Form Approved OMB Number: 2070-Approval Expires:

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				FOR	MR		TF	TRI Facility ID Number				
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Unit	ted States	-		w Act of 198 nendments a				the To	oxic Che	mical, Catego	ory or Generic Name	
Env	ironmental Protection	n Agency	Iuliu Ai	nendinents a	na Reaumoi	ization Ac						
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SE	CTION 2. TRAI	DE SECRET	INFO	RMATIO	N							
2.1	1 1 1 '	toxic chemical ider question 2.2; substantiation forms)	ntified o	No (Do no	e secret? ot answer 2.2 Section 3)	2; 2.2 Is	this copy (Ans	swer only i	Sanitize		Unsanitized	
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	eby certify that I have re- elete and that the amount											
Name	e and official title of ow	ner/operator or sen	ior man	agement offic	ial:	Signatu	re:				Date Signed:	
CIE		TOTAL TOTAL OF		DION.								
4.1	CTION 4. FACIL	ITY IDENTI	FICA	HON		TRI Faci	lity ID N	Jumber				
	ty or Establishment Nar	ne		Facility or	Establishmer		-		(If differ	ent from stree	et address)	
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	<u> </u>	1										
City/0	County/State/Zip Code	<u> </u>		City/State/Z	Cip Code						Country (Non-US)	
4.2	This report contains in (Important: Check a or		applicab	le) a.	An entir	e b.	- 1	rt of a cility	c.	A Federal facility	d. GOCO	
4.3	Technical Contact Nan	ne						-	Telephor	ne Number (i	nclude area code)	
	Email Address											
4.4	Public Contact Name								Telephon	e Number (ii	nclude area code)	
	Email Address											
4.5	NAICS Code (s)	Primary										
	(6 digits)	a. b.			c.		d.		e.		f.	
4.6	Dun & Bradstreet Number (s) (9 digits)	a. b.										
	SECTION 5. PA	RENT COME	PANY	INFORM	IATION							
5.1	Name of Parent Comp	any NA										
5.2	Parent Company's Dun	& Bradstreet Num	ber	NA NA								



Form Approved OMB Number: 2070-

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY (Important: Check all that apply.) 3.1 Manufacture the toxic chemical: a. Produce b. Import a. As a reactant fl produce or import c. For on-site use/processing d. For sale/distribution e. As a hyproduct f. As an impurity SECTION 4. MAXIMUMAMOUNT 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 ONSITE A. Total Release (pounds/year*) (Enter a range code** or estimate) (Enter code) Stream or Water Body Name 5.3 Dischapes to receiving streams or water bodies (enter one name per box) Stream or Water Body Name 5.3. If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box	(IMPORTANT: Type or print; read instructions before	ore completing form) A	Approval Expires:	Page 2 of 5									
SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.) 1.1 CAS Nember (Important: Enter only one number exactly as it appears on the Section 33 list. Enter category code if reporting a chemical category.) 1.2 Toxic Chemical Office only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 1.2 Toxic Chemical Office only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 1.3 Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) 1.4 (If there are any numbers in bose 1.17, then every field only the filight on white rights of some number between 0.01 and 100. Distribution should be reported in percumpant and to road should equal 100%. If you do not have especiation data available, indicates NA.) 1.2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 1.3 SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.) 1.4 Enter two distributions of the provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces and punctuation.) 1.5 SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY (Important: Check all that apply.) 2.1 Manufacture the toxic chemical: 3.2 Process the toxic chemical: 3.2 Process the toxic chemical: 3.3 Otherwise use the toxic chemical: 4. Produce or import 5. As an impurity 1. For order or import 6. As a psycoduct 7. As an article component 8. Basks of Estimate 9. As a manufacturing aid 1. Cheff two digit code from instruction package.) 1. Section 4. Maximum Amount of The Toxic CHEMICAL ON SITE AT ANYTIME DURING THE CALENDAR YEAR 2. For on Sormwater Maximum and the form instruction package.) 3. Exercises the reporting streams or water holds element on an appear box 3. Suck or point are missions 3. Discharges to receiving streams or w													
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					TR	TRI Facility ID Number							
FORM R													
	PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED) Toxic Chemical, Category or Generic Nar												
SE	CTION 5. QUANTIT	Y OF THE TOXI	C CHEM	IICAL EN	TERING EAC	H ENVIRONN	MENT	ALMI	EDIUM	ONS	ITE (c	ontinued)	
			NA		Release (pounds ** or estimate)	/year*) (enter ra	inge			sis of l	E stima le)	te	
5.4.1	Underground Injection to Class I Wells	onsite											
5.4.2	Underground Injection to Class II-V Wells	onsite											
5.5	Disposal to land onsite												
5.5.1A	RCRA Subtitle C landfi	lls											
5.5.1B	Other landfills												
5.5.2	Land treatment/applica farming	tion											
5.5.3A	RCRA Subtitle C surface impoundments												
5.5.3B	Other surface impounds	ments											
5.5.4	Other disposal												
	TON 6. TRANSFEI						TE LO)CAT	IONS				
	SCHARGES TO PUR					Vs)							
	Total Quantity Trans Total Transfers (pour		s and Ba	asis of Esti		is of Estimate							
6.1.A.1	(enter range code **	or estimate)				enter code)							
	POTW Name												
6.1.B													
	Address		I I										
City	Inomy,,,		State	County						<u> </u>			
6.1.B	POTW Name												
POTW A	Address												
City			State		County	,					Zip		
If addit	ional pages of Part II, Se box and indic	ction 6.1 are attache ate the Part II, Sect				(example	: 1,2,3	, etc.)				-	
SECT	TION 6.2 TRANSFER	S TO OTHER C)FF-SIT	E LOCAT	IONS								
6.2.	Off-Site EPA Identific	ation Number (RCI	RAID No	.)									
Off-Sit	e Location Name												
Off-Site	e Address												
City	•		State		County				Zip			Country (Non-US)	
Is locat	ion under control of repo	orting facility or par	ent compa	any?				Yes			No		

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FORM R

TRI Facility ID Number
Toxic Chemical, Category or Generic Name

PAF	RT II. CHEMIO	CAL-SI	PECI	FIC INFOR	MATION	V (C	ONTINUED))	Toxic Chemical, Category or Generic Name					
SECTION 6.2	TRANSFERS T	о отн	ER O	FF-SITE LO	CATIONS	(CO	NTINUED)		<u> </u>					
A. Total Transfers (pounds/year*) (enter range code**or estimate)				. Basis of Estim (enter code)	ate				of Waste Treatment/Disposal/ Cling/Energy Recovery (enter code)					
1.			1.											
2.			2.						2. M					
3.			3.					3. M						
4.			4.					4. M						
6.2 Off-S	ite EPA Identificati	on Numb	er (RC	CRAID No.)										
Off-Site Location	Name			<u>'</u>										
Off-Site Address														
City		State		County			Zip		Country (Non-US)					
Is location under o	control of reporting	facility o	r pare	nt company?			Yes		No					
A. Total Transfer	rs (pounds/year* ode**or estimate))	В	Basis of Estimate (enter code)	ate				f Waste Treatment/Disposal/ ling/Energy Recovery (enter code)					
1.	, , , , , , , , , , , , , , , , , , ,		1.					1. M						
2.			2.					2. M						
3.			3.					3. M						
4.			4.					4. M						
	ON-SITE WAS		ATM					7. 1/1						
Not Applic	able (NA) -			ite waste treatmong the toxic cher			-							
a. General Waste Stream [enter code]		b. W		Freatment Methor 3- or 4- charac					d. Waste Treatment Efficiency [enter 2 character code]					
7A.1a	7A.1b		1		2				7A.1d					
	3		4		5									
7A.2a	6 7A.2b		7		8	+			7A.2d					
	3		4		5									
	6		7		8									
7A.3a	7A.3b		1		2				7A.3d					
	3 6		4		5	\vdash								
7A.4a	7A.4b		7		8 2	+			7A.4d					
	3		4		5									
	6		7		8									
7A.5a	7A.5b		1		2				7A.5d					
	3		4		5	\vdash								
If additional pages	of Part II, Section	6 2/7 A o	7	ched indicate th	e total num	her of	nages in this bo	, _v						
	art II, Section 6.2/7			_	_		,2,3,etc.)	'A						

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Approval Expires:

TRI Facility ID Number														
	FORM R													
	PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED) Toxic Chemical, Category or Generic Name													
							İ							
SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES														
	Check here if no on-cite energy recovery is applied to any waste													
Not Applicable (NA) - stream containing the toxic chemical or chemical category.														
Energy Recovery Methods [enter 3-character code(s)]														
	1 2 3													
SEC	SECTION 7C. ON-SITE RECYCLING PROCESSES													
Chack hara if no on site recycling is applied to any wester														
	Not Applicable (NA) - Check here it no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.													
Recycling Methods [enter 3-character code(s)]														
	Receyeting Methods [effer 5-effe	aracter code((3)]											
	1		2			3]					
	1								J					
CEC	TION 0 COUNCE DED	LICTION	AND DECYLIN											
SEC	TION 8. SOURCE RED	UCTION		G ACTI		-	Column	<u> </u>	1					
			Column A Prior Year		Column B Current Reporting	g Year	Followir		Column D Second Fol	llowing Year				
			(pounds/year*)		(pounds/year*)		(pounds/		(pounds/ye					
8.1														
	Total on-site disposal to Cl													
8.1a	Underground InjectionWells													
	Subtitle C landfills, and other Total other on-site disposal													
8.1b	releases	or other												
010	Total off-site disposal to Cla	ass I												
8.1c	Underground Injection Well Subtitle C landfills, and oth													
0.11	·													
8.1d	Total other off-site disposal releases	or otner												
8.2	Quantity used for energy re	ecovery												
	onsite													
8.3	Quantity used for energy re- offsite	covery												
9.4	Quantity recycled													
8.4	onsite													
8.5	Quantity recycled offsite													
8.6	Quantity treated onsite													
8.7	O													
0.7	Quantity treated offsite													
8.8	Quantity released to the env or one-time events not asso					ts,								
8.9	Production ratio or activity		production proces	ses (pour	as, year)									
	Did your facility engage in any source reduction activities for this chemical during the reporting													
8.10	year? If not, enter "NA" in					reporting								
	Source Reduction Activities				Methods to Identif	y Activity (en	nter codes)							
0.00	[enter code(s)]													
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	If you wish to submit additi	-	nal information on s	source rec	luction, recycling,	or pollution			Yes					
	control activities, check "Y	es."												