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(IMPORTANT: Read instructions before completing form; type or use fill-and-print form)

Form Approved OMB Number: 2025-0009 Approval Expires: 07/31/2014

SECTION 4. FACILITY IDENTIFICATION TRI Facility ID Number TRI Facility ID Number Physical Street Address Mailing Address (if different from physical street address) City/State/ZIP Code City/State/ZIP Code City/State/ZIP Code Telephone Number (include area code) Telephone Number (include area code) <td <="" colspan="2" th=""><th>3</th><th>EPA</th><th></th><th></th><th>TO</th><th>XICS</th><th>5 RF</th><th>ELEA</th><th>SE I</th><th>NVE</th><th>NTO</th><th>RY</th></td>	<th>3</th> <th>EPA</th> <th></th> <th></th> <th>TO</th> <th>XICS</th> <th>5 RF</th> <th>ELEA</th> <th>SE I</th> <th>NVE</th> <th>NTO</th> <th>RY</th>		3	EPA			TO	XICS	5 RF	ELEA	SE I	NVE	NTO	RY
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Foldrax, VA 22038 Revision (Enter up to two code(s)) Withdrawal (Enter up to two code(s)) This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank. PART I. FACILITY IDENTIFICATION INFORMATION SECTION 1. REPORTING YEAR SECTION 1. REPORTING YEAR SECTION 2. TRADE SECRET INFORMATION SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.) The dot of the bot of my knowledge and belief. for each toxic chernical identified on page 2 as trade secret? 21 CERTIFICATION (Important: Read and sign after completing all form sections.) Thereby curify that to the bot of my knowledge and belief. for each toxic chernical iter in this statement, the annual reportable amount as defined in 40 CER 372.27(a) did not eaced 300 points for its proving year and bat the chernical is manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year and bat the chernical is manufactured, processed, or otherwise used in an amount on exceeding 1 million pounds for its proving year and bat the chernical is manufactured, processed, or otherwise used in an amount on exceeding 1 million pounds for its proving year and bat the chernical is manufactured, processed, or otherwise used in an amount on exceeding 1 million pounds for its proving year and bat the chernical is manufactured, processed, or otherwise used in an amount on exceeding 1 million poun	WHE	RE TO SEND COMPLETED			g Center						TRI Fac	ility ID Number		
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SECTION 2. TRADE SECRET INFORMATION Are you claiming the toxic chemical identified on page 2 as a trade secret? Yes (Answer question 2.2; attach substantiation forms) No (Do not answer 2.2; go to Section 3) 22 Is this copy Sanitized (Answer only if "Yes" In 2.1) Unsanitized SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.) Intereby certify that to the best of my knowledge and belief, for each toxic chemical listed in this 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 his reporting year. Name and official title of owner/operator or senior management official: Signature: Date signed: Section 4. FACILITY IDENTIFICATION TRI Facility ID Number Parities information for: (Important: Check c or d if applicable) c. A Federal facility GOCCO 41 Theiphone Number (include area code) Parities information for: (Important: Check c or d if applicable) c. A Federal facility GOCCO 42 This report contains information for: (Important: Check c or d if applicable) c. A			PART I	. FACILI	TY IDE	NTIFIC	ATION	INFOR	MATION	J				
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EPA Form 9350 -2 (Rev. 07/2011) - Previous editions are obsolete.

Page 1 of ____

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(IMI	PORTANT: Read instructions before completing form; type or use fill-and-print form) Approval Expires: 07/31/2014	Page of
	EPA FORM A	TRI Facility ID Number
	PART II. CHEMICAL IDENTIFICATION	
	Do not use this form for reporting PBT chemicals, including Dioxin and Dioxin-like Compounds*	
SEC	CTION 1. TOXIC CHEMICAL IDENTITY Report	of
SEC		
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if repo	orting a chemical category.)
1.1		
	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list	t.)
1.2		,
	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be struct	urally descriptive.)
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*See the TRI Reporting Forms and Instructions manual for the list of PBT Chemicals (including Dioxin and Dioxin-like Compounds)