



United States
Environmental Protection
Agency

FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community
Right-to-Know Act of 1986, also known as Title III of the Superfund
Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

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 19 ____

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret?	2.2	Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized
	<input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms) <input type="checkbox"/> No Do not answer 2.2; go to Section 3		(Answer only if "YES" in 2.1)

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:	Signature:	Date signed:

SECTION 4. FACILITY IDENTIFICATION

TRI Facility ID Number

4.1	Facility or Establishment Name	Facility or Establishment Name or Mailing Address (if different from street address)
Street		Mailing Address
City/County/State/Zip Code		City/County/State/Zip Code

4.2 This report contains information for: (Important: check a or b; check c if applicable) a. An entire facility b. Part of a facility c. A Federal facility

4.3	Technical Contact Name	Telephone Number (include area code)
4.4	Public Contact Name	Telephone Number (include area code)

4.5 SIC Code (s) (4 digits) a. b. c. d. e. f.

4.6	Latitude	Degrees	Minutes	Seconds	Longitude	Degrees	Minutes	Seconds

4.7	Dun & Bradstreet Number(s) (9 digits)	4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)	4.9	Facility NPDES Permit Number(s) (9 characters)	4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a.		a.		a.		a.	
b.		b.		b.		b.	

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	<input type="checkbox"/> NA
5.2	Parent Company's Dun & Bradstreet Number	<input type="checkbox"/> NA (9 digits)

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI FACILITY ID NUMBER

Toxic Chemical, Category, or Generic Name

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed 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.)

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

1.3 Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic name must be structurally descriptive.)

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.)

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or 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	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	a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use

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

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

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM

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

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	TRI FACILITY ID NUMBER Toxic Chemical, Category, or Generic Name
--	---

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM

		NA	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)
5.5	Disposal to land on-site			
5.5.1A	RCRA Subtitle C landfills	<input type="checkbox"/>		
5.5.1B	Other landfills	<input type="checkbox"/>		
5.5.2	Land treatment/application farming	<input type="checkbox"/>		
5.5.3	Surface impoundment	<input type="checkbox"/>		
5.5.4	Other disposal	<input type="checkbox"/>		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

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)

6.1.B. _____	POTW Name				
POTW Address					
City		State		County	
Zip					

6.1.B. _____	POTW Name				
POTW Address					
City		State		County	
Zip					

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

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2 _____ OFF-SITE EPA IDENTIFICATION NUMBER (RCRA ID NO.)

Off-Site Location Name					
Off-Site Address					
City		State		County	
Zip					

Is location under control of reporting facility or parent company? Yes No

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

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

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (continued)

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.M
2.	2.	2.M
3.	3.	3.M
4.	4.	4.M

6.2 OFF-SITE EPA IDENTIFICATION NUMBER (RCRA ID NO.)

Off-Site Location Name

Off-Site Address

City State County Zip

Is location under control of reporting facility or parent company? Yes No

A. Total Transfers (pound/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.M
2.	2.	2.M
3.	3.	3.M
4.	4.	4.M

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.)

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"/>	7A.1c	7A.1d	7A.1e		
	3	<input type="text"/>	4	<input type="text"/>	5			<input type="text"/>	Yes	No
	6	<input type="text"/>	7	<input type="text"/>	8			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
7A.2a	7A.2b	1	<input type="text"/>	2	<input type="text"/>	7A.2c	7A.2d	7A.2e		
	3	<input type="text"/>	4	<input type="text"/>	5			<input type="text"/>	Yes	No
	6	<input type="text"/>	7	<input type="text"/>	8			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
7A.3a	7A.3b	1	<input type="text"/>	2	<input type="text"/>	7A.3c	7A.3d	7A.3e		
	3	<input type="text"/>	4	<input type="text"/>	5			<input type="text"/>	Yes	No
	6	<input type="text"/>	7	<input type="text"/>	8			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
7A.4a	7A.4b	1	<input type="text"/>	2	<input type="text"/>	7A.4c	7A.4d	7A.4e		
	3	<input type="text"/>	4	<input type="text"/>	5			<input type="text"/>	Yes	No
	6	<input type="text"/>	7	<input type="text"/>	8			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
7A.5a	7A.5b	1	<input type="text"/>	2	<input type="text"/>	7A.5c	7A.5d	7A.5e		
	3	<input type="text"/>	4	<input type="text"/>	5			<input type="text"/>	Yes	No
	6	<input type="text"/>	7	<input type="text"/>	8			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

TRI FACILITY ID NUMBER

Toxic Chemical, Category, or Generic Name

If additional copies of page 4 are attached, indicate the total number of pages in this box and indicate which page 4 this is, here. (example: 1,2,3, etc.)

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

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

<i>All quantity estimates can be reported using up to two significant figures.</i>		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 *				
8.2	Quantity used for energy recovery on-site				
8.3	Quantity used for energy recovery off-site				
8.4	Quantity recycled on-site				
8.5	Quantity recycled off-site				
8.6	Quantity treated on-site				
8.7	Quantity treated off-site				
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)				
8.9	Production ratio or activity index				
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		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 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.