Name
TETRACHLOROETHYLENE

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

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

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



United States
Environmental Protection
Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
37831SDKRD BEARC
Toxic Chemical, Category or Generic Name
TETRACHLOROETHYLENE

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
37831SDKRD BEARC
Toxic Chemical, Category or Generic Name
TETRACHLOROETHYLENE

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

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)
1	Quantity released*	0	1	1	1
2	Quantity used for energy recovery on-site	0	0	0	0
3	Quantity used for energy recovery off-site	0	0	0	0
4	Quantity recycled on-site	0	0	0	0
5	Quantity recycled off-site	0	0	0	0
6	Quantity treated on-site	0	0	0	0
7	Quantity treated off-site	0	0	0	0
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	
9	Production ratio or activity index			NA	

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))			
10.1	NA	a.	b.	c.
10.2		a.	b.	c.
10.3		a.	b.	c.
10.4		a.	b.	c.

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.

Enclosure 2
Letter, Butz to Gross
Dated: June 27, 1997

LETTER TITLE

**Contract DE-AC05-84OR21400, Emergency Planning and
Community Right-to-Know Act (EPCRA) Section 313, Toxic
Chemical Release Reporting for Calendar Year (CY) 1996**

EPA

United States
Environmental Protection AgencyTOXIC CHEMICAL RELEASE INVENTORY
FORM AWHERE TO SEND
COMPLETED FORMS:1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY2. 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

P. J. GROSS

DIRECTOR, TECHNICAL SUPPORT DIVISION

Signature

Date Signed

07-30-97

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name		TRI Facility ID Number		
	U.S. DOE Y-12 PLANT		37831SDKRDBEARC		
	Street Address		BEAR CREEK ROAD		
	City	OAK RIDGE		County	ANDERSON
	State	TN		Zip Code	37831-2001
	Mailing Address (if different from street address)		PUT LABEL HERE		
	POST OFFICE BOX 2001				
	City	OAK RIDGE			
	State	TN	Zip Code	37831-2001	
4.2	This report contains information for: (Important: check c if applicable; a and b have been intentionally left blank)				c. <input checked="" type="checkbox"/> A Federal facility
4.3	Technical Contact		Name	Telephone Number (include area code)	
			LARRY SPARKS	(423)576-2659	

EPAUnited 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. 3499	b. 2819	c. 3356	d. 3369	e. 3483	f. 951
4.6	Latitude and Longitude	Latitude			Longitude		
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
	035	59	09	084	15	20	
4.7	Dun and Bradstreet Number(s) (9 digits)				a. NA		
					b.		
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)				a. TN3890090001		
					b. NA		
4.9	Facility NPDES Permit Number(s) (9 characters)				a. TN0002968		
					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		U.S. DEPARTMENT OF ENERGY
	<input type="checkbox"/>	NA	
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.)		
-----	--	--	--

DISTRIBUTION:

T. Bauckham, U.S. West
J. D. Bolling
W. L. Clements
T. K. Cothron
M. Foster, MK-Ferguson
C. C. Hill
R. L. Johnson Jr./R. A. Evans
E. C. Leming, TDEC/DOE-O
M. E. Lemmings, DOE-ORO
T. McWilliams, Johnson Controls
K. J. Martin
R. Martin, DOE-ORO
J. Rothrock/B. E. Cochran, DOE-ORO
L. M. Sparks, DOE-ORO
Y-12 Plant Records Services (3)
Y-12 Plant Shift Superintendent
EC Document Center - RC

Enclosure 3
Letter, Butz to Gross
Dated: June 27, 1997

LETTER TITLE

**Contract DE-AC05-84OR21400, Emergency Planning and
Community Right-to-Know Act (EPCRA) Section 313, Toxic
Chemical Release Reporting for Calendar Year (CY) 1996**

**Y-12 PLANT LIST OF TOXIC CHEMICALS REPORTED UNDER
40 CFR, PART 372, FOR CALENDAR YEAR 1996**

<u>Chemical Name</u>	<u>Chemical Abstract Service (CAS) Registry Number</u>
1. Chlorine	7782-50-5
2. Hydrochloric acid (aerosol)	7647-01-0
3. Lead	7439-92-1
4. Methanol	67-56-1
5. Nitric acid	7697-37-2
6. Tetrachloroethylene	127-18-4

Enclosure 4
Letter, Butz to Gross
Dated: June 27, 1997

LETTER TITLE

**Contract DE-AC05-84OR21400, Emergency Planning and
Community Right-to-Know Act (EPCRA) Section 313, Toxic
Chemical Release Reporting for Calendar Year (CY) 1996**

LOCKHEED MARTIN ENERGY SYSTEMS, INC.

Post Office Box 2009
Oak Ridge, Tennessee 37831

June 27, 1997

Mr. Peter J. Gross, Director
Environmental Protection Division
Department of Energy, Oak Ridge Operations
Post Office Box 2001
Oak Ridge, Tennessee 37831-8738

Dear Mr. Gross:

**Contract DE-AC05-84OR21400, Emergency Planning and
Community Right-to-Know Act (EPCRA), Section 313, Toxic
Chemical Release Reporting for Calendar Year (CY) 1996**

As required by provisions under Section 313 (Toxic Chemical Release Reporting) of EPCRA, the Y-12 Plant staff is transmitting the enclosed Toxic Chemical Release Inventory Reporting Forms, Form R(s), for CY 1996 (Enclosure 1). Also included in this submittal, as specified by provisions under Title 40, Code of Federal Regulations (CFR), Part 372.27, Alternate Threshold and Certification, are the Toxic Chemical Release Inventory Certification Statement Forms, Form A(s), for chlorine for CY 1996 (Enclosure 2). To comply with the law, these forms must be submitted to personnel at the appropriate federal and state agencies.

The reporting forms contain information on the Lockheed Martin Energy Systems (Energy Systems) Y-12 Plant and Johnson Controls Water Treatment Plant operational releases for specific toxic chemicals to the air, water, and land in addition to transfers to off-site disposal locations in CY 1996. Personnel from U.S. West reported no usage of the specified toxic chemicals in CY 1996; therefore, no Form R or Form A reporting data are included for U.S. West. The list for CY 1996 toxic chemicals reported under 40 CFR, Part 372, is provided in Enclosure 3. The Y-12 Plant staff did not manufacture, process, or otherwise use any additional toxic chemicals specified in the regulations in quantities above their threshold reporting levels; therefore, reporting of release information for these chemicals is not required under 40 CFR, Part 372.

Also included with this submittal is a key to the various codes which are used on the report forms (Enclosure 4). This information is included to aid in the interpretation of the data presented. It is not necessary that the code information be forwarded to personnel at the referenced federal and state agencies.

Mr. P. J. Gross, DOE-ORO

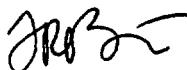
Page 2

June 27, 1997

I certify that this document and all enclosures pertinent to the activities of the Energy Systems Y-12 Plant were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

If you have any questions, please contact R. A. Evans at 576-4774.

Very truly yours,



T. R. Butz
Y-12 Plant Manager

TRB:krl

Enclosures: As Stated

cc/encs: T. Bauckham, U.S. West
J. D. Bolling
W. L. Clements
T. K. Cothron
M. Foster, MK-Ferguson
C. C. Hill
R. L. Johnson Jr./R. A. Evans
E. C. Leming, TDEC/DOE-O
M. E. Lemmings, DOE-ORO
T. McWilliams, Johnson Controls
K. J. Martin
R. Martin, DOE-ORO
J. Rothrock/B. E. Cochran, DOE-ORO
L. M. Sparks, DOE-ORO
Y-12 Plant Records Services (3)
Y-12 Plant Shift Superintendent
EC Document Center - RC

cc: R. Bell/J. S. Guilford
T. R. Butz
W. P. Carlton
F. P. Gustavson
D. Medovich
J. E. Powell
C. L. Stair

Enclosure 1
Letter, Butz to Gross
Dated: June 27, 1997

LETTER TITLE

**Contract DE-AC05-84OR21400, Emergency Planning and
Community Right-to-Know Act (EPCRA) Section 313, Toxic
Chemical Release Reporting for Calendar Year (CY) 1996**