

# **1995 Toxic Chemical Release Inventory**

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

**Date Published**  
**August 1996**



**United States  
Department of Energy**

P.O. Box 550  
Richland, Washington 99352

**Approved for Public Release**

**TRADEMARK DISCLAIMER**

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

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

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

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

Printed in the United States of America

DISCLM-5.CHP (8-91)

Date Received by IRA

7/29/96

## INFORMATION RELEASE REQUEST - (Long Form)

(GRAY SHADED AREAS NOT TO BE FILLED IN BY INITIATOR)

6

## 1. COMPLETE THIS SECTION FOR ALL DOCUMENTS

## A. Information Category

## Speech or Presentation

<input type="checkbox"/> Full Paper	<input type="checkbox"/> Journal Article
<input type="checkbox"/> Summary	<input type="checkbox"/> Multimedia Presentation
<input type="checkbox"/> Abstract	<input type="checkbox"/> Software
<input type="checkbox"/> Visual Aid	

 Other TECHNICAL REPORT

## B. Document ID Number (include rev., vol., etc.)

DOE/RL 96-56

## C. List attachments (i.e., copyright permission, copyright transfer)

NA

## D. Document Title

1995 Toxic Chemical Release Inventory

E. WHC Project or Program  
Hanford  
Environmental  
Management  
Program

## F. New or novel (patentable) subject matter?

If "Yes", has disclosure been submitted by WHC?  
 No or Yes If "Yes", Disclosure No(s): No or Yes No or Yes

If "Yes", contact WHC General Counsel.

## H. Copyrights?

 No or Yes If "Yes", attach permission.

## I. Trademarks?

 No or Yes

If "Yes", identify in document.

## 2. COMPLETE THIS SECTION FOR ALL DOCUMENTS REQUIRING SUBMISSION TO OSTI

## A. Unclassified Category

UC - 504 2000

## B. Budget &amp; Reporting Code

B&amp;R - EW3110010

## 3. COMPLETE THIS SECTION ONLY FOR A JOURNAL SUBMISSION

## A. Title of Journal

NA

## 4. COMPLETE THIS SECTION ONLY FOR A SPEECH OR PRESENTATION

## A. Title for Conference or Meeting

NA

## B. Group or Society Sponsoring

## C. Date(s) of Conference or Meeting

## D. City/State

E. Will material be published in proceedings?  No or YesWill material be handed out?  No or Yes No or Yes

5. REVIEWS				
Reviewers	Yes	Signature indicates Approval as Requested unless otherwise indicated Name (print)	Signature/Date	Limited-Use Info.
General Counsel	<input type="checkbox"/>	<u>Atty: Diane</u>	<u>7/24/96</u>	<input type="checkbox"/>
DOE-RL	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Communications	<input type="checkbox"/>			<input type="checkbox"/>
Applied Technology-Export Controlled	<input type="checkbox"/>			<input type="checkbox"/>
Other	<input type="checkbox"/>			<input type="checkbox"/>
Other	<input type="checkbox"/>			<input type="checkbox"/>

## 6. Applied Technology Material Referenced

 No  Yes

## 7. Release Level

 Public  Limited Distribution

## 8. Author/Requestor

D. E. Zaloudek Diane Zaloudek 7-23-96  
(Print and Sign) Date

## 9. Responsible Manager

S. M. Price S. M. Price 7-24-96  
(Print and Sign) Date

## INFORMATION RELEASE ADMINISTRATION APPROVAL

IRA Approval is required before release. Release is contingent upon resolution of mandatory comments. NOTE: This block for IRA use only.



Date Cancelled

Date Disapproved

10. LEGENDS/NOTICES/MARKINGS (Required by WHC-CM-3-4 or Reviewer). Reviewer indicates applicable markings to be affixed or removed.

10. LEGENDS/NOTICES/MARKINGS (Required by WHC-CM-3-4 or Reviewer). Reviewer indicates applicable markings to be affixed or removed.							
	Affix	Remove	Initials		Affix	Remove	Initials
Applied Technology	<input type="checkbox"/>	<input type="checkbox"/>		Official Use Only	<input type="checkbox"/>	<input type="checkbox"/>	
Availability - OSTI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JB	Patent Status	<input type="checkbox"/>	<input type="checkbox"/>	
Availability - ESTSC	<input type="checkbox"/>	<input type="checkbox"/>		Predecisional Information	<input type="checkbox"/>	<input type="checkbox"/>	
Availability - NTIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	Programmatic Notice	<input type="checkbox"/>	<input type="checkbox"/>	
Business-Sensitive Information	<input type="checkbox"/>	<input type="checkbox"/>		Proprietary Information	<input type="checkbox"/>	<input type="checkbox"/>	
Computer Software Notice	<input type="checkbox"/>	<input type="checkbox"/>		Purpose and Use	<input type="checkbox"/>	<input type="checkbox"/>	
Copyright License Notice	<input type="checkbox"/>	<input type="checkbox"/>		Thesis/Dissertation	<input type="checkbox"/>	<input type="checkbox"/>	
Export Controlled Information	<input type="checkbox"/>	<input type="checkbox"/>		Trademark Disclaimer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JB
Legal Disclaimer	<input type="checkbox"/>	<input type="checkbox"/>		Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Limited Disclosure	<input type="checkbox"/>	<input type="checkbox"/>					

11. **MANDATORY COMMENTS** (List only mandatory comments here. All other comments shall be made on the document and returned to the author.)

**12. ADDITIONAL INFORMATION/COMMENTS:**

**TABLE OF CONTENTS**

**Introduction**

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

**Toxic Chemical Release Inventory Reporting Form R for Ethylene Glycol**

## 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. Executive Order 12856, *Federal Compliance With Right-to-Know Laws and Pollution Prevention Requirements*, extends the requirements of EPCRA to all Federal agencies. The following document is the August 1996 submittal of the Hanford Site Toxic Chemical Release Inventory report. Included is a Form R for ethylene glycol, 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 1995.

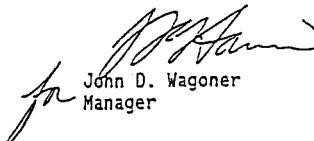
# memorandum

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

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

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

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

  
for John D. Wagoner  
Manager



EPA

## FORM R

TOXIC CHEMICAL RELEASE  
INVENTORY REPORTING FORMUnited States  
Environmental Protection  
AgencySection 313 of the Emergency Planning and Community Right-to-Know Act of 1986,  
also known as Title III of the Superfund Amendments and Reauthorization ActWHERE 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)IMPORTANT: See instructions to determine when "Not  
Applicable (NA)" boxes should be checked.

TRI FACILITY ID NUMBER

99352SDPRTPOBOX

Toxic Chemical, Category, or Generic Name

ETHYLENE GLYCOL

Enter "X" here if  
this is a revision

For EPA use only

## PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1.  
REPORTING  
YEAR

1995

## SECTION 2. TRADE SECRET INFORMATION

2.1

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

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

2.2

If yes in 2.1, is this copy:     Sanitized     Unsanitized

## SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

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

JAMES E. RASMUSSEN, DIRECTOR, ENVIRONMENTAL ASSURANCE, PERMITS, &amp; POLICY DIVISION

Signature

Date Signed

8/1/96

## SECTION 4. FACILITY IDENTIFICATION

Facility or Establishment Name

TRI Facility ID Number

U. S. DOE HANFORD SITE

99352SDPRTPOBOX

Street Address

825 JADWIN AVENUE

City

County

BENTON

4.1

RICHLAND

Zip Code

99352-3562

Mailing Address: (If different from street address)

POST OFFICE BOX 550

City

RICHLAND

State

WA

Zip Code

99352-0550

PUT LABEL HERE



# EPA FORM R

## PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

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

### SECTION 4. FACILITY IDENTIFICATION (Continued)

4.2	This report contains information for: (Important: check a or b; check c if applicable)			a. <input checked="" type="checkbox"/> An entire facility	b. <input type="checkbox"/> Part of a facility	c. <input checked="" type="checkbox"/> A Federal Facility		
4.3	Technical Contact			<table border="1" style="width: 100%;"> <tr> <td>Name</td> <td>ALEX E. TEIMOURI</td> </tr> </table>			Name	ALEX E. TEIMOURI
Name	ALEX E. TEIMOURI							
4.4	Public Contact			<table border="1" style="width: 100%;"> <tr> <td>Name</td> <td>KAREN K. RANDOLPH</td> </tr> </table>			Name	KAREN K. RANDOLPH
Name	KAREN K. RANDOLPH							
4.5	SIC Code (4-digit)	a. 9999	b. 9511	c. 4953	d. NA	e. f.		
4.6	Latitude and Longitude	Latitude			Longitude			
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
	046	30	00	119	30	00		
4.7	Dun & Bradstreet Number(s) (9 digits)				a. 034456186			
					b. NA			
4.8	EPA Identification Number(s) (RCRA I.D.No.) (12 characters)				a. WA7890008967			
					b. NA			
4.9	Facility NPDES Permit Number(s) (9 characters)				a. WA0003743			
					b. WA0025917			
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	(9 digits)		NA	



**EPA FORM R**  
**PART II. CHEMICAL-SPECIFIC  
INFORMATION**

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

ETHYLENE GLYCOL

**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.) <b>000107-21-1</b>
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) <b>ETHYLENE GLYCOL</b>
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.) <b>NA</b>

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

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

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

3.1	Manufacture the toxic chemical:	<ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Produce</li> <li>b. <input type="checkbox"/> Import</li> </ul>	If produce or import: <ul style="list-style-type: none"> <li>c. <input type="checkbox"/> For on-site use/processing</li> <li>d. <input type="checkbox"/> For sale/distribution</li> <li>e. <input type="checkbox"/> As a byproduct</li> <li>f. <input type="checkbox"/> As an impurity</li> </ul>
3.2	Process the toxic chemical:	<ul style="list-style-type: none"> <li>a. <input type="checkbox"/> As a reactant</li> <li>b. <input type="checkbox"/> As a formulation component</li> </ul>	<ul style="list-style-type: none"> <li>c. <input type="checkbox"/> As an article component</li> <li>d. <input type="checkbox"/> Repackaging</li> </ul>
3.3	Otherwise use the toxic chemical:	<ul style="list-style-type: none"> <li>a. <input type="checkbox"/> As a chemical processing aid</li> <li>b. <input checked="" type="checkbox"/> As a manufacturing aid</li> </ul>	<ul style="list-style-type: none"> <li>c. <input checked="" type="checkbox"/> Ancillary or other use</li> </ul>

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

4.1	<b>05</b>	(Enter two-digit code from instruction package.)
-----	-----------	--



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

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

ETHYLENE GLYCOL

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

		A. Total Release (lbs/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	<input type="checkbox"/> NA	1	0
5.2	Stack or point air emissions	<input type="checkbox"/> NA	0	0
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
5.3.1	Stream or Water Body Name	COLUMBIA RIVER	0	0
5.3.2	Stream or Water Body Name			
5.3.3	Stream or Water Body Name			.
5.4	Underground injections on-site	<input type="checkbox"/> NA	0	0
5.5	Releases to land on-site			
5.5.1	Landfill	<input type="checkbox"/> NA	0	0
5.5.2	Land treatment/ application farming	<input checked="" type="checkbox"/> NA	NA	
5.5.3	Surface impoundment	<input type="checkbox"/> NA	0	C
5.5.4	Other disposal	<input type="checkbox"/> NA	0	0



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



# EPA FORM R

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

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

### 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
State	Zip Code

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



# EPA FORM R

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

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

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

6.2.01	Off-site EPA Identification Number (RCRA ID No.)		NA
Off-Site Location Name		RICHLAND SCHOOL DISTRICT	
Street Address	615 SNOW AVENUE		
City	RICHLAND		County
State	Zip Code	99352	Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)	
1. 500		1. 0	
2. NA		2.	
3.		3.	
4.		4.	

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

6.2.02	Off-site EPA Identification Number (RCRA ID No.)		NA
Off-Site Location Name		K KASER, INCORPORATED	
Street Address	229 NORTH FRUITLAND STREET		
City	KENNEWICK		County
State	Zip Code	99336	Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)	
1. 9250		1. 0	
2. NA		2.	
3.		3.	
4.		4.	

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box 03 and indicate which Part II, Section 6.2 page this is, here. 1 (example: 1, 2, 3, etc.)



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

TRI FACILITY ID NUMBER
99352SDPRTPOBOX
Toxic Chemical, Category, or Generic Name <b>ETHYLENE GLYCOL</b>

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

6.2.03	Off-site EPA Identification Number (RCRA ID No.)	
	WAD092300250	
Off-Site Location Name		
BURLINGTON ENVIRONMENTAL		
Street Address	625 SOUTH 32ND STREET	
City	County	
WA	CLARK	
State	Zip Code	Is location under control of reporting facility or parent company?
WA	98671	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)
1. 113		1. 0
2. 330		2. 0
3. NA		3.
4.		4.
C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)		
1. M20		
2. M99		
3.		
4.		

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

6.2.04	Off-site EPA Identification Number (RCRA ID No.)	
	WAR000001743	
Off-Site Location Name		
BURLINGTON ENVIRONMENTAL, INCORPORATED		
Street Address	1729 ALEXANDER AVENUE	
City	County	
WA	PIERCE	
State	Zip Code	Is location under control of reporting facility or parent company?
WA	98401	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)
1. 1066		1. 0
2. NA		2.
3.		3.
4.		4.
C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)		
1. M99		
2.		
3.		
4.		

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box **[03]** and indicate which Part II, Section 6.2 page this is, here. **[2]** (example: 1, 2, 3, etc.)



# EPA FORM R

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

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

ETHYLENE GLYCOL

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

6.2.05	Off-site EPA Identification Number (RCRA ID No.)		WAD058367152
Off-Site Location Name		NORTHWEST ENVIROSERVICES, INCORPORATED	
Street Address		1500 AIRPORT WAY SOUTH	
City	SEATTLE		County
State	Zip Code	98134	is location under control of reporting facility or parent company?
WA			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)	
1. 2		1. 0	
2. NA		2.	
3.		3.	
4.		4.	
C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)			
1. M99			
2.			
3.			
4.			

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

6.2.06	Off-site EPA Identification Number (RCRA ID No.)		WAD000812909
Off-Site Location Name		PHILIP ENVIRONMENTAL-GEORGETOWN	
Street Address		734 SOUTH LUCILLE STREET	
City	SEATTLE		County
State	Zip Code	98100	is location under control of reporting facility or parent company?
WA			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)	
1. 60		1. 0	
2. 849		2. 0	
3. 168		3. 0	
4. NA		4.	
C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)			
1. M26			
2. M99			
3. M95			
4.			

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box 03 and indicate which Part II, Section 6.2 page this is, here. 5 (example: 1, 2, 3, etc.)



# EPA FORM R

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

TRI FACILITY ID NUMBER
993525DPRTP0BOX
Toxic Chemical, Category, or Generic Name
ETHYLENE GLYCOL

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

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

a. General Waste Stream (enter code)	b. Treatment Method(s) Sequence [enter 3-character code(s)]								c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.01a	7A.01b	1	2	7A.01c	7A.01d	7A.01e					
NA	3	4	5		0.00 %	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	6	7	8								
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								
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								
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					
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								

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



# EPA FORM R

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

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

### 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

R19

2

NA

3

4

5

6

7

8

9

10



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

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

ETHYLENE GLYCOL

**SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES**

<i>All quantity estimates can be reported using up to two significant figures.</i>		Column A 1994 (pounds/year)	Column B 1995 (pounds/year)	Column C 1996 (pounds/year)	Column D 1997 (pounds/year)
8.1	Quantity released *	48000	2200	2000	2000
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	10000	6900	12000	9000
8.5	Quantity recycled off-site	0	9900	9600	9400
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	0	170	200	200
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)				0
8.9	Production ratio or activity index				1.00
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA				
8.10.2					
8.10.3					
8.10.4					
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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

**1995 Hanford Site Toxic  
Chemical Release Inventory**

**DOE/RL 96-56**

**July 1996**

**DISTRIBUTION**

Number of Copies  
Onsite

4

U.S. Department of Energy  
Richland Operations Office

J. B. Hall	A5-15
J. E. Rasmussen	A5-15
A. E. Teimouri	A5-15
RL Reading Room (1)	A1-65

3

Bechtel Hanford, Inc.

M. C. Hughes	H0-13
R. J. Landon	H0-18
L. A. Mihalik	H9-12

2

Hanford Environmental Health Foundation

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

2

Pacific Northwest National Laboratory

E. A. Flores	P7-79
Pacific Northwest National Laboratory	K1-11
Technical Files (1)	

12

Westinghouse Hanford Company

W. T. Dixon	H6-21
D. A. Kummer	B3-70
D. H. Nichols	B3-28
S. M. Price	H6-23
J. O. Skolrud	H6-20
B. D. Williamson	B3-15
D. E. Zaloudek	H6-20
Document Processing	L8-15
and Distribution (2)	
Central Files (1)	L8-04
Correspondence Control	A3-01
EDMC	H6-08