

(Important: Type or print; read instructions before completing form.)



U.S. Environmental Protection Agency

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

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget Paperwork Reduction Project (2070-0093), Washington, D.C. 20603.

EPA FORM
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**PART I.
FACILITY
IDENTIFICATION
INFORMATION**

(This space for your optional use.)

1.	1.1 Are you claiming the chemical identity on page 3 trade secret?	1.2 If "Yes" in 1.1, is this copy:	1.3 Reporting Year
	<input type="checkbox"/> Yes (Answer question 1.2; Attach substantiation forms.) <input type="checkbox"/> No (Do not answer 1.2; Go to question 1.3.)	<input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized	19 ____

2. CERTIFICATION (Read and sign after completing all 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 _____

Signature _____ Date signed _____

3. FACILITY IDENTIFICATION		<p>WHERE TO SEND COMPLETED FORMS:</p> <p>1. EPCRA REPORTING CENTER P.O. BOX 23779 WASHINGTON, DC 20026-3779 ATTN: TOXIC CHEMICAL RELEASE INVENTORY</p> <p>2. APPROPRIATE STATE OFFICE (See instructions in Appendix G)</p>
Facility or Establishment Name		
Street Address		
3.1 City	County	
State	Zip Code	
TRI Facility Identification Number		

3.2 This report contains information for (Check only one):
a. An entire facility b. Part of a facility.

3.3 Technical Contact _____ Telephone Number (include area code) _____

3.4 Public Contact _____ Telephone Number (include area code) _____

3.5 SIC Code (4 digit)
a. _____ b. _____ c. _____ d. _____ e. _____ f. _____

3.6 Latitude _____ Longitude _____
Degrees Minutes Seconds Degrees Minutes Seconds

3.7 Dun & Bradstreet Number(s)
a. _____ b. _____

3.8 EPA Identification Number(s) (RCRA I.D. No.)
a. _____ b. _____

3.9 NPDES Permit Number(s)
a. _____ b. _____

3.10 Receiving Streams or Water Bodies (enter one name per box)
a. _____ b. _____
c. _____ d. _____
e. _____ f. _____

3.11 Underground Injection Well Code (UIC) Identification Number(s)
a. _____ b. _____

4. PARENT COMPANY INFORMATION

4.1 Name of Parent Company _____ 4.2 Parent Company's Dun & Bradstreet Number _____



(Important: Type or print; read instructions before completing form.)



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PART II. OFF-SITE LOCATIONS TO WHICH TOXIC
CHEMICALS ARE TRANSFERRED IN WASTES

(This space for your optional use.)

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name		1.2 POTW name	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name		2.2 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	

2.3 Off-site location name		2.4 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	

2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	

[] Check if additional pages of Part II are attached. How many? _____



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PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1 [Reserved]

1.2 CAS Number (Enter only one number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.)

1.3 Chemical or Chemical Category Name (Enter only one name exactly as it appears on the 313 list.)

1.4 Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete Section 1.)

Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation).)

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

3.1	Manufacture the chemical:	a. <input type="checkbox"/> Produce	If produce or import:		c. <input type="checkbox"/> For on-site use/processing	d. <input type="checkbox"/> For sale/distribution
		b. <input type="checkbox"/> Import	e. <input type="checkbox"/> As a byproduct	f. <input type="checkbox"/> As an impurity		
3.2	Process the 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 only				
3.3	Otherwise use the chemical:	a. <input type="checkbox"/> As a chemical processing aid	b. <input type="checkbox"/> As a manufacturing aid	c. <input type="checkbox"/> Ancillary or other use		

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

(enter code)

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

		A. Total Release (pounds/year)		B. Basis of Estimate (enter code)	C. % From Stormwater
		A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)					
5.1 Fugitive or non-point air emissions	5.1a	[] [] []		5.1b <input type="checkbox"/>	
5.2 Stack or point air emissions	5.2a	[] [] []		5.2b <input type="checkbox"/>	
5.3 Discharges to receiving streams or water bodies	5.3.1 <input type="checkbox"/>	5.3.1a [] [] []		5.3.1b <input type="checkbox"/>	5.3.1c %
	5.3.2 <input type="checkbox"/>	5.3.2a [] [] []		5.3.2b <input type="checkbox"/>	5.3.2c %
	5.3.3 <input type="checkbox"/>	5.3.3a [] [] []		5.3.3b <input type="checkbox"/>	5.3.3c %
5.4 Underground injection on-site	5.4a	[] [] []		5.4b <input type="checkbox"/>	
5.5 Releases to land on-site	5.5.1 Landfill	5.5.1a [] [] []		5.5.1b <input type="checkbox"/>	
	5.5.2 Land treatment/application farming	5.5.2a [] [] []		5.5.2b <input type="checkbox"/>	
	5.5.3 Surface impoundment	5.5.3a [] [] []		5.5.3b <input type="checkbox"/>	
	5.5.4 Other disposal	5.5.4a [] [] []		5.5.4b <input type="checkbox"/>	

[] (Check if additional information is provided on Part IV-Supplemental Information.)



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PART III. CHEMICAL-SPECIFIC INFORMATION
 (continued)

(This space for your optional use.)

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)

	A. Total Transfers (pounds/year)			B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
	A.1 Reporting Ranges		A.2 Enter Estimate		
	0	1-499	500-999		
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.1.1b <input type="checkbox"/>	
6.2.1 Other off-site location (enter location number from Part II, Section 2.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2.1b <input type="checkbox"/>	6.2.1c <input type="checkbox"/> M <input type="checkbox"/>
6.2.2 Other off-site location (enter location number from Part II, Section 2.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2.2b <input type="checkbox"/>	6.2.2c <input type="checkbox"/> M <input type="checkbox"/>
6.2.3 Other off-site location (enter location number from Part II, Section 2.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2.3b <input type="checkbox"/>	6.2.3c <input type="checkbox"/> M <input type="checkbox"/>

(Check if additional information is provided on Part IV-Supplemental Information.)

7. WASTE TREATMENT METHODS AND EFFICIENCY

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

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data?	
					Yes	No
7.1a <input type="checkbox"/>	7.1b <input type="checkbox"/>	7.1c <input type="checkbox"/>	7.1d <input type="checkbox"/>	7.1e %	7.1f <input type="checkbox"/>	<input type="checkbox"/>
7.2a <input type="checkbox"/>	7.2b <input type="checkbox"/>	7.2c <input type="checkbox"/>	7.2d <input type="checkbox"/>	7.2e %	7.2f <input type="checkbox"/>	<input type="checkbox"/>
7.3a <input type="checkbox"/>	7.3b <input type="checkbox"/>	7.3c <input type="checkbox"/>	7.3d <input type="checkbox"/>	7.3e %	7.3f <input type="checkbox"/>	<input type="checkbox"/>
7.4a <input type="checkbox"/>	7.4b <input type="checkbox"/>	7.4c <input type="checkbox"/>	7.4d <input type="checkbox"/>	7.4e %	7.4f <input type="checkbox"/>	<input type="checkbox"/>
7.5a <input type="checkbox"/>	7.5b <input type="checkbox"/>	7.5c <input type="checkbox"/>	7.5d <input type="checkbox"/>	7.5e %	7.5f <input type="checkbox"/>	<input type="checkbox"/>
7.6a <input type="checkbox"/>	7.6b <input type="checkbox"/>	7.6c <input type="checkbox"/>	7.6d <input type="checkbox"/>	7.6e %	7.6f <input type="checkbox"/>	<input type="checkbox"/>
7.7a <input type="checkbox"/>	7.7b <input type="checkbox"/>	7.7c <input type="checkbox"/>	7.7d <input type="checkbox"/>	7.7e %	7.7f <input type="checkbox"/>	<input type="checkbox"/>
7.8a <input type="checkbox"/>	7.8b <input type="checkbox"/>	7.8c <input type="checkbox"/>	7.8d <input type="checkbox"/>	7.8e %	7.8f <input type="checkbox"/>	<input type="checkbox"/>
7.9a <input type="checkbox"/>	7.9b <input type="checkbox"/>	7.9c <input type="checkbox"/>	7.9d <input type="checkbox"/>	7.9e %	7.9f <input type="checkbox"/>	<input type="checkbox"/>
7.10a <input type="checkbox"/>	7.10b <input type="checkbox"/>	7.10c <input type="checkbox"/>	7.10d <input type="checkbox"/>	7.10e %	7.10f <input type="checkbox"/>	<input type="checkbox"/>

(Check if additional information is provided on Part IV-Supplemental Information.)

8. POLLUTION PREVENTION: OPTIONAL INFORMATION ON WASTE MINIMIZATION
 (Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of Modification (enter code)	B. Quantity of the Chemical in Wastes Prior to Treatment or Disposal		C. Index	D. Reason for Action (enter code)
<input type="checkbox"/> M	Current reporting year (pounds/year)	Prior year (pounds/year) <input type="checkbox"/> + <input type="checkbox"/> -	<input type="checkbox"/> . <input type="checkbox"/>	<input type="checkbox"/> R <input type="checkbox"/>
		Or percent change (Check (+) or (-)) %		



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PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III. Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)

Table with 4 columns: A. Total Release (pounds/year), B. Basis of Estimate, C. % From Stormwater, and a description column. Includes sub-headers for A.1 Reporting Ranges and A.2 Enter Estimate.

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)

Table with 4 columns: A. Total Transfers (pounds/year), B. Basis of Estimate, C. Type of Treatment/Disposal, and a description column. Includes sub-headers for A.1 Reporting Ranges and A.2 Enter Estimate.

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

Table with 6 columns: A. General Wastestream, B. Treatment Method, C. Range of Influent Concentration, D. Sequential Treatment?, E. Treatment Efficiency Estimate, and F. Based on Operating Data? (Yes/No).