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|  | **FORM R**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 | TRI Facility ID Number |
|  |
|  |
| Toxic Chemical, Category, or Generic Name |
|  |
|  |
| Complete form online via TRI-MEweb. For a trade secretion submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act. |
| This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank. | **Revision (Enter up to two code(s))**

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 | **Withdrawal (Enter up to two code(s))**

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 |
| **IMPORTANT: See instructions to determine when “Not Applicable (NA)” boxes should be checked.** |
| **PART I. FACILITY IDENTIFICATION INFORMATION** |
| **SECTION 1. REPORTING YEAR \_\_\_\_\_\_\_\_** |
| **SECTION 2. TRADE SECRET INFORMATION** |
| **2.1** | Are you claiming the toxic chemical identified on page 2 as a trade secret? | **2.2** | Is this copy Sanitized Unsanitized(Answer only if “Yes” in 2.1) |
|  | Yes (Answer question 2.2; attach substantiation forms) |  | No (Do not answer 2.2; go to Section 3) |
| **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**  |
| **4.1** |

|  |
| --- |
| Facility or Establishment Name |

 | TRI Facility ID Number |  | BIA Code |  |
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|  |  |  |  |
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| Physical Street Address |

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| --- |
| Mailing Address (if different from physical street address) |

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|  |  |
|

|  |
| --- |
| City/County/State/ZIP Code |

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| --- |
| City/State/ZIP Code |

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| --- |
| Country (Non-US) |

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|  |  |  |
| **4.2** | This report contains information for: (Important: Check a or b; check c or d if applicable) | a. |  | An entire facility | b. |  | Part of a facility | c. |  | A federalfacility | d. |  | GOCO |
| **4.3** | Technical Contact Name |  | Telephone Number (include area code and ext.) |
|  |  |
| Email Address |  |
| **4.4** | Public Contact Name |  | Telephone Number (include area code and ext.) |
|  |  |
| Email Address |  |
| **4.5** | NAICS Code(s) (6 digits) | Primary |  |  |  |  |  |
| a. | b. | c. | d. | e. | f. |
| **4.6** | Dun & Bradstreet Number(s) (9 digits) | a. |
| b. |
| **SECTION 5. Parent Company Information** |
| **5.1** | Name of U.S. Parent Company(for TRI Reporting purposes) |  |  | No U.S. Parent Company (for TRI Reporting purposes) |  |
| **5.2** | Parent Company’s Dun & Bradstreet Number | **NA** |  |  |  |  |  |  |  |  |  |  |  |

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| **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 are reporting a mixture component in 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 completed Section 1.)** |
| **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. ⬜ Produce b. ⬜ Import | a. ⬜ As a reactantb. ⬜ As a formulation componentc. ⬜ As an article componentd. ⬜ Repackaginge. ⬜ As an impurityf. ⬜ Recycling |  |  | Enter 4-digit code(s) from instruction package | a. ⬜ As a chemical  processing aidb. ⬜ As a manufacturing aidc. ⬜ Ancillary or other use |  |  | Enter 4-digit code(s) from instruction package |
|  |  |  |
|  If Produce or Importc. ⬜ For on-site use/processingd. ⬜ For sale/distributione. ⬜ As a byproductf. ⬜ As an impurity |  |  |  |
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| **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 ON-SITE**  |
|  | **A. Total Release** (pounds/year\*) (Enter a range code\*\* or estimate) | **B. Basis of Estimate** (Enter code) | **C. Percent from Stormwater** |
| **5.1** | Fugitive or non-point air emissions | NA ⬜ |  |  |  |
| **5.2** | Stack or point airemissions | NA ⬜ |  |  |  |
| **5.3** | Discharges to receiving streams or water bodies (Enter one name per box) | NA ⬜ |  |  |  |
|  Stream or Water Body Name | Reach Code (optional) |  |
| **5.3.1** |  |  |  |  |  |
| **5.3.2** |  |  |  |  |  |
| If additional pages of Part II, Section 3.2 and 3.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 3.2 and 3.3 page number in this box. (Example: 1, 2, 3, etc.) If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (Example: 1, 2, 3, etc.) |

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 \*\*Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

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| **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 ON-SITE (continued)**  |
|  |  | **NA** | **A. Total Release** (pounds/year\*) (Enter a range  code\*\* or estimate) | **B. Basis of Estimate** (Enter code) |
| **5.4-5.5** | Disposal to land on-site |  |
| **5.4.1** | Class I Underground Injection Wells |  |  |  |
| **5.4.2** | Class II-V Underground Injection Wells |  |  |  |
| **5.5.1A** | RCRA Subtitle C landfills | ⬜ |  |  |
| **5.5.1B** | Other landfills | ⬜ |  |  |
| **5.5.2** | Land treatment/application farming | ⬜ |  |  |
| **5.5.3A** | RCRA Subtitle C surface impoundments | ⬜ |  |  |
| **5.5.3B** | Other surface impoundments | ⬜ |  |  |
| **5.5.4** | Other disposal | ⬜ |  |  |
| **Optional Waste Rock Piles Information**You may check this box if your Section 5.5 quantities include “waste rock piles.” ⬜ Enter quantity of “waste rock piles” (pounds/year\*)  |  |
| **SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS**  |
| **6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA** ⬜ |
| **6.1.\_\_\_** | POTW Name |
| POTW Address |  |
| City |  | County |  | State |  | ZIP |  |
| **A. Quantity Transferred to this POTW**  (pounds/year\*) (Enter range code\*\*or estimate)  | **B. Basis of Estimate** (Enter code) | **C. Disposal/Treatment** (Enter code) |
| **1.** | **1.** | **1. P** |
| **2.** | **2.** | **2. P** |
| **3.** | **3.** | **3. P** |
| If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.1 page number in this box. (Example: 1, 2, 3, etc.) |
| **SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS NA**  ⬜ |
| **6.2.\_\_\_** Off-Site EPA Identification Number (RCRA ID No.) |  |
| Off-Site Location Name: |  |
| Off-Site Address: |  |
| City |  | County |  | State |  | ZIP |  | Country (non-US) |  |
| Is this location under control of reporting facility or parent company? ⬜ Yes ⬜ No |

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 \*\*Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

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| **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 LOCATION (CONTINUED)**  |
| **A. Total Transfer** (pounds/year\*)  (Enter a 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** |
| **6.2\_\_\_\_** Off-Site EPA Identification Number (RCRA ID No.) |  |
| Off-Site Location Name: |  |
| Off-Site Address: |  |
| City |  | County |  | State |  | ZIP |  | Country (non-US) |  |
| Is this location under control of reporting facility or parent company? ⬜ Yes ⬜ No  |
| **A. Total Transfer** (pounds/year\*)  (Enter a 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** |
| **SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY**  |
| ⬜ Not Applicable (NA) - Check here if no on-site waste treatment method 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- or 4-character code(s)) | c. Waste Treatment Efficiency (Enter 2 character code) |
| **7A.1a** | **7A.1b** |  | 1 |  | 258 |  | **7A.1c** |
|  | 3 |  | 47 |  |  |  |
|  | 6 |  |  |  |  |
| **7A.2a** | **7A.2b** |  | 14 |  | 2 |  | **7A.2c** |
|  | 3 |  |  | 58 |  |  |
|  | 6 |  | 7 |  |  |  |
| **7A.3a** | **7A.3b** |  | 147 |  | 2 |  | **7A.3c** |
|  | 36 |  |  | 58 |  |  |
|  |  |  |  |  |
| **7A.4a** | **7A.4b** |  | 147 |  | 258 |  | **7A.4c** |
|  | 36 |  |  |  |  |
|  |  |  |  |  |
| **7A.5a** | **7A.5b** |  | 147 |  | 258 |  | **7A.5c** |
|  | 36 |  |  |  |  |
|  |  |  |  |  |
| If additional pages of Part II, Section 6.2/7.A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7.A page number in this box. (Example: 1, 2, 3, etc.) |

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 \*\*Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

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| **FORM R** | TRI Facility ID Number |
|  |
| **Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)** | Toxic Chemical, Category, or Generic Name |
|  |
| **SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES**  |
| ⬜ 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 |  |  |
|  |  |  |  |  |  |  |  |
| **SECTION 7C. ON-SITE RECYLING PROCESSES**  |
| ⬜ 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. |  |  |
|  |  |  |  |  |  |  |  |
| **SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT** |
|  |  | Column APrior Year(pounds/year\*) | Column BCurrent Reporting Year (pounds/year\*) | Column CFollowing Year(pounds/year\*) | Column DSecond Following Year(pounds/year\*) |
| **8.1 – 8.7 Production-Related Waste Managed** |  |
| **8.1a** | Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills |  |  |  |  |
| **8.1b** | Total other on-site disposal or other releases |  |  |  |  |
| **8.1c** | Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills |  |  |  |  |
| **8.1d** | Total other off-site disposal or other releases |  |  |  |  |
| **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** | Non-Production-Related Waste Managed\*\* |  |  |
| **8.9** | ⬜ Production ratio or ⬜ Activity ratio (select one and enter value to the right) |  |  |
| **8.10** | Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA. **NA** ⬜ |
|  | Source Reduction Activities (Enter code(s)) | Methods to Identify Activity (Enter code(s)) | Estimated annual reduction (Enter code(s)) (optional) |
| **8.10.1** |  | **a.** | **b.** | **c.** | **d.** |
| **8.10.2** |  | **a.** | **b.** | **c.** | **d.** |
| **8.10.3** |  | **a.** | **b.** | **c.** | **d.** |
| **8.10.4** |  | **a.** | **b.** | **c.** | **d.** |

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 \*\*Includes quantities released to the environment or transferred off-site as a result of

remedial actions, catastrophic events, or other one-time events not associated with production processes

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| **FORM R** | TRI Facility ID Number |
|  |
| **Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)** | Toxic Chemical, Category, or Generic Name |
|  |
| **SECTION 8.11. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, AND RECYCLING ACTIVITIES**  |
| **8.11** | If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here. |
|  |
| **SECTION 9. MISCELLANEOUS INFORMATION**  |
| **9.1** | If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.  |
|  |

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