### TOXIC CHEMICAL RELEASE INVENTORY

**FORM A**

**WHERE TO SEND COMPLETED FORMS:**
1. TRI Data Processing Center
   P.O. Box 1513
   Lanham, MD 20703-1513
   (See Instructions In Appendix F)
2. APPROPRIATE STATE OFFICE
   ATTN: TOXIC CHEMICAL RELEASE INVENTORY

**Important:** See instructions to determine when "Not Applicable (NA)" boxes should be checked.

**PART 1. 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; Go to Section 3)

2.2 Is this copy
   - [ ] Sanitized
   - [ ] Unsanitized

**SECTION 3. CERTIFICATION**

I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in the 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: ____________________________

Signature: ____________________________ Date Signed: ____________________________

**SECTION 4. FACILITY IDENTIFICATION**

4.1 TRI Facility ID Number

Facility or Establishment Name: ____________________________

Facility or Establishment Name or Mailing Address (if different from street address): ____________________________

Street: ____________________________ Mailing Address: ____________________________


4.2 This report contains information for:
   - [ ] c. A Federal facility
d. GOCO

4.3 Technical Contact Name: ____________________________ Telephone Number (Include area code): ____________________________

4.4 Email Address: ____________________________

4.5 SIC Code (4 digits)

a. Primary
b. c. d. e. f.

4.6 Latitude

Degrees: ________ Minutes: ________ Seconds: ________

Longitude

Degrees: ________ Minutes: ________ Seconds: ________

4.7 Dun & Bradstreet Number(s) (3 digits)

a. b. c. d. e. f.

4.8 EPA Identification Number (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)

**SECTION 5. PARENT COMPANY INFORMATION**

5.1 Name of Parent Company: NA

5.2 Parent Company’s Dun & Bradstreet Number: NA

EPA Form 9350-1 (Rev. 03/2003) - Previous editions are obsolete.
EPA FORM A

PART II. CHEMICAL IDENTIFICATION

TRIFID:

Do not use this form for reporting PBT chemicals including Dioxin and Dioxin-like Compounds.

SECTION 1. TOXIC CHEMICAL IDENTITY

Report ___ of ___

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 1, 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 completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

* See the TRI Reporting Forms and Instructions Manual for the list of PBT Chemicals (including Dioxin and Dioxin-like Compounds)

EPA Form 9350-2 (Rev. 03/2003) - Previous editions are obsolete.

(Make additional copies of this page, if needed)